

**YOUTH TRANSITIONING and TRANSITIONED OUT OF CHILD and  
YOUTH CARE CENTRES: PERSPECTIVES OF YOUTH, FAMILY  
CAREGIVERS and SERVICE PROVIDERS IN ETHEKWINI,  
KWAZULU-NATAL**

By  
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205524637

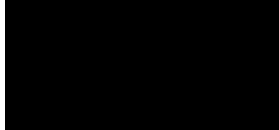
A research dissertation submitted in fulfilment of the requirements for a degree of  
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As the candidate's supervisors, we approve of the submission of this thesis

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## DECLARATION

I, Rajeshree Moodley (Chetty), declare that this dissertation is my own work. It is submitted for a PhD (Social Work) at the University of KwaZulu-Natal (UKZN). The research described in this thesis was undertaken in the School of Applied Human Sciences, University of KwaZulu-Natal, Durban from August 2016 to December 2020, under the supervision of Professor Tanusha Raniga and Professor Vishanthie Sewpaul.

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## **DEDICATION**

DEDICATED TO MY FAMILY - M22 WHOSE MOTTO IS: “FIND A WAY OR MAKE A WAY”

As we aspire to new heights may we always remember where we came from and remain grounded and humble like Ma and Dad (Pa). “For you to finish your studies.” This is my gift to you, Ma.

My children, Priyanka and Alisha. You remain in my heart forever

## **ABSTRACT**

This qualitative study, conducted in the eThekweni Metropolitan area, KwaZulu-Natal (KZN), was designed primarily to understand the perceptions and experiences of youth transitioning and those who had transitioned out of Child and Youth Care Centres (CYCCs) within two years. Thematic analysis of interviews with a purposive sample of youth as principal participants traced their views and experiences from entry into care until their exit, and their post-exit experiences. Family caregivers/significant others and service providers were included to obtain multiple perspectives on the planning and the preparation for the transition and aftercare support. Such data triangulation provided for a holistic understanding of structural impediments and facilitating factors of youth transitioning out of CYCCs.

The study contributes to emerging care-leaving research in the national and international discourse on youth transitioning out of CYCCs. Empirical evidence reveals that youth are unprepared for transitioning out of CYCCs and that they experience poor outcomes. They are amongst the most vulnerable and disadvantaged groups in society whose preparation for exit should, but rarely commences during entry into care. Although CYCCs facilitate dependency by their very structure and operation when youth transition out, mostly at 18 years, their childhood reaches a grinding, abrupt halt. Their immediate and spontaneous graduation into adulthood requires their fulfilment of “adult” roles, without a safety net, stripped of rights and entitlement that were afforded to them in care. Their challenges are compounded by expectations to return to an environment of chronic poverty, unemployment, poor education, discrimination, high rates of crime, violence and HIV and AIDs. Comparatively, their counterparts’ transitioning from their homes are supported and gradual, based on their readiness.

The study proposes further research and recommends strengthening policies, legislation and resources for continuous services that improve the life chances of children and youth at CYCCs, aftercare services and the prevention of entry into CYCCs.

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## LIST OF ACRONYMS

ACRONYM	MEANING
ANCR	African Network for Care-leaving Researchers
CWS	Child Welfare Society
CWSA	Child Welfare South Africa
CYCC	Child and Youth Care Centre
CYCW	Child and youth care worker
DSD	Department of Social Development
ECD	Early childhood development
EET	Education, employment and training
GSWSEP	Global Social Work Statement of Ethical Principles
IDP	Individual development plan
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
INTRAC	International Research Network on Transitions to Adulthood from Care
NEET	Not in education, employment and training
LSEN	Learners with special education needs
NAWONGO	National Association of Welfare Organizations and Non-Governmental Organizations
NPOs	Non-profit organizations
NRSWK	Non-residential social worker
OVC	Orphan and vulnerable children
RSWK	Residential social worker
RSA	Republic of South Africa
SACSSP	South African Council of Social Service Professionals
UNCRC	United Nations Convention on the Rights of the Child

# SECTION ONE

## CHAPTER ONE: INTRODUCTION AND BACKGROUND

*“Leaving here is very hard because I am used to this life here in [CYCC], but when I go home back to the house is like one room, sharing the same locker, sharing things, it is going to be hard...if I am studying how my parent is going to pay for my study and my mother is a single parent.”*  
(Nicola)

### 1.1 INTRODUCTION

South African care-leaving research gained momentum since 2012 and is still in its infancy (Van Breda & Dickens, 2016). It is no surprise that youth transitioning out of Child and Youth Care Centres (CYCCs) was the main focus of most of these studies since they are, arguably, one of the most at risk and marginalized populations in society (Mendes, Johnson and Moslehuddin, 2011; Van Breda, 2018a,b,c). Since residential care remains controversial as the most restrictive and least empowering form of care, the time of transitioning out is critical for the assurance of children’s and youth’s wellbeing after care. However, the Children’s Act No 38 of 2005, currently under review, gives little attention by way of preparation and aftercare services to youth transitioning out of CYCCs. Dickens and Marx (2020) highlight that education, employment and training impact all other facets of their life and wellbeing after care. The response to their needs is necessary towards the realization of the 2030 vision of the National Development Plan 2030 (National Planning Commission, 2012) to eliminate poverty, increase employment and reduce inequality.

The interest in improving the youths’ life chances after leaving care is of growing concern (Mendes & Snow, 2016) that requires an understanding of their life experiences. This is especially since the youth are simultaneously and instantaneously expected to develop into “independent adults” whilst their care ends abruptly with little, if any, collaboration or process of consultation (Mendes & Snow, 2016; Stein, 2008). Therefore, expectedly, care-leaving researchers abroad such as Courtney and Dworsky (2006); Mendes et al. (2011); McCall and Groark (2015) over the past two decades; recently, in Africa, for example, Frimpong- Manso

(2012); Diraditsile and Nyadza (2018); Mhongera and Lombard (2018) and examples locally, Tanur (2012); Van Breda and Dickens (2016); Van Breda (2018), found poor outcomes amongst youth making the transition out of care. The need for appropriate legislation and policy and service response to promote their welfare has, therefore, captured the interest of researchers nationally and internationally. Although one would expect the advancement of programmes and policies in countries such as the United Kingdom, the United States of America, Australia, Canada, New Zealand and Sweden to increase the life chances of youth after leaving care, Mendes and Snow (2016) found this was not really so since in most countries care-leavers received limited support even when all-inclusive and ongoing support was rooted in policy.

This chapter identifies the research problem, places the research in context, and presents a rationale for the study. The aims and objectives of the study, the research design, theoretical framework, the anticipated value of the study, and definitions of terms used in this study are also outlined.

## **1.2 PROBLEM IDENTIFICATION**

The youth transitioning from CYCCs experience multiple disadvantages, resulting from traumatic experiences that commence even before care that continues in care and after their transition out of care (Van Breda, 2018c). Their childhood is brought to an abrupt end with life-transforming, unrealistic expectations of independence and self-reliance after leaving care (Cleaver, 2016). On transitioning out, the youth relinquish their social, emotional and financial support and nurturing, which is seen as their entitlement that they become accustomed to in care (Williams, 2011). Their survival after leaving the CYCC requires immediate adult responsibilities such as finding accommodation, a job, transport and making friends, often after dependency without any safety net (Mendes et al., 2011). Problem Identification: added on the following: Care-leaving research on the youths' experience is criticized as under-theorized with only a nascent understanding of the care-leaving process (Storø, 2017; Van Breda, 2015). The dominant narrative is based on resilience theory that provides a comprehensive account of the contribution of personal agency while recognizing the significance of structural factors (Van Breda, 2018). For the purposes of this study, structural social work theory underscored by the critical research paradigm was adopted to provide insight into the intersection between and the combined influence of personal agency and social structural factors which had a profound impact on the experiences of youth transitioning and who had transitioned out of care.

Empirical evidence revealed that youth were often unprepared for their transition out of residential care and they require much psychosocial and economic support to cope in the wider society (Tweddle, 2007; Williams, 2011; Pinkerton 2011; Stein 2012; Bond, 2018; Dickens, Van Breda & Marx, 2015; Frimpong-Manso, 2012; Tanur, 2012; Moodley, Raniga and Sewpaul, 2020). Their social exclusion, due to inadequate support from service providers, including the state and society after their transition, leaves them vulnerable (Johnson & Guthrie, 2011).

The general youth population transition gradually from their dependency role and leave their homes much later in life when they are ready (Stein, 2008). Comparatively, the youth transition from CYCCs on reaching the age of majority, irrespective of their readiness. In the local context, the Children's Act No 38 of 2005, mandates the transition of youth from CYCCs in the year of their 18th birthday, unless still in education or in training when their accommodation can be extended until 21 years, but at the discretion of the CYCC. The extended period excludes youth who are not in education, employment or training (NEET), even though Dickens and Marx (2020) allude to their higher vulnerabilities of risks such as poverty and social ills when transitioning out of CYCCs while NEET.

There is no resemblance of a gradual process for transitioning out of the CYCC and in assuming adult responsibilities. Tanur (2012) found that even foster children ageing out are less vulnerable than youth transitioning from CYCCs for the interdependency and community life opportunities and experiences afforded to them are by far greater. Unlike their youth counterparts in the community, the insecurities of youth that transition out is knowing that they cannot return to the CYCC, and having to cope with fewer resources, services and networking opportunities with over-emphasis on their independence as an unrealistic and culturally inappropriate expectation (Tanur, 2012). Youth transitioning out of CYCCs often lack support systems and families which make their challenges even worse (Dickens & Marx, 2020).

In South Africa researchers such as Jamieson (2014), in support of the legislative requirements for expeditious reunification, expressed concern and recommended further research to understand why children remain at CYCCs longer than they should. The logical argument is that the longer in care, the more difficult it is for the adjustment into the community. In contrast, Dickens et al (2015) who studied care leaving in its totality, but only at Boys and Girls Town, argued for long term residential placements as a normalized family setting for stability and continuity. In essence, a family setting is impossible to achieve at a CYCC and brings to light the importance of family preservation at all levels of care. The Children's Act does not enforce

appropriate and relevant resources for youth transitioning out of CYCCs, thus aftercare services are not provided by the state or residential facilities (Bond, 2018). Some youth were resilient and coped, but the majority experienced difficulties with everyday life pressures after leaving care (Gelling, 2009; Tanur, 2012). Tanur (2012) found that the staff at CYCCs were not trained on how to prepare youth for transitioning. However, they are not the only role players, nor is inadequate training the only reason impacting on the service delivery to the youth. Hence the need to understand the youth's perceptions and experiences, as well as the perspectives of their family/significant others and service providers when the youth transition out of CYCCs.

It is against this backdrop that I locate my argument that youth transitioning out of CYCCs experience challenges associated with disadvantages when competing with their youth counterparts in the community for networking opportunities, employment, accommodation and resources for their general health and wellbeing without a supportive safety net to fall back on.

### **1.3 CONTEXT OF THE STUDY**

Alternative care refers to orphan and vulnerable children being cared for outside the parental home as wards of state through the statutory process. This includes temporary safe care, foster care and CYCCs. A Child and Youth Care Centre is defined as a facility for the provision of residential care to more than six children outside the family environment (Children's Act 38 of 2005). CYCCs include government and privately operated children's homes, temporary places of safe care, and shelters for children living on the streets, secure care facilities, schools of industry and reform schools. In South Africa, the National Development Plan 2030 (National Planning Commission, 2012) indicated that there are 345 registered CYCCs that accommodate 18 783 children under the age of 18 years. The National Strategic Framework for Transformation of Child and Youth Care Centres (RSA, April 2014-March 2019) recognizes CYCCs as a necessary form of alternative care for children due to the high rate of poverty, inequality, violence, abuse and crime, amongst other social ills, but only as a last resort and for the shortest possible time. The Department of Social Development, Provincial Annual Report for Citizens, (RSA, 2016/2017) revealed that 4 213 children were accommodated at 71 registered CYCCs in KwaZulu-Natal (KZN). The statistics provided under-represents the number of children in residential care since the mushrooming of unregistered CYCCs is a national challenge.



In all provinces, the state shares a heavy reliance on non-profit organizations such as CYCCs and child welfare services (CWS) to deliver services on partial funding, even when services are mandated by legislation and developmental services are provided to marginalized communities (Budlender & Francis, 2014; Van Niekerk & Matthias, 2019). The percentage of the social welfare budget transferred to non-profit organisations (NPOs) have steadily declined, making it increasingly difficult, and in some instances impossible for NPOs to meet their full scope of services (Budlender & Francis, 2014).

The NPOs provide child care and protection services on a partial state subsidy as demands of meeting the services on behalf of the state increases whilst their own resources are depleted by the inability to fundraise sufficiently to top up and meet the costs under the current constrained economy (Van Niekerk & Matthias, 2019; Strydom, Schiller & Orme, 2020). The constitutional and statutory violation in the NAWONGO and others v member of the executive council of DSD, Free State and others arose out of the frustration of NPOs various grievances related to the partial subsidy and transfer payment arrangements and delay in payment by DSD (Budlender & Francis, 2014). The Free State Court who heard the matter during 2010-2014 ordered DSD to review the Financing policy and amend the welfare funding model (Van Niekerk & Matthias, 2019). The Joint submission of the Portfolio Committee of Labour, National Minimum Wage (B31-2017) revealed that the Free State Court found the partial subsidization of NPOs for performing duties on behalf of the state a breach of legislation such as the Constitution, Promotion of Equality and Prevention of Unfair Discrimination Act No 4 of 2000, Non Profit Organisations Act No 71 of 1997, Children's Act no 38 of 2005. The joint submission also disclosed NAWONGA's acceptance of a subsidy increase of R4 000 per child from just over R2 000 at CYCCs (Children's Homes) in 2010 only came into effect in 2019/2020, after announcing their intent to re-approach the Court, in 2018. Whilst narrowing the gap, the joint submission of the portfolio committee mentioned that disparity still prevailed with the allocation of R6 750 per child at one and R5 000 at other state run CYCCs is higher than NPO children's homes – non-state run CYCCs subsidies and worse off, the shelters working with street children (R2 000 at that time).

An interesting point made in the National Development Plan 2030 (National Planning Commission, 2012) was the disregard for linkages and the complementary nature of policies that contribute to poor co-ordination and the lack of collaboration between Departments with such implications as wasteful resources through duplicate services. Each Department produces different plans based on their priorities. Policy implementers who are expected to deliver child

protection services are frustrated by inconsistencies in policies that lead to further fragmentation, evident from several studies such as Raniga, (2007); Van Niekerk and Matthias, (2019). Whilst the National Development Plan 2030 (National Planning Commission, 2012) intends addressing the shortage of social service professionals (social workers, social auxiliary workers, community development workers and child and youth care workers) many social workers who had previously received state bursaries are unemployed.

The National Development Plan 2030 (National Planning Commission, 2012) pointed out the need to understand the impact of policy on citizens now and in their future. This relevance of service providers being aware of policies and legislation and its implications on youth transitioning from care is to advocacy. However, rarely, do service providers integrate policies to advocate for the youths' best interest. There is a reliance on the provisions of the Children's Amendment Act No 41, 2007 (RSA, 2007) as the foundational legislation for youth transitioning out of care. The Youth Policy 2015-2020 (RSA, 2015) does not even recognize those youth transitioning out of care as a specific target group for services.

This research was conducted in the eThekweni Metropolitan Municipality, KwaZulu-Natal with youth between 18 to 23 years that were transitioning out of CYCCs or those who had transitioned out of CYCCs within two years, after a minimum duration of accommodation at a CYCC for two years. KwaZulu-Natal is the second largest province in South Africa with a population size of 11.1 million and is considered one of the poorest provinces. It has a youthful population with 66% who are under the age of 35 years, of which 1 233 942 people were between the ages 19 to 35 years. Amongst the 15 to 24 youth, 39.1% are NEET (STATSSA, Quarterly Labour Force Survey, Quarter 1: June 2020).

The eThekweni Metropolitan Municipality is the largest city in KwaZulu-Natal (KZN) with a population size of 3 442 361 and 110 wards, depicting an urban/rural living with diverse racial, cultural, socio-economic backgrounds, family size and structure. There are thirteen Child and Family Welfare Societies, twelve State Service Offices (including satellite offices) and nineteen registered CYCCs (Children's homes) in the eThekweni Metropolitan area. All CYCCs that conduct the children's home programme are non-profit organizations. In KZN, there is only one state CYCC (children's home). A skewed spatial distribution of CYCCs is evident from the vast majority of the funded services, including CYCCs, being located in the eThekweni Metropolitan area, mostly in eThekweni North. The eThekweni North area is defined by the Department of Social Development as Durban, Pinetown, Inanda, Kwa-Mashu and Phoenix. Then too, inequitable resources in the previously demarcated Black townships of

Inanda and Kwa-Mashu are evident from having only one registered CYCC that is even more under-resourced than CYCCs in other areas. The transformation of CYCCs intends to address all skewed spatial distribution of

CYCCs, inherited from the previous apartheid era by addressing the gaps in CYCCs in under-resourced areas, and ensuring uniform standardized quality services, depending on the availability of funds.

The inclusion criteria in this study were CYCCs that were willing to participate; had to be registered to accommodate youth up to 18 years and they had to provide a children's home programme in the eThekweni North or South Districts. The study excluded unregistered CYCCs to avoid legitimizing their existence and CYCCs whose registration restricted their care to babies and younger children.

## **1.4 RATIONALE OF THE STUDY**

*“Youth are a valued possession of a nation. Without them there, is no future. Their needs are immense and urgent. A nation that invests in their youth is rich.”* Linked to the words of our late President, Nelson Mandela, research to improve the life chances of youth is critical for the development of any nation.

As a practising social worker, this study is, in part, informed by my duty to advocate for people who are at risk and in disempowered positions; in this instance, youth transitioning out of CYCCs and to take a keen interest on the impact of international and national influences on them. I am always irked by the importing of international literature and theories which are not informed by, and foreign to our local context. The exclusion of Global South countries, including South Africa from the International Research Network on Transitions to Adulthood from Care (INTRAC), had marginalized the voices of youth from the most at-risk countries. In support, Mendes and Snow's (2016) contention was that a greater number of care-leavers with more acute needs were most prevalent in countries other than Western Europe and the English speaking countries. Pinkerton (2011) indicates that gaps in care-leaving information from countries such as South Africa, China and India precluded a global understanding of care-leaving. This study contributes to covering this empirical gap to prevent imposing international policies and practices, without an understanding of youth transitioning out of care in the local context.

This study builds on the growing, yet still limited local research of the Africa Network for Care-leaving Researchers (ANCR) to influence local social reform through policy and practice. Anghel (2011) asserts that under-researched countries must allow the voices of youth to guide policy and practice within a local context. Dickens (2016) echoes these sentiments with a call for the body of South African literature to grow from local empirical studies.

Whilst the study recognized the voices of the youth transitioning and transitioned out of CYCCs as the core, cognisance was also given to the caregivers/significant others and service providers, who are also often disempowered and unheard. Whilst this study supports limiting dependency, lessons can still be learnt from the Global North as much as there are lessons to be learnt from a study on youth transitioning out of CYCCs in under-resourced countries like South Africa. The 2020 special edition of “Emerging Adulthood” supports North-South care-leaving dialogue and local and indigenous approaches to resolving challenges (Van Breda & Pinkerton, 2020).

## **1.5 MAIN AIM OF THE STUDY**

The main aim of this study was to understand the experiences and perceptions of youth, family caregivers and service providers on youth who were transitioning and those youths who had transitioned out of CYCCs in the eThekweni Metropolitan area.

## **1.6 OBJECTIVES OF THE STUDY**

The objectives of the study were to:

- Understand the perceptions and experiences of youth who were transitioning out of child and youth care centres (CYCCs) and those youth who had transitioned out of CYCCs.
- Understand the present circumstances of those youth who had transitioned out of CYCCs.
- Understand the perceptions and experiences of family caregivers regarding youth who were transitioning out of CYCC and those youths who had transitioned out of CYCCs.
- To explore the perspectives of service providers on policies and programmes which facilitate and/or hinder youth in their transition out of CYCCs.

## **1.7 ANTICIPATED VALUE**

I only located one other study that used a similar multi-perspective approach in Sweden that included youth in foster care and CYCCs. The timing of interviews was of youth who had transitioned for a period of twelve months, and youth who were transitioning out of care within the next six months (Hojer & Sjoblom, 2010). In South Africa even though a longitudinal study was in the sixth year cycle (Dickens & Marx, 2020), a cross section of youth transitioning and transitioned out of CYCCs that traced the youth's journey from entry had not been previously attempted. Pinkerton and Van Breda (2019) affirm the need to understand the holistic experiences of care-leaving and how it develops as a process over prolonged and different periods of time. The importance of a cross section is seen in Hojer and Sjoblom's (2010) main finding of youths' specific practical, financial, emotional and social needs was that risks in the transitional phase from placement to independent living was not acknowledged by the Swedish welfare system. Structural social work theory within the critical research paradigm is an emancipatory approach that creates awareness of the multiple, complex structural constraints that impacts the life choices and agency of youth transitioning out of care. This study contributes to the emerging body of care-leaving research and theories and takes account of the inter-connectedness of micro, mezzo and macro factors which shifts the way policy, legislation and practice of youths' transitioning out of CYCCs is viewed.

Although studies in South Africa included service providers, they usually were from CYCCs (Bond, 2017; Dickens, 2016). The inclusion of service providers from Child Welfare Societies (CWS) and the Department of Social Development (DSD) makes a unique contribution to understanding their perspectives on youth transitioning out of CYCCs. The multi-perspective sample allowed for triangulation to provide a holistic perspective. Beauchamp (2010) recommends that data collection, monitoring and evaluation processes be strengthened, which this study was able to propose based on the data obtained.

This study created a safe platform for the youth, family caregivers and service providers from the DSD, CWS and CYCCs to dialogue about the experiences of youth transitioning out of CYCCs in the eThekweni Municipality. The dialogues provided for increasing awareness and sensitization at micro-, mezzo- and macro-levels in an effort to identify the requisites for the transformation of services for the youth transitioning from CYCCs. The study gave prominence to their voices as experts of their own experiences by identifying the youth as principal participants.

## 1.8 THEORETICAL FRAMEWORK

This study is underpinned by structural social work theory, grounded in the critical social research paradigm. The theory aims at alleviating the negative effects of exploitation through a commitment to transformation (Murray & Hick, 2012). Social services are interventions that help deal with social problems that arise from the social, economic and political circumstances (Dutschke, 2007). Equally relevant, social work is shaped by its many contexts, be it material, political, social or cultural (Fook, 2008; IASSW/IFSW, 2014; IASSW, 2018).

De Corte and Roose (2018) point out that social work as a profession is often criticized for the “*dog that doesn’t bark*” (p. 1). This can be countered by adopting emancipatory theories, which scrutinize social structures whilst deconstructing taken-for-granted assumptions and examining the relationships within and across social structures (Humphries, 2008). This breathes life into social work when external sources of oppression and privileges, that have become internalized and normalized, are addressed (Freire, 1970; Sewpaul, 2013a; 2015b).

In order to facilitate genuine change in the lives of the exploited and those at risk such as the families and youth in this study, there has to be new ways of thinking and acting about the social problem. Writers such as Fook (2016); Mullaly (2010) and Sewpaul (2013a) assert that critical theory directs attention towards the influence of the current social arrangements which contribute to inequality within and between groups, in an attempt to promote social change. Fuchs and Sandoval (2008) argue that change is no automatic process; strategies need to be developed and implemented for it to occur. In questioning external sources of oppression and privilege, we need to understand how the intersection of various social criteria such as race, gender and class influences access to power, status and resources, and contributes to poverty, stigma, discrimination and inequality (Sewpaul, 2013a).

The framework resonates with the social work values of anti-oppression and non-judgmental attitudes (Smith, 2009) that form the central thread to tackle the call for social justice for the youths whose entry into and exit from CYCCs is not of their choice. Their right to supported transition for positive outcomes is critical as the youth’s entry into CYCCs is an option of “last resort” since it is the most restrictive and least empowering. Their right to quality care includes planning and preparation for a smooth and gradual transition supported by families, community and society in general after care. The theoretical framework and its applicability to the study are discussed at greater length under the research methodology in Chapter Five.

## 1.9 RESEARCH METHODS

For the purposes of this study, the qualitative method and the descriptive-interpretive design were appropriate for gaining an understanding of the experiences of youth transitioning out of child and youth care centres and the perspectives of caregivers and service providers. Taylor, Bogdan and De Vault, (2016) note that qualitative studies often give voice to people that society ignores and involves the naturalist and interpretivist approach to subjective matter.

Probability samples to produce generalizability were neither possible nor desirable for a study such as this, and in any event, a data base from which a representative sample of youth transitioning and transitioned out of CYCCs could be drawn was non-existent. As applicable to qualitative research, a non-probability purposive sampling (Marlow, 2010) was employed to recruit 16 youth, 10 family caregivers and 23 service providers. The interest was in the in-depth, nuanced experiences and circumstances of youth who were transitioning out at the time of data collection, and those who had transitioned out of CYCCs within two years. I was guided by Bond's (2018) conceptualization that care-leavers' "*stand on the dual brinks of adulthood and exiting the statutory system from their seventeenth birthday and that two years was sufficient time for exposure to exit strategies and programmes*" (p. 99).

Ethical considerations included informed consent and permission for audio recording by first ensuring that all the participants understood the purpose of the study, their right to withdraw at any point, voluntary participation, and that confidentiality and autonomy were respected throughout the research, with the use of pseudonyms. The youth and family caregivers were debriefed at the end of the interviews, and referrals for follow-up services were made where necessary. Ethical approval was obtained from the Research Committee of the University of KwaZulu-Natal with approval ref. No. HSS/0830/0160 in August 2016 (see appendix 7).

Data were collected via semi-structured, face-to-face interviews with eight youth transitioning out of care and eight youth participants who had already transitioned out care, family, caregivers, key informants, joint interviews of social workers and child and youth care workers (CYCWs) and two focus groups with service providers. Rubin and Rubin (2011) state that interviews were more than collecting data since they involved a way of seeing the world and an opportunity to learn from it. An interview guide was used with flexibility to allow the youth to share their life stories about how they came into care, preparation for leaving care, plans, dreams, present circumstances, future concerns, main support and help received, and their

views of how changes could make care-leaving easier. Family caregivers/significant others and service providers also shared their perspectives.

Thematic analysis, an essential skill and foundation of qualitative research (Braun and Clark, 2006), was used to manage, analyze and report on the data. The first part of the individual and joint interview schedule comprised of demographic data which were analyzed and presented in Tables 6.3; 6.4. and 6.5 in the results section. The narrative data derived from the open-ended questions in all interviews, including the focus group involved engagement with data from the onset through observation and occasional note-taking and attentive listening during the interviews, followed by several listening sessions of the audio recorded interviews for insight and hunches for coding data whilst transcribing. The ongoing listening to audio recorded interviews, reading the field notes and reading of transcriptions ensured familiarity, accuracy and consciously anonymizing sensitive data and simultaneous colour coding of notes to separate ideas into different parts through coding. Braun and Clark (2006) mention that transcription is part of an immersion process whereby data becomes familiar for analysis. The deeper analysis of the relationships between codes and themes were refined through defining and refining all relevant extracts of data to be slotted into the specific theme and sub-themes. One of the key challenges encountered during the data collection was the accessibility of youth who had transitioned out of CYCCs because service providers did not prioritize regular contact with them. This was overcome by persistent engagement with the gatekeepers to access the youth who met the criteria for selection as transitioned out of the CYCC. Further detail on the data collection process is presented in Chapter Five.

Fuchs and Ness (2015) point out that hearing and understanding the perspective of others is influenced by one's own cultural background of bias, values, beliefs and ideologies that contribute to the interpretation of other's behaviour and reflections. I am a social worker who has been practising for 30 years. I have been employed in the KZN DSD for the past 19 years. My interest in this study was motivated by two factors. The first motivating factor stemmed from the findings of my Masters Research which investigated the challenges facing social workers in permanency planning. The key findings revealed the slow movement of children to their family. The second motivation was based on my experience in the child and family welfare field. I observed that there is inadequate evidence capturing the experiences of service providers working at CYCCs. I discovered that children and youth are experts with lived experiences and don't often get the opportunity to share their expertise for transformative change to occur. The write up focused mainly on the participant's voices through thick



description of data, but was complemented by my interpretations and field notes, my reflexive diary and literature. I was cautious to clearly differentiate my voice from the participants' voices in the results and discussion chapters presented in section three of the study.

## **1.10 DEFINITION OF CONCEPTS USED**

### **Alternative care**

The United Nations Guidelines (2009, Part III, 29 (c)(1-v) outlines various types of alternative care such as kinship care, foster care, other forms of family-based or family-like placements and residential care. In the local context, a child in alternative care refers to foster care, CYCCs or temporary safe care (Guidelines for effective management of foster care, DSD, undated).

For the purpose of this study the only alternative care placement considered is the CYCC from which youth were transitioning or had transitioned after a minimum in-care stay of two years.

### **Children**

A child, in terms of the Children's Act 38 of 2005 (as amended by the Children's Act 41 of 2007) is a person under the age of 18 years. This accepted definition is employed in this study.

### **Youth**

In South Africa, the need to redress the inequality that arose during the apartheid era resulted in a broad definition of youth as ranging between the ages 14 to 35 years (National Youth Policy 2015-2020, p. 10). This is similar to the African Youth Charter that refers to 15 to 35-year-olds as youth, but dissimilar to the United Nations whose definition of youth is between 15 to 24-years.

For the purpose of this study, the youth refer to 18 to 23-year-olds who had transitioned within a period of two years or were transitioning out of CYCCs at the time of data collection. I refrained from interchangeable use of terms found in South African literature to describe this population group, such as "young person" or "children" (Dickens, 2016) for the sake of consistency.

### **Care-leaver**

Dickens (2016) defines leaving care as the termination of legal responsibility by the state for youth who live in alternative care. However, the contexts in which it is used in countries differ and has repercussions on who is entitled to support after transitioning (Stein, 2008). In the UK

care-leavers are youth who make the transition to independence are referred to as ageing out of care or youth emancipated from care (Yelick, 2017).

In the context of this study, the term care-leaver is used to describe youth who had reached the age of majority and were leaving care

### **Child and Youth Care Centres (CYCCs)**

According to the Children's Act 38 of 2005, (Chapter 13, Section 191(2), a CYCC is a residential care facility for more than six children outside the child's family environment that provides a residential care programme suited for the children in the facility. This umbrella term refers to shelters for children living on the streets, schools of industry, and places of safety, reform schools and secure care centres.

In the context of the study, CYCCs are facilities registered to provide a long-term residential programme through a children's home programme for children whose placement is through statutory orders. The terms residential or institutional care are often used interchangeably in literature, as they are used in this study.

### **Family**

According to the White Paper on Families in South Africa (RSA, June 2013, p. 3),

*"A family is a societal group that is related by blood (kinship), adoption, foster care or family ties of marriage (civil society or religious), civil union or cohabitation, and go beyond a particular physical residence."* Of relevance is the Children's Act, 38 of 2005 (RSA, 2005) which recognizes that a "family member" could be, *"any other person with whom the child had developed a significant relationship, based on psychological or emotional attachment which resemble a family relationship"* (p. 23).

The White Paper on Families (RSA, 2013) clarified that whilst most studies use households as a unit of analysis, it should not be seen as synonymous with family. The difference is that a household can consist of a family, but the members of a household need not be family. In this study, the importance is attached to the relationship and the role that the primary/family caregiver plays more than the biological link.

### **Family caregivers**

A family caregiver, according to the Children's Act, 38 of 2005, refers to a parent or any other person who has parental responsibilities and rights in respect of a child. A caregiver, according

to the Children's Act, could be someone with whom the child may not share a biological link, but a significant relationship based on psychological and emotional attachments, which resemble a family relationship.

Aligned to the Children's Act, this study views a family caregiver as "family member" identified by the youth as the person/s who played the most significant parental role in their lives, who could be related by blood, but not necessarily so.

### **Independence and interdependence**

Dickens' (2016) reference to independence was in recognition that youth need to develop varying degrees of independence for positive outcomes and used it in the context of independence from the alternative care system. Hlungwani (2017) links the understanding of independence to independent living as not referring to total self-sufficiency after care, but the youth's ability to mobilize resources to experience a successful transition. There is growing support for recognition of the need for interdependence and interpersonal connections to help youth cope with the demands of transitioning out of care (Moodley et al., 2020; Sulimani-Aidan & Melkman, 2018; Storø, 2018).

I used the term "in(ter)dependence" to avoid unrealistic expectations of youth having to cope solely on their own without downplaying the importance of developing competencies to accomplish daily activities of independent living, such as budgeting, using public transport and cooking required of preparation for transitioning from care.

### **Transition**

Dickens (2016) defines transition as a process over time as the young person moves from one life space to another as they make a series of shifts in life towards independence. Transitioning, in this context, refers to the movement of youth as they age out of CYCCs. During the period of transition, youth also make another transition into the phase of adulthood. The controversy stems from the development of another phase between adolescence and adulthood, referred to as emerging adulthood.

### **Service Providers**

Service providers include social service professionals who are probation officers, development workers, child and youth care workers, youth workers, social auxiliary workers and social

security workers registered in terms of the Social Service Professions Act (Act 110 of 1978). This study included social workers and child and youth care workers as service providers.

### **Social Workers**

A person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act, 1978 (110 of 1978). In this study, social work managers are also referred to as service providers. A residential social worker is one who works at the CYCC. In this context, the term non-residential worker is used to describe the social worker who works in the community, either from the Department of Social Development or a Child and Family Welfare Society who is responsible for child protection services such as the removal of children at risk from families and provision of reunification/reconstruction after the child is placed at the CYCC as well as aftercare services.

### **Child and youth care workers (CYCW)**

In terms of the Children's Act 38 of 2005, CYCWs fall under "caregivers" which refer to any person other than a parent and guardian, who formally cares for a child (Children's Act and Regulations, Act 38 of 2005, Juta, 2010, p. 20). Perhaps in the review of the Children's Act and with the professionalization of child and youth care workers, the omission of defining child and youth care workers will be attended to in the review of the Children's Act.

Child and youth care workers in this study had a minimum of two years working experience at a CYCC and some experience of working with youth who were transitioning out of CYCCs.

## **1.11 STRUCTURE OF THE THESIS**

The thesis is divided into four sections that consist of nine chapters as follows:

Section one, chapter one forms the contextual framework for the study. I introduce the topic and identify the problem and the rationale for the study. I then present the main aim and objectives and highlight the value of learning from the experiences of youth transitioning out of CYCCs and the perspective of their caregivers and service providers in the care-leaving field and in the local setting. I place the study in context and provide an overview of structural social work within critical research as a relevant theoretical framework. The qualitative research methodology, using thematic data analysis of the interviews with a multi-purposive sample to obtain the findings is briefly discussed. I conceptualize the terms used in the study.

Section two provides the literature review as the conceptual framework for the study that comprises of chapters two, three and four. In chapter two the foundational argument is that a combination of individual factors and family circumstances are linked to broader structural factors such as poverty, neoliberalism and globalization, and new managerialism that disadvantage children, youth and families. The discussion flows into chapter three on the experiences of youth in-care and youth transitioning out of care to understand both positive and negative experiences that the youth encounter with emphasis on preparation for transition and after care. Chapter four concludes the section by outlining strategies for the prevention of children and youth which is stipulated as the highest priority in the Children's Act, 38 of 2005 (RSA, 2005), reinforced by the UN guiding principles of community-based care over alternative care.

In Section three, chapter five details the research methodology employed in this study. It includes the theoretical framework, design of the research, the selection of the participants, data collection and analysis, reliability, validity, limitations and ethical issues. The difficulty in accessing the sample of youth who transitioned out of CYCCs brought to light the distancing of service providers from youth after they transition out of care as though they are no longer anyone's business. The family too had limited contact with service providers. Both the youth and family caregiver samples appreciated the opportunity to have their voices heard and felt that somebody cared for them.

In section four, the results and discussion extend over chapters six, seven and eight. In chapter six, the demographic details of the youth and their caregivers and service providers are tabulated, and the themes are clearly outlined for easy reading and interpretation. The objectives are covered through structural social work underpinned on critical research as the analytical framework. The triad of experiences of the youth and family caregivers, and the perspectives of services providers on youth transitioning out of CYCCs is relevant to understanding the structural factors that impacted the participants' experiences. In order to understand the present circumstances of youth after they transitioned within the two-year period, their accommodation, employment and education, and health and wellbeing are discussed in chapter six. Chapter seven deals with the youth's entry into and transitioning out of CYCCs, with the focus on the following themes: multiple risks related to orphanhood, child neglect and poverty, abandonment; power and control in social work; and the influence and implementation of policy. The section concludes in chapter eight with the theme:

Interdependent living: facilitation of youth's transition out of residential care. The key argument is that to expect youth to live independently is unrealistic and idealistic.

In section five, I reflect and make conclusions and recommendations in chapter nine which brings the thesis to a close. The conclusions were drawn by reflecting on the main findings under the four objectives of the study. The recommendations that emanated from the study are relevant for practice, policy and further research with the hope to make a difference to the lives of children and youth in addressing the multiple risks responsible for their entry into care, remaining until they age or transition out, and the continuing impacts on their lives after they leave care.

## **SECTION TWO: LITERATURE REVIEW**

The background and contextual framework for the study are outlined in chapter one. The literature review which spans over the next three chapters draws from a vast body of literature to understand factors that push children into care, their experiences in care and factors that enhance and/or hinder transition out of care. Chapter two briefly outlines the structural factors that contribute to children's entry into CYCCs. Chapter three elucidates the in-care and transitioning out of care experiences of children and youth. Chapter four highlights strategies to prevent entry into CYCCs. Links are drawn between pre-care, in-care experiences and transitioning out of care, for example, coming from an environment of high-risk to one that is protected to a sudden return to a community that often bear the same pre-care risks. The systematic literature review interweaves legislation, policies, programmes and research to provide a holistic understanding of the pre-care- in-care post continuum.

## **CHAPTER TWO: STRUCTURAL FACTORS THAT CONTRIBUTE TO ENTRY INTO CARE**

### **2.1 INTRODUCTION**

To truly understand the challenges of youth transitioning out of care, the risk factors that necessitate their removal must be traced from the commencement of their care journey (Tanur, 2012; Moodley et al., 2020). Researchers, such as Sherr, Roberts and Gandhi (2016), found that short- and long-term outcomes, such as achievements in education, employment, wellbeing, mental health and intergenerational parenting, are influenced by early childhood experiences. It is important to assess and respond to childhood experiences, as adverse childhood circumstances have serious effects on the physical, mental and social wellbeing of children, and all countries must prioritise child protection and the welfare of all children.

Some researchers, such as Allen (2008); Dickens (2016); Kaawa-Mafigiri and Walakira (2017) and McCullough (2017), believe that factors such as violence against children and neglect are associated with entry into care that continue to affect the youth after they transition out of care, well into adulthood. However, to accept Sherry, Mallet and Weatherall (2017) contention that it is not the care system, but earlier experiences that contribute to the poor outcomes of youth who transition out of care, is to deny the role that child protection services play in addressing risk factors. Whilst linear explanations for successes and challenges in their transition and after care are not possible, the experiences that brought youth into care are particularly important to determine how they are assisted in-care, prepared for the transition, and supported after they transition out of care. In this chapter, I firstly provide a brief overview of factors, honing into poverty, neoliberalism and new managerialism as global contributory factors. I then engage in an in-depth discussion on poverty and interrelated factors within the local context with reference to international literature for placing the local within the global context.

### **2.2 GLOBAL FACTORS**

A child's entry into a CYCC is associated with complex diverse and multidimensional factors, which must be understood within the social, economic and cultural context in which children live (Mocke, 2013). Nelson and Berens (2015) indicate that little data exists for the drivers of institutional care. Whilst orphanhood is often seen as a driver, closer scrutiny allows for other underlying drivers, such as illness, poverty, culture, politics, and challenges such as war,



conflict, disaster, and displacement and migration, need to be recognized (Huynh, 2014; Williamson & Greenberg, 2010). Phenomena such as unaccompanied minors, child trafficking, and lack of access to birth registration, disability and chronic illness, child-headed households, alcohol and substance abuse, harmful customary and traditional practices can also contribute to children and youth being at risk of entry into care.

Unaccompanied migrant children are at constant risk of neglect and are victims of crimes such as sexual and substance abuses, drugs and labour and human trafficking (Sambo and Terenzio, 2013). Del Valle and Bravo (2013) indicate that border policies, international relations and complex political negotiations, which are structural factors outside children's influence determine how they are received, cared for and treated. In Nordic countries, residential care is seen to be appropriate for the expeditious accommodation needs of the unpredictable entry of unaccompanied minors usually from countries affected by wars such as Afghanistan, Somalia, Syria and Iraq (del Valle & Bravo, 2013). Since unaccompanied minors are usually almost 18 years, their preparation for transition into adulthood and entry into the labour market is complicated by their lack of knowledge of the language and culture in an already challenging global economic crisis (del Valle & Bravo, 2013).

Browne (2009) speak of discrimination and negative social attitudes that contribute to children with disabilities, ethnic minority groups, single mothers and children from divorced and reconstituted families or born out of wedlock being over-represented at CYCCs. Usually, interrelated risk factors of child and family are associated with macro factors that precipitate entry into CYCCs. Some risks are specifically pertinent to a country or to groups within a country, such as the need to escape child marriages. Some childhood culturally-induced practices, for example, female genital mutilation and child sacrifices increase the possibilities of children being at risk (Adedokun, 2020; Kaawa-Mafigiri & Walakira, 2017).

## **2.3 POVERTY: A KEY CONTRIBUTORY FACTOR FOR ENTRY INTO CARE**

One of the major contributory factors for children's entry into CYCCs is poverty (Berens & Nelson, 2015; Layer et al., 2014; Browne, 2009). The first sustainable development goal in transforming our world. The 2030 agenda for sustainable development goals is to bring poverty, in all its forms and from everywhere, to an end (resolution A/res/70/1, UN General Assembly, 2015). Poverty violates human rights, emanating from injustice and unequal socio-

economic structures, social arrangements and institutions; the poor have more limited education, employment, health and housing, and they are generally treated with lesser honour and respect (Barnes et al., 2015; Grant & O'Hara, 2010; Fotheringham & Saunders, 2013; Krumer-Nevo, 2015; Sewpaul, 2014). Writers like Blunt (2015) and Pogge (2010) contend that poverty is a crime against humanity and is central to most social ills. Palmer (2011) indicated that several interlocking factors, related to various factors such as socio-economic status and geographic area, are associated with poverty. Hallegatte (2016), for example, asserts that poverty exacerbates the effects of a decrease in agriculture, increase in food prices, and the consequences of hazards like flooding and droughts linked to climate change. In Green Social Work, Dominelli (2012) highlights the inter-relationships between poverty and inequality and vulnerabilities associated with environmental degradation and climate change, which are major factors in the displacement of families, with some of their most pernicious consequences being on poor women and their children.

The sustainable development goals recognize poverty as multi-dimensional, beyond low income, to include equal rights to economic resources, access to basic needs, ownership and control over land, other forms of property, inheritance, natural resources, appropriate new technology and financial resources including micro finances. Further, the interconnectedness of hunger, poverty and unemployment is recognized and must be simultaneously addressed as a distinct problem. However, the income-based measurement of poverty (\$1.25 per day), as Sengupta (2018) notes, constitutes an exclusion of poverty manifestations such as child labour, undernourishment, illiteracy, violence, unsafe drinking water, lack of sanitation, electricity and essential medicines.

Oestreich (2018) emphasizes the inequality of life chances experienced by those who are born poor compared to children born rich is morally and politically indefensible. The right to development requires that all people and nations be given a fair chance at prosperity and development by the removal of social and political factors of discrimination and repression. The family does not live-in isolation. Structural injustices, such as discrimination, exclusion, unemployment, poverty and inequality induce stress, push families into states of disequilibrium, and have profound impacts on family stability, cohesion and functioning (Morison, Macleod & Lynch, 2016; Patel, Schimd & Venter, 2017; Sewpaul, 2005; Raniga & Mthembu; 2017). These structural injustices might predispose families to parental separation (and re-marriage), parental imprisonment, physical and mental ill-health, teenage or unplanned pregnancy and runaways (to escape abuse, for example) and maltreatment of children (Pelton;

2015; McCall, Groark & Rygaard, 2014) that might serve as precipitants to children entering care (Moodley et al., 2020; Walakira et al. 2017).

Pelton (2014) explained that indirectly, material deprivation contributes to maltreatment since stress can manifest in anger and some parents abuse their children and some parents become depressed and may neglect their children. Although the argument posed by Mason et al. (undated) of stress and coping occurring at various levels is of relevance, so too is Pelton's (2014; 2015) point of the direct association of material deprivation on environmental constraints such as inadequate housing that disadvantage children when parents are unable to mitigate hazards which are often judged as neglect. Poverty, therefore, stands in the way of the United Nations Convention on the Rights of the child (UNCRC) declaration for children to grow up in a family environment that provides love, security, happiness and understanding.

## **2.4 NEOLIBERALISM AND GLOBALIZATION**

The contradictory force of fighting poverty is neoliberal policies that sacrifice poor people for economic growth (Krumer-Nevo, 2015). Burns (2015, p. 111) indicate that “the upstream causes of economic inequality” should be the potential targets if the sustainable development goals are to be realized, especially since market driven political ideologies increase income inequality and reduce social cohesion. Due to the economic and political crisis in the 21<sup>st</sup> century highlighting issues of health care, welfare, social security, employment and migration; social workers began to question the impact of globalization, especially on domestic policies and practices (Duarte, 2017; Finn, Nybell & Shook., 2010; Sewpaul, 2005; 2014; 2015a; Dlamini & Sewpaul, 2015; Spolander et al., 2014; Weinberg, 2008; 2010). However, not much attention is given to how the economic and political forces shape our understanding of childhood and how policies impact on the everyday life of children and youth (Finn et al., 2010). Neoliberal policies have reduced the social safety net of children and excluded some young people from childhood institutions and indirectly through changing ideas of the dangers and dangerousness of youth (Umberson & Montez, 2010; Boyden, Dercon & Singh, 2015).

The grasp of globalization and neoliberalism is critical in understanding the contemporary context of children and youth and the way that childhood is constructed in the times of profound economic uncertainty. This has been exacerbated during the current Covid-19 pandemic with the world experiencing the deepest economic recession since the Great Depression of 1929 (United Nations, 2020). Finn et al. (2010) asserts that work with children and youth requires a

critical literacy of neoliberalism and globalization towards re-theorizing childhood to shed light on its connections. Finn et al. (2010; James and James (2004); Tisdall and Punch (2012) were amongst the writers who contested the view of a universal experience of childhood determined by bio-psychosocial stages and called for childhood to be seen as a social construct. As such, attention needs to be focused on the influence of macro cultural, historical, political and economic contexts, linked to the influence of global changes on the real-life and lived experiences of children and youth (United Nations, 2020).

Finn et al. (2010) said that the interrelated neoliberal processes of marketization, marginalization, medicalization and militarization impact on the everyday intimate aspects of children's life and wellbeing-in families, schools, neighbourhood and playgrounds and also influence systems and institutions of child welfare, juvenile justice, education and mental health. Neoliberal globalization through free markets, privatization and welfare sector retrenchment, not surprisingly, widens the gap between the rich and the poor, and the over-emphasis on independence and pathologizing of dependence leaves the poor in vulnerable positions (Sewpaul, 2015b; Strydom, 2017), all of which have worsened in 2020.

The United Nations (2020, p. 5) provides the following authoritative view regarding the current circumstances: the terrible impact of the COVID-19 crisis, especially on those in poverty or with low incomes: the dilapidation that public services have suffered since the global financial crisis, with public health systems underfunded and increasingly privatized, care work devalued and precarious, and extreme levels of inequality due to extreme wealth concentration. The explosive result is apparent in the disconnect between financial markets—now booming—and the real economy of regular families, the worsening climate crisis despite lockdowns, and the aporophobic impacts of inadequate policy responses to COVID-19.

Marketization is a marked feature of contemporary globalisation. Children are targets as consumers of advertising and media (James & James, 2004). Experiences of shame and stigma are attached to “not having” and being dependent whilst Governments are waning in the provision of trust, security and safety (Layton, 2009). Children may engage in deviant means in response to the “must have” which is created by a materialistic world at the risk of being found in need of care. Children have also become a commodity of illegal trade as child labour, child trafficking, the sex industry and in a subtler form as, “orphans” for transnational adoptions, denying their ties with parents, families and cultural histories.

Militarization is not well-defined (Beier, 2011), but in the broader everyday context includes children and youth as victims as well as perpetrators of violence and aggression (Feldman, 2002). Violence, aggression, coercion and conformity, which are normalized in everyday life experiences are deeply rooted in political, social and economic spheres that make children and youth and families structures feel unprotected (Feldman, 2002). Children and youth become frustrated about their unequal life chances and access to education and employment. Their use of violence, aggression and coercion and problem-solving is a learnt behaviour, normalized by war toys, observing “legitimate” use by law enforcement and in countries at war, unrest or a generally high level of violence. They become participants of violence through bullying, gangs and violence against peers, including massacres at schools which make them the object of surveillance and control as a suspect generation. Blunt (2015, p. 2) questions, “if the global poor are the victims of an ongoing and intransigent crime against humanity, what are they morally allowed to do in their own defence? The use of corporal punishment to bring children to “order” is a form of militarization of children’s spaces. Evans and Kim (2013) argue that caregivers experiencing poverty are more likely to use corporal punishment because of their multiple stresses associated with material deprivation which can result in harsh or emotionally distant parenting. Delinked from their violent environments, children and youth are labelled as unruly, aggressive and out of control, a risk to themselves and others and in need of protection. The making of a double standards society expects children and youth to have a discretionary understanding of when and by whom violence and aggression are acceptable and when it is unacceptable, instead of zero tolerance. Simultaneously, people are seen as responsible for themselves and to run their own lives (Harris, 2014).

Many children and youth run the risk of entering care for being perceived as non-cooperative towards social workers. However, children and youth are antagonistic towards tracking, surveillance and monitoring since society blames their “pathological” behaviour for various social ills and are mistrusting as they are treated as the “suspect generation”. Medicalization is marketed as a “quick fix” constructing childhood itself as a pathology (Finn et al., 2010). Children and youth are increasingly diagnosed, labelled and medicated for a range of “pathological” behaviours to promote conformity to societal expectations. One of the most controversial concerns that researchers such as Possler (2015,) highlight is the excessive prescription of Ritalin and the diagnosis of children with attention deficit hyperactivity orders (ADHD). If children do not fit into any of the labels, they are also being diagnosed with illnesses that were previously only conceived as “adult” diagnosis such as bipolar disorder,

which increases the number of children diagnosed with psychiatric problems which Parry, Edmond and Levin (2012) refer to as “mindless psychiatry” (Possler, p. 51). Social workers are unable to understand how globalization and neoliberalism shape the lives of children, which limits the opportunity to develop interventions to address the multiple forces that influence their developmental trajectories and contribute to children’s placement in care. Against this backdrop, Haly (2010) asserts that child protection and neoliberalism is a “*deadly mix*” (p. 121)

## **2.5 NEW MANAGERIALISM**

Research clearly shows that social work practice and social welfare has seen a global shift towards neoliberal managerialism that impacts everyone, including children, youth and families (Dlamini & Sewpaul, 2015; Englebrecht, 2013; Haly, 2010; Sewpaul & Holscher, 2004). The influence of neoliberalism has received less attention in child and welfare services in South Africa (Strydom, 2017), but social workers in general are, “caught up in the process of marginalization, consumerisation and managerialization of social work” (Harris, 2014, p. 18). As in other parts of the world, a new managerialism approach has pushed all state and voluntary social work services to operate like the private business sector, using similar models and knowledge (Harris, 2014; Strydom et al., 2017).

The shift of social workers towards efficiency of “cases” rather than ensuring quality services through caring, humanness and building relationships constitute a violation of the ethical requisites of social work (Trevithick, 2014; Harris, 2014). Service users have become customers to the extent of call centres being developed and with expectations towards running their own lives whilst some services are excluded (Harris, 2014). The tight rope control by management through high levels of accountability for economic efficiency based on outcomes through documentation and audits, and monitoring and meeting management’s targets on indicators is “accountable-countable” at the expense of administering of services (Dlamini & Sewpaul, 2015; Rogowski, 2011; Burton & Van den Broek, 2008; Strydom et al., 2017).

Social workers use of professional knowledge, skills and intuitive judgement that produce logical thinking is replaced by adherence to standardized processes, frameworks and procedures (Trevithick, 2014). In addition, professional decisions are influenced by cost-cutting with expectations of social workers to do the most amount of work with the least amount of resources and in the shortest possible time (Dlamini & Sewpaul, 2015; Strydom, 2017; Sikhitha, 2018; Harris, 2014). Sewpaul (2013b; 2014) argues that such managerial approaches

“impact on relationship building, the requisite empathic tuning in to the life worlds of people ... and the use of emancipatory people-driven processes towards social change and development” (p. 22).

Social workers output, measured on quantity based on accountability mechanisms, includes the submission of statistics, through “the diary”; intake forms and a whole range of forms, and check-list type of approaches, which is administrative and time-consuming (Dlamini and Sewpaul, 2015). Harris (2014) spoke of the surveillance of social workers or groups of social workers through a dashboard initiative.

The new managerialism approach is a profound contributory factor for children’s entry into CYCCs. Harris (2014) asserts that cost-cutting and quantifying services involve once-off interactions that do not meet the commitments to “service users”. In the UK context, Rogowski (2015) found that through bureaucracy and being subjected to managerial constraints of rationalizing resources and assessing/managing risks, social workers try to change children and families’ behaviour and lifestyle to become responsible citizens rather than providing support and meeting their needs. One of the major challenges, as evident in South Africa, is the pressure of the developmental approach for child and family prioritizing prevention and early intervention services, but the funding has not been extended accordingly (Holscher and Sewpaul, 2006) which is possibly why child and family services have remained primarily statutory in nature (Strydom, et al., 2015).

Another challenge is that social workers’ performance is measured through output rather than processes, which rewards conformity and obedience whilst punishing non-compliance (Dlamini & Sewpaul, 2015; Haly, 2010). Social workers, therefore, push for immediate results which affect long term interventions, processes and goals (Harris, 2014). To institute a removal and place a child at a CYCC is a more visible and expeditious measure of achievement compared with engagement in family preservation interventions, which takes longer, and where progress is slower and less visible, as is also the case with engagement with policy, advocacy and lobbying initiatives.

## **2.6 ENTRY INTO CYCCs: THE SOUTH AFRICAN CONTEXT**

The Children’s Act No 38 of 2005 outlines the rights to care and protection from formal and informal sources of care from birth to 18 years. Very often the reasons for entry are scripted in the Children’s Act No 38 of 2005 as the taken-for-granted immediate reasons, without

understanding the underlying factors that contribute to children's and youths' entry. However, the literature review highlights the influence that macro factors, such as poverty and unemployment have at the meso- and micro-levels as individuals, families and institutions struggle to cope and meet their responsibilities, thus contributing to entry into CYCCs.

Even though apartheid is no longer applicable by law in South Africa, the negative structural implications on institutions and on traditional bonds are still evident. Some of the multiplicity of factors that apartheid has contributed to is an increase in violence, intergenerational conflict, trauma, low quality of education and the break-up of the extended family (Omotoso and Koch, 2018). The impact of the unresolved issues from the past is slow national economic growth and a high unemployment rate. One of the major emphases of the National Development Plan: Vision 2030 is that true democracy cannot prevail if the masses remain poor with no chance for a better life. The triple challenges - high poverty, unemployment and inequality must be tackled. The concern is that poverty and inequality levels are increasing and deepening over time (World Bank, 2018). The World Bank's definition of South Africa as one of the most unequal societies in the world is embarrassing. Linked to South Africa's post-apartheid macro-economic choice, rooted in neoliberalism is the reduced control over private enterprise that contributes to greed, competition, corruption (Sewpaul, 2013b). The disconcerting levels of corruption at national, provincial and municipal levels, including the corruption charges against the mayor of eThekweni; the appropriation of state resources for personal gain by political and corporate elites; and South Africa's disgrace linked to state capture, (Gevisser, 11 July 2019; Kringe, 13 August 2019) inevitably contribute to diminished services for ordinary people in South Africa, and a deeper entrenchment of poverty which is a major contributory factor to children and youth entering care.

## **2.7 POVERTY IN SOUTH AFRICA**

Emanating from the general over-view is the need to locate the role that poverty plays in our local context as a contributory factor to entry into CYCCs. Children in impoverished circumstances emanate from, "*the depth of apartheid engineered structural poverty faced over generations by large proportions of the population and the magnitude of the Aids pandemic*" (Bray and Brandt, 2007, p. 1). Seventy-six percent (76%) of the population is affected by poverty in their daily lives as evidenced by the 2011 and 2015 analysis (International Bank for Reconstruction and Development/World Bank, 2018). Even in post-apartheid times, children and youth experience multiple deprivations of living in poor living conditions, low educational



attainment, and low employment opportunities (Omotoso & Koch, 2018). KwaZulu-Natal has the third highest poverty rate in South Africa (STATSSA, 2019).

In South Africa, according to the World Bank (2018), an estimated 6 million children live in poverty, of which 25% of the children live in nuclear families and 62% in extended families. Seven million children live in grandparent-headed households, but their parents may be living in the same household. There are more than 12 million children who do not live with their fathers. Children who are born into or live in single-parent, female-headed households are most likely to be living in poverty in multiple-problem households. Most studies on poverty target households rather than families, but not all the family members reside in the same household (Barnes, Hall, Sambu, Wright & Mkabile, 2018; Budlender & Lund, 2011; Madhavan, Schatz & Collinson, 2012). The difficulty in protecting children is that the political economy is rooted in economy-racial capitalism.

According to the World Bank (2018), poverty is consistently the highest amongst Black South Africans, the less educated, female-headed households, large families and children. Also, the concentration of poverty is in the previously disadvantaged areas such as homelands which were areas set aside for Blacks during apartheid. Poverty tends to undermine parenting through the destabilizing effect on households and families (Barnes et al., 2018). According to Mamelani (2013), many children are born into families where poverty is rife. They experience difficulty in breaking away from the ongoing cycle of abuse and neglect. Mamelani (2013) indicated that in South Africa, poor children enter care as a result of weakened or completely broken-down institutions, and broken community and family bonds.

## **2.8 UNEMPLOYMENT, MOBILITY AND PARENTING**

The high mobility rate of children and parents is associated with the need for housing, employment, social infrastructure and child care.

### **2.8.1 UNEMPLOYMENT AND CHILD LABOUR**

The increase of unemployment from 26.7% in the first quarter to 29% in second quarter reveals a country in trouble with 10.2 million unemployed people which was the highest ever experienced in South Africa, until COVID 19 when the rate increased to 30.1% (STATSSA, 2020). The achievement of political liberties has not been accompanied by economic freedom to lift people out of poverty, the most affected being Black South Africans. President Cyril

Ramaphosa (24 July 2019) said joblessness is likely to increase further due to technological advancement and globalisation amongst other factors.

A major challenge is associated with slow job creation. (World Bank, 2018). Seepamore (2018) referred to the paradox of families having to live separately in order to stay intact as parents, due to the high cost of living, are forced to migrate to places of employment and to rely on substitute parents, including relatives, friends or paid caregivers.

A phenomenon closely linked to poverty is the family's acceptance of children's engagement in child labour which is evident from the time of the colonial history of slavery. Kannapathi (2015) said that poverty, adult unemployment and the lack of safety nets contribute to children's entry into employment, often leading to abuse and exploitation. Madziwa (2014) asserted that child labour is child abuse associated with migrant labour, unwaged family-based labour or children's independent wage labour.

Despite international instruments such as International Labour Organization (ILO) Convention 138- Minimum age Convention of 1973 and the ILO's Worst form of child labour Convention 182 of 1999, signed by South Africa and local legislation, including the Constitution of Republic of South Africa, Act 108 of 1996 that seek to abolish all forms of child labour, it persists. Sub-Saharan Africa has 28.4 percent of children between the ages of five and fourteen years are engaged in child labour, which is the highest in the World (Madziwa, 2019). Although child labour as a violation of children's rights is a criminal offence in terms of the Basic Conditions of Employment Amendment Act, 2013, families encourage children's involvement in child labour due to poverty. However, it does not help in breaking the cycle of poverty, but only increases the risk to children.

The social production debates on household chores that are traditionally "women's work" unintentionally make children who perform these roles more invisible by not considering age as a social variable. The Children's Act (No 38 of 2005) defines a victim of child labour as a child in need of care and aims to protect children from child exploitation and child labour. Child exploitation is seen as child slavery, forced labour, commercial sexual exploitation, and all work detrimental to the physical and mental wellbeing of the child. Hence, in the absence of protective and preventive measures in the community children will enter care. Child labour impacts on the ability to achieve a good education and presents a concern for children's safety, physical and mental health, moral and spiritual wellbeing and basic rights to freedom and development (UNCRC, Article 32(1); Children's Act (No 38 of 2005). Madziwa (2014)

pointed out that the seriousness of maltreatment, neglect and exploitive nature of child labour is seen in children and youth being traded off in illegal labour, such as sex work and drug dealing associated with risks of prostitution, pornography, early abusive marriages and HIV and AIDS.

Madziwa (2014) recommended a Child Labour Act as a new law to enforce an end to economic and domestic child labour. Kannapathi (2015) asserts that the western, romanticised notion of childhood contributes towards child laws that leave children in developing countries with fewer instead of more survival options since they do not, for example, reduce poverty or increase access to schools when prohibiting harmful behaviour. Madziwa (2014) and Kannapathi (2015) recognized that the socio-economic and cultural circumstances compel children in South Africa to engage in child labour, claiming that not all child work is harmful.

Madziwa (2014) and Kannapathi (2015) emphasize that the traditional cultural belief of introducing children to work for socialization and development for life lessons, should not involve excessive hours and types of work detrimental to their wellbeing, development, health and education.

### ***2.8.2 MIGRATION AND DISTANT PARENTING***

In South Africa, historically, colonialism and apartheid disrupted families through deliberate strategies such as pass laws, forced removals, urban housing policies and the creation of homelands. (Hall & Posel, 2019). The reconstructing of the indigenous patriarchal system and the labour system separated Black men from their families and impacted on parenting. Although democracy prevailed since 1994, researchers such as Hall and Posel (2019) and Seepamore (2018) assert that migrant labour, which contribute to split families, is still entrenched in Black communities.

Whilst most studies focus on mothers as the dominant carers and nurturers, fathers' engagement with children is necessary beyond the traditional role of provider (Sewpaul, 2013a). When unable to provide material support, Barnes et al. (2017) found that fathers engage less with children and families.

The difficult choices that households, especially women have to make is on managing the competing demands of child care and income generation (Hall and Posel, 2019). If fathers in migrant labour are unable to remit money because of low earning or spending it elsewhere

(dividing and sharing their resources between multiple families), women are forced to enter the labour market. Their roles are extended to service provider and nurturer (Seepamore, 2018).

Since jobs are easier to find in urban areas, many mothers entry into migrant labour involve depending on older women or the extended family for child care (Barnes et al., 2017). Although children are affected by adult migration as they live away from one or both parents, the impact of adult migration on children, for example, distant parenting is under-explored (Hall and Posel, 2019; Seepamore, 2019). The National Development Plan: Vision 2030 indicates that the distance between biological parents and children influence access to resources and social grants. Hall and Posel (2019) indicate that when children migrate, they do not necessarily follow their parents' patterns, timing, or direction.

Even when parents migrate with their children, their access to urban areas was through the informal settlements (Hall & Posel, 2019). The environment exposes people to threats such as overcrowding, poor and absent water, sanitation and refuse removal services, paraffin stoves associated with the risk of fires, poisoning, problems of drainage and floods and lack of access to facilities such as schools. The extent of the existence of distant parenting is also evident by half of the child-headed households having a parent, which suggests that such households are the result of migrant labour (Hall & Sambu, 2016). Pillay (2016) contended that the quality of care is compromised in child-headed households.

The backdrop explains why only 27% of Black children live with their biological parents as compared to the other race groups (48%-coloureds and 80% Whites and Indians). The link between co-residence and parenting is seen in Hall and Sambu's (2016) study where only 17% of the children in poor households lived with their parents, whilst 76% of the children of rich households resided with their parents. Seepamore (2018) maintains that mothering from a distance is necessitated by poverty amongst single female-headed households,

Seepamore (2018) found that normalization of distant parenting is taken for granted as a way of life in rural communities with the acceptance that parents will find work in urban areas and the children will be left behind with grandparents or other relatives. Therefore, there are, fewer caregivers in rural areas available to care for children which, as Seepamore (2018) indicated, places children at higher risk.

Hall and Posel (2019) indicate that a "child centred lens" to migration is required since their needs differ from adults; they are highly mobile, with fluid care arrangements. One of the contributory factors to detrimental social, emotional and physical developmental effects on

children who are subjected to distant parenting is that physical contact is limited to weekends or a few times in the year, depending on the geographic distance and earning power of distant parents (Seepamore, 2018). Although mothering was reconstructed to suit their reality which includes contact through cell phones, children who are not living with their biological parents remain at risk of abuse (Seepamore, 2018). This contrasts with Bray and Brandt's (2007) study in Masiphumelele in the Eastern Cape. They found that in the absence of parents over long periods children established relationships with alternative caregivers. However, the distant parents employed as domestic workers in central Durban, eThekweni in Seepamore's (2018) study found the caregivers gave less attention to their children; their children were exposed to harsher punishment compared with the caregivers' biological children; and provisions that distant mothers availed for their children such as school uniforms, clothes and food were used by relatives for their biological children. Lu and Treiman (2011) also found that parents' additional remittance for school enrolment was affected without them being physically available to provide guidance and support.

## **2.9 INEQUALITY: IMPACT ON CHILDREN**

Inequality is a "powerful and noxious driver of poverty, social fragmentation and human physical and mental suffering" (Burns, 2015, p. 111). However, the inequality is associated with the disparity of income, who cares for children and their physical location which determines the extent of opportunities, services and resources.

Children in rural areas, for example, experience poorer living conditions, health, education, sanitation, public services and experience lesser life chances than children in urban areas. Omotoso and Koch (2018) contend that equal opportunities for children living in poverty do not prevail since pre-determined characteristics such as gender, ethnicity, place of birth or family origins determine whether a child will have a fair chance at success.

### **2.9.1 AGE AND GENDER**

Whilst skill and education are said to have a greater influence on employment, as Sewpaul (2013a) highlights race and gender still play significant roles in being able to access power, resources and status. Child poverty is multidimensional, but multidimensional poverty and inequality have not received much attention in research (Omotoso & Koch, 2018). The World Bank (2018) found that the 2015 poverty headcount revealed that 47% of the households are headed by Blacks when compared to other race groups. In terms of gender, 52.1% were female-

headed households as compared to their male counterparts. Younger children from birth to five years were most affected by poverty and are at greater risk since they are unable to fend for themselves. An interesting discovery in Seepamore's (2018) study was that once the oldest child, most often a female reaches 18 years they become responsible for the daily care of the younger children if their mothers depend on domestic work away from home.

According to the former head of Social Development, Nkosi, teenage pregnancies has escalated to as many as 20 000 learners from as young as nine years giving birth in KwaZulu-Natal (Department of Social Development and Universities of KwaZulu Natal and Zululand, 2013). In a mixed qualitative and quantitative study in KwaZulu-Natal with teenagers, parents and service providers it was found that most teenage pregnancies are unplanned and linked to substance abuse (Department of Social Development and Universities of KwaZulu Natal and Zululand, 2013). Many teen parents navigate between parenting and completing school or experience disrupted schooling by dropping out of school to find employment. The South African Income Dynamic study (2008) revealed the importance of reducing child bearing since girls who gave birth prematurely were two times likely to drop out of school and five times more likely to fail matric.

The financial strain on families' increases when unemployment is high and the number of children dependent on their resources, care and supervision increases (Ntini and Sewpaul, 2017).

The vulnerabilities amongst teen mothers are associated with gender inequality, health problems, low paying jobs, low education, poor health and poor relationships with parents which may be associated with the high-risk of depression (Raniga & Mathe, 2011; Seepamore 2018; Ward, Makusha & Bray, 2015; Spaul, 2015). Teenage fathers receive less attention, take less responsibility and experience fewer disadvantages as compared to teen mothers (Ntini & Sewpaul, 2017). Given the constraints of teen mothers, it comes as no surprise that the Department of Social Development and the Universities of KwaZulu- Natal and Zululand (2013) found 52% of the mothers in KwaZulu-Natal on welfare had their first child as teenagers. The babies born to teen mothers are more likely to be premature at birth and suffer abuse and neglect and perform poorly academically (Department of Social Development and Universities of KwaZulu- Natal and Zululand, 2013; Ward, Makusha and Bray, 2015).

Seepamore (2018) and Pillay (2016), amongst others (Hatch & Posel, 2018; Kiggundu & Oldewage-Theron, 2009; Tanga, Khumalo & Gutura, 2017) suggest that female caregivers are

overloaded and exploited. Elderly grandmothers and other structurally marginalized women who are caregivers sometimes experience health issues and have limited financial resources. Seepamore (2018) asserted that it is unreasonable to expect women to continue in unpaid child care labour in the name of *Ubuntu* and collective child-rearing in the African context when villages and extended families are in crisis.

### **2.9.2 EDUCATION AND SKILLED LABOUR**

In the global context, institutions are sometimes seen as a viable option for families to ensure that the children's educational needs are met (Cheney & Rotabi, 2014). In Nigeria, Nepal and Indonesia, parents would rather have their children accommodated in institutions since education in residential care is perceived as better than that in state schools. The entry into care for access to education or a better standard of education is reflective of systems failing children and families, as this should not be a reason to enter care.

The South African people living in poverty cannot afford fees to send their children to well-functioning or independent schools and the no-fee schools of the public sector is wanting of quality (Ward, Makusha & Bray, 2015; Spaull, 2015). Spaull (2015) highlighted that poor quality education is a contributory factor for the intergenerational cycle of poverty where children and youth inherit their caregivers' social standing irrespective of their abilities, noting the dual education system, even in post-apartheid South Africa.

In rural areas, families are sometimes reluctant to send children to schools because they are often far to access and the quality of education is poor (Madziwa, 2014). However, on a positive note, progressive steps such as compulsory education between 7-15 years, no-fee schools and access to grants have been made available (South African School's Act, No 84 of 1996). The achievement of almost universal access to primary education is commendable but is still not enough for a fair chance at success, and a challenge of completing primary school on time still exists. There are 10.3 million young people between the ages 15 to 24 but 3.4 million are not in education, employment, or training (NEET) (Quarterly Labour Force Survey, 2019). When youth are able to complete their secondary education, their entry into tertiary education is a challenge due to financial constraints and the high cost of fees to study further. A poor education precludes the poor from participating in the labour market which favours the skilled and the educated (Spaull, 2015). President Cyril Ramphosa (13 July 2017) admitted on media that the Government had not done much in the past twenty-five years to help the masses whose

economic exclusion is due to the lack of skills, assets, and networks. With unemployment and stagnant wages of semi and unskilled labour, the transition out of poverty remains difficult.

### **2.9.3 MENTAL HEALTH AND DEVELOPMENT**

Many researchers found an indisputable link between poverty and mental illness (Burns, 2015) and a causal relationship between social determinants such as poverty, inequality, lack of education and unemployment. The disorders that are under-researched in relation to poverty include schizophrenia, bipolar disorders, substance abuse, and child and adolescent disorders (Burns, 2015). Das-Munshi et al. (2016), for example, in a Cape Town cross-sectional study, found that mental illnesses such as depression, anxiety and post-traumatic stress amongst 14 - 15-year-old learners were associated with material disadvantage within self-identified previously disadvantaged groups. Burns (2015) argues that the increase in political and economic inequality is linked to mental illnesses since risks are most prevalent amongst low-income people. The distinct effects were associated with the experience of feeling ashamed, social defeat and resentment when comparing themselves with those who were well off.

While mental disorders in parents are seen to be a precipitant to children's removal and placement in care (Kilkenny, 2012), the broader structural factors that contribute to mental illness are often overlooked.

## **2.10 ORPHANS AND VULNERABLE CHILDREN**

In South Africa, as in many African states reference is made to orphan and vulnerable children, hereafter referred to as OVC. The extended family as the traditional safety net has come under threat as in many other African countries. Naqshbandi, Sehgal and Hassan (2012) use the term social orphans to include abandoned children or children whose parents gave them up due to poverty, alcoholism or imprisonment. In South Africa the term, OVC refers to a range of children at risk or in difficult circumstances above and beyond HIV and AIDS. The exposure of possible harm or deprivation such as chronically and/or terminally ill children; having a disability; the inability of parents to care for children due to ill health; getting into conflict with the law; children headed households; poor households; living and working on the streets; unaccompanied foreign children and/or refugees; child labour, being abused, neglected and exploited can all render children and youth vulnerable (Guidelines for registration of drop-in Centres, Department of Social Development, 2014).



### ***2.10.1 CHILDREN INFECTED AND AFFECTED BY HIV AND AIDS***

In the global context, the HIV and AIDS pandemic reflects a phenomenal increase in orphans with an estimate of 151 million children worldwide who lost parent/s to HIV and AIDS (UNICEF, 2012). The most affected are Sub-Saharan Africa, Asia and South East Asia. By 2013, 25 million adults and 71% of the children infected globally were from Sub-Saharan Africa (UNAIDS factsheet, 2014). South Africa, by 2019, had 7.7 million people who were infected with HIV and AIDS which comprise of 18.9 % of the general South African population; the most affected are the youth, mostly females between 15-24 years (UNAIDS, 2020). Although thousands of children in South Africa lose parents to suicides, murders and accidents, a high number have lost parents due to illnesses, specifically related to HIV and AIDS (Breckenridge et al., 2019)

Researchers such as Cheney and Rotabi (2014); Richter and Norman (2010) and Williamson and Greenberg (2010) refuted that the international response by establishing institutions in Africa was an appropriate solution to the orphan crisis. In the traditional African context, children's loss of their parents has to be accompanied by the loss of extended family and they must be virtually homeless before they are considered orphans (Cheney and Rotabi. 2014). Cheney and Rotabi, (2014), therefore, said that the orphan crisis was constructed by the Western definition of single orphans (loss of a parent) and double orphans (loss of both parents) that lends itself to misinterpretation, misidentification and inflated statistics. Walakira et al. (2017) spoke of institutional care as becoming an industry in Uganda, for obtaining funding from Western donors who believe they are responding to the "orphan crisis"; this is also prevalent in other parts of the World. Dozier et al. (2012) argue that it is important to understand who benefits from institutions before establishing them. Ucembe (2019) indicate that one of the outcomes of establishing institutions is that effective child protection systems are affected by pulling away funding from community-based interventions.

I concur with researchers such as Raniga and Motloun (2013); Chaitkin et al. (2017); and Cheney Rotabi (2014) that most children who lost parent/s to HIV and AIDS are still cared for by the extended family. The uncertainty lies in families and communities being over-stretched to a breaking point when the quality of care is compromised due to the dwindling extended family fabric, macro-economic instability, unemployment, labour migration, urbanization and westernization (Hagos, Mariam & Boglae, 2017; Pillay, 2016; Walakira et al., 2017). Seepamore (2018) indicates that "Systems of care had been eroded as families struggle under

the weight of HIV and AIDS, poverty and the onslaught of free market, capitalist ideology” (p. 175)

The reinforcing effects of poverty and HIV and AIDS are complex (Cheney and Rotabi, 2014; Diraditsile & Nyadza, 2018; Raniga & Mathe, 2011). Meintjes, et al. (2007), through an audit of CYCCs in four provinces (KwaZulu-Natal, Limpopo, Gauteng and Western Cape), found poverty and HIV and AIDS were part of a complex casual pathway for admission. The children’s safety and wellbeing are cause for concern due to their vulnerability to poverty, abuse, illness and exploitation.

The vulnerabilities of orphans in the community, as Tanga, et al. (2017) found through a qualitative purposive sample of 12 orphans and 13 caregivers in Thembisa, commenced long before the death of a parent. Gauged from child reports, the prevalence of HIV and AIDS in Mpumalanga and the Western Cape communities contributed to children at risk of child abuse in their homes, especially when there were high levels of poverty and disability, but not if the child was chronically ill (Meinck, Cluver, & Boyes, 2015). In KwaZulu-Natal, in a randomly selected sample of adolescents between 10-17 years and their caregivers, poverty and HIV and AIDS appeared linked to mental distress and abusive parenting (Meinck et al., 2017). Short and Goldberg’s (2015) review of children living with HIV and AIDS infected adults in 23 Sub-Saharan countries from 2003-2011 concluded that orphans require specific programmes to address the challenges of children living with HIV and AIDS infected caregivers, such as stigma, susceptibility to opportunistic illness, increase in poverty and diversion of resources and general programmes that target all vulnerable children. Govender (2009), in a qualitative study, found a disproportionately high number of children and youth at eThekweni CYCCs were HIV positive.

The need for social protection of children from both the NPO sector and government, therefore, becomes crucial, especially when considering the unfairness that some children, caregivers and families face. Tanga et al. (2017) highlighted that the unique needs of caregivers need to be addressed in order to ensure the safety and wellbeing of children.

### **2.10.2 MALTREATMENT**

Maltreatment against children, referred to as a commission such as harsh punishment, physical, psychological or sexual exploitation or an omission such as neglect and the absence of positive experiences (Sher, Roberts & Gandhi, 2017), contribute to children’s entry into CYCCs. The

UNCRC (1989) was signed by 194 nations as a commitment to take all legislative, administrative, social and educational measures to protect children from maltreatment, but millions of children suffer from maltreatment (Fang et al., 2017). However, only 10% of children exposed to maltreatment access child protection services and, to a much smaller extent, prevention services (Finkelhor, Omrod, Turner & Hamby, 2011).

James and James (2004) found gender differences in the symptoms of maltreatment since girls tend to get depressed, experience anxiety disorders, suicidal ideation or unwanted pregnancies and males present with behaviour challenges, for example, gang involvement and crime. There are both short and long term negative effects on the physical and mental health of survivors, and they affect education and employment (Meinck, et al, 2015; Zheng, Fang, Ugboke & Fry, 2019; Kaawa-Mafigiri & Walakira, 2017). Sherr et al. (2016), found that children's exposure to abuse, including harsh punishment, domestic violence and community violence affected their school attendance and performance.

Berens and Nelson (2015) found through a 2005 European Union survey that abuse and neglect were the most common reasons for institutional care amongst developed countries such as Denmark, Greece, Portugal and Sweden. A meta-analysis on the effects of geographic and economic factors for childhood maltreatment, worldwide, led Viola et al. (2016) to caution on how maltreatment rates are interpreted. In China, for example, a lower estimate of maltreatment is said to be related to comprehensive policies and legislation, but the estimate might be linked to preventing disclosure for political and cultural reasons. Viola et al. (2016) found a lower rate of maltreatment in high income European countries whose support and access to a range of prevention strategies is far greater than the rest of the world. Mathews et al. (2013) said that child homicide rate in South Africa is above the international average, and that infant abandonment and fatal abuse of children under five suggest that mothers of young children are not receiving adequate support.

#### **i) Child abuse**

In the global context, child abuse and neglect are more prevalent in developing countries and is influenced strongly by economic and cultural factors (Pelton, 2016; Ward, Makusha and Bray, 2015; Van Breda & Theron, 2018). In Cambodia, 200 to 300 children were rescued from sexual exploitation and placed at child care centres, managed by NPOs for temporary and long-term care. In Indonesia, children did not mention violence as a reason for family separation but, 27% came from families where violence had occurred. South Africa also has amongst the

highest reported cases of child abuse, neglect and maltreatment, including sexual, physical, trafficking and exploitive work (Richter & Dawes, 2008).

In South Africa, child abuse refers to any form of harm or ill-treatment deliberately inflicted on a child such as assault or injury, exposure or behaviour that may bring on psychological or emotional harm (Children's Act No 38, 2005). Meinck, Cluver, Boyes, Loening-Voyesi (2016) supported that family disadvantages are major drivers of violence against children and adolescents.

Meinck et al. (2016) randomly selected two urban and rural areas in two black economically disadvantaged areas of Mpumalanga and Western Cape and found that 54% of the people in these communities were living below the poverty line. The sample comprised of 96.4%, of children between 10-17 years who participated from the 3 514 identified during the census and of which 68.9% had reported at least one form of victimization (physical, sexual or emotional). A higher prevalence was evident in the rural areas. Although 32.3% of all the adolescents reported abuse, Meinck et al. (2016) reported the primary focus tended to be on younger children for intervention. Zheng et al. (2019) indicated that 58% of all South African adolescents had experienced physical or emotional abuse during their childhood.

Younger children reported a higher occurrence of physical abuse and identified their caregivers and educators as perpetrators; girls and older children reported more sexual abuse with perpetrators being strangers, peers and relatives (Meinck et al., 2016). The National Development Plan 2030 (National Planning Commission, 2012) indicated that the lack of national data and under-reporting of sexual abuse presented difficulty in understanding what services are required. Breen, Daniels and Tomlinson (2015), through a qualitative purposive sample of 24 children between 8-12-years old in Khayelitsha, Cape Town, and found corporal punishment was an everyday occurrence. Breen et al. (2015); Meinck et al. (2016) asserted that corporal punishment has negative effects on emotion and behaviour that can include later aggressive behaviour that goes against anti-violence and pro-social behaviour. Whilst parent/teacher characteristics can contribute to the use of corporal punishment, there are social enablers that Breen et al., (2015) highlighted, such as cultural norms and beliefs approving of violence. In addition, the occurrence of multi-victimization (more than one type) was also evident.

Very often the focus is on perpetrators of violence who are caregivers, but Mathews' et al. (2016) multi-agency approach to 711 child death case reviews at two pilot site mortuaries

(Phoenix in KZN and Salt River, Cape Town) found most injury deaths were amongst adolescents between 15-17 years, mostly males and due to peer conflict and gang-related violence. Mathews et al. (2016) said that in light of the high rate of violence, inequality and unemployment in South Africa's broader context, a multi-pronged approach for early identification and prevention strategies should include enhancing protective factors in the family. Aside from human rights issue, Fang et al. (2017) estimated the economic burden of violence against children had cost R173 billion, which equates to 4.3% of South Africa's Gross Domestic Product (GPD) in 2015. This excluded the cost of other factors, such as poor education outcomes, increased formal and informal care, higher levels of health care, criminal behaviour, reproductive and health problems and chronic diseases which were not calculated. Hence investing in the prevention of violence will save lives, prevent the agony of children and improve their outcomes in later life as well as increase the economic dividends of the country.

## **ii) Neglect and Abandonment**

Berens and Nelson (2015) found developing countries of the European Union in economic transition such as in Croatia, Cyprus, Hungary and Romania had a high number of children who were abandoned and/or abused that were placed in alternative care. Bilson and Cox (2007) states that the distinction between poverty and neglect is not an easy one, but if reasonable resources are available and care is still not provided then it is neglect. The argument is built on behaviours considered as neglect such as substance abuse, inadequate protection from environmental dangers, abandonment, poor hygiene and deprivation of education may be constraints associated with poverty. UNICEF (2011) and Meintjes et al. (2007) reported that the largest number of children admitted at CYCCs were either abandoned or neglected.

It is important to take note of Haskins et al (2017) and Maluleka's (2017) arguments for the integration of traditional healing practices into the mainstream health care system. Some families depend only on traditional healing and are criticized as negligent when early symptoms in children are not reported to the mainstream health care system to prevent severe illness and/or death. The effective early detection of symptoms and treatment of childhood illnesses require traditional healers and the formal health care workers to work in collaboration to mitigate unintentional neglect of children's mental and physical health (Haskins, et al. 2017; Maluleka, 2017). The complimentary roles of the traditional and western healers can provide families with holistic healing, psychosocial support during the early detection of symptoms and can prevent severe illness and in some instances, the death amongst children.

The Medical Sciences Research Council (2016) found an average of 3 500 children survive abandonment in South Africa annually, of which 65% are new-born and 90% are under a year. The estimation was that for every child found alive after abandonment, two were found dead in Gauteng. According to the study, the highest number of abandoned babies were found in Gauteng, KwaZulu-Natal and the Eastern Cape.

Reasons for abandonment include mothers feeling and isolated and desperate when facing structural constraints ranging from poverty, rape, cultural and personal disbelief in abortion and adoption, food insecurity, substance abuse, rejection and/or lack of support from their partner, family and community (Blackie, 2014; Mkhwanazi et al., 2018). Agere (2014) said that poverty and unwanted pregnancies contribute to teenage parents' abandonment of babies. Blackie (2014) argue that mixed messages conveyed through the Choice of Termination of Pregnancy Act No 92 of 1996 (RSA, 1996) allow girls of any age to consent to abortion, but the Children's Act No 38 of 2005 does not allow them to sign consent for giving their child for adoption without parental consent unless 18 years or older. Mkhwanazi et al. (2018) indicated that abandonment may appear as the only option when adoption and abortion are not accessible or available options, legally and/or culturally.

The researchers and media indicated an increase in risky abandonments which refers to babies who were left in unsafe areas to reduce their chances of survival, for example, in a scrapyard in a stormwater drain, and in a medical waste bin at a public hospital (Black, 2014; Mkhwanazi et al., 2018; Khanyile, 18 February 2019). Whilst the Health Department sees free contraceptives and termination of pregnancies as the solution, unplanned pregnancies still persist and not all parents see abortion as a solution. Although most of the incidences reported in the media were of mothers who were older than 18 years, most of the emphasis is on unplanned pregnancy amongst children and teenagers.

The parental responsibilities and rights incorporated in the Children's Act No 38 of 2005 rightfully, prevent parents from treating children as their property and abdicating their responsibilities. However, criminal charges against women who abandon their babies persist whilst decriminalizing abandonment is supported by research and the media for an appropriate legal, health and social response to structural determinants such as poverty, unemployment, gender inequality (Blackie, 2014, Mkhwanazi et al., 2018; Khanyile, 18.2.2019). Most discussions on charging parents involve single mothers. This raises a question regarding the role that fathers play as a contributory factor to mothers who abandon or neglect their children.

Blackie (2014) also raises the issue that a mother who is an illegal immigrant cannot sign consent for adoption in court.

Many abandoned babies are first placed in a hospital for an assessment before being placed in temporary safe care. Service providers such as medical staff and social practitioners discourage parents from considering adoption based on their personal and cultural beliefs (Blackie, 2014; Khanyile, 18.2.2019). The alternative care system does not allow a mother to stay with her child who is placed in alternative care. According to “The Witness”, Todd, Director of Pietermaritzburg Child and Family Welfare reported that few and an uneven distribution of resources such as pregnancy crisis centres, shelters for mothers and babies exist to assist parents (Khanyile, 18.2.2019). The KZN Childline director, Naicker said when abandoned, children grow up feeling unloved and distant since they fear unreciprocated love and bonding, especially from adults (Khanyile, 18.2.2019).

In conclusion, it is far too compelling, as indicated by Mamelani (2013), that many children are born of families where poverty is rife who experience difficulty in breaking the cycle. Their struggle results in weakened or completely broken-down institutions, and broken community and family bonds. The South African Government strives to improve nutrition, health, child participation, education and specific gender issues in realizing the UN’s sustainable goals and other relevant international and national instruments, primarily through programmatic interventions. However, at a macro-level, the high rates of poverty, unemployment, inequality, corruption, crime, violence and HIV and AIDS continue to keep families in disempowered positions and place children at risk of abuse, neglect, maltreatment and abandonment that constitute immediate precipitants to children entering care. The following chapter deals with in-care experiences and transitioning out of CYCCs.

## **CHAPTER THREE: IN-CARE EXPERIENCES AND TRANSITIONING OUT OF CARE**

### **3.1 INTRODUCTION**

In chapter two the factors that pushed youth into care provided an understanding of the pre-care experiences that marred children's and youths' lives with trauma, vulnerabilities and risks. This chapter provides a comprehensive and critical engagement with literature that connect pre-care and in-care experiences with preparing youth for transition and life after care. Meintjes et al. (2007, pi) mentioned that the paucity of literature on children's experiences in residential care contributes to "...little more than an anecdotal picture of how this sector [CYCCs] manifests in practice on the ground." The main argument of researchers, for example, Bond (2018); Heathcote (2015); Nurcombe-Thorne, Nadesan and Van Breda (2018) is for CYCCs to provide a good, stable, caring and supportive environment to mitigate the negative experiences of the past. This builds on Kendrick's (2013) argument that perceptions are shaped from past and present experiences and that the youth can change their views with development and their experiences of what is happening within the CYCC, family and community, at specific times. "The complex mix of factors" influences the journey from family into care and adulthood, which are "filled with messiness and complexities" (Van Breda, 2018d, p.160), which reinforces Rogers' (2011) claim that the transitions of youth are non-linear. Hence, support to families and communities in preparation for the youths' transition is critical.

### **3.2 METAPHOR OF A NEW HOME AND A NEW FAMILY: THE STRUGGLE TO STAY CONNECTED IN POST-APARTHEID SA**

The protection of the economic, social and cultural rights of children are endorsed in the Children's Act (No. 38 of 2005) and the Child Justice Act (No 75 of 2008), aligned with Article 4 of the UNCRC (1989). Although best achieved in the family, some families are unable to provide children with a nurturing and caring environment (Perumal & Kasiram, 2009).

Mamelani (2013) asserts that CYCCs fall outside the normative societal practice of being raised in a family and that a family environment is still necessary for children. However, CYCCs are not equipped to prepare youth for reunification or transitioning out of care into adulthood (Mamelani, 2013; Moodley et al., 2020; Nurcombe-Thorne et al., 2018).



Attachment theorists support family-based alternative care for attachment and positive self-esteem and to prevent children's withdrawal and antisocial behaviour (Browne, 2009). However, family-like facilities with consistent live-in caregivers and fewer children are limited, unlike in Global North Countries (Berridge, Biehal & Henry, 2012). Heathcote (2015) found that children between 7 and 11 years at a family-like facility in the Vaal Triangle in South Africa developed positive relationships and self-regulatory behaviour through the individual attention and responsive interaction from the caregiver and "family activities". In South Africa, most CYCCs are inherited from the apartheid era and accommodate 60 to over 120 children in large cluster cottages or dormitory style infrastructures, and hardly resemble a family environment (Heathcote, 2015). While even within these structures, CYCCs do attempt to create a family environment, the diversity of children accommodated makes the expectation of continuity of language and culture impractical and compromises reunification and reintegration initiatives (Jamieson, 2014; Malatji & Dube, 2015).

There is empirical evidence that larger facilities have similar risks to the environment from which the youth were removed, such as overcrowding, poor sanitation, increased possibility of illness, and physical and sexual abuse, which compromise overall wellbeing, stability, security and protection (Mocke, 2013; Tanga & Agere, 2010; Dickens, 2016; Heathcote, 2015). Mocke (2013) found child-on-child sex is a frequent occurrence at CYCCs, particularly at times when the caregivers were busy caring for other children or when relief workers were on duty on weekends. Nurcombe-Thorne et al. (2018) found a lack of a sense of belonging and acting out behaviour prevalent amongst children at a large CYCC that accommodated 220 children. The CYCWs who work shifts and care for groups of ten or more children at large CYCCs, do not meet the requirement of consistent caregivers that Bowlby (1969) attested as necessary for attachments and trusting relationships for children's psychosocial security and development. Frimpong-Manso (2020), in a study with seven care-leavers over their 12 years at a Children's Village in Ghana, found that a consistent caregiver influenced outcomes after transitioning out of care, with secure stable employment, a tertiary education, being married, and with five of them having children.

Simkiss (2012) argues that being part of two "families" (biological family and the CYCC) contributes to conflict, but both are necessary for the emotional support, education and future success of the children.

The multi-dimensional deficits in families contributed to children's removal, but they need family contact and expressed frustration when access was restricted, and children felt abandoned and unloved if they were not visited at the CYCC (Mocke, 2013; Agere, 2014). Although children often expressed mixed feelings about care, their perception of CYCCs is a sense of belonging to a family, which is linked to the previous Children Act's, (No 74 of 1983) use of the term, "Children's Home" (Bond, 2017; Malatji & Dube, 2015; Moodley et al., 2020). Omukunyi (2015) found that some children between 11 and 18 years from three CYCCs in Khayelitsha, Northern and Southern suburbs in the Cape were resistant to returning to their families after they developed a sense of belonging and received good care. They expressed the view that residential care saved them from the risks of neglect, illnesses and pregnancies in the community. This is inconsistent with Sauls and Esau's (2015) study that found children want to be reunified irrespective of their circumstances. Nevertheless, the youth experience a sense of abandonment when transitioning out of care (Oelofsen, 2015). Interventions and adaptations are required of CYCCs and families to help children overcome their hardships and resistance to reunification and transitioning out of CYCCs (Moodley et al., 2020).

The new term, CYCC, still embraces the "children's home programme" with emphasis on therapeutic programmes for the reception, care and development of children, which require engagement with the family and child (Transformation of CYCCs, 2009-2014). Parents are motivated to participate in parenting and practical skills, and to remain actively engaged in raising their children (Sauls & Esau, 2015; Karam, 2014). The families unintentionally abdicate their responsibilities when economic and practical strains of long travelling distances from the townships and rural areas from where most children were removed to CYCCs in the suburbs, affect their visits (Van Breda & Dickens, 2016). Potgieter and Hoosain (2018) found that when CYCCs absorbed their parental role, parents felt undermined and became even more distanced, especially when vital information about their children was withheld, and the contact was regulated by rigid and ambiguous control measures. Reunification is an essential part of family preservation and social workers are expected to involve relevant stakeholders, but rarely are the voices of parents/caregivers or youth heard (Potgieter, 2016; Schofield et al., 2011). This is associated with role conflict and power relations that are evident at various levels which is explored further in the discussion that follows.

### **3.3 ROLE CONFLICT AND POWER RELATIONS**

Pretorius' (2011) finding that 4 out of 12 children from four CYCCs in Pretoria associated self-harm, such as slitting themselves with sharp objects, to the lack of control over their environment at the CYCCs, calls for a deeper look at power and control. Tanga and Agere (2018) found that children and youth perceived non-residential social workers with statutory power to influence crucial decisions as to where they stay, their access to family and the community and their future. However, limited contact and non-availability when services were required were perceived by the youth as contributing to ineffective services that slowed their exit from the system.

A deeper and complex institutional and structural challenge exists between residential and non-residential social workers. Although some social workers felt their concentration was rightfully on the holistic development of children and youths in preparing them for reintegration into the community (Bond, 2017; Agere, 2014), others felt stifled by the lack of statutory power to influence the future of children and prevent their long stay at CYCCs. Sauls and Esau (2015) also found that residential and non-residential social workers do not collaborate in planning for the youth's reunification. Tanga and Agere (2018) found that residential social workers lamented that non-residential social worker failed in their duty to investigate, address the reason/s for children's removal and failed to reunify children and youth with their families. Chinyenze (2017) was of the view that action plans should rest with CYCCs since they had more contact with children and their caregivers.

The non-residential social workers are expected to provide individual and family counselling, connection with resources, and skills programmes in parenting and communication (Magagula, 2016). Guidelines for reunification (2012) and the Family Preservation Manuals (2010) amongst other tools are available. Sauls and Esau (2015) found that whilst social workers recognized that parents/caregivers endured inequalities, and the stigma of being incompetent, they adopted individualistic and paternalistic approaches in working with families. Social workers perceived parents as un-cooperative; they did not consult parents to understand the further extension of court orders, which made parents feel belittled and undermined. Sauls and Esau (2015) found premature and failed reunification was associated with social workers who felt pressurized by the emphasis on short term placements and expeditious reunification without access to resources for effective services.

This pressure must be balanced against the provisions of the Children's Act (No. 38 of 2005), which also expects the home circumstances to be stable, safe and secure to prevent the recurrence of the problem.

Berridge et al. (2012) found non-residential social workers, informed by the historical background and complex problems of children and family, may decide against reunification to prevent further deterioration or risk to children. Sometimes, youth transitioning out of CYCCs prolonged care are associated with challenges in service delivery, for example, on account of high caseloads, managerial constraints and limited resources (discussed in Chapter two, section 2.5). The social workers can be disempowered by a lack of knowledge and skills, similar to youth and families. Sloth-Nielsen and Ackermann (2015), for example, found social workers' lack of awareness of existing services to trace and connect foreign national children in Western Cape CYCCs with their families, contributed to the children's lack of identity and belonging. Jamieson (2014) asserted that whilst the High Court ruling entitled foreign nationals' access to social services, the access to alternative care services is a gap in the Children's Act, (No 38 of 2005).

The youths' perceptions of their residential social workers' interventions ranged from favourable by some children to insufficient time spent on their individualized needs and/or, recovery from past traumas (Tanga & Agere, 2018; Dickens, 2016; Hlungwani, 2017; Mhongera & Lombard, 2018). Social workers agreed that insufficient therapeutic services are provided to children and that few transformative interventions are conducted with the family (Sauls & Esau, 2015). Potgieter (2016) found by excluding parents in interventions such as play therapy, residential social workers had lost opportunities to restore the parent-child relationship, and thereby influence the children's futures. Residential social workers also play a significant role in influencing the movement of children into family care or permanent placements by recruiting prospective host, foster and adoptive parents (Tanga & Agere, 2018). On the other hand, Sauls and Esau (2015) found that families are often nomadic and non-residential social workers lives are placed at great risk in trying to track them down in high-risk communities.

The CYCCs require appropriately trained and skilled staff and sufficient funding for the roll-out of quality services and programmes (Transformation of CYCCs-2009-2014). The limited financial and human resources contributed to some boards of management and staff at CYCCs resistance to implement programmes even if empirical findings supported their therapeutic and

psychological benefit for children and youth (Jamieson, 2014; Agere, 2014; Pillay, 2009). The sexual and reproductive health programmes are not fully implemented at CYCCs and romantic relationships are discouraged, and girls who fall pregnant are forced to leave care prematurely and many drop out of school (Mhongera & Lombard, 2018; Takele & Kotecho, 2020). Although sport and recreational activities are accessed by the youth through CYCCs and have value for their motor, social and intellectual skills and serve to build character, the uncertainty was whether they would be able to continue these activities after they transition out of CYCCs (Malatji & Dube, 2015; Mhongera, 2015).

The frustration of residential social workers is under-qualified and inexperienced CYCWs who are employed by NPO-CYCCs that cannot compete with the state salaries (Agere, 2014; Nurcombe-Thorne et al., 2018) and insufficient psychological support for children and families (Sauls and Esau, 2015). When psychological support is not rendered immediately in-care to deal with past traumas, their unresolved issues are carried into adulthood ((Mendes, 2009). The residential social workers provide the bulk of the psychological services and psychologists are only consulted when the youth manifest serious behavioural problems. Malattji and Dube (2015), from a qualitative study with adolescent boys at a CYCC in Ekurhuleni, concluded that their cultural backgrounds and contexts were not understood for meaningful engagement with psychologists. Greyvenstein (2010) found CYCWs felt disempowered by their lack of training to meet children's basic psychological and developmental needs. Social workers and CYCWs have the power to control and/or facilitate children and youths' participation especially in decision-making about matters that concern their future.

### **3.4 YOUTH PARTICIPATION AND DECISION-MAKING IN CARE AND IN TRANSITIONING OUT**

One of the cornerstones of children's rights in the Children's Act (No 38 of 2005). The UNCRC (1989) and the African Charter on the Rights and Welfare of the Child (1990) is children's participation, and for their voice to be heard on matters concerning them, based on their maturity age and stage of development. Jamieson (2017) explained that whilst the legal framework detailed the commitment to children's participation in decisions, court processes, daily care, governance and implementation are lacking for children and youth to influence what happens in-care and in the future. International studies, too, revealed that youth were not consulted on major decisions about their lives, including placement changes (Snow, Mendes,

O'Donohue, 2014). The National Child Participation Framework (2018) found children's participation is affected by limitations of skills and resources, lack of understanding of the child participatory process, social and cultural beliefs, and risk management dilemmas in child protection. The youth in Van Wyk et al. (2019) qualitative study perceived stereotyped attitudes of adults as always being right impacted on youth's participation in decision-making in residential care. Whilst some CYCWs' and social workers' cultural belief was that children remain submissive and obedient to decisions made by elders (Van Wyk et al., 2019; Jamieson, 2017), the National Child Participation Framework (2018) argued for a sensitive push of cultural and political boundaries towards a conducive child participation environment.

The practice and outcomes of child participation, including decision-making in the statutory process, are not measured in South Africa (Jamieson, 2017). Although age is often used as the yardstick to determine maturity, Johannisen, (2015) found even children (11 to 17 years) understood that their age and levels of maturity may differ in their decision-making ability. The Children's Act (No 38 of 2005) lacks clear guidelines to assess a child's maturity for life-changing decision-making power given to them at a young age, even in care. Whilst younger children's participation is often over-looked, youth are not given the opportunity to use their perceptions of their maturity and readiness to decide when they should exit residential care, often associated with the lack of alternative placement options. A risk that Bessell (2011) cautioned against is participation as tokenism based on age. Matthias and Zaal (2012) contested that the other extreme is when social workers are unable to exercise control over the choice of placement when children disagree, the same Children's Act No 38 of 1983 in meeting their best interest can also disadvantage them.

Although local research on children's participation is limited, empirical evidence reveals that children in residential care are stifled and restricted by insufficient opportunity to express their views and have an influence over their lives (Jamieson, 2017; Nurcombe-Thorne et al., 2018; Van Wyk et al., 2019). Van Wyk et al. (2019), qualitative study in the Cape Peninsula found that youth at CYCCs felt a lack of control and devalued when they were not consulted, and their views were not taken seriously at multi-disciplinary meetings (family conferences, reviews and panel discussions), which contributed to their lack of agency. Internationally, particularly in Australia and New Zealand family conferencing was found useful as an alternative dispute strategy to observe parent-child interactions and relationships and was perceived by youth as the most effective way for their participation in decision-making and identifying positive networks, but not all were engaged at this level (Agere, 2014; Morris &

Stein, 2009; Sauls & Esau, 2015). Johannisen (2015) found a strong link between children's overall emotional wellness and having their voices heard. When excluded from decision-making processes, they experienced low self-esteem and confidence levels, self-blame and powerlessness, whilst an uncertain future made them temperamental, unhappy and irritable and hindered their overall development (Thorne et al., 2018; Johannisen, 2015). Bijleveld, Dedding and Bunders-Aelen (2015) assert that children deserve an explanation even when decisions are made against their wishes and desires. Tabi (2016) brought to light that children's participation through the complaints' procedures can protect them from secondary abuse, victimization and discrimination.

The youth who transition out of CYCCs carry the negative emotions of being denied their right to participate in matters concerning them in care when suddenly they are expected to make major decisions on their own. The consultation with the mandatory children's forum at CYCCs can determine whether children and youth are meaningfully engaged in decision-making on a daily basis (Jamieson, 2014). When children are involved in decision-making, for example, in the reunification or transition process their commitment increases, which strengthens their parents/caregivers' confidence (Child Welfare Information Gateway, 2014; Karam, 2014).

### *3.4.1 THE TRAUMA OF BEING A "CHILDREN'S HOME CHILD" AND TRANSITIONING OUT OF CARE*

Although trauma and trauma-related consequences in residential care are under-researched internationally, trauma does impact on identity and well-being, and the coping strategies of youth who transition out of care (Collin et al., 2011). The children at CYCCs face risks such as sexual exploitation and abuse (Mocke, 2013), racism and neglect (Naidoo, 2019) and disasters, such as outbreaks of fire at two CYCCs in eThekweni, (Annual Report, Durban and District Child Welfare, 2018). Importantly, is the trauma of pre-care experiences, and the stigma and shame of having to be in care that impact negatively on children and youth. This is supported by research nationally (Bond, 2017; Dickens, 2016; Moodley et al., 2020) and internationally (Pryce et al., 2015; Dziro & Rufurwokuda, 2013).

The youth struggle with disclosing their care status when the public opinion is that they are the "worst children," deduced from an interpretation of CYCCs as the "last resort" and the least desirable care by policy makers (Steels & Simpson, 2018). Youth do not disclose their care status even after they transition out of care (Moodley et al., 2020; Paul, 2017; Islam, 2016).

Their identities are usually bound by labels such as “children’s home child” (Bond, 2017. p, 87), orphans from “that institution” or delinquents (Chinyenze, 2017. p, 12), which is a stigma that continues into their adult years (Chinyenze, 2017). Educators, at times, resisted the enrolment of youth from Boys and Girls Town into their classes believing that their admission into care was associated with behavioural challenges (Dickens, 2016). Thus, it is not surprising that the youth preferred that social workers do not schedule meetings and reviews at school (Agere, 2014). Sebba and Luke (2019) assert that to target services to children and youths’ specific needs is difficult whilst trying to respect their desire and need for non-disclosure.

However, some youth perceived their care status as part of their identity and shared at the risk of being bullied, teased, and treated like criminals in the community (Dickens, 2016). The opposite reaction was pity (Van Wyk et al. (2019). The unique needs of some children and youth in care, such as those with disabilities, HIV and AIDS, and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) are over-looked, and they experience further disadvantage, stigmatization and discrimination, both in-care and when they transition out of care (Van Breda, 2018). Some social workers and CYCWs prevented self-disclosure and concealed the HIV positive status of infected children to avoid further rejection and associated psychological and relational trauma (Mavangira & Raniga, 2015; Dube & Smith, 2016). However, children knowing their HIV+ status is important as it facilitates children’s adherence to medication, understanding of the death of some parents, and dealing with related anxiety (Dube & Smith, 2016).

When children and youth isolate themselves from others to avoid talking about their families and their in-care residency, qualitative empirical evidence revealed that they are more likely to experience loneliness, depression and mental health problems (Hlungwani, 2017; Sulimani-Aidan & Melkman, 2018). While youth hold importance in belonging to a peer social group, peer violence and bullying are rife, especially in schools. When violence and bullying escalate, within wider power struggles, it is not unusual for children from CYCCs to be blamed (Edmond, 2014; Barter et al., 2004; Bond, 2017; Dickens, 2016).

The construction of positive relationships requires an understanding of the origin and the context of the behaviour (Mavangira & Raniga, 2015). When the youth are labelled as “badly behaved,” or with “conduct disorders,” signs of unresolved grief and trauma are ignored (Pillay, 2009). The consequence of being reactionary is the circular dynamics of more disruptive behaviour and the greater likelihood that placements will break down, which

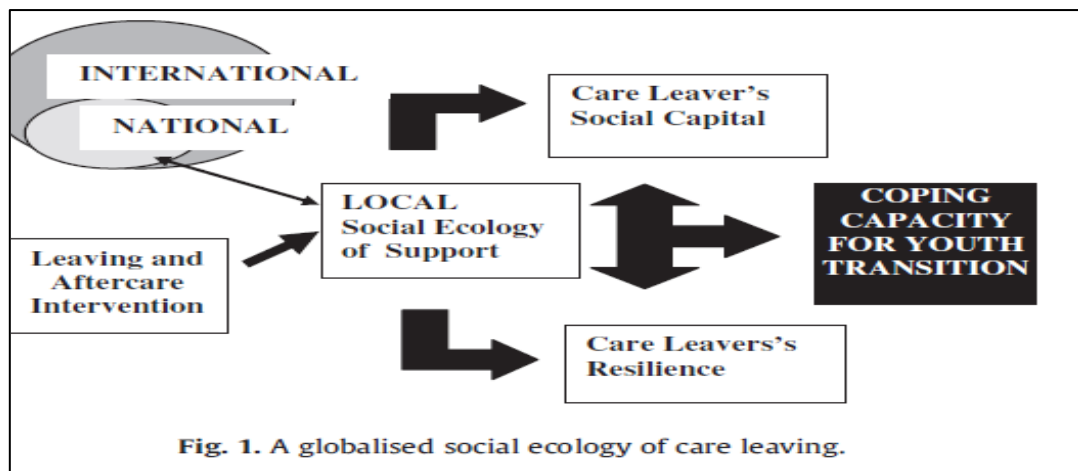


contribute to further behavioural challenges and ultimately, multiple placements. (Van Breda; 2018d; Kilkenny, 2012; Andrews, Williams & Waters, 2013; Sebba & Luke, 2019). The multiple placements of children and youth contribute to discontinuity, instability, unfamiliarity and lack of agency, linked to changing schools, losing friends, carers and social activities and to feeling unloved (Van Breda, 2018d). The youth perceive transitioning out of care as one of the most traumatic experiences. Their adversities, vulnerabilities and needs of the care system are similar (CELCIS, 2019). This requires further engagement on supported transitions for youth transitioning out of care.

### **3.5 MODELS AND THEORIES TOWARDS SUPPORTED TRANSITIONS**

Theories and models to understand care-leavers experiences and support required for successful transitions are interwoven throughout the literature review. Stein (2006) indicated that leaving care is an under-theorized phenomenon that depends mostly on descriptive knowledge. Van Breda, Marx and Kader (2012) claim that care leaving is an emerging field and that solid theoretical foundations are still being developed. A deeper understanding is required of the cultural context, of what factors and mechanisms work and what do not for youth, without creating the assumption that western understanding of leaving care should shape all national policies (Anghel, 2011).

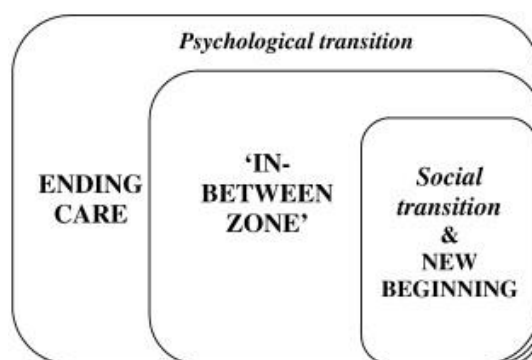
Pinkerton (2011) assert that national models be developed and embrace both the local and global dimensions for social interventions linked to formal and informal social networks and the pre-care and in-care experiences of youth.



*Figure 1 globalized social ecology of care leaving (Pinkerton, 2012, P. 2415)*

Pinkerton (2011) illustrates in figure 1 that a whole child/whole system approach towards understanding is required for the coping capacity of youth's transition. This includes a global context where the rights, needs and expectations of care-leavers and changes in service design and interventions are considered. The multiple factors, including international and national policy, has an influence on the social ecology. The care-leavers resilience and social capital, for example, personal assets of coping and the coping capacity for the youth's transition are interconnected and mutually reinforcing (Pinkerton, 2012).

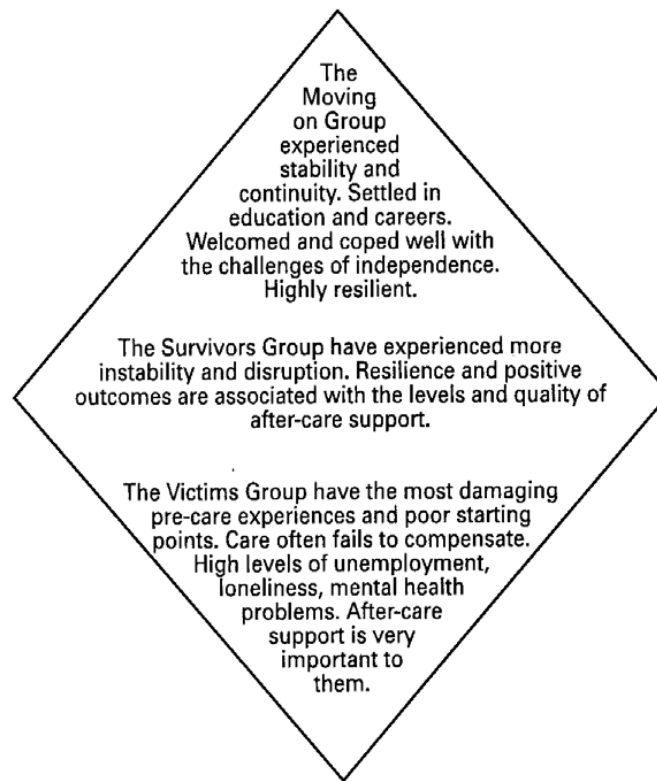
Anghel (2011) confirmed Pinkerton's (2011) argument that national and global factors impact on individual care leaving experiences through a longitudinal study in Romania at a time of child care reform, which is relevant to other countries too, for example, in times of funding cuts and welfare policy changes. Anghel (2011) and Dima and Skehill (2011) highlighted the importance of experimental learning for care-leavers and individual and collective supportive factors and risks through the Bridges Model. The multiple layered ecological framework identifies specific risks and support relevant within a cultural and national context, unlike psychological theories that focused on a deep understanding of an aspect of care-leavers such as identity development or coping with loss. Dima and Skehill (2011) concluded that social and psychological transitions are different yet interconnected. Whilst care-leavers make the social transition into the third phase, adulthood, they are psychologically not ready to deal with the ending, separation and in between phases.



*Figure 2 Phases of transition (Bridges, 2002) adapted to leaving care (extracted from Dima (2012, P. 332))*

The Bridges model is illustrated in Figure 2 with three overlapping stages. The first stage is ending care where preparation towards emancipation from alternative care begins with youth taking back their control. The youth are supported empathetically, in embracing change as a necessity, dealing with resistance and feelings of confusion, fear, loss and stress, whilst giving up the familiar and old behaviours of residential care. In the second phase, the “neutral or in-between zone”, support is required for the youth to take on opportunities for creativity and innovation. They are also helped to deal with feelings of being “lost” and lack of confidence. In the final phase, new beginnings are when the youth take on a new identity and transverse successfully from the neutral zone and they accept help towards planning for a new vision.

Stein (2006) identified three distinct but related stages as leaving or disengagement, the actual transition, and a new or different social state, similar to the adapted Bridges model. This emanated from theorizing first from attachment theory, the focal model, of adolescence, life course theory and later the concept of resilience. The care-leavers skipped the leaving care phase also known as the in-between or neutral phase (Dima & Skehill, 2011). They lost out on exploration, opportunities, reflection, risk taking and identity formation when they could have been helped to embrace new roles and experiences and to develop a “felt” sense of security and in this way their transition became compressed and instantaneous. Stein (2012), resilience diamond evident in figure 3, based on UK research, categorized care-leavers into three outcome groups associated with their in-care, pre-care experiences, resilience, coping and self-perception. The significance was that the youths’ identity and progress can change with maturity and support.



*Figure 3 The resilience diamond (extracted from Stein (2005, P 20)*

Hence a survivor (personal problems, challenges with relationships, education, and finding work) or struggler (highest risk of homelessness, unemployment and instability, psychologically, mental illness, loneliness and isolation) can reach “moving on.” The moving on group are well-adjusted, use aftercare support effectively, experience gradual transitions from settled and stable placements with academic progression, are more resilient and positive about their transitioning out, as compared to the survivors and the strugglers (Stein, 2012). However, Dima and Bucuta (2015) found that in practice a more comprehensive assessment is required from individual care leaving experiences for intervention and that the categorization was only useful for a general assessment of care-leavers problems and needs. Pinkerton and Rooney (2014) found care-leavers described the felt loss of security, finding stability and self-actualization which did not totally match the turning points of admission, in care and aftercare. The researchers, therefore, suggest a combination of the process model of transition with events that occur, and the associated subjective changes of care-leavers for understanding their experiences. Pinkerton and Van Breda (2019) from a social ecology resilience perspective recognized that without losing focus on the individual need, a major shift is to address the care-leavers’ wider social environment by ensuring that social policies receive attention. The

researchers contested that, “Services without enabling policy are vulnerable to lack of coherence and direction, fragmentation and under-resourcing” (p. 3), using South Africa’s care-leavers transitioning out of care as a case study. They argued further that despite the understanding of goals and tasks and the need for comprehensive assessments during preparing to leave care, leaving care and aftercare and the support required by care-leavers, little impact on care-leavers’ outcome is evident. The direction and funding of institutional and community-based services are therefore critical for change.

South African research uses mostly socio-economic resilience theory whereby the capacity to navigate adversity is considered to be an outcome of interactions between the care-leaver and the world around them (Van Breda, 2014, Dickens et al., 2015; Van Breda & Dickens, 2016). Increasingly, the influence of structural factors and interdependency is recognized through the local resilience research, such as Mamelani (2013 p. 25) who emphasize, “Access to structural resources, relationships, and key networks of support, as well as individual capacities.” Bukuluki, Kanya. Kasirye and Nabulya, (2020) concluded that structure and agency are significant towards the youth’s transition out of care. Their argument is based on providing vocational skills, psychosocial and rehabilitative services must be accompanied by transformative measures and strategies to tackle the structural constraints such as lack of capital and opportunity to acquire loans to make headway. The structural social work theory underscored by the critical research paradigm contributes to understanding the profound impact of the intersection between personal agency and social structural factors on the experiences of youth transitioning transitioned out of care. Since care-leaving research on the youths’ experience is criticized as under-theorized with only a nascent understanding of the care-leaving process (Storø, 2017; Van Breda, 2015), new and emancipatory theoretical frameworks are necessary for a better understanding and for transformative change.

### **3.6 AN AFROCENTRIC PERSPECTIVE ON YOUTH TRANSITIONING OUT OF CYCCS**

The National Transformation Framework of the Child and Youth Care Centres (2014-2019) recognizes the need to develop programmes to assist youth with their transitioning out of CYCCs (Transformation of CYCCs, 2009-2014). Whilst Röhrs et al. (2016) advised that CYCCs advocate for youth’s accommodation to be extended beyond 18 years for their completion of an independent living programme, no standardized definition or types of services

towards this end are specified in policies. The social workers provide general skills and training for youth transitioning out of care as they lack knowledge of what and how to prepare youth for transition (Tanga & Agere, 2018). The two well-known documented transition programmes in South Africa are the Mamelani Lungisela project and the SA-Yes mentorship programme (Tanur, 2012; Mamelani, 2013; Pinkerton, 2011). The Mamelani project argues for interdependent living for youth transitioning out of care, which resonates with *Ubuntu*.

Local researchers such as Mugumbate and Chereni (2019); Moodley et al. (2020) and Tanur, (2012) and Van Breda (2018b) recognize the importance of interdependency and relational connections for youth transitions, and their consistency with the indigenous practice of *Ubuntu*. Van Breda and Dickens (2016) said that the Western term for *Ubuntu* is interdependence. *Ubuntu*, which is a Zulu maxim, “I am a person through other people” is observed in the collective caring and solidarity of all people, as reflected in South African legislation, including the Constitution. Mugumbate and Chereni (2019) explain the significance of communal relationships in the African context is through the concepts *Ukamato*-that individuals belong to family and *Ujamaa* that individuals and family belong to the community. They explain further those individual attributes, accomplishments and possessions are meaningful only when it benefits the individual, family and community and therefore the need to share. Moodley et al. (2020) advocated for consistency in policy and practice as the National Youth Policy (2015-2020), for example, refers to “the promotion of moral and spiritual regeneration in line with the values of Ubuntu” (p. 8), but “empowering youth to live an independent life” (p. 8), which Moodley et al. (2020) assert is unrealistic. The dominant African indigenous cultural practices of it takes a village to raise a child, and the allegiance of sharing a clan name have influenced the accommodation and support of some youth in their transition out of care, across racial and cultural lines (Moodley et al., 2020). However, neoliberal capitalist values and apartheid have eroded the spirit of *Ubuntu* (Raniga, 2019). Traditional healers, for example, form an integral part of the support system, but their role and functions have been marginalized and not integrated into the public health system as they are not properly regulated (Maluleka, 2017). Theron, Theron and Malindi (2013) found Black youth with a rural background resilience is their attachment to extended networks, compliance and respect for traditional and ancestral values. However, limited literature and research explored the role of traditional healers’ in providing treatment, care and support to children in the community.

The critical analysis that follows contests delaying the transition out of care further to prepare youth for adult responsibilities. The gradual and supported transitions require readiness from the youth, family and the community through an investment of support and resources for the reintegration and adjustment to their roles. The argument is built on the youth's best interest in terms of their care, protection and opportunities to maximize their potential to reach their full development.

### **3.7 PREPARING FOR ADULTHOOD IN TRANSITIONING OUT OF CARE**

The voices of youth are that they were unprepared for transitioning when the focus was on independent living, and their lives were characterized more by interdependency than independence (Hlungwani, 2017; Oelofsen, 2015; Moodley et al., 2020; Tanur, 2013). The time in care is not effectively used to prepare youth for transitioning, since planning only commences in the year of their leaving care and individual plans, care plans, transition plans or six-monthly reviews are non-existent for some youth (Bond, 2018; Oelofsen, 2015; Moodley et al., 2020). The youth found dependency fostered in CYCCs counterproductive in preparing for their transitioning out of care (Bond (2018; Dickens, 2016), similar to other countries, for example, Australia (Snow, Mendes & O'Donohue, 2014).

Bond (2017) supported 'real' life experimental learning through helping staff, for example, with planning the menu, shopping and budgeting rather than skills transference in a classroom setting. However, the impracticality lies in facilities that have centralized kitchens, bulk shopping and cooking meals of pre-planned menus, or when catering services are outsourced. The youth are, unfortunately, isolated from the community and lack opportunities for in-situ trial and error learning (Meintjes et al., 2007). The youth expressed that the consistent monitoring, restrictions and over-protectiveness, the CYCWs invaded their space and privacy and contributed to their lack of confidence in socializing and forming trusting relationships (Oelofsen, 2015; Omukunyi, 2015). The caregivers' perspective was that they were fulfilling their responsibility of avoiding possible harm, exploitation or abuse of the youth (Omukunyi, 2015). Scottish carers reported that fear of their own accountability and/or avoidance of public scrutiny contributed to them restricting some of the learning opportunities of youth (CELCIS, 2019).

There were care-leavers who reported that they used public transport to school, learnt some money management skills and were taught self-care and life skills and basic household and cooking skills (Bond, 2018; Dickens, 2016; Omukunyi, 2015). They, however, lacked critical skills for their transition out of care, such as how to open a bank account, and in applying for employment, study and training opportunities (Van Breda & Dickens, 2016). Whilst safekeeping of essential documents is a necessary skill, some youth did not have identity documents when they transitioned out of care (Bond (2017; Chinyenze, 2017; Sloth-Nielsen & Ackermann, 2015). They forfeited opportunities such as entry into tertiary education, getting a driver's licence, employment, a loan, or opening a bank account, whilst involuntarily having to divulge information of their life circumstances.

Local care leaving researchers such as Bond (2018), Bukuluki et al. (2020), Dickens and Marx, 2020 and Van Breda (2018) influenced by Arnett's (2000) concept of "emerging adulthood" (18-25 years) for prolonged self-focus in preparation for adult responsibilities, suggest youth transition later from residential care. Their counterparts in the community leave home in their mid-twenties and experience a range of pathway options, including returning home, if faced with difficulties. Care-leavers, on the other hand, transition out of care with expectations of "instant adulthood", and they face multi-faceted transitions, such as education, housing, employment, career and marriage, irrespective of their life circumstances, and limited support and options.

In Africa, "waithood," similar to emerging adulthood, is the period of suspension of acquiring an adult status (Honwana, 2014) that can serve as a window of opportunity and possibilities if care-leavers are supported at the time of transitioning and beyond (Bond, 2017; Dickens, 2016; Sulimani-Aidan & Melkman, 2018). The US writers, Goodkind, Schelbe and Shook (2011), argue that "emerging adulthood" if seen as a developmental phase, reinforces neoliberal thinking, which equates adulthood with financial independence work with self-centredness, independent decision-making and taking primary responsibility for one's actions.

Goodkind, et al. (2011) recommend a fundamental conceptual shift by redefining adulthood, supported by the Global Social Work Statement of Ethical Principles (IASSW, 2018, p1), in recognizing the value of "inter-subjectivity and inter-relatedness of human dignity and human rights." Such definitional shifts of adulthood will ensure service provision to care-leavers to foster connection programmes without robbing youth of their voice, dignity and rights.



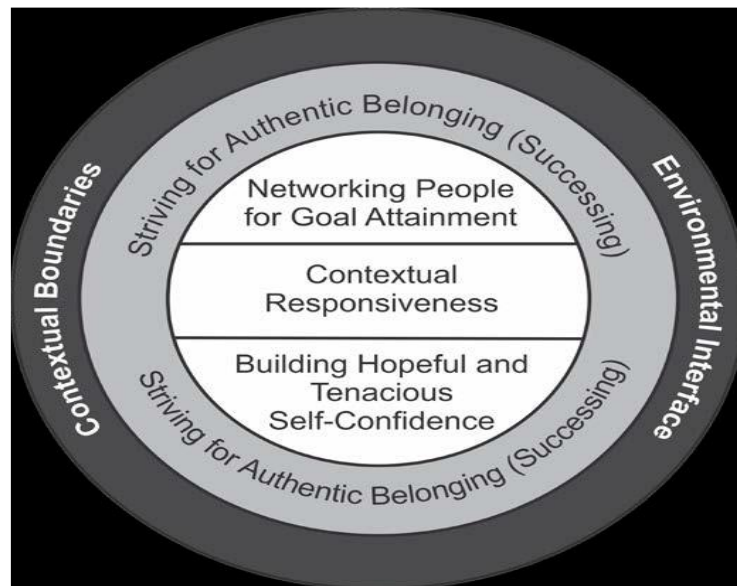
Research findings of Dickens, Van Breda and Marx (2014) where a quarter of care-leavers felt they were not ready to leave care, where 90% wished they could remain longer, came as no surprise. The expectation of Van Breda and Dickens (2016) for overstretched and under-resourced informal support systems to substitute for the state deficits in the care-leaving support services, is unrealistic. Van Breda (2018c) and Bond (2017) highlighted that from a social justice perspective, the state removes the child from the parent/caregiver and must continue to act as any good parent would in ensuring the wellbeing of youth transitioning out of care and beyond. This is a “corporate parent” role adopted in countries, such as the US and UK, which commit the state to take care-leavers voices seriously, prioritizing their best interest through policy and transformative intervention services for their preparation for leaving care, adult responsibilities and after care support for their wellbeing, safety and security. The goal must be preparation for transitioning out, with a full range of in-care programmes and reunification services, from the moment of child’s entry into care, rather than delaying children’s and youths’ exit from care.

Storø (2018) and Dickens (2016) argue that interdependency and independence are both required by youth transitioning from care. Storø (2018), from a Nordic context, said independence is the emancipation from alternative care and learning competencies, such as cooking a meal, household chores, and using public transport. Storø (2018), who suggested further deliberation on these concepts, referred to interdependence as being inclusive in a social network and in society, for example, through work and education and being able to ask and give help. However, dependency is equally significant since the youth transitioning out of care rely on the state, as their corporate parents, to invest in policy and service. The gap in care-leaving policy and service delivery is a challenge experienced in other under-resourced African countries, too, such as in Zimbabwe, (Mhongera & Lombard, 2018), Ethiopia (Bailey, Loehrke & French, 2011) and Ghana (Frimpong-Manso, 2012).

### *3.7.1 SOCIAL PROCESS CARE-LEAVING: NETWORKING FOR SUPPORT, FAMILY AND RESILIENCE*

The nascent model, underpinned by resilience and grounded theory identified social processes of care-leaving from the narratives of nine men, over the age of 21 years, who journeyed out Boys and Girls Town, approximately five years after leaving care (Dickens, Van Breda & Marx, 2015). The study was later replicated by Hlungwani, (2017) with girls at another CYCC who found the social processes unique to them, included taking on responsibility, embracing

motherhood, living in faith and cultivating gratitude. The model shows internal factors such as cognition, affective, volitional and behavioural elements are enacted by the youth in the social environment. Van Breda (2015; 2018d); Hlungwani (2017) found striving for authentic belonging; networking for goal attainment; contextual responsiveness; building hopeful and tenacious self-confidence were processes common to care-leavers, irrespective of gender, evident in Figure 4. The model is discussed in relation to new literature that supplemented the model.



*Figure 3 Social processes of care-leaving from a resilience perspective, extracted from van Breda, 2015, P. 10*

The psychological need for acceptance, as the core of successful transition, involves a social process - striving for authentic belonging. The youths desire to develop secure, meaningful and familiar relationships is through the social process of networking for goal attainment. Van Breda (2018d) found youth in countries with limited resources depend more on the striving and networking to influence changes in the environment required for their progress, than in well-resourced countries with policies, aftercare services and access to family support.

Researchers in the African care-leaving context found that youth were frustrated by an unchanged family environment and experienced weakened social ties with their families who, in turn, had no economic resources for themselves, let alone to support the youth (Dickens & Marx, 2020; Bond, 2018; Frimpong-Manso, 2018). The youth identified and engaged with people other than family, such as peers, former care-workers, and colleagues for support with employment, housing, education and food, (Frimpong-Manso, 2018; Van Breda, 2015; Bond,

2017; Hlungwani, 2017). The inconsistency is with Dickens' (2016) finding of boys from Boys and Girls Town transitioning to their family from CYCCs. Hlungwani (2017) found, similar to other qualitative studies, (Dutta, 2017; Takele & Kotecho, 2020) that adolescent girls leaving care had no stable families and community networks and were exposed to a hazardous environment and negative outcomes such as lower education, unsuitable or no accommodation and risky sex work. Bond's (2017) qualitative study found that irrespective of gender, the youth were anxious about returning to their families whom they described as unsupported, financially strapped, experienced parental mental illness, substance use disorders, unstable accommodation, conflict and poor relationships. Their anxiety and fear of possible regression after returning to their families was consistent with Stein and Morris's (2009) study, in the UK context, amongst some youth who transition out of care to families who are unable to care for them.

Dickens (2016) spoke of care-leaver teams drawing on interpersonal resources such as role models, family, friends, teachers and partners for support by connecting the youth to others around him/her. The importance of knowing who the youth are likely to turn to for support is significant in the process of achieving contextualized responsiveness. The youth identify the threats and opportunities in their environment through constructive networking and self-reflection to respond to difficult situations and transfer learnings from one situation to another. Finally, their success is determined through the process of developing the ability to build hopeful and tenacious self-confidence and optimism, and even in adversity to change their circumstances.

Bond and Van Breda (2018d) referred to 'positive selves' theory of self-knowledge for the development of a positive self-concept, self-identity and self-image. The youth require nurturing from informal and formal support systems early in-care and over time for a positive vision, and optimism by working on a range of possibilities in preparing for transitioning and guiding support in aftercare. The contact with family reduces the pain of separation on the child and family and strengthens the parent/child relationship. With controlled and supervised contact, for example, in case of child abuse, connection with family whilst tracing other living relatives can facilitate the transition out of care, especially since they want to reconnect if disconnection has occurred while in-care (Moodley et al., 2020; Takele & Kotecho, 2020). Bond (2017) said that the youth develop behavioural strategies to grow and bring about changes in their life whilst developing resilience. If youth lack positive selves, they become more

vulnerable. This links with empirical studies that show that despite the challenges, some care-leavers experienced positive outcomes (Van Breda & Frimpong-Manso, 2020; Bond, 2017).

Dickens (2016) also put forth that self-esteem, spirituality and optimism as the most significant personal resources for care-leavers. Dickens (2016) however, observed another social process- “scuppering of facades” through which the vulnerabilities of exclusion and search for belonging contribute to some youth’s engagement in unconscious self-destructive behaviour such as crime, substance abuse and violence. Pouw and Hodgkinson (2016) argued that care-leavers self-destructive behaviour deepened their exclusion even further and is also related to being unable to deal with social institutions or limited resources.

### **3.8 AFTER-CARE - AN AFTER-THOUGHT**

The Norms, Standards and Practice Guidelines for the Children (NPGS) (2010) expect social service professionals, including social workers, social auxiliary workers and CYCWs to assess, monitor and evaluate the progress of youth who are discharged from alternative care. However, limited emphasis and inadequate resources, including state funding are availed for aftercare services (Bond, 2017). There is no advanced planning for the wellbeing of youth after they transition from care which makes Coyle and Pinkerton’s (2012) description of aftercare as an afterthought a fitting description of the practice of aftercare services for youth transitioning out of CYCCs. The UN Guidelines for Alternative Care of Children (2010) expect that care-leavers receive aftercare support services, but the challenge of care-leavers is evident in Nordic countries too, that rank amongst the highest in ensuring the wellbeing of children (Bengtsson, Sjoblom, Oberg, 2017). Haggman-Laitila, Salokekkila and Karki (2018), in a systematic review of 21 studies (2010-2017), identified challenges such as homelessness, unemployment, early parenthood, mental health problems, and financial constraints amongst the youth transitioning out of care. Van Breda and Dickens (2017) found unemployment, accommodation and social integration are the most common challenges, internationally. Sauls and Esau (2015), in the South African context, found that when youth transition out of CYCCs after long term care, which is common, their reintegration into the community, even to adapt to their physical space, is more difficult. This contrasts with the earlier view that children be allowed to remain in care longer for their preparation to adult life.

### **3.8.1 CONNECTION HEALTH, WELBEING AND AFTERCARE**

Bengtsson et al. (2018) found a high prevalence of physical illness, mental health issues and substance abuse amongst care-leavers, which impact on the outcomes and coping of youth transitioning out of residential care (Dixon, 2008). Lack of access to housing, unemployment and isolation have adverse effects on the health and wellness of youth who have transitioned out of care (Takele & Kotecho, 2020). When the focus is on care-leavers poor outcomes, the shift is away from the external structural factors connected to their situation, and youth internalize social exclusion and self-blame. They do not understand that their poor outcomes are associated to the lack of preparation and their re-entry into a disabling environment of high poverty, unemployment, crime, violence and substance abuse amongst other social ills associated with globalization which influences their outcomes (Mamelani, 2013; Tanur, 2012; Bond & Van Breda, 2018; Takele & Kotecho, 2020).

Whilst internationally, a disproportionate level of care-leavers is involved in crime and violence; the low rates in local studies can be associated with biased participant responses, and care-leavers, involved in drugs and crime, are less accessible (Dickens, 2017; Dickens & Marx, 2020; Hlungwani, 2017). Van Breda (2020), in addressing the paucity of research of criminality amongst care-leavers, found that (37) 73% of the 51 participants reported that they were crime free, 10% reported they were involved in less serious crime, and 18% of the care-leavers had committed crime frequently associated with their social and financial circumstances (Van Breda & Hlungwani, 2018; Takele & Kotecho, 2020). The care-leavers expressed that they are often scrutinized and judged on their parenting by public and service providers who hold the stereotyped view that they turn out just like their parents (Weston, 2013).

Dixon (2008) found no association between time in-care, placement movement and the age of leaving care with the wellbeing of youth after care, but that care-leavers health and wellbeing were associated with inaccessible and poorly co-ordinated specialist health services, or the youth's resistance to accept help. The care-leavers with disabilities have substantial needs and experience higher levels of social exclusion than other care-leavers; they leave care earlier usually at 16 years and resist or lack knowledge of the help that is available (Kelly, Hanna-Trainor, Davidson & Pinkerton, 2014). Dixon (2008) said that the Government's role as a corporate parent includes listening to the care-leavers perspective on their health and wellbeing and to involve them towards well-planned co-ordinated transitions and effective and consistent aftercare services on aspects such as suitable accommodation, education and training.

### **3.8.2 ACCOMMODATION FOR YOUTH TRANSITIONING OUT OF CARE**

The securing of accommodation is usually the primary urgency of youth transitioning out of care as the anchor to build their lives, and it determines their activities such as where they work, socialize, and availability and access to resources (Dickens, 2016; Johnson & Mendes, 2014; Moodley et al., 2020). The youths' ability to find suitable accommodation is affected by experiences of instability, poorly supported transitions, limited access to ongoing education and accommodation and financial constraints (CELCIS, 2019). Further, safe and settled accommodation depends on several factors, including having a choice of accommodation (Morris & Stein, 2009). The care-leavers accommodation options are limited, ranging from moving back to family, lodging with friends or family and moving into transitioning care facilities (Dickens, 2016). However, transitioning homes are sparse and their sustainability is affected by financial constraints and the lack of resources.

South African researchers recognized that the low rate of homeless care-leavers that they found as compared to other countries, for example, Scotland and Australia could be an under-estimation of the extent of the problem since their contact and access with the formal network is limited for their inclusion into studies (CELCIS, 2019; Dickens, 2016; 2017; Dickens & Marx, 2020; Moodley et al., 2020). The difficulty of establishing the actual extent of homelessness amongst care-leavers is inconsistent and unsuitable accommodation, such as couch surfing whereby the youth may be accommodated by friends and family for short periods. Oelofsen (2015) found that some youth received financial assistance immediately after they transitioned out of care, which was discontinued when the youth performed poorly academically or fell pregnant. They were forced to move in with their partner or were left with unstable accommodation. An interesting comparison of 80 care-leavers and 50 youth from the community, termed "disadvantaged" found that care-leavers were less homeless than youth from the community (Simon, 2008). In the local context, Dickens (2016) found that youth who transitioned out of care were living in formal dwellings. In contrast, Maposa and Louw-Potgieter (2012) found two-thirds of the care-leavers were living in informal dwellings. However, empirical findings suggest care-leavers are left homeless in other African countries too (Takele and Kotecho, 2020; Sekibo, 2020) and in developed countries (McDowall, 2010; CELCIS, 2019).

Whilst Mhongera and Lombard (2018) found youth in Zimbabwe had no access to accommodation such as transition homes, Moodley et al. (2020) found that transition plans changed when some transitioning homes in KwaZulu-Natal, South Africa closed down on

account of lack of funding. A national audit in England (National Office, 2015) revealed that in 2010, 25% of all the homeless people were in care at some stage. Unfortunately, South African statistics have not been extended to track care-leavers to provide such valuable information. Other countries, such as Scotland, have taken steps towards policy implementation and expeditious, continuous support with appropriate and sustainable accommodation for care-leavers and in ensuring interdependent living (CELCIS, 2019).

### **3.8.3 EDUCATION, EMPLOYMENT AND TRAINING**

Children who encounter adversities in childhood experience poorer outcomes on health, education and social domains (Mc Grath-Lone et al., 2016). Mhongera and Lombard (2018) found that youth transitioning out of two CYCCs in Zimbabwe were inadequately prepared for the world of work, further education or access to employment. Chinyenze (2017) through a multiple case study and a sample of key informants, children and caregivers at four CYCCs in Zimbabwe found sustainable livelihood projects such as poultry, gardening and sewing skills as initiatives, whereas Mhongera and Lombard (2018) found that such projects were non-existent. Bond (2017) found that youth were ambitious and knew their career preferences and the value of furthering their education, but they did not know of courses, entry requirements at tertiary institutions and available bursaries, which implied that they were not fully engaged in planning for their transition. Some youth had part-time jobs and participated in voluntary service that prepared them for work (Bond 2017; Takele & Kotecho, 2020). In countries of the global north, for example, in the UK, the youth are supported in education and training until the age of 25 years, yet in South Africa, only until 21 years if the youth are allowed to remain at the CYCC. A case study - the Youth Uganda Development Link 6-12 months residential care programme - showed that through the 1-2 years follow-ups, care-leavers had accessed skills and employment through mentorship, exchange visits, business placements and social support networks, but stigma and discrimination affected their access to credit and business (Bukuluki et al., 2020).

One of the concerns internationally, for example, in the UK, USA and Africa is the rate of care-leavers who are not in employment, education or training (NEET) which leads to poor outcomes in other areas of their lives (Frimpong-Manso, 2018; Dickens & Marx, 2020; Van Breda, 2018). Dickens and Marx (2020) found in their study that one-third of the care-leavers were NEET, which was similar to the national statistics of all youth in the 15-24-year age group. Maposa and Louw-Potgieter (2012) found that two thirds of the participants were

NEET. Dickens (2016) made a valid point that the longer care-leavers are NEET, the more self-esteem issues will develop and the more likely they are to become despondent. Dickens and Marx (2020) in their comparison of care-leavers who were in employment, education or training (EET) with NEET care-leavers after follow-ups at one year, found that youth who are EET are more likely to have their basic needs met in poorly resourced countries like South Africa. Bond (2017) found that education and employment played a crucial role in ensuring that all other needs of youth are met such as accommodation, health and wellbeing, and a social life.

The unemployment among care-leavers must be seen in relation to the high levels of unemployment among youth on a national level. South Africa's high rate of unemployment cannot guarantee the chances of finding employment of youth who complete schooling or graduate from tertiary education (Dickens, 2016).

Takele and Kotecho (2020) found that the rehabilitation scheme provided vocational training and direct cash benefits did not reach the female participants in their study. The youth who transitioned out of care were often engaged in menial work that did not match their educational qualifications, and they earned insufficient income to meet their needs, sometimes under the minimum wage (Dickens, 2016; Sekibo, 2019; Takele & Kotecho, 2020). Van Breda (2015) and Maposa and Louw-Potgieter (2015) found that the lack of support contributes to youth who leave care before completing their schooling to drop-out. Additionally, the needs of care-leavers in tertiary education, such as accommodation during university, financial constraints, academic constraints, lack of support and belonging as well as complexities in their family and their personal lives, are neglected (CELCIS, 2019). In concluding, leaving care is unfocused and decision-making power and skills development are limited, compounded by inadequate after care support. Whilst each youth's situation is unique, their common experience of powerlessness and frustration are associated with the lack of material, educational and technical resources, similar to when they were pushed into care. Despite the odds against them, some youth are resilient and transition smoothly out of CYCCs, to secure suitable accommodation, further their education, find suitable accommodation and develop trusting and long lasting relationships. However, this chapter was able to demonstrate the messiness, complexities and non-linear nature of transitioning out of care. The prevention strategies for entry into care are discussed in the next chapter.



## **CHAPTER FOUR: PREVENTIVE STRATEGIES**

### **4.1 INTRODUCTION**

The literature in chapter three highlights that in-care experiences and the experiences of youth transitioning out of CYCCs are traumatic and impact negatively on their rights, protection and wellbeing. This chapter covers strategies to prevent entry into alternative care, specifically, residential care. The Children's Amendment Act (No. 41 of 2007), chapter 8, outlines the need for prevention strategies, which is a milestone from previous child policies that maintained a reactionary stance by prioritizing statutory services. This transformed approach requires that the wellbeing and development of children and youth are protected through the prevention of maltreatment and promotion of family preservation. The Government has pledged responsibility to create enabling and safe environments within the family for children to be raised, which requires a shift from blaming families (September, 2008). Proudlock and Röhrs (2018) indicated that the draft child care and protection policy (Department of Social Development, 2018) aligns with the Children's Amendment Bill that recognizes that ending the intergenerational cycle of poverty, family violence, and abuse, needs more than protection from harm with emphasis on survival, development of their maximum potential and participation in programmes and systems. Whilst some children will require statutory services, supporting families and communities, and providing safe and nurturing environmental spaces can prevent children's entry into care.

Essentially, whilst primary prevention builds protective factors, early intervention as secondary prevention reduces the impact of risk factors and strengthens protective factors. However, intervention and treatment in tertiary prevention reduces the negative consequences of maltreatment and prevents recurrence. The preventive services and programmes can also contribute to expeditious reunification of children placed in care, so they need not age out of care. South Africa has excellent legislation/policies, strategies and programmes, but falls short with implementation. The need to prevent children's entry into care is seen in the context of the two schools of thought of care-leaving discussed in the chapter. This chapter also covers deinstitutionalization, family preservation in South Africa, and community-based initiatives to prevent entry into care.

## **4.2 SCHOOLS OF THOUGHT ON CARE-LEAVING AND SIGNIFICANCE OF PREVENTION SERVICES IN THE WELFARE SYSTEM**

The two South African schools of thought for care-leavers is social development and resilience. The first school of thought, social development emphasizes psychosocial and economic support services to families and communities for children and youth to remain intact, where they belong (Agere, 2014; Tanga & Agere, 2018). The second school of thought, resilience, focuses on youths' interactional engagement with their environment to navigate through adversity and influence their outcomes (Van Breda, 2018; Dickens et al., 2015; Van Breda & Dickens, 2016). The resilience and social development are rights-based theorists that advocate for socio-economic justice and programmes to be initiated during care for youth to build capacity with continuation as aftercare services for them to thrive after they transition out of care (Pinkerton & Van Breda, 2019).

One of the social injustices is that prevention and early intervention services do not reach high-risk communities, and children are being removed for factors beyond the families' control. The challenge is in the charting of resources from residual welfare inherited during apartheid to prioritize early intervention and prevention of entry into care required of the developmental approach (Loffell, 2008; Hope & Van Wyk, 2018). In the post-apartheid era, the welfare system is a combined developmental and residual system that contributes to expensive and inequitable service delivery, which in particular negatively affects informal settlements and rural areas that remain under-resourced and under-served (Patel, 2015; Pinkerton & Van Breda, 2019; Patel et al., 2017).

Despite the paradigm shift towards a rights-based approach and prevention, underscored in progressive policies such as the White Paper on Social Welfare (1997), Children's Act (2005), National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (2006) and the Children's Act (NSPG) (RSA, 2010), the bulk of the funding remains with statutory services (Patel, 2009). It is thus not surprising that child welfare organizations still view statutory services as their core function. However, Section 144 of the Children's Act 38 of 2005, amended, holds Government responsible for the funding of programmes such as empowering parents to use positive discipline, support groups for parents of disabled children; diversion programmes for children in trouble with the law; counselling

for children and families who have suffered trauma and grief. A universal challenge is to reform the child protection system to prevent children from being removed from families.

A radical transformation in the welfare system for socio-structural and economic changes are required to reduce the need for institutionalization. Raniga and Zelnick (2014) assert that social workers need to reposition themselves by critically reflecting on their roles to mitigate poverty, unemployment and inequality which is the essence of social development. The comprehensive report on the review of the White Paper for Social Welfare (Department of Social Development, 2016), derived from the NDP (2030) asserts that social protection and developmental social welfare are pathways to social development. The point of departure that Patel et al. (2017, p. 459) makes is for, “social work to remain relevant, must transform itself to address current realities.” Proudlock and Röhrs (2018) identified inadequate prevention and early intervention programmes, such as parenting programmes, and insufficient planning and targeting to reach all vulnerable children as concerns.

### **4.3 DEINSTITUTIONALIZATION**

The National Strategic Framework for the Transformation of CYCCs (RSA, 2014-2019) makes no reference to the international agenda of deinstitutionalization. This may be attributed to the uncertainty of what is expected since the CRC has not defined institutions. However, the term is incorrectly used interchangeably with “residential care,” which covers care options between family care and institutionalization (Huynh, 2014; Mc Call & Groark, 2015). Chaitkin et al. (2017) said institutions are large congregate care facilities with round the clock professional supervision that replace family-like caregivers. Whilst some researchers opted for the total abolition of institutions (Williamson & Greenberg 2010; Kang’ethe & Makunyana, 2014), others such as Huynh (2014) argued that to close all institutions in under-resourced countries will leave children who require protection and care behind. Dozier, Zeanah, Wallin, and Shaffer, (2012) asserted that staff resistance to deinstitutionalization is to prevent job insecurity. This calls for a sensitive and empathetic approach to staff, children and families. The staff should be absorbed in community initiatives to intensify prevention services to prevent children’s entry into institutions. This requires extensive human resources to support children and families in the community and facilitate and monitor alternatives to institutional care. However, neither international nor local policies offer guidance to staff and Boards of Management about the appropriate size of facilities.

In the UK and US residential facilities have a maximum of twelve children and is restricted for specialist treatment services for adolescents with emotional and behaviour problems, unaccompanied minors and large groups of siblings (Berridge et al., 2012; Martin's, 2014). Although Davidson, Milligan and Quinn (2012), in moving forward with the guidelines said all large facilities need to close, countries such as Russia made modifications such as reducing groups from 12-15 to 6-7 with two consistent "primary caregivers" assigned exclusively for a "family" within institutions (Huynh, 2010). Berens and Nelson (2015) argued that no good comes from large institutions which are characterized by isolating children from the broader social world and cannot offer consistent and personalized care.

In promoting deinstitutionalization, understanding historical, cultural and alternative care realities are needed to prevent exporting of models from the Global North (Chaitkin et al., 2017; Martin, 2013; Quiroga & Hamilton-Giachritsis, 2014). The irony is whilst the Global North introduced deinstitutionalization, their international "rescue mentality" is institutions for OVCs, for example, in Africa and Asia. Whilst Mc Call and Groark (2015) found promising de-institutionalization practices in Georgia, Moldova and Malawi, Frimpong-Manso (2014) cautioned from Ghana's experience that hasty reunification further discriminates and stigmatize children and youth when families are not ready or willing to care for them. The Governments must first commit to investing finances and resources for family preservation services and reorientation and training of social workers on reintegration and the employment of supplementary support through community caregivers (Frimpong-Manso, 2014).

James (2011) spoke about the emergence of a large number of family alternatives and home-based care services to replace the institutionalization of children. In countries that focus ultimately on children's rights, adoption is more frequently a solution to prevent long term institutional care. Whereas other countries offer several opportunities for reunification and maintaining family contact. In Spain, for example, after two years of comprehensive services to parents since the removal of the child, if parents fail to show progress, they lose their parental authority, and the child is made available for adoption. In contrast, Nordic countries use adoption less frequently (del Val & Bravo, 2013). Although South Africa prioritizes the child's reunification with the family, these services are neglected (Govender, 2009; Mocke, 2013). South Africa's rate of adoptions has reduced, for example, National Strategic Framework for the Transformation of CYCCs (RSA, 2014-2019), revealed a drop from 2 289 in 2007/ 2008 to 1 629 in 2011/2012, declining even further over the years, for example, to 1 349 in 2016/2017 (National Adoption Coalition of South Africa, 2017). The decline in adoption is

related to rigorous evaluation of the family situation, ensuring the consent of the biological mother and (father if his identity and whereabouts are known), others questioned, panel screening to confirm that all initiatives of keeping the child within the family and procedures were followed before the Head of Department considers consenting to the adoption. Dickens (2016) said that the decline in the number of cases approved for adoption contributes to the increased number of children placed in institutional care. The caution exercised in adoption decisions is understandable as Gilbert (2012) argued that adoption is an irreversible finality where the child's links with the biological family are not prioritized. Mondlana (2019) argued that statistics on adoption discounted the traditional "informal adoption" practice amongst indigenous people. She found in the rural area of Mtubatuba, KZN legalized adoptions were rejected as it was set on westernized family beliefs that involved a tiring and intrusive process. Their perception of an undisclosed surname in adoptions impacts on preserving the child's identity, tradition, and sense of belonging. Mondlana (2019) asserted that people will be more willing to use the formal legal systems when cultural practices are incorporated which will also facilitate support when alternative care children especially when their bloodline and origin is unknown.

In South Africa, cluster foster care schemes are registered and monitored by DSD as caring for more than six children, usually managed by non-profit organizations (Guidelines for the effective management of foster care in South Africa, undated). The challenge is that NPOs are able to forgo registration by restricting admission to six children in care which are referred to as family community homes. Child Welfare Durban and Districts, for example, has 6 family community homes that accommodate a total of 54 children in eThekweni (AGM report, 2017). Children, however, prefer foster care over placements at CYCCs when removed from families (Perumal, 2009). Kang'ethe and Nyasha (2014) claimed that cluster foster care lacks "ethical and moral fibre to fulfil the conditions of the best interest of the child" (p554) since children are cared for by unrelated caregivers. However, the success of cluster foster care as an alternative to institutional care was evident in North India (Modi, Nayar-Akhtar Gupta and Karmakar, 2014). Kang'ethe, and Nyasha's (2014) concern about children being traumatized by cluster foster parents who restrict children's access to family and relatives and discontinue cultural and religious beliefs can occur in other residential settings too.

Kadungure (2017) found that cluster foster parents in a rural setting in KZN were not adequately prepared and lacked the capacity to manage children with disability and HIV and AIDS. It is therefore proposed that alternative models such as professional foster care be

utilized to ensure that the special needs of children are effectively met. Furthermore, Kadungure (2017) found cluster foster parents lacked support mechanisms for youth transitioning out of their care, as is the case of other forms of alternative care. Thus, leaving services are required irrespective of which model of alternative care is used. However, the priority is to preserve families for children to be raised within their natural setting.

## **4.4 FAMILY PRESERVATION IN SOUTH AFRICA**

Save the Children (2006) and Chaitkin et al. (2017) clarified that reform of the alternative care system is one element towards achieving a fully-fledged child protection system. Another important component of family preservation includes the care of orphaned children by their extended family (Social Development News bulletin, 2011). Family preservation developed in the 1980s out of the crisis of removing children, which disintegrated families, with the intent of giving hope by building, strengthening and keeping families together (Family Preservation Manual, RSA, 2010; White Paper on Families, June 2013). The logic is that “healthy individuals within healthy families are essentially the core of a healthy society” (DeFrain & Asay, 2007, p 2).

### ***4.4.1 CRITIQUE OF THE WHITE PAPER ON FAMILIES FOR FAMILY PRESERVATION AND SOCIAL PROTECTION***

South Africa, prompted by the UNCRC’s quest for national definitions that incorporate local and cultural norms, defines the family as, “...related by blood (kinship), adoption, foster care or ties of marriage (civil, customary or religious), and go beyond a physical address” (White Paper on Families, RSA, June 2013, p. 4). Ucembe (2019) asserts that since families and communities need to remain in the centre for children’s growth and development, services need to be implemented concurrently. The White Paper on families (Department of Youth Development, RSA, 2013) strives towards promoting healthy families, strengthening families and family preservation. Significantly, families should be respected as equal partners, but are often disempowered by being blamed for their unhealthy, unsafe circumstances.

The White Paper on Families is criticized for emphasis on the nuclear family as superior when only one-third of South African families fit the description of the traditional nuclear family (Budlender & Lund, 2011; Morison et al., 2016). Raniga, Boecker and Mthembu (2019) assert that single mother households have become common in South Africa and they experience greater poverty, economic insecurity and psychological stresses as compared to two-parent

households. Raniga et al. (2019) emphasize that public policies pay attention to the changing trends in the structure and dynamics in families, especially with the impact of poverty and inequality. The writers suggested provisions such as maternity benefits, paternity leave, support to child care through tax policies, and access to subsidized child care facilities to balance domestic and work responsibilities. Raniga and Mthembu (2017), through a case study, demonstrated the resilience shown by single mother households at an informal settlement in KZN through rising above their economic hardship and forming networks within and outside the community to survive. However, preserving families requires that families thrive rather than merely survive.

In contemporary times, there is no particular family structure which can guarantee stability and support to children, yet the power and the right to choose is undermined in the description of families in the White Paper on families (RSA, 2013), for example, same sex marriages and polygamous marriages. However, lessons can be learnt from the differences such as how to strip off gender bias roles from same sex couples. Families are stigmatized and blamed for society's problems when they do not conform with the "ideal" such as the description given to young parents, unmarried parents, single parents and teenage parents that are considered "dysfunctional".

Sewpaul (2016b) asserts that family policies require a foundational and comprehensive understanding of the powerful sources of privileges, forces of exclusion, poverty and oppression that impact on families' daily lives. The White Paper on Families (RSA, 2013) expectation is that families become self-sustainable and self-reliant. This unrealistic expectation contradicts the policy's promotion of a spirit of Ubuntu understood as, "You are, therefore, I am" for thinking and acting as a collective. Morrison et al. (2016, p2) spoke of "elastic households" in low resourced communities "that grow and shrink" to adjust to socio-economic circumstances such as job loss, migration, urbanization, illness, bereavement to support members demonstrates the spirit of Ubuntu. Researchers, such as Sewpaul (2016b), argued that Ubuntu was eroded by colonialism and apartheid which changed the political, economic and cultural landscapes of African lives, for example, in the traditional spirit of kinship care and communal child-rearing practices. This is evident from, "It takes a whole village to raise a child," is not practised to the extent that it was in the past. Whilst Archbishop Tutu said that "it (*Ubuntu*) is the essence of being human" his desire for it to be "...part of the gift that Africa will give the world" requires that in contemporary times, we fully revive it.

Researchers, such as Patel and Hochfeld (2013), indicated that services are piecemeal, fragmented and often contradictory. This is consistent with Raniga and Zelnick's (2014) finding that family preservation services patch up problems, whilst macro-economic factors that contribute to destitution and poverty of families, are ignored. The Children's Act No 38 of 2005, stipulate that the MEC of DSD develop a provincial strategy for prevention and early intervention programmes aligned to a national strategy, but the resources for co-ordinated and well managed services have been limited. Proudlock's (2016) quest is for a basket of interventions to effectively address the structural and economic challenges that allow for youth access to education and employment. The combined efforts of community development practitioners and child protection social workers are required (Assim, 2013).

The South African Constitution, Section 27 guarantees the right to social security for all, unlike conditional cash transfers in countries such as Mexico and Brazil to promote desirable behaviour such as school attendance. However, the Social Assistance Act, No. 13 of 2004 allows for a means test, but as noted in the National Development Plan (2030) (National Planning Commission, 2012), grants are not conditional to prevent disadvantaging families, especially in rural areas whose access to facilities are limited. Whilst some are influenced by the global discourse of "hand up" rather than a "hand out," welfare benefits are too small to foster dependency and deter people from working (Mpike, Wright, Röhrs, Mohamed & Mzankomo, 2016). Grants are utilized for job searching and with other interventions address child and family poverty (Grinspun, 2016). Parents receive little exposure to parenting programmes and when they request support in their parental role, it is sometimes misinterpreted as the need for material support such as a grant (Makoea, Roberts & Ward, 2012). The comprehensive report on the review of the White Paper for Social Welfare (Department of Social Development, 2016) found consistency amongst stakeholders who perceived grant recipients to require parenting programmes without explaining why they thought poorer parents lacked parenting skills as compared to the wealthier ones. Ward (2015) argued that the Children's Act (No 38 of 2005) and the White Paper on Families (2013) emphasized the need for parenting skills, but no funding had been received by the provinces for implementation of programmes.

The researchers, Delany, Grinspun and Nyokangi (2016) expressed that the lack of coverage of a grant for the 18 to 59-year-old unemployed able-bodied or persons of low earning informal jobs that are without unemployment insurance or formal social insurance is a challenge and a disregard for inclusivity. When unemployed youth transition to families who are already



burdened by no income, additional strain is experienced by these low resourced families. September (2008) argued that the Government's poverty alleviation programmes require synergy and connection to lift families out of poverty, for example, primary services such as housing, sustainable employment and for child care to be an integral part of poverty alleviation strategies. The crises born out of Covid-19 have in some contexts contributed to solidarity movements in support of social security and social protection on a wider scale, with the South African Government, for example, relenting to pressure groups and agreeing to the provision of a Basic Income Grant for those between the ages of 18-59 years who fall between the cracks and qualify for no other social security benefits.

Mogotsi and Senona (2016) said that the Government is pressurized to increase the child support grant up to 21 years for youth to access education and/or training. However, the expectation that youth be in training or education to access the grant excludes the 31% who are NEET that are marginalized, often living in poverty with limited access to education, training and skills development programmes (Proudlock & Delany, 2016). Mogotsi and Senona (2016) said that extending the child support grant will equalise the two systems, child support and foster care grants. However, Proudlock (2016) argued that few foster children in training or education remain in the system until 21 years, related either to their unawareness of this option or that the access process is complex. What is disconcerting is the youth who transition out of CYCCs can only benefit from the possible extension of the grant when they remain in care which extends institutionalization and delays building of networks and support in the community. De Lannoy, Leibbrandt and Frame (2015) said that upliftment of the youth from poverty is affected by fragmented services that lack integration between the pillars of the National Youth Policy (2015-2020) for economic inclusion and participation; education, skills and training; health and wellbeing; nation building and social cohesion.

Sewpaul (2005) recommended support to families through a Basic Income Grant. The White Paper on Families (RSA, 2013) contested that grants are based on individual needs and not the needs of the family unit. However, when grants such as child support grants, old age pensions or disability grants are used to support the family when no other source of income is available, they are accused of misuse, economic abuse or exploitation of the individual grant recipient/s. When the child support grant is the only source of income and is withdrawn after children are removed, families are expected to prepare for reunification without any financial support.

The ever-escalating structural challenges of inequality impact on the dignity of families and factors such as poverty, unemployment, hunger and poor nutrition and untenable housing

conditions have become even more prominent concerns during the COVID-19 pandemic. The progressive movements such as the Social Workers Action Network South Africa (SWAN-SA) advocacy is for South Africa to see opportunity in COVID-19 and the new global reality for sustainable change from the old neoliberal ways to ensure the wellbeing of children and families. Whilst initiatives such as the increase in child support grant and introduction of a grant for the unemployed at R350 per month were lauded, SWAN-SA is one amongst other groups that advocated for a universal basic income grant.

For the first time after years of lobbying and advocacy – the South African Government has pledged a basic income grant for those who fall between the cracks. This is a huge step forward, although how it unfolds is an uncertainty at this stage, but SWAN (SA) and other pressure groups will continue to pressurize the government to deliver on the promise. Covid-19 is laying bare the stark inequalities that exist and is forcing the government to confront poverty and inequality. Covid-19 is alerting governments to the critical importance of infrastructure development, building our health, education and social systems and - very importantly the need for access to piped, clean water, decent housing and sanitation. President Ramaphosa promises these initiatives will continue in the post-pandemic phase. If this is so the short-term losses of Covid-19 might produce more long-term gains: a re-evaluation of national values and commitments; alternatives to neoliberalism; and less self-serving and corrupt governments that respond to people with integrity, care, empathy and compassion (Sewpaul, 2020, in press).

#### ***4.4.2 FAMILY PRESERVATION IN THE CONTEXT OF CHILD PROTECTION***

Fuller, Pacey and Schreiber's (2015) qualitative study found parents who participated in family preservation programmes experienced a fulfilling and emotionally supportive relationship with their case managers. Berger and Font (2015) said that separating family preservation services is necessary since child protection services have a limited mandate to reach a small number of children and families after maltreatment has already occurred. Bartholet (2015) argued that if funding and resources are increased then child protection services can expand on family preservation to reach more children and families in diverse situations, instead of having to concentrate on serious cases and thereby preventing children's entry into care.

Bartholet (2015) warned that diverting large numbers of children away from the child protection system towards family services is potentially risky. In South Africa, the definition of the child protection system as, "all activities whose primary purpose is to prevent and

respond to the abuse, neglect and exploitation of children”, (p. 7), recognizes prevention as an important component. Bartholet (2015) asserts that when family preservation services are voluntary, the need for coercion by some parents via the social workers and the courts to preserve families is denied. Nhedzi and Makofane (2015), for example, said that mandated family preservation services and programmes such as drug rehabilitation, parenting skills or anger management can prevent children being removed from parental care and can serve as prevention services within statutory care. However, Landman and Lombard (2006) found that supervision is lacking to guide social workers in completing multiple tasks and roles simultaneously for effective prevention services.

The Manual on Family Preservation (2010) referred to several prevention skills development programmes such as on marriage preparation and marriage enrichment, parenting skills, alternative dispute resolutions, family orientated poverty alleviation programmes, social skills, integration of community development and social security, job creation, community conferencing and family resource centres. The family resource centres strengthen and empower families through a safe and nurturing community environment. The community is assisted by a multi-disciplinary team with income generation projects, family preservation, psycho-social support and early childhood centres. A local management committee from the community is established which also comprises of volunteers. Although not often documented, these centres are mostly faith-based, such as Focus on the Family in Hillcrest, KZN.

Nhedzi and Mofokeng (2015) reported that social workers found children in Ekuhulenini, Gauteng fabricated maltreatment to be placed in alternative care when families were unable to provide for them. Families living in poverty require transformative intervention since they struggle to raise their children (Matthias & Zaal, 2009). The comprehensive review of White Paper for Social Welfare (Department of Social Development, 2016) found huge gaps in critical social welfare services such as the wellbeing of children, poverty and households in distress, which compromised the goals of the National Development Plan (2030). Ucumbe (2019) argued that if structural poverty is the major driver of institutionalization, then the threat and not the children need to be removed. Chapter 8, section 145 (1) of Children’s Act No 38 of 2005 identified DSD and Departments of Education, Finance, Health, Provincial and Local Governments and Transport contribute towards a comprehensive national strategy for prevention and early intervention services to families, parents, caregivers and children.

However, the implementation of provisions of legislation and policies are not evident as mechanisms for prevention and co-ordination of services are weak (Makoena et al., 2012). The

KwaZulu-Natal Provincial Strategic Framework on Prevention and Early Intervention Programmes (PEIP) (undated) call for the root causes of violence, exploitation, abuse, poverty, insecurity, power imbalances and harmful traditional practices to be addressed. The Children's Act, No. 38 of 2005 (Section 150 – 151) call for perpetrators of abuse to be removed, rather than the children, is rarely practised. One of the factors related to this is when perpetrators are breadwinners and have the support of the family, and there is no guarantee that the court will make an arrest.

Whilst good strategies are sometimes disbanded only to be reinstated, resources and time is wasted, for example, in the instance of the family violence, child protection and sexual offences unit at SAPs, which is indisputably required for victim friendly services, was disbanded and then reinstated. The comprehensive review of the White Paper for Social Welfare (Department of Social Development, 2016) recognized that whilst families hold a central position in developmental social welfare, a small budget allocation contributes to a narrow focus on specialist family services. The services of organizations such as Families South Africa, Durban (FAMSA) whose core function is family preservation have branched out to include other specialist services related to child abuse, possibly to access funding (comprehensive review of the White Paper for Social Welfare (Department of Social Development, 2016). Closely linked, are fees charged by some specialist organizations which deny access to high-risk, low resourced families (comprehensive review of the White Paper for Social Welfare (Department of Social Development, 2016). These factors contribute to the limited extent that intensive family preservation or early intervention services outlined in the Manual on Family Preservation (2010), such as family therapy, marriage counselling, diversion programmes, outpatient treatment programmes for substance abuse and mental health behavioural therapeutic and psycho-therapeutic services, are implemented.

The ramification is a high dependency on volunteer services. Home Start, for example, referred to in the Manual for Family Preservation (2010) depend on a paid co-ordinator responsible for 30-40 volunteers who assist families who have at least one child under five years experiencing challenges. Their day-to-day assistance includes friendship, practical support, and prevention of family breakdown. They are expected to focus on family strengths, link them to resources and services in the community, including specialist services whilst building coping skills and strengthening the family support networks. These should be opportunities for job creation in the community so that parents are able to provide for their children's needs.

Crisis intervention is the common form of family preservation practice in social work in South Africa (Strydom, 2012). The needs of children are often placed in the centre when the family is seen as going through a crisis or a period of transition such as a death, divorce or separation. Researchers summed up the emotional disconnection that children and families experience is associated with the lack of practice guidelines, high caseloads, staff turnover, lack of resources and rushed intervention strategies within a very bureaucratic structure, and competing and conflicting demands (Hope & Van Wyk, 2018; Nhedzi & Makofane, 2015). When income generation and community work projects are necessary for families to continue child-rearing, social workers become overwhelmed by having to include these functions within their therapeutic and rehabilitative roles (Sewpaul & Holscher, 2007). The social workers' lives are placed at risk when they visit families living in risky and unsafe environments such as when crime and domestic violence is rife (Dlamini & Sewpaul, 2015; Nhedzi & Makofane, 2015). Hence social workers have guidelines, evident in the Crisis Intervention Manual (RSA, undated). Dlamini and Sewpaul's (2015) in-depth interviews and two focus groups with social workers in eThekweni found that the lack of resources such as motor vehicles contributed to delays in their response to family crises that contribute to children being removed and placed in alternative care.

Nhedzi and Makofane (2015) argue that social workers practising family preservation services found that their services were hindered by the lack of specialized services, clear guidelines and training, political agendas and the lack of inter-organizational co-operation. The KwaZulu-Natal Provincial Strategic Framework on Prevention and Early Intervention Programmes (PEIP) (undated) is specific that "ward-based level" services are rendered by social workers and social auxiliary workers as specialist services by DSD (p. 5). Several manuals, including the Manual of Family Preservation (RSA, 2010), guide services such as prevention and early intervention to support and empower families. The training manuals are rolled out by the National Department of Social Development within provinces, but perhaps not to the extent that it should be. Perhaps one of the challenges, as Schweitzer, Pecora, Nelson, Walters, Blythe (2016) assert is that family preservation models are often not well documented to be replicated.

The homebuilder's programme, which is the first family preservation model which was developed in Washington, is well documented and forms the foundation of most family preservation programmes (Manual on Family Preservation, 2010; Schweitzer et al., 2016). The homebuilders are trained according to the theoretical framework of crisis intervention, social behaviour theory and cognitive behaviour theory to identify and address problems especially

related to children at risk of entering care and their families. Since their caseloads are small, restricted to a maximum of three families at a time and they spend up to six weeks with each family, they are able to act as role models for the family to transfer skills and appropriate behaviour. They assist the family with problems such as substance abuse, emotional problems, foster and adopted children with special needs, unemployment, involvement with the criminal justice system and health-related issues. The family is then linked to less intensive support services to sustain their progress.

In South Africa, a collaborative family preservation model is practised, which expects professionals to work as a team towards integrated and holistic family services. Families at risk require support to fulfil their responsibilities. When unable to carry out their functions, they are firstly supported to access and seek support from their informal network of extended family, neighbours and friends. The services from the community include preventative services through leaders, civic and youth/women's groups as access to a second layer of support. Mzelemu (2019) contested that traditional leaders play a significant role in rural communities, but are often marginalized by stakeholders such as the Ward councillors unless, required to mobilize the community. Their role, for example, at rural schools added value in school development, security and safety and disciplining earners (Mbokazi, 2015; Mngomezulu, 2020; Tshiki, 2014).

In a Zimbabwean rural community, traditional and community leaders worked parallel to each other to provide care and support services to orphaned and vulnerable children (Ringson, 2020). Ringson's (2020) concludes from his qualitative, phenomenological study that social workers need to facilitate networking amongst traditional and contemporary leaders for the provision of integrated, effective holistic care and support for OVCs and this holds merit for other vulnerable populations. This collaborative and transformative intervention can preserve families and prevent children's entry into care.

Whilst chapter twelve of the constitution protects and preserves traditional leader's roles, some youths' perspective is that they are authoritarians, less progressive and representative of the patriarchal system (Mbokazi, 2015). Tshiki (2014) said missing is the role that they can play in introducing Ubuntu at schools, linked to the concept of kindness, respect and humanitarianism. Shange (2012) found traditional healers and traditional leaders apposed modernity; while ignoring the indigenous cultural practices which they felt contributed to unresolvable issues such as teenage pregnancy, HIV and AIDs, substance use disorder, poverty. Shange (2012) highlighted that traditional leaders and healers had mixed views on whether

modern and traditional practices could be combined to resolve these social development issues. Since traditional leaders and traditional healers are afforded immense respect, especially in rural communities, their critical role in the support and healing of children and family preservation services requires a multiple stakeholder intervention approach. However, this is an under-explored area which warrants further research.

In the event that services are required from welfare, education, justice, health and police services, the professionals are expected to provide support and to protect the family as collaborators with the minimum intrusion. The intervention plan may include the extended family such as aunts, uncles and grandparents. An open-door system is maintained so that the family is able to integrate and collaborate which should be connected to a solid community infrastructure. In order for the model to be effective, families require access to job opportunities, a healthy economy, efficient transportation, housing and recreation and learning opportunities.

## **4.5 COMMUNITY-BASED PROGRAMMES: INITIATIVES TO KEEP CHILDREN AND YOUTH IN THE FAMILY**

Dunga (2014) explains that community-based programmes are within the community and easily accessible and delivered within the traditional community life which strengthens mutual aid and social responsibilities. In this section, several community-based intervention strategies for family preservation are discussed.

### **4.5.1 INANDA PRESERVATION MODEL**

The application of a collaborative model, which stemmed from the inter-ministerial recommendations for transforming the child and youth system in eThekweni, KwaZulu-Natal, South Africa, is the Inanda family preservation model. The model involved multi-disciplinary teams that comprised of two social workers, two child and youth care workers and three facilitators who were selected and trained on family preservation strategies derived from New Mexico (Manual on family preservation, RSA, 2010). Their training equipped them with new skills and cultural competence to understand family preservation, conduct assessments, engage families, identify family needs and strengths, and develop family plans. The teams provided family group conferencing, traditional services such as counselling, concrete services such as child care and educational workshops. Since family preservation workers found poverty was a

major challenge, basic resources such as social relief for families, transportation and adequate staffing was necessary for the programme to be implemented. The challenge is that the post-apartheid government reneged on its promise of a “better life for all”. This could have contributed to the discontinuation of the Inanda family preservation model when the potential for replication to other communities was a possibility to prevent the removal of children from their families. The model could have also been effective towards supporting families towards reunification and ensuring their reintegration of children with their caregivers and families.

Operation Sukuma Sakhe (stand up and build) initiative that extends from provincial to district to municipal wards promotes the co-ordination of services of various government departments, civil society and community stakeholders to unite against poverty, is discussed by McKerrow et al. (2019). Each war room (ward level co-ordinating body) is expected to deliver a basket of services that cover community partnership, behaviour change, economic activities and environmental care. The community partnership contributes to several programmes such as sewing groups and feeding schemes. Job creation is addressed through the employment of community health workers and youth ambassadors who become change agents. The initiative can be perceived as replacing the Inanda family preservation programme but on a larger scale. However, little is known on why so few of the initiatives have been sustained although they hold the promise of a better co-ordinated and integrated service to children and families. Van Niekerk and Matthias (2019) found NPO and government participants were not very enthusiastic about participating in the Operation Sukuma Sakhe structure.

#### **4.5.2 CHILD-HEADED HOUSEHOLDS**

The Children’s Act No 38 of 2005 introduces a thorny issue of legitimizing child-headed households to keep families intact and to prevent children’s entry into care. The Children’s Act is specific that only 16-years and older children should head a household, which makes the term youth headed, instead of child-headed more appropriate. This will avoid very young children being entrusted with caring for sick and/or dying parents and relatives whilst simultaneously caring for their siblings, as evident from research (Hagos, Mariam & Boglae (2017). Kaime (2009) said that whilst child-headed households are not unique in Africa and demonstrate the children’s capabilities and resilience in high-risk and low resourced countries, it is not a solution for orphan care. Hall and Makomane (2018) contradicted the common belief that child-headed households arose from HIV and AIDS and argued that the majority of the children have absent parents for reasons such as migrant labour. The writers concluded that



they have the support of their parents and adults through engagement and that the care arrangement is sometimes temporary. Hagos' et al. (2017) qualitative survey in Ethiopia concluded that taking care of parents' health and promoting income-generation activities and reproductive health can prevent some children from becoming the head of households. Nxumalo (2017) found that some child heads performed well academically and were able to cope, but that intervention from Government and civil society is necessary to ensure the wellbeing of the family as a whole. There is no denying that there are child-headed households which can hinder family preservation and have a devastating impact on children. In Rwanda, for example, the 13 to 24-year-old heads of households experienced depression, social isolation and often lacked adult support. The children who were under five years and in child-headed households experienced socio-emotional insecurities. Child-headed households can hinder family preservation by contributing to constraints such as homelessness and migration of children. Mogotlane, Chauke, Van Rensburg, Human and Kganakga (2010) found child heads of households in the nine provinces were most often females from rural areas and informal settlements who experienced high pregnancy and school dropout rates. They found that inability to pay school fees was an important factor in dropping out of school. Since school fees can be waived in terms of the South African School Act (1999) as amended by the Education Laws (No 31 of 2007), children should not be denied access to school on account of not being able to pay school fees. But as with much else in SA, policies and law often do not translate into practice. School governance is devolved to school level governing bodies that determine school fees, which are not regulated by the state.

#### **4.5.3 ISIBINDI MODEL**

The trained community CYCWs implemented Isibindi ("strong heart") along the principles of children's rights and family preservation to OVCs to keep families intact, whilst continuing to engage with the extended family and the community towards protective services. The model's standard operating procedures ensure that children's sense of belonging remains intact whilst they and their families receive practical and therapeutic support (Mkhwanazi et al., 2018) The CYCWs work flexible hours to accommodate children's needs after hours, including on weekends and public holidays.

Delany and Proudlock (2016) said that the model ensures that services required such as psychosocial support, nutrition, educational support, health care, advocacy, legal aid, life skills and economic support are accessed. The young person also acquires skills to cope within the

environment when one or both parents are absent. Visser, Zungu and Ndala Magoro (2015) in a quasi-experimental design found higher self-esteem, family support, lower HIV risk behaviour amongst 427 youth (18 years and older) as ex-participants of 12 Isibindi sites when compared with 172 non-participants of a similar background. An interesting finding was that an exit strategy required the Isibindi programme to look beyond eighteen years since ex-participants experienced a high unemployment rate and therefore required financial support when youth transitioned out of the programme towards sustained progress. Hence, the need for transition programmes is required not only within the residential care setting.

Emanating from the Isibindi model, similar initiatives emerged in other parts of Africa. One such example is the National Case Management Model in Zimbabwe. Muchacha (2015), via a qualitative evaluation design, found that the community-based casework programme prioritized mostly children who were orphaned due to HIV and AIDS. The community volunteer identifies orphans, conducts home visits and assesses and provides support and counselling with regard to the children's and youths' identified needs and makes referrals. Muchacha (2015) argued that the lack of funding contributed to these volunteers being expected to render specialist social work services without adequate training or remuneration. The success of the model was also hindered by unavailable resources to address the identified needs of orphans, especially since the social safety nets were operating below capacity. However, Isibindi is a large-scale prevention programme proven to be effective for children at risk (Makoea, Roberts & Ward, 2012).

#### **4.5.4 ISOLABANTWANA**

The term *Isolabantwana* (eye on the children) was a model established by Cape Town Child Welfare and was rolled out in other provinces by Child Welfare South Africa. The programme is described in the review of the White Paper for Social Welfare (Department of Social Development) as community members trained as volunteers to support social workers. The eye volunteers training entailed various aspects such as counselling, statutory intervention, children's rights, parenting skills, HIV and AIDS, substance abuse, domestic violence, and the role of various stakeholders. Their role was to identify child abuse and family crises and provide prevention and early intervention services through the medium of education and awareness talks, events and workshops. Whilst the programme has its merit towards community participation and awareness, the challenge is that eye volunteers are entrusted to remove children from high-risk situations and place them with crisis parents until the social worker can

intervene. The decision of whether to remove a child is a delicate dilemma that social workers face and should not be entrusted to volunteers. Hence the need is for sufficient trained social workers to be accessible, reachable and available in all communities.

#### **4.5.5 DROP-IN CENTRES**

The drop-in centres in terms of Section 14 of the Children's Act 38 of 2005 are community-based prevention and early intervention programmes for the emotional, physical and social support of vulnerable children. The Guidelines for the Children's Act- NSPG (RSA, 2010) contention is whilst drop-in centres are described as an entity on its own, it fits the description of a partial care facility. The guidelines for drop-in centres (Department of Social Development, RSA, 2014) recognized the multi-sectorial nature of vulnerable children that require effective implementation by government departments, non-profit organizations, and civil society. Although any person, organization (non-profit, community-based or faith-based, child protection organization or organ of state may establish a drop-in centre, it must be registered by the Provincial Head of Social Development and comply with the norms and standards.

The drop-in centres provide basic services such as cooked meals and, where possible, food parcels, provide for personal hygiene and render educational support such as enrolment at school and homework supervision. The centres' discretion and availability of professional staff determine additional support rendered to supplement the basic needs provided. The range of services can differ amongst drop-in centres such as family preservation and reunification services; counselling, psychological support and referrals; social and life skills; education and recreation programmes; community home-based care services; school holiday programmes, health care, computer literacy; outreach and prevention and early intervention services. Dunga (2014) also identified peer education, drug marshals, arts and culture, life skills and HIV and AIDS awareness as youth programmes conducted from the drop-in centres.

### **4.6 PSYCHOSOCIAL SUPPORT INTERVENTION WITH CHILDREN, YOUTH AND FAMILIES**

The psychosocial support intervention guidelines for children and youth (Department of Social Development, Republic of South Africa, undated), emphasizes holistic support and wellbeing in all spheres of their life through national policies and programmes. The case manager engages

in collaborative assessment, planning, facilitation, coordination and evaluation. Their advocacy is for resources towards a multiple service package that meet the specific needs of children, youth and their family. The psychological guidelines recognize that their effectiveness depends on a reasonable caseload and supervision. A case team appointed is expected to evaluate the progress after three months. The social workers' tools include family/household needs assessments, development and implementation of individual/family care plans, case management and monitoring and evaluation. A checklist helps identify signs of distress and assessment of total wellbeing by being able to identify coping skills, ability to identify and address challenges and opportunities to learn and apply new skills. The family and community sense of belonging and being made to feel safe encourages their participation in activities. The psycho-social support intervention guidelines for vulnerable children and youth (RSA, undated) also cautions case managers that some children and youth may be surrounded by people, but still experience social isolation. They need to build trusting and trustworthy relationships among all relevant role players in their immediate environment, namely children, family members, teachers and community organisations and government agencies. At the same time, caring adults at home, school, in faith communities and the neighbourhood need to support children at risk of isolation and share their knowledge, skills and resources.

#### ***4.6.2 PSYCHOSOCIAL PROGRAMMES LINKED TO AGE OF CHILDREN***

McConnel (2009) said the critical role of linking programmes is to draw a link from childhood to adulthood and through the transition of youth. Proudlock and Röhrs (2018) said that social grants, parenting skills programmes, employment programmes for caregivers, diversions for children in trouble with the law, peer support programmes, services for victims of domestic violence, subsidized day-care and education and assistive devices and rehabilitation programmes for differently-abled children help families provide responsive care. Budlender (2018) identified health, education and social behaviour as the main mutually reinforcing pillars of human development that commence from birth for which children require both the support of the state and the family. Makoe (2014) said that not much is done in practice to implement the expectation of law that integration occurs from Government Departments for prevention and early intervention programmes throughout the child's life span,

#### **4.6.3 EARLY CHILDHOOD DEVELOPMENT PROGRAMMES (0-6 YEARS)**

The National Integrated Early Childhood Development Policy (2015) has packaged services for the optimal health, care and development of children up to five years as the early years are critical for sustainable development. The services include psychosocial support to caregivers, positive parenting practices and how to promote young children's health, growth, development and child care programmes that are safe and promote early learning. The critical period is the first two years of a child's life influence the rest of their lives. Early Childhood Development (ECD) has become a global poverty alleviation strategy (Bramford, 2019) to provide suitable care and stimulation for children and to support parents within the community. The initiative has also created employment within the sites through the expanded public works programme, but Sanders et al. (2019) argue that the lack of resources at many ECDs hindered the development of children. In the Western Cape, many children between 0-4 years do not have access to ECD sites. Poor integration of service identification of children and families for referrals is evident in other provinces (September, 2008). However, there are also good programmes such as the *Sihleng'imizi* (we care for children). This 14-week group programme is conducted by social workers and qualified ECD workers with families who receive child support grants for grade R and grade one learners selected randomly from a primary school in Gauteng. The programme entails social education and skills development which impacts on the child's overall wellbeing.

Parenting programmes can have a life-long impact since early childhood is critical for growth and development including, health and success in school and life. Home-visits during prenatal and early childhood can offer essential prevention and early intervention programmes to families in need of support with parenting skills, social skills, problem-solving, and access to community and health services.

#### **4.6.4 CHILD BETWEEN 7-12 YEARS**

The children are expected to be at primary school where specific education and developmental needs are met and according to the Psychosocial Support Intervention Guidelines for children and youth (Department of Social Development, RSA, undated), when learning life skills should begin. However, learning of life skills should commence as soon as a child is able to understand, therefore, should commence at a much younger age. Programmes such as the school nutrition programme provide daily meals for primary and secondary school learners living in poverty and teach parents and children to grow their own gardens and establish food

gardens at schools, facilitated by the Department of Basic Education (Sanders, et al., 2019). Mbatha (2015) asserts that outside the traditional role of schools, and without a conducive environment, the co-ordinators find an appropriate response difficult. Mbatha (2015) further found educators in Ntuzuma, KZN were insufficiently trained to understand the needs of OVCs (learners of all ages) and to consciously ensure they receive ongoing care and support. Collaboration with other stakeholders such as families, communities, churches, health agencies, to build resilience amongst learners who are troubled by psychosocial problems and bring genuine development, is needed.

#### ***4.6.5 PROGRAMMES FOR ADOLESCENTS (13-17 YEARS)***

The children going through adolescence are expected to be at secondary school. The emphasis is on sexual and reproductive health and psycho-social support and skills for education and developmental life skills. The Department of Women, Youth and Persons with Disabilities is responsible for and supported by other departments such as DSD in the sanitary dignity campaign, which allows the girls to receive sanitary towels in primary and high school (RSA, Sanitary Dignity Framework, June 2019). In addition to partnering with programmes DSD implements several programmes.

Behavioural change programmes address social ills among young people through school visits, behaviour change workshops and awareness programmes. YOLO (you only live once) is a programme that targets high school learners and comprises of twelve sessions that address risky behaviour such as alcohol and drug abuse, teenage pregnancy and HIV and AIDS.

A substantial proportion may have dropped out of school and doing hazardous work or experimenting with drugs. Several parenting programmes have been developed to address behaviour challenges. Sinuvuyo teens, for example, was found useful by Cluver, et al. (2017) post intervention outcome assessment at 1 and 5-9 months with 552 families in the Eastern Cape in reducing violence, improving parenting and family functioning in homes with children and youth between 10 and 18 years. Jamieson, Mathews and Röhrs (2018) said that during adolescence a window of opportunity exists to change social norms and change peer and gender relationships where programmes like Sinuvuyo proved effective.

#### ***4.6.6 YOUTH PROGRAMMES (18-24 YEARS)***

Youth or early adults and their concerns are related to higher education, vocational skills training institutions, out of school or young mothers. The youth face a unique set of challenges

as explained in chapter three. The Department of Social Development and the NPO sector conduct several youth programmes. The comprehensive review of the White Paper for Social Welfare mentioned challenges amongst the general youth population as unemployment, school dropout, teenage parenthood, delinquency, sexually transmitted infections (STIs) and violence (Department of Social Development, 2016). Some of the programmes identified during the comprehensive review of the White Paper for Social Welfare the youth programmes are discussed (Department of Social Development, 2016).

Youth Development Centres are run by a registered youth organization and made accessible to all youth to obtain information, skills, referrals, counselling and opportunity for employment, skills, cultural and other activities relevant activities.

Intergenerational programmes are held towards dialoguing and sharing ideas with the older generation on issues such as moral regeneration, the role of older people in youth development, challenges facing youth and older people.

Youth camps are held during holidays that cover aspects such as educational information, behaviour change, life skills and relevant topics such as substance abuse, teenage pregnancy and HIV and AIDS.

Youth mobilization promotes social behaviour change through social inclusion, reduction in social ills amongst youth and to participate in solution finding, raise community awareness about issues and opportunities and to foster a commitment to change.

Skills development programmes help equip youth with skills for access to employment. One of the national programmes is the Masupatsela youth pioneers which was reported as not successful in creating employment during the review of the comprehensive White Paper for Social Development (Department of Social Development, 2016). The Department of Social development documented parenting programmes for children of various age groups.

Despite the range of services and programmes described in this chapter, there are gaps in preventive services which impact children's entry into care. Whilst prevention is the highest priority in policies such as the White Paper for Social Welfare and the Children's Act, funding is concentrated on statutory services. This hinders the transformative shift of services towards a developmental approach which disadvantages children whose removal from families could have been avoided. The significance is for legislation, policy, funding, relevant resources and transformative interventions to consciously respond to the changing structure, trends and dynamics of families and the environment for effective family preservation responses. The

review of the Transformation Strategy of Child and Youth Care Centres (2014-2019) must consider deinstitutionalization as the gradual replacement of large institutions for smaller, intimate CYCCs with consistent caregivers within the community when institutionalization is unavoidable. The need to integrate existing programmes of various stakeholders is to benefit children, youth and families through holistic, interdisciplinary care and support. Shung-King, Lake, Sanders and Hendricks, for example, as editors of *South African Child Gauge* (2019) cover a range of preventative and early intervention health programmes aimed to leave no-one behind, such as the adolescent and youth friendly services, integrated school health programmes, B Wise and the She conquers campaign. The next section presents the methodology of the study.



## **SECTION FOUR**

### **CHAPTER FIVE: RESEARCH METHODOLOGY**

#### **5.1 INTRODUCTION**

This phenomenological study was informed by structural theory, underpinned by the critical social research paradigm to understand the felt experiences of youth transitioning out of CYCCs and their after-care experiences, and the perspectives of their family caregivers and service providers. The theoretical framework, research method and design, the research questions, the sampling strategy, methods of data collection, ethical considerations, the trustworthiness of the study, and the challenges and limitations encountered during the research process are discussed in this chapter.

#### **5.2 STRUCTURAL SOCIAL WORK WITHIN THE EMANCIPATORY, CRITICAL PARADIGM**

Structural social work as an applied critical theory aspires to free the mass from subordination, oppression and discrimination rooted in unequal material resources and power, benefitting only a few people, privileged mostly, because of who they are in terms of age, race, gender and class (Mullaly, 2010). Critical theory recognizes capitalism, science and bureaucracy as limiting the possibility of critical consciousness and autonomy thus producing hegemony (a consensus based on false consciousness) in culture, government and personhood (Althusser, 1971; Gramsci, 1977; Freire, 1973; Sewpaul, 2013a, 2015b). Hence for people to be helped through difficulties, personal, but mostly structural change must occur to improve the conditions that affect the majority of people.

Murray and Hick (2012) emphasize that structural research is a critique of the unjust social, political and economic relations focusing on power, privilege and multiple oppressions, a dialectical understanding of agency and social structures. Humphries (2008) refers to this as critical social research, and Sewpaul and Larsen (2014) frame this as an integrated, emancipatory approach. All forms of oppression including class, race, gender, sexuality, age or disability is seen as mutually reinforcing and overlapping (Sewpaul, 2013a; IASSW, 2018). Fook (2008) emphasizes that domination is structural and that it is personally achieved by the

ruling groups through a combination of external exploitation, internal self-discipline or self-deception.

Mullaly (2010) explains that anthologizing the marginalized, in this instance, the youth, through rules that do not work and institutional arrangements that maintain the social hierarchies. Individual life choices are influenced by the institutional systems and the profound impact that structural relations have on society. However, although the youth are heterogeneous, being categorized as an inferior category or group constrains their individual choice (Mullaly, 2010). The youth may be subjected to blame by the privileged for their circumstances. Mullaly (2010) states that in this way the privileged remain unscaled, whilst the victims' oppression is sustained. Pouw and Hodgkinson's (2016) relevant argument was that youth also blame themselves because they focus on circumstantial factors and that they experience onerous responsibility if they lack knowledge of structural factors, rooted in poverty and inequality, which contribute to their risk and social exclusion. These inequalities are transferred from one generation to the next if external structural factors are ignored.

At the individual agency level, youth can also participate in their own internalized oppression (Freire, 1970). Youth, families and service providers also have the potential to change their behaviour as well as influence change in structures through access to and acting on knowledge. Humphries' (2008) critical dialectical perspective refers to the intertwined objective and subjective realities that require a back-and-forth movement between the topic studied and the political and historical context in which behaviour takes place. As power shapes reality and social justice, equality and freedom, or the lack thereof, these need to be addressed as part of the research.

Sayer (2008) states that the reflexivity of critical thinkers allows for the questioning of one's own involvement with the people we work with and the taken-for-granted understandings in the wider context. This is addressed in the Global Social Work Statement of Ethics Statement Principals (GSWSEP), with principles 4.7 and 4.8 reading as:

*Social workers recognize that dominant socio-political and cultural discourses and practices contribute to many taken-for-granted assumptions and entrapments of thinking, which manifest*

*In the normalization and naturalization of a range of prejudices, oppressions, marginalizations, exploitation, violence and exclusions.*

*Social workers recognize that developing strategies to heighten critical consciousness that challenge and change taken-for-granted assumptions for ourselves and the people whom we engage with, forms the basis of everyday ethical, anti-oppressive practice.*

Sewpaul (2013a) argues that social workers are products and producers of socio-political, economic and cultural worlds. The ideologies that we hold are reflected in, and reinforced by, dominant social systems such as the family, education, culture, religion, economics, politics and the media (Sewpaul, 2013a). It is, therefore, critical as Sewpaul (2013a; 2019) asserts that we, as social workers, become aware of cultural, political and capitalist ideological hegemony and appreciate how we can shift from being the “subjected being” to a free subject that is the “*author of and responsible for its actions*” (Althusser, 1971, p. 182). With the development of self-awareness and critical consciousness, there is a greater chance that social workers would use their voice and skills to contribute to socio-economic, political and cultural change and development.

Emancipatory social work is directed at heightening awareness of external sources of oppression and/or privilege that hold the possibility of increasing people’s self-esteem, courage and conviction so that they, themselves begin to confront structural sources of poverty, inequality, marginalization, oppression and exclusion (Sewpaul & Larsen, 2014).

Part of critical reflexivity involves standing back from the information, dissecting and examining the material from different angles, identifying and examining different viewpoints, results or conclusions to determine why some are more desirable over others. In this way, through in-depth analysis, the underlying influences of “service users”, service providers and organizational structures are identified and interrogated for their structural connections within the wider context. The oppressive and exploitative practices and the strategies used by political and economic powers to justify their existence are exposed and challenged. The researcher’s flexibility allows for the engagement with these powers when situations arise to facilitate change.

The “voices” in this study should create an understanding of the youth and the family caregiver’s perceptions and experiences with regard to youth transitioning out of CYCCs and their experiences after care. Poverty is not justifiable, nor an accepted reason on its own for separating children from their parents, but a disproportionate number of children at CYCCs are from high-risk poor families.

In the global context, Pinkerton (2012) found care-leaving rarely seeks to understand contentious issues of social change including globalization and risk society. Fook (2008) expounded that while globalization may appear as unifying and compressing of differences, on a local context it can result in fragmentation. Technology and communications, for example, adds the risk of a “digital divide” for youth, especially in the rural areas and in indigenous communities who do not have access to technology and already face limited new job opportunities, inadequate education, lack of skills, unemployment. In the wider context, globalization, particularly its neoliberal dimension, has political, social and cultural implications for “service users” and service providers alike as the divide in wealth intensifies (Sewpaul, 2014; 2015a; Dlamini & Sewpaul, 2015).

Of salience to social workers is the impact of the dominance of neoliberalism, which is pro-business. Neoliberalism is “...a response to a crisis of accumulation, a response based on the removal of all barriers to the incursion of market forces” (Ferguson, 2008, p. 34). Environmental and social risks are given secondary importance to the accumulation of wealth. This undermines and imposes on the knowledge, skills and values base of social work. Social workers’ reasons for entering the profession are largely because of their desire to work with people and make a difference. Quantitative performance measures and appraisals and a strong emphasis on cost-cutting measures and output have reduced the actual time spent on direct services (Dlamini & Sewpaul, 2015).

Pinkerton (2012) referred to the complexities of the cultural, economic and political flow as boundaries become more permeable due to information technology and social media advancements. Institutions seek to manage global changes that allow people to navigate their way to new opportunities for economic growth and development and to learn from other cultural values and aspirations in connecting with the rest of the World and to each other. However, the changes in the life experiences of youth in modern societies impact their relationship with families, friends, in education, labour market, leisure and their lifestyle. The youth often navigate around a set of risks that are unfamiliar to parents and caregivers that increase their uncertainty and vulnerability. This is largely attributed to the restructuring of the labour market, demand for more educated staff, and flexible employment practices.

Globalization also pressurizes at-risk societies that experience difficulty in keeping up with the rapid changes. It brings instability and weakens social structures such as family and work. Simultaneously, poverty, unemployment and social disintegration that disadvantage the youth has increased. In South Africa, for example, poverty and inequality lead to socio-economic and

environmental challenges, including but not limited to further entrenchment of poverty, unemployment, food insecurity, conflict and environmental degradation (Lombard, 2015). NEET (not in education, employment or training) is a global challenge that also affects the general South African population, which included one in every five youth between the ages 16 and 24 years in 2014 (Van Breda & Dickens, 2015; StatsSA, 2014). Webb (2006) indicated that within the thrust of economic and structural concerns, families and communities are expected to solve their problems with little to no professional help. Strategies to strengthen families, empower young people, strengthen intergenerational solidarity are necessary to manage the effects of globalization on youth and to promote their well-being. Young care-leavers often run the risk of being invisible in the Welfare System (Hojer and Sjoblom, 2011). The youth and their families will continue being oppressed and disempowered unless given a voice to make the “*invisible, visible*” Adams et al. (2009, p. 312). They will only act in their best interests if they understand that the origins of their problems lie within oppressive social structures, and if they question the workings of systems (Freire, 1970; 1973; Rogowski, 2013; Sewpaul and Larsen, 2014). Alternatively, the stability and the future of people at risk, including the youth and their families will remain threatened as neoliberalism and global influences through continued welfare budget cuts, and inappropriate and/or inadequate programmes, which devalue the social work and child and youth care work professions.

In responding to what brings about change, many writers came to the logical conclusion that it was both agency and structure (Pinkerton and Van Breda, 2019; Sewpaul, 2013a; 2019). South African care-leaving research is mostly agency focused i.e., on psychological experiences of an individual or at a micro level, especially on the ability of youth to exercise resilience in view of the high rates of poverty and unemployment, for example, Bond (2018); Van Breda, Marx & Kader (2012); Van Breda & Dickens, 2016; Van Breda, 2014; 2015). In western countries the focus tends to be mostly on the macro level, especially in terms of policy and state transformation to address structural factors associated with social exclusion, for example, Mendes et al., 2011; Mendes, Baidawi & Snow, 2014; Pinkerton, 2011; Dixon, 2012.

Sewpaul (2013b) make a pertinent point that whilst agency is a psychological experience of self and that people are responsible for their choices and consequences, the ability of free thinking is an illusion. Structures such as family, media, academic institutions, and social criteria such as “race”, caste, class, gender have ideological control of consciousness to the extent that people become prisoners of their own thinking. This study adopts an emancipatory and structural approach to understand the inter-relatedness of micro, mezzo and macro factors

and the complex relationship between agency and structure. Chan (2018, p. 28) assert that the advantage of such a progressive “blend of radical structuralism and radical humanism” approach is the link it draws between personal troubles to structural determinants to life chances, but government and social agencies are unlikely to support its working within the system to change the system.

### **5.3 RESEARCH QUESTIONS**

The following key questions were addressed in this study:

- What were the perceptions and experiences of the youth who are transitioning out of CYCCs and those youths who have transitioned out of CYCCs?
- What were the circumstances of youth who have transitioned out of CYCCs?
- What were the perceptions and experiences of family caregivers of youth who were transitioning out and youth who have transitioned out of CYCC?
- What were the factors from the perspective of the service providers that facilitates and/or hinders youth in their transition out of CYCCs?

### **5.4 RESEARCH METHODOLOGY AND DESIGN**

A research design is about making sound choices towards a carefully developed research plan (Schwartz-Shea & Yanow, 2012). The methods of obtaining data could be qualitative or quantitative or a combination of both. The design is dictated by the purpose of the study. The qualitative method is appropriate to provide deeper meanings of a particular human experience, which cannot be explained numerically. The focus is on words generated as qualitative data that are theoretically richer and allow for insights into people’s feelings and thoughts (Rubin & Babbie, 2017; Corbin & Strauss, 2008). As the researcher learns more, additional data required can be determined and collected (Taylor, et al, 2016) since the flexibility enables modification to the research design at any stage so that the richness of data is not compromised. In contrast, quantitative research designs are rigid. Flick (2009) asserted that, unlike quantitative research, qualitative research allows for greater reflexivity on the part of the researcher.

McLeod (2011) outlined the major debates with qualitative research as finding a balance between relativism and realism; making sense of the concept of reflexivity; and social

constructivism and the role of language. Critical theorists argue that whilst objective reality prevails, it can never be fully captured since knowledge is to some extent shaped by our limitations and biases. Also, knowledge is often seen as relative to what is claimed to be true by a particular social group or culture. The significance of reflexivity is gauged from the meaning of qualitative research as being “...concerned with describing, uncovering, understanding and explaining processes through which meaning is co-constructed in relationships and purposeful activity between people” (McLeod, 2011, p. 47). Reflexivity can demonstrate a commitment to social justice and argue a standpoint, whilst critically examining the political assumptions built into the research methodology. The researcher’s use of reflexivity is clarified since it could range from a primary method to merely keep checking against “subjective” bias. My experiences and observations made in the study are explained. A challenge is when, how and how much information does the researcher divulge about himself/herself. I also engaged with literature to interpret the findings against other studies and theories on care-leaving.

The study is descriptive, interpretive and inductive which is common to qualitative research. It moves from specific data from which general conclusions are made. Concepts, insights and understanding are developed from the patterns in the data rather than collecting data to assess a preconceived model, hypothesis or theory (Taylor et al., 2016). There was no initial hypothesis since I first interviewed the youth, families/significant caregiver and service providers and then developed explanations from the findings. Chambliss and Schutt, (2010) claimed that when some researchers who used an inductive approach resisted formulating a research question prior to data collection, they found that new insights and provocative questions emerged during the study. The inductive approach in this qualitative study aimed to make sense of the experiences of youth transitioning and transitioned out of CYCCs rather than to test a hypothesis.

Quantitative research, on the other hand, usually first starts with a theory and then tries to find data that will either confirm or refute it. Inductive reasoning is also evident in deductive research when an unexpected pattern appears in the data and a need arises to test a hypothesis. Similarly, inductive research increases in trustworthiness if they are tested subsequently with deductive research. The argument of Chambliss and Schutt (2010, p. 29) is that “great insights and ideas can come from inductive research, but verifiable proof comes from deductive research.” Hence one approach is not necessarily superior to the other but is rather determined by the topic and the purpose of the study.

A descriptive-interpretive research design is used in this study. The relevance of a descriptive-interpretive research design was attested to by Rubin and Babbie (2017) who assert that people create their own meanings in their worlds and interaction with others in the community. Descriptive refers to accurately portraying persons, events and situations (Fox, Martin, Green & 2007). Interpretivism is relevant, especially when using contemporary theory such as critical social work. Rubin and Babbie (2017) clarified that interpretive research studies a small group or sample to provide an empathetic understanding of their feelings and attempt to interpret their daily experiences, deeper meanings, and their individual reasons for their behaviour. These ideas and concepts may remain during the data analysis and new ones may develop. I was consciously aware of the voices of the youth, parents/significant other and service providers and ensured that they were captured in the study.

As outlined by Flick (2009), one of the difficulties of qualitative research is that the processes are inter-linked and therefore are difficult to separate into the different phases. McCleod (2011), also pointed out that some researchers do not see a need to share a detailed account of the procedural information since they believe that what they produce is but one version, open to several interpretations. In order to ensure that my interpretation of the data and the end result is a credible reflection of 'reality', I clearly outlined the recruitment, process and procedure of data collection, method of data collection and the examples of primary data used as well as a clear account of how data were interpreted. In this chapter, I demonstrate how through the various sources, in-depth interviews with both youth transitioning and transitioned out of CYCCs, their parent/significant other and semi-structured interviews and a focus group with service providers, were used to analyze the data from more than one perspective.

## **5.5 SAMPLING**

The two main types of sampling designs are probability and non-probability sampling. Probability samples, mostly used in quantitative studies, depend on statistical probability aimed at random selection, representative of a larger population to generalize findings (Rubin & Babbie, 2017). Whilst probability samples are held superior for their generalizability, its accurate representativeness of the population is rather idealistic. Its achievability is questionable, and in many instances, it is not possible and/or desirable with non-probability samples. Non-probability samples allow for the intentional selection of those elements that are information-rich, making it the choice of qualitative research (Marlow, 2010). A data base of the principal participants, youth transitioning and transitioned out of CYCCs, was non-existent



and therefore they could not be counted. The accessibility, especially of youth who had transitioned out of CYCCs was a challenge. Even if it was possible, a probability sample was not necessary since the experiences of the youth cannot be reduced to numbers, nor could it be generalized due to the heterogeneous nature of youth transitioning and transitioned out of CYCCs.

Non-probability sample designs that are common in qualitative research include quota sampling, convenience, accidental, judgemental or purposive sampling, dimensional and snowball sampling (Cohen, Manion & Morrison, 2011). In this study, a purposive sampling method was used. Rubin and Babbie (2017) state that a purposive or judgmental sample involves the selection of participants based on the researcher's judgement in terms of his/ her own knowledge and the purpose of the study. This may include a "handpicked" sample to generate a hypothesis. Flick (2009) states that purposive samples may be used to identify extreme or deviant cases, typical cases for success or failure, a maximal variation of a few cases or intensity and he cautioned against convenience sampling based on "easy access" and inclusion of very sensitive cases. Blanche, Durrheim and Painter (2012, p. 20) indicate that purposive samples are selected for theoretical reasons in order to get a good example of a phenomenon.

Since social reality is "complex, multi-dimensional and contextual" (Ryen, 2016, p.35), purposive sampling was used to select a multi-perspective sample. This contributed to cutting edge knowledge on the structural impediments and factors that facilitate youth transitioning and transitioned out of CYCCs through understanding their experiences and the perspective of families/significant caregivers, their service providers to the point of data saturation. Fuchs and Ness (2015) pointed out that researchers often refer to a rich, thick, in-depth qualitative research data, but neglect data saturation. Fuchs and Ness (2015, p. 1409) elaborated that ideally, studies should provide data which are rich "*...many-layered, intricate, detailed, nuanced and more*" and "*thick as quantity*" referring to a *...lot of data*". However, the quantity of data should not be confused with the sample size; it refers to the depth of the data required. The researcher chose a sample size that provides the best chances of reaching data saturation, namely when there is enough information for the replication of the study, the inability to achieve new information, and when further coding is longer feasible (Fuchs & Ness, 2015).

### **5.5.1 SAMPLE RECRUITMENT, PROCESS AND PROCEDURE**

#### **i) Sample 1: Youth**

The principal participants in this study were the youth who are transitioning (sample 1A) and those youths who had transitioned out of CYCCs (sample 1B) (see Table 1 for details on criteria for selection of samples 1A and 1B). The criteria for selection was youth between 18-23 years, with a minimum of 2 years duration at a CYCC in the eThekweni Metropolitan area and for those who transitioned out within the past two years. I confirmed that all the youths' participation was voluntary, that they were aware that they could be interviewed in isiZulu and/or English, and I summarized the study purpose before the interview.

#### **Sample 1A: 8 Youth transitioning out of CYCCs**

- Seven CYCCs in the eThekweni Metropolitan area confirmed their participation in writing.
- Three CYCCs participated in the focus group and the four CYCCs had identified two youths from each centre to participate in the individual interviews to understand their perceptions and experiences of transitioning out of care.
- The CYCCs that identified the youths were selected on the basis that they confirmed having youth who met the inclusion criteria and were known to have transitioning programmes.
- A CYCC intentionally deviated from the age criterion, without prior notification, by selecting a 17-year-old youth who was finishing the highest special secondary education level which is Grade 10 and was transitioning out of the CYCC in a few months. The CYCCs reasoning for selecting the youth was to avoid the marginalization of youth with special needs, whose transition occurs earlier due to their schooling system and since he was turning 18 in the year. I had discovered his age during the interview and his enthusiasm to continue, made it unethical to stop the interview or to exclude the data, especially since he was selected and was prepared for participation. In any event as a structural social work study within the critical paradigm, it seems only fitting to include the most marginalized and at-risk youth who are transitioning out.

### **Sample 1B: 8 Youth transitioned out of CYCCs**

- The youth were selected from CWS and the DSD Service Offices within the eThekweni Metropolitan area with the assistance of Child Welfare South Africa and the Department of Social Development as the two main gatekeepers that provided written permission to participate in this study.
- The two identified CWS and two Service Offices were unable to identify two youth each who had transitioned out of CYCCs from their case-load due to limited contact after the youth had transitioned, and the search was extended to other offices.
- I contacted the youth telephonically and set up an interview after confirming their willingness to participate and ensured that their selection of venues was physically and emotionally safe.
- I had a challenge accessing one youth who had changed her cell phone number and her accommodation. She was traced by the CWS through the CYCC where she was previously accommodated who confirmed her willingness to participate prior to producing her contact details.
- Amongst the youth who had transitioned out of CYCCs, only three chose to meet at their current accommodation, one youth at her current institute of training and the four others in public places such as libraries and malls.

### **Sample 2: Parents and significant others**

- I interviewed family caregivers (related and unrelated) whom the youth in sample 1A and B (two groups of the youth) perceived as the most consistent in playing a parental role in their lives.
- In all instances, the youth identified that parent/family caregiver when the demographic sheet was completed, after having confirmed that they understood what the study was about.
- Self-determination in the youth choice was an unanticipated possibility. I wanted to interview a biological parent, if available, but Betty argued that her half-sister had parented her, not her mother. Spunky identified his host for continuity and knowing him best and his sponsor that met his immediate needs for his education and arranging

his accommodation, thus sharpening my awareness of multiple caregivers. I interviewed both, but he later agreed that his host was his primary caregiver.

- Telephonic contact or a home visit was conducted to request the family caregivers' time to explain my purpose of the contact and to confirm their willingness to participate.
- As anticipated, not all parents/significant others agreed to be interviewed. This was a limitation. I interviewed ten family caregivers who had signed consent and confirmed that they were willing to participate in the study.
- All participants were fluent in English and chose to speak in English.
- The venue and time were selected by the family caregivers. Except for two home visits, family caregivers chose to be interviewed at the CYCCs close to their homes.
- An unusual interview was in the car parked outside a biological mother's home; this was her preferred choice.

### **Sample 3: Service Providers**

#### **Sample 3A: Social workers focus group participants**

- After permission was granted by gatekeepers, I followed the channels of communication by contacting the managers of three Child and Family Welfare Societies, three Service Office Managers and the directors/principals of the participating CYCCs.
- The criteria for selection for social workers was a minimum of two years' work experience and knowledge of services and programmes with youth transitioning and/or transitioned out of CYCCs. Table 1 provides more detail on the size, structure and method of data collection used.
- I contacted the identified social workers telephonically to confirm that their participation was voluntary, confirmed their attendance and I offered to respond to any questions that they had about the study.
- The final sample comprised of six of the recruited participants.

- A second, unplanned focus group was with the National Association of Child Care Workers (NACCW) Principal Forum comprising of CYCCs who volunteered information when I discussed the study with them as I did at several other forums.

### **Sample 3B: Joint interviews - Social Workers and Child and Youth Care**

#### **Workers (CYCW) at CYCCs:**

- I conducted a joint interview with a child and youth care worker and the social worker at each of the four targeted CYCCs who identified sample 1A (youth transitioning out of CYCCs).
- Except for one organization that had two social workers, all CYCCs had one social worker each. The directors selected the CYCW participants based on their experience and knowledge on youth transitioning out of CYCCs.
- In one instance a social worker and two CYCWs were jointly interviewed, as recommended by the organization.

### **Sample 3 C: The key informants - management level**

- v) I interviewed the Acting Director of CWSA, a provincial manager of alternative care as approved by the Chief Director of the DSD, and a director from a CYCC individually and the principal forum as a focus group as key informants to provide insights into existing services, policies, expectations and their future initiatives.
- vi) I set up two additional key informant interviews with a seasoned social work manager of a transitioning home and CYCW manager due to their knowledge and experience on youth transitioning out of CYCC for their comments on policy and practice.
- vii) Appointments were arranged at the offices of the participants, except with the Department of Social Development when it was held at a state CYCC.
- viii) The focus group meeting was set up by the principal forum on the day of their meeting.

The table below is a summary of the sample size, description, structure, criteria and method of data collection used in this study:

*Table 1 Summary of the sample size, description, structure, criteria and method of data collection*

SAMPLE	DESCRIPTION and STRUCTURE OF SAMPLE	CRITERIA FOR SAMPLING	METHOD OF DATA COLLECTION and VENUE
<p>SAMPLE 1: - 16 principal participants</p> <p>Sample 1 (A) participants- Youth</p> <p>TRANSITIONING OUT OF CYCC (8)</p>	2 x 4 CYCCs	<p>18 to 23 years</p> <p>Minimum stay at CYCCs in eThekweni Metropolitan -2 years</p> <p>Youth are transitioning or had transitioned out of a registered CYCCs within the past two years.</p>	<p>In-depth interviews were conducted at CYCCs where Youth transitioning out of CYCCs were accommodated.</p> <p>The venue and logistics determined by the youth who transitioned out of CYCCs with consensus from the researchers had included mostly public places such as malls, parks libraries. Two youth participants chose to be interviewed in their homes.</p>
Sample 1: B) TRANSITIONED OUT OF CYCC (8)	4 X 2 - selected by CWSA and DSD Service Offices		
SAMPLE 2: - FAMILY CAREGIVERS (10 out of the ideal 16 participants were interviewed)	Parents and significant other	Identified by youth as playing a parental role.	<p>In-depth interviews</p> <p>Venue and logistics decided by consensus included their homes and CYCCs. One participant asked to be interviewed in the researcher's car outside her home.</p>
<p>SAMPLE 3: -SERVICE PROVIDERS: 23 participants as follows:</p> <p>Sample 3 A) Focus group session: - 6 social workers</p> <p>3 B Service Provider interview</p> <p>Total: - 9 interviews participants)</p> <p>Sample 3 C) Key informants</p> <p>4 Managers</p> <p>Sample 3 d Focus Group: 4KIs</p>	<p>Identified by</p> <ul style="list-style-type: none"> <li>- CWSSA (2 social workers)</li> <li>-DSD District offices (2 Social workers)</li> <li>-2 Social workers employed at CYCCs.</li> </ul>	<p>Experienced in working with youth who transitioning/transitioned out of CYCCs.</p> <p>Participating CYCCs not interviewed.</p>	<p>Durban CYCC Hall</p>
	<p>-4 Joint interviews at 4 CYCCs-(5 CYCWs and 4</p> <p>Residential social workers who managed a transitioning home was interviewed individually when unforeseen circumstances prevented her participation in the focus group.</p> <p>-Director of a CYCC- who was the NACCW principal's Forum Chairperson.</p> <p>-A CYCW Manager of a CYCC responsible for services to youth transitioning and aftercare.</p> <p>- Acti</p> <p>ng Director of Child Welfare SA (CWSA)</p> <p>-DSD Provincial Manager of alternative care services of the Children's Directorate</p> <p>Principal Forum of CYCCs</p>	<p>CYCCs at which youth participants were selected.</p> <p>Key informant-knowledgeable of policy and practice.</p>	<p>All interviews were semi-structured and held at the places of employment.</p> <p>St Theresa CYCC Boardroom</p>

## **5.6 METHODS OF DATA COLLECTION**

### **5.6.1 INTERVIEWS**

The qualitative methods that were employed in this study included in-depth individual interviews with youth participants and their parents/caregivers, and semi-structured and joint and individual interviews with service providers as reflected in Table 1. Fuchs and Ness (2015) point out that interviews can be used to reach the point of data saturation, but Rubin and Rubin (2011) argue that it was more than collecting data since it involved a way of seeing the world and an opportunity to learn from it. Qualitative interviews are open ended for the participants to express their perspective in their own words. Qualitative interviews vary in structure from informal conversational interviews to standardized open ended interviews (Rubin & Babbie, 2017). Rubin and Babbie (2017) mention that although highly structured interviews had such benefits as making data analysis easier and for the reader to judge the quality of the interview methods and instruments used, the natural conversations in these interviews are reduced. I, therefore, avoided the interview guide from becoming too structured by keeping the questions broad (for interview schedules, see Appendices 1, 2 and 3).

The interview schedules were similar for all participants and divided into two sections. The first section required biographical information to understand who the participants are. Section 2 are broad themes that extract information and are aligned to the objectives of the study. Questions are broad, for example, youth were asked to share their life story and how you came to reside at the child and youth care centre. The probing questions that follow are to understand their experiences related to leaving and/or after leaving the CYCC, for example, “Tell me about who is involved in helping to prepare you for leaving the Child and Youth Care Centre? The interview schedule allowed for specific and similar probing of youth, family caregivers and service providers on the main domains which included support, accommodation, relationships (family, friends, youth and others), education /study, employment and financial status, Health and wellness, happiness of youth transitioning/transitioned of youth transitioning and transitioned out of care. The critical domains were informed by the literature review and verified with a care-leaver (not part a participant in the study). The family caregivers were also asked about their own coping on the identified domains. In some instances, participants related their experiences without the need for probing questions. The perspective of service providers on policies and programmes which facilitate and/or hinder youth in their transition out of CYCCs included a question on their planning, preparation and how decisions regarding the

actual transition process. They were also asked about programmes and policies that facilitate and/or hinder the youth transitioning out of CYCCS and/or their reintegration in the community life. All participants were given an opportunity to make recommendations. The service providers were asked to recommend on policies, programmes and services for youth who are transitioning and those youth you have transitioned out of CYCCS, whilst youth and family caregivers who were what would they like to see changed. In this way, sufficient information for cross referencing from a multi-perspective sample was possible for a deeper understanding of youth transitioning and transitioned out of CYCCs.

### **Process and Procedure for interviews**

- In all the interviews, I introduced myself, discussed the research purpose again, reinforced confidentiality and their right to withdraw at any stage or not to respond or share information that they did not want to and that their participation was voluntary. Informed consent forms were completed (see Appendices 5). The participants were also made aware that they could take breaks or ask questions during the interview.
- I ensured that the youth who had transitioned out that their family caregivers were informed that they were being interviewed even though they were of consenting age.
- All participants consented in writing to being audio recorded after I explained that listening to their words afterwards would help me to accurately capture what they were said They were informed that they had a right to refuse (see Appendix 6).
- Prior to audio taping each interview, the audio taping device was tested. The youth selected a pseudonym to ensure their anonymity in the reporting of the data.
- I completed a demographic sheet to obtain factual information about each participant.
- The semi-structured interview schedule was used in both the joint interviews and key informant interviews but was optional for the youth and parent/significant participant as they could choose how they wanted to tell their stories.
- I requested the opinions of both the social workers and CYCWs in the joint interviews. In doing so, I heeded Barnard's (2012) caution about the *sharman effect* (when someone with specialized information on the topic over-shadows the data). In this instance, it could be either the social worker or CYCW.



- I ensured that the participants were comfortable before, during and after the interviews, each of which was between 60 to 90 minutes.
- The key informants were the busiest people, so I had to be strategic about the use of time.
- All youth and family caregiver participants were debriefed, and I ensured that the two youths and two parents that I referred to their social workers for follow-up did receive assistance.

### **5.6.2 FOCUS GROUP SESSIONS**

According to Fuchs and Ness (2015), a focus group comprises between six to twelve participants to elicit a number of perspectives on a given topic if one had a large enough pool to draw from. Fuchs and Ness (2015) found that some researchers conducted individual interviews and then a focus group. I commenced with the focus groups to understand the different perspectives, and followed up with joint interviews to seek clarity, and I conducted key informant individual interviews at the end to get further clarity and insights. As with interviews, the success of the focus group depends on the skill of the researcher.

#### **Focus group interview: Process and procedure**

I explained the process to be followed, confirmed the participants' willingness to participate and that the written informed consent form, demographic sheet and consent to audio record was completed with the social worker's focus group. The time constraints of the key informants (KI) focus group (held before their scheduled meeting) were respected and I, therefore, did not request the principals to complete the demographic sheet.

The ground rules were set, with the importance of maintaining confidentiality within the group being emphasized.

I used the key themes that were planned for the focus group which were the same as the interview schedules.

The dialogue among the group participants, which was characterized by mutual respect produced a free flow of rich, insightful data, which I captured through the tape recording and occasional notes.

### **5.6.3 OBSERVATIONS**

To supplement the data obtained during the interviews and focus group, I used observation. Observation provides a first-hand account of a situation under study, and when combined with interviewing and document analysis, it allows for a holistic interpretation of a phenomenon being investigated (Merriam & Tisdell, 2016). Through observation, the researcher is able to pick up information that participants do not necessarily share (Cohen et al., 2011). This involved the identification of verbal and non-verbal cues. Observation at CYCCs included the structure of the facilities, the accommodation of the youth, interaction amongst the staff, and between the staff and the youth. When home visits were conducted, the home circumstances, neighbourhood and interaction between family members and the youth were observed.

I was initially surprised that four youth participants reported they were not fluent in isiZulu and none of the participants required isiZulu interviews. I learnt through my observation that the youth were raised in westernized CYCCs, attended English medium schools and only three had residential social workers who spoke isiZulu, while the CYCWs were isiZulu speaking. My other observation was the youth at the CYCCs mixed use of English and isiZulu when interacting with each other. A CYCW discouraged, “zunglish”, and advised that the youth speak one of the two languages. A host foster father, a school principal, who preferred an English interview explained that since the study was presented in English, certain isiZulu words were impossible to translate into English.

A high level of openness and honesty amongst the participants was evident in the focus group. The youth genuinely appreciated that someone cared enough about what happens to them.

### **5.6.4 PUBLIC DOCUMENTS**

Merriam and Tisdell (2016) mentioned that a useful source of information at the disposal of the researcher was public documents. Newspaper articles, Annual General Reports of CWS, CYCCs and the citizen’s Report of the Department of Social Development were valuable sources of information.

A caregiver had mentioned that their plight reached the media before their (her and her siblings) were placed at the CYCC. The residential social worker had a copy of the newspaper clipping which was shared with me. Although it depended on description and interpretation by others and was of a secondary nature, it was useful for interpretive analysis. The DSD records all exits from CYCCs, even though not specifically youth transitioning out of care.

## 5.7 ETHICAL CONSIDERATIONS

Ryen in his chapter in Silverman's (2016) edited book *"Qualitative research calls for a moral responsibility in a field scattered with dilemmas, not for pre-fixed answers."* pointed out three salient and closely linked concerns for ethical qualitative studies as the codes and conduct, consent and confidentiality. Central to the South African way of life is *Umntu* (being an ethical-moral self) and *Ubuntu* (ethics) where confidentiality holds less importance to collective living and care (Sewpaul & Henrickson, 2019). However, confidentiality is entrenched in all helping professions code of ethics, which is held in high esteem, including social work. Throughout this chapter, ethics was incorporated as part of the various sections under the research methodology and precautions were taken to ensure a morally ethical self and that research ethics were followed. The notion of risk and benefit of the study to the participants required careful consideration by the researcher. The potential risk of familiarity was brought to the attention of participants with regard to their shared stories which dealt with very sensitive issues. However, it was interesting to note that all the participants asserted, "put that in"; even though they were acutely aware of the potential risk to their identities. However, what was clear was that the risk of their exposure was outweighed by the benefit of sharing their stories and the hope and change this would make to the lives of other youth who were transitioning out of care. Rubin and Babbie (2016) emphasize that when conducting qualitative research, several ethical issues arise from the researcher's direct contact with participants. I summarize the critical aspects as follows:

### 5.7.1 CONDUCT AND INFORMED CONSENT

- The research proposal was met with the satisfaction of my supervisors, sent to three reviewers and a colloquium that contributed to strengthening the research methodology. O Leary (2017) indicated that codes and conduct refer to informed consent based on the importance for the participants knowing that they are being researched, the nature of the research and their right to withdraw from the study at any time. The study was approved by the Ethics Committee on 19 August 2016. The following steps were taken in communicating with service providers:
- Gatekeepers were well informed about the study through presentations to managers and practitioners at the respective forums and through responding to individual invitations

by CYCCs, CWS and Service Offices. Information sharing continued before, during and after ethical clearance was granted (see Appendix 4, updating service providers, as an example).

- Verbal and written consent was received from the Head of Department of the KZN Department of Social Development, the Director of Child Welfare South Africa (see, Appendices 10, 11) and from 7 CYCCs in the eThekweni Metropolitan area (consent forms of CYCCs were not attached to protect their identity (see Appendix 9 completed by CYCCs who granted consent).
- A summarized update of the proposal between 24 August 2016 and 31 August 2016 had informed the gatekeepers of the approval by the Ethics Committee and the modifications made, before the recruitment of the samples.
- A presentation on the finalized study proposal was made at the CYCCs Principals' Forum on 24 August 2016 who volunteered information for inclusion in the study. Informed consent was received from the participants. The session was not recorded.
- The CYCCs and CWS from which youth had transitioned out that featured in the study were informed and posed no challenges since the youth were seen as no longer on their caseload. However, a reassurance was provided that as with all other participating service providers, their identity would not be revealed.
- In recruitment of the sample through gatekeepers, no ethical or organizational policy requirements were transgressed.
  - i) The rights of participants to speak in their language of preference was ensured. A voluntary social work research assistant was trained in her role to conduct isiZulu interviews and to translate into English, and on the ethical requisite of confidentiality.
  - ii) The written informed consent for participation and audio-recorded sessions were signed by the youth, parent/significant caregivers and service users only after ensuring that they were fully awareness of the following:
    - The purpose of the study; a brief explanation of the benefits expected from the research; the time expected to be spent in the interview.

- Their participation was voluntary and that it was their right to withdraw at any stage and for any reason, with no negative implications as service providers or service users, was explained.
  - All participants consented to the audio recorded interviews with knowledge of its purpose and only my supervisors and I would have access to these recordings.
- (vi) I ensured that no harm came out of the research and I addressed any secondary traumatization that arose. I debriefed all youth and family/caregiver participants. Three youth and two parents who required follow-up services granted permission for me to communicate directly with their social workers.
- (vii) The findings of the research study will be shared with participants through feedback workshops, journal publications, conference presentations and electronic distribution of the final report via email.

### **5.7.2 CONFIDENTIALITY AND ANONYMITY**

Ryen (2016, p. 33) states that confidentiality is the protection of participants' identity and asserts that it should not be assumed that all people want to be treated with anonymity. The writer stressed that, in these instances, an understanding of the ethical guidelines of the country in which research is being conducted and the consultation with professional researchers within a specific culture becomes necessary in order to do the right thing. This coheres with Sewpaul and Henrickson's (2019) argument that in some circumstances the concept of shared confidentiality might be more appropriate. In this study, confidentiality was maintained in the following way:

- Names of CYCCs Child and Family Welfare Organizations and Service Offices and participants are excluded in the write-up.
- The autonomy or self-determination of participants was respected. The youth's identities were protected by the use of pseudonyms
- The participants were aware that I will quote their words in the study, but their identities would not be disclosed.
- The storage and disposal of data were managed in a way that confidentiality was not compromised. During the 5 year period, the data will be kept in a locked storage cabinet

as well as on a hard drive with an encrypted password. Access to both the hard and soft copies of the data would only be available to the researcher and her supervisors.

- After the five-year period, all hard copies of material, including the transcripts would be shredded and digital data would be deleted.

## **5.8 RECORDING OF DATA**

I painstakingly transcribed each interview verbatim which Rubin and Babbie (2017) state was ideal. I cross-checked by listening to the recording while reading the transcripts. I used the pseudonyms during the recording to ensure that the transcripts did not contain identifying details. I copied the recordings and then edited for the use of language and punctuation. Any observations made were included in the edited version of the transcripts. My concern was that six youth had used their own names or nicknames on the tape recording, after refusing to consider using a pseudonym. A pseudonym was used in the transcript and the youth were informed that it was for their protection since the information shared was sensitive.

## **5.9 DATA ANALYSIS**

This section describes how thematic analysis was used as a method to manage, analyze and report on the data collected from September 2016 to January 2017. The point of qualitative research is to draw from naturalistically occurring evident themes emanating from the data itself. Rubin and Babbie (2017) referred to qualitative data analysis as an art and a science since the final product depends on the researcher's creativity and originality. The writers also described coding as a key process for analysis of qualitative data, which involves classifying or categorizing individual pieces of data with a refined retrieval system. Thematic analysis used in this study allowed for organizing, describing and interpreting data for their relevance to the research. Rubin and Babbie (2017) mentioned that memoing (note-taking by the researcher) at several stages of the data processing to capture code meanings, theoretical ideas, preliminary conclusions and other thoughts are useful during data analysis. Memoing sorting is characterised as "*a process of creating chaos and then finding order within it*" (Rubin & Babbie, 2017, p. 488) and some find their way in the final write-up. Another useful tool identified by Rubin and Babbie (2017) for data analysis was concept mapping, to explore relationships in the data, graphically. The discoveries of patterns amongst data relate to a theoretical understanding of life.

The data analysis was conducted as follows:

- Listening to audio recorded conversations and reading the field notes and transcriptions several times over ensured that I became familiar with the data.
- Accuracy and anonymizing of sensitive data from the audio recordings to transcriptions were prioritized. I simultaneously made notes and markings as ideas for coding. Transcribing the interviews personally allowed interaction with the data and generated insight and hunches about the data at a very early stage.
- As qualitative research is inductive, colour markers and post-it stickers helped to organize data. I separated different parts, identifying similarities and differences, coding and recoding data.
- When all data were coded and collated, a list was created of codes across the different data sets, and the codes were analyzed into broader themes, guided by structural social work theory.
- The relationships between codes, themes and level of themes were analyzed for the refinement of themes as I looked at all extracts of data that were coded under the relevant themes.
- The defining and refining of the themes involved identifying the essence of what each theme was about as well as the overall themes and determining what aspect of the data each theme captured.
- A detailed analysis and write-up were performed for each theme, looking at the relationships between sub-themes and the overall research and comparing the results of the study with existing literature and prior research findings. Fuchs and Ness (2015) pointed out that hearing and understanding the perspective of others is a dilemma researchers' face, but an awareness of their own cultural background, bias, values, beliefs and ideologies will help and contribute to the interpretation of others' behaviour and reflections. The write-up focused mainly on the participants' voices through thick description of data and was complemented by my interpretations and field notes of the reflexive diary, and by literature. The precautions to ensure ethical report writing had included submission and approval through Turnitin (see Appendix 8).

## 5.10 TRUSTWORTHINESS OF THE RESEARCH

Nobel and Smith (2015) indicate that if qualitative research methods are different from quantitative research in terms of the purpose and position, then alternative methods of ensuring the integrity in which the study is conducted is required. The terms reliability, validity and generalizability are associated with a positivist paradigm (Lincoln and Guba, 1985) which qualitative researchers make no such claim. The alternative criteria that Lincoln and Guba (1985) introduced, linked to trustworthiness, are gauged from the degree of confidence in the data, interpretations and methods used to ensure the integrity of qualitative studies. When thinking about the problem and justifying its interpretation, credibility, transferability, dependability and confirmability suggested by Guba and Lincoln (1985) are commonly used. Guba and Lincoln (1989; 1995) later added authenticity to determine trustworthiness. Many researchers draw similarities of criteria used in qualitative and quantitative research such as dependability (reliability), credibility (validity), confirmability (objectivity), transferability (generalizability). However, I am of the opinion that seeking coherence between two extreme methods is unnecessary and that each needs to be respected for its own value and significance in the world of research.

**Credibility** is the confidence that the research finding is representative of the original data and correctly represents the participants' original views (Guba & Lincoln, 1985). Credibility was assured by examining the study design and methods to derive findings. The experiences and interests of the participants were correctly and adequately represented, avoiding misinterpretations through clarifying participants' possible ambiguities during interviews. Audio recorded sessions and accurate transcription increase trustworthiness of data analysis and subsequent conclusions. Rubin and Rubin (2011) suggestion of peer debriefing and support reviews were fulfilled by my supervisors as experts in qualitative research and PhD cohorts. These provided opportunities to share my concerns that could influence my findings. My prolonged engagement in the field, persistent observation, knowledge, experience and ongoing literature review, and the use of triangulation added to the credibility of the study. Precautions were taken so that the voices of the youth, family and service providers were credibly represented.

**Transferability** refers to the extent that the researcher made it possible for the findings of the situation investigated to relate to other similar situations. (Lincoln & Guba, 1985). Ungar (2003) said that it allows for the re-representation of the voices of the minority for localized constructions that resist generalization. Rubin and Babbie (2017) suggested that transferability



is made possible through thick background information about the research context, setting and participants. Sufficient details of the characteristics of the selected sample within the context of the study are provided. The introduction of a demographic sheet ensured that sufficient details of the participants were collected. The thick description includes the research processes followed to the data collection until the final report. In using a purposive sample by selecting participants for their knowledge based on the specific purpose of the study and in answering the research study questions, in-depth findings were ensured. Generalizability is less of an issue (Rubin & Babbie, 2017) but in-depth analysis is imperative (Smith, 2009) and the data are analyzed in context. A clear, thick description allows comparability to other contexts where transferability may be considered.

***Dependability*** rests on the quality of data collection and data analysis which require a systematic explanation of the research (Lincoln & Guba, 1985). I provided a full description of the research methods and the instruments used. I consulted with experts in the field, my supervisors, and adult care-leavers engaged with CYCCs (not a participant) prior to the implementation of the study. The purpose of the study and research design are clearly stated. The research design and methods were amended arising from the feedback of the proposal from reviewers, the colloquium and the full ethics committee to ensure that the research methods were described in full and that it was detailed prior to full approval by the UKZN Ethics Committee. The recruitment of potential participants in each of the samples, the key criteria for the potential venues for interviewing, a referral path for participants and the method of data collection, storage of data and location and plans of feedback to the participants needed clarity before full approval by the UKZN Ethics Committee. Although frustrated initially, when I stood back, I could see the gaps and, in addressing them, I realized a much fuller description of the research methods had emerged.

I developed the research instrument with the assistance of my supervisors. I had a research assistant help me translate the questionnaire into isiZulu. I double-checked the isiZulu version of the questionnaire with the assistance of the research and youth component of the Department of Social Development and the instrument was shared with a Director from a CYCC (key informant) and a care-leaver (not part of the sample) in order to confirm its credibility. However, as the participants preferred being interviewed in English, I had no use for the isiZulu version.

I approached participants with empathy, sensitivity, honesty, care and respect at all times, decreasing socially desirable participant responses and participant bias, thereby promoting

integrity, trustworthiness and credibility of the research. Ultimately, the final judgment of the trustworthiness of the study conclusions lies with the reader.

**Confirmability** is the addressing of the “true” value, consistency and applicability. The findings in this study were audited and confirmed through my supervisors and detailed records of all the findings are maintained. I conducted the fieldwork and analysis of the findings, guided by the participants and my supervisors, reducing the potential risk of bias and misinterpretations. Paulsen and Thomas (2017) acknowledges that member checks are diverse and that one of the major challenges is that researchers often do not detail how it is used in studies. In this instance, I first gained permission for follow-up interviews with the youth and emailed/hand delivered transcripts to the other research respondents. Except for the youth, all other follow-ups were either in person or telephonic, depending on the availability of the respondents. I was able to verify the correctness of meaning and obtain further comments and information that respondents volunteered. The interpretation of the study arose from my reflections, literature as well as discussions with the supervisors. Inconsistencies in findings were explained and not ignored. The steps of the research were detailed and changes, like diverting from the original plan that could impact on the finding, were explained. In any event, rich, thick descriptions make it safe to extrapolate that the findings do reflect the voices of the participants.

**Authenticity** refers to the extent to which the range of different realities are represented (fairness); and that the respondents are helped to gain a more sophisticated understanding of the phenomenon being studied (ontological authenticity); to help respondents understand the viewpoints of others (educative authenticity); to stimulate some form of action (catalytic authenticity), and to have empowered participants to act (tactical authenticity). In this way, researchers are encouraged to interpret human experiences in everyday life and service providers’ professional interpretation of human action. The multiple sample allowed for fairness, ontological authenticity and educative authenticity. The catalytic and tactical authenticity was encouraged by merely being interviewed which sensitized participants to the realities of youth transitioning out of CYCCs but was further reinforced through presentations at conferences and workshops and a publication in the special edition of emerging adulthood.

## **5.11 CHALLENGES AND LIMITATIONS**

Since this is a qualitative study, the findings cannot be generalized to all youth transitioning or had transitioned out of CYCCs and the possibility of replicating the study is a challenge. However, qualitative research emphasises that data must be analyzed in context and given the

care taken in the selection of appropriate samples, it can be safely assumed that the study results are representative of similar participants.

Qualitative studies usually involve working with a small amount of data. However, the multiple samples produced voluminous data so, transcription and analysis were time-consuming. However, what emerged from the data allowed for a holistic multi-layered and multiperspective understanding, necessary for a complex phenomenon as youth transitioning out of care.

When youth could not fit the missing pieces, they fantasized and created their own truth, for example, Themba, who was transitioning out of a CYCC was abandoned and had no contact with his mother since he was abandoned as a six-month-old baby and met her once when he was a year old, spoke of a vague recollection of her visits. Data could be cross-checked for a better understanding of possibilities of the missing pieces of their lives through information blocked out, forgotten or unbeknown to them.

Qualitative research is often described as inexpensive (Rubin & Babbie, 2017) but, the expenses of bus-fares, my travelling and, although it was not expected, light refreshments escalated as I consistently looked at ways of improving accountability, such as member checks and data saturation to ensure trustworthiness.

I was unprepared for “no shows”. A biological father missed three scheduled interviews at a CYCC, and the fourth time he arrived late and drunk, after I had left. A previous foster parent missed one interview before being interviewed. A half-sibling did not pitch up, and I did not make a second attempt as I had interviewed sibling caregivers of youth participants.

I saw my role as a practitioner-researcher as intertwined and their separation was a challenge. I thought I could do a quick referral with a follow-up to ensure that services were rendered to facilitate effective detachment without, over-identifying or what Rubin and Babbie (2017) referred to as “going native.” The difficulty to detach was evidenced by some youth who transitioned out of CYCCs maintained contact with me, sometimes just to share where they were in their lives.

I was seen as an official from the Department of Social Development even though the participants were made to understand my role as a researcher. In this instance, the service providers seized the opportunity to voice all their concerns. I listened to them but asserted my role as a researcher and brought the service providers to focus on the research topic. Respondent bias occurs when the participants react in a way that makes them appear socially desirable (Rubin & Babbie, 2017) was evident amongst some youth and caregivers. The youth

transitioning out and Sandile's brother were cautious about the possible implications of their "voice" being recognized despite the reassurance of confidentiality and anonymity. Sandile's brother constantly talked about being "diplomatic, not say the wrong thing" and youth still to transition out, like Nicola after explaining a challenge would indicate, "...*but it's nice here [CYCC].*"

The homeless youth who transition out of care is a reality indicated by the youth and service providers. They were excluded from the study as they did not maintain contact with the CYCCs, CWS and DSD and they could not be accessed. While their experiences are related by the participants, the ideal would have been to ensure their voices were heard which is therefore recommended for future research in chapter nine.

## **5.12 CONCLUSION**

In this chapter, the key components of the multi-perspective sample underpinned on structural social work to understand the lived experiences of youth who are transitioning out of care and life after care are detailed. The following chapter begins the results and discussion

## **SECTION THREE: RESULTS and DISCUSSION**

### **INTRODUCTION**

In the methodology chapter, Table 1, summarized the sample, criteria for selection and method of data collection. The interconnected themes were deduced from thematic analysis of data obtained through two focus groups (FG), joint and individual interviews held with the sample of youth, caregivers and service providers, including key informants (hereafter, referred to as, KI). The findings and discussions are conceptualised using the structural social work theory which is underscored by the critical research paradigm. Each of the objectives are discussed from the multiple perspectives of the youth, family caregivers and service providers with due attention paid to the structural constraints of the youth transitioning and who transitioned out of care. The participants' responses are triangulated and discussed against the existing literature. The researcher's reflection is included when deemed necessary, but the main voices reflect the youths' experiences as principal participants. In this way, the desired in-depth, multiple perspectives of the experiences of youth transitioning out of care, and those who transitioned out of care from their point of entry to their present circumstances, are presented and analysed, through cross arguments to each objective.

The themes deduced through data analysis is illustrated in table 2 that follows:

*Table 2 Emerging themes from the data analysis*

OBJECTIVE	THEME	SUB-THEME
To understand the present circumstances of those youth who had transitioned out of CYCCs.	Chapter 6: 6.2 Theme: Present circumstances of youth	6.3.1 Accommodation with family and ‘unrelated’ caregivers 6.3.2 Health and wellbeing 6.3.3 Employment, education, and training.
To understand the perceptions and experiences of youth who were transitioning out of child and youth care centres (CYCCs) and those youth who had transitioned out of (CYCCs).	Chapter 7: 7.1 Theme: Entry into and transitioning out of CYCCs: Multiple Risks	7.2 Orphanhood and absent fathers 7.3 Death and HIV/AIDs 7.4 Child neglect and abuse 7.5. Abandonment 7.6 Stigma. Discrimination and Trauma 7.7 Resilience and leadership
To understand the perceptions and experiences of family caregivers regarding youth transitioning out of CYCC and those youths who had transitioned out of CYCCs.	Chapter 8 8.1 Theme: Interdependent living: Facilitation of youths transition out of residential care	8.2 The new managerialist approach to planning and transition 8.3 Connecting with family  8.4 Programmes, services and policies 8.4.1 Community level 8.4.2 Programmes at CYCCs 8.4.3 Aftercare and psychosocial support 8.4.4 Transitioning Homes 8.5 Policy Implications 8.6 Youth stories 8.6.1 Naledi’s story 8.6.2 Rocky’s story 8.6.3 Jay’s story
To explore the perspectives of service providers on policies and programmes which facilitate and/or hinder youth in their transition out of CYCCs.		

Table 2 outlines the themes and sub-themes and their links to the objectives of the study. In chapter six an understanding of the present circumstances of the youth participants who transitioned out of the CYCCs are discussed under three major areas of their lives, namely, accommodation with biological and unrelated caregivers, mental health and wellbeing and education, employment and training. In Chapter 6, the structure of the CYCCs and biographical details of the participants (youth and family caregivers and service providers) are first illustrated and discussed in Tables 2; 3; 4 and 5. Critical information and cross arguments by the various participants are discussed against the biological data before discussing the first theme: Present circumstances of the youth.

Chapter 7 provides insight into the multiple risks that youth encounter from entry into and transitioning out of care and discusses their strengths despite community challenges encountered. Chapter 8 concludes this section with discussions on interdependent living: facilitation of youth transitioning out of residential care. These discussions are conceptually underscored by the new managerialist approach and the implications for youth transitioning out of CYCCs, family connection, programmes and policies.

## **CHAPTER: 6: CYCCs STRUCTURE, PARTICIPANTS BIOGRAPHICAL DETAILS AND PRESENT CIRCUMSTANCES OF YOUTH TRANSITIONED OUT OF CARE**

*“I recall just as they were leaving, the one turning around to me and saying to me when you run out of money, say for food what do you do? I said that I always go to mum, there is always food. She said exactly, I don’t have nowhere, nowhere to go.” (KI CYCC – Director reporting on an incident in 1992).*

The following abbreviations are used in this chapter to explain the different sets of the participants

KI CYCCs	=	Key informant child and youth care centres
SWK FG	=	Social workers Focus group
KI FG	=	Key Informant focus group
NRSW	=	Non-residential social worker
RSW	=	Residential social worker
CYCW	=	Child and youth care workers
KICWSA	=	Key informant child welfare South Africa
KI DSD	=	Key informant Department of Social Development

The results presented in this chapter show that not much has changed from the above scenario in 1992 in the way youth experience transitioning out of care for social justice to prevail. The CYCCs structures and the biographical details of the participants provide a background to the context of the study. Evidently, the CYCCs structure influences the youth in-care and their experiences of transitioning out which highlights the need for transformation.



Table 3 Structure of cyccs

CYCCS for youth transitioning out	Capacity	Type of infra-structure	Gender	Age criteria for admission
Facility A	74	Dormitories and cottage style	Males and females	2- 18 years
Facility B	55	Cottage style	Males and females	Birth to 18 years
Facility C	72	Cottages	Males	4-18 years
Facility D	84	Cottages	Males	3 -12 years
			Females	3-18 years
Facility E	65	Cottages	Males and females	18 months to 18 years
Facility F	120	Cottages	Males and females	18 months to 18 years.
Facility G	102	Cottages	Males and females	2 to 18 years
Facility H	72	Cottages	Males and Females	6-18 years

Table 2 describes the 8 CYCCs outlined in chapter five, section 5.1 from which youth were transitioning out or had transitioned out of care during the period 2016-2017. The CYCCs comprise 32% of the registered and funded CYCCs (children's home programmes), in eThekweni. The Department of Social Development, KZN, Annual report 2017/2018 reflected an increase in the number of the children placed at funded and state CYCCs from 3 887 children in 2015/2016: 4213 in 2016/2017 and 4 268 in 2017/2018. Petrowski, Cappa and Gross (2017) found that administratively weak data systems and uncaptured data from unregistered and unrecorded CYCCs makes for an under-estimation in the 2.7 million children at CYCCs globally. Moses and Meintjes (2010) attested to its relevance for South Africa.

According to table 2, the CYCCs are fairly large with an average capacity of 81 children and youth, comprised of six (75%) cluster cottages; 2 (25%) dormitories. Those that have CYCWs who worked rotational shifts are potentially risky structures described in Chapter 3, section 3.2. Meintjes et al. (2007) found CYCCs are of diverse size, structure and models of care. The capacity of the dormitory units was about 20 children and youth and cottages about 8 to 16 children and youth. Goba (2009) found that even with consistent caregivers, cottages with 8-9 children are too large for children to form bonds and attachments. Omukunyi (2015) said any structure with over-crowding hinders learning and reciprocation of family roles and values and increases the youth's fear and anxiety for community experiences. Siblings did not share the same cottage or dormitory, explained by a KI CYCC Director, as a consequence of the

structured accommodation at CYCCs determined by age, gender and/or needs. This contrasted with the views of some of the youth participants. Lion, for example, said, “*They [CYCCs] had that belief that siblings can’t stay together because they always fight*”. JB Fan recognized sharing accommodation with siblings “*cements the bond*,” but like other siblings, she “*got used to it*”. Mota and Matos (2015) argue that positive relationships between siblings develop a positive self-concept and resilience that help them through transitions. The UN Guidelines to Alternative Care (2010) caution against sibling separation and, when unavoidable, that contact between them is facilitated to keep their experiences real. Facility B scheduled time in the weekend for siblings’ interaction, but this is not equivalent to daily contact through shared living space. Whilst Betty’s perception factored in the “need” as her brother and one sister were chronically ill and required the intensive care of a special unit at the CYCC when they were younger, her sharing of accommodation was intermitted throughout her care influenced by age and gender. The explanation of need is not always conveyed to parents/caregivers, evident from Jay’s father’s desire for his children to “*be one as brother and sister*” and was not told that Jay’s transfer to a CYCC for younger children, away from his siblings was a temporary arrangement for his access to specialized help.

A KICWSA and the SWK focus group (FG) participants argued that the family community-based model of CWS, which caters for up to six children, blends in with other homes in the community and is a best practice model for residential care. The emphasis on the definition of CYCCs in the Children’s Act (No 38 of 2005), section 191 (1) on quantity, more than six children outside the family environment, fall short of identifying these group homes as residential care. The family community home is treated as foster care, missing the opportunity of assessing their potential as best practice residential care models for replication in areas where residential care services remain a gap. Martin’s (2013) suggestion of meeting the need of specific groups including keeping siblings can work within these structures.

The two FGs and the director of CYCC said that CYCCs do not have the financial means to make the necessary changes, although, consistent with Gwenzi (2020), family-type settings are preferable for family-like experiences. Powell et al., (2004) said that CYCCs need to resemble homes within the community in striving to achieve real family experiences and integration within the community. One of the youth participants, Naledi, observed large CYCCs, is “*very programmed and artificial*”, supported by the FG social worker, “*children are living a fake life [at CYCCs]*”, and backed-up by studies, for example, Chinyenze (2017) that, “*children in institutions live away from reality*” (p. 130). Diraditsile and Mmeanyana (2019) recommended

that Government fund and support improved care residential facilities, including the conversion of dormitory-style to family-based units which is particularly relevant to the KI DSDs mentioning the Department's desire to address the skewed distribution of CYCCs and amongst the gaps are youth transitioning out of care. The CYCCs constantly referred to "*our children*" however, the KI CYCC- Director put into perspective that, "*they are not our children*" and pointed to the high level of accountability expected of CYCCs, "*We are answerable to parents, we are answerable to communities and we are answerable to Government*". In this, lies the fallacy of CYCCs being "home" that youth are made to believe, and long term care justified.

Table 4 provides the biographical details of the youth and accommodation which was the main concern of the youth, caregivers and service providers, discussed further under section 6.3.1 on present accommodation of youth transitioned out of care. There was no evidence of tracking the gender, race and duration of stay of children in residential care in South Africa as Petrowski et al. (2017) found common in other countries and quantitative data is, therefore, not available. The biographical details are relevant to develop strategies for prevention of entry into care, programmes in-care and to promote the expeditious reunification with families and the transition out of care.

Table 4 Biographical data and implications of accommodation for youth transitioning and transitioned out of CYCCS

NAME: AGE	GENDER	RACE	DURATION IN CARE	CARE-LEAVING STATUS		ACCOMMODATIO N/ PLAN
				Transitionin g out (before exiting)	Transitioned (after exiting)	
Sandile: 19	M	Black	11 years	2 months		Half- brother: Bachelor flat
Themba: 18	M	Black	17 years	13 months		Transitioning home
Rocky: 17	M	Black	14 years	3 months		Unknown: host arrangement broke down
Mighty- one: 18	M	Black	11 years	3 months		Host family: common surname
Charlotte: 18	F	Black	14 years	2 months		Host family: parents, friend-living on school property

NAME: AGE	GENDER	RACE	DURATION IN CARE	CARE-LEAVING STATUS		ACCOMMODATIO N/ PLAN
				Transitionin g out (before exiting)	Transitioned (after exiting)	
Betty: 18	F	Black	11 years	3 months		Biological family: Informal settlement
Portia: 20	F	Black	11 years	2 months		Transitioning home
Nicola: 19	F	Black	10 years	24 months		Biological family Informal settlement
Spunky: 19	M	Black	4 and half years		12 months	Transitioning home
Jay: 18	M	Indian	6 years		23 months	Biological family: Township
Naledi: 22	F	Black	6 years		21 months	Host family: suburb -complex
Zinhle: 20	F	Black	5 years		22 months	Transitioning home
Alisha: 19	F	Indian	8 years and 6 months		19 months	Boyfriend-renting outbuilding
Lion: 18	F	Black	13 years		1 month	Unrelated-Host parent-own home
JB Fan: 19	F	Black	18 years		24 months	Sister-Informal settlement
Shantel: 19	F	Colour Ed	11 years		3 months	Host family- Township

#### i) Age and transitioning out

The mean age amongst youth transitioning and transitioned out of care was 19 years. The average period that youth transitioned out was 16 months. The average time in which youth were expected to transition out of the CYCC was seven months. Whilst emphasis in research had been on in-care, the neglect of aftercare, described as an afterthought in chapter 3, is a growing area of interest (Van Breda and Dickens, 2016). However, emanating from the study, youth transitioning out of care felt equally neglected and

vulnerable as youth who had transitioned out of care. Their perception of neglect comes from the discretionary powers afforded to CYCCs in the Children's Act No 38 of 2005 with regard to conducting transitioning support programme.

The emphasis on the pre-determined age of transition was understood by the youth, for example, Spunky said, "*I was turning 18 so it was obvious to me that I was going to have to leave at the end of the year,*" or, at the completion of their secondary education, consistent with other studies (Dickens, 2016; Bond, 2017; Meintjes et al. 2007; Van Breda, 2018, 2019 and 2020). In a unique incidence, Portia who was in tertiary education was still to transition out of the CYCC.

Five (31.3%) of the overall youth participants were preparing to complete their schooling to enter employment and/or tertiary education within the next 2-3 months. Bond (2017) highlighted that preparing for coinciding life-changing transitions out of school and the CYCC is challenging for the youth. Researchers such as Chinyenze (2017) and Hlungwani and Van Breda (2020) call for delaying transitions for youth to manage community life is built on the argument that their peers in the community leave home later as debated in chapter 3, section 3.8. Federicks' (2018) study of 16 to 26-year olds transitioning out of CYCCs and an independent living programme (transitioning home) found need for an age criterion evident from a 26-year-old tertiary student who spent nineteen years between the CYCC and transitioning home and was still unsure when he will exit the transitioning home. Youth who remain in care do so for support and resources that can be made accessible in the community. Portia who on, "*no account was made to feel different*" felt she no longer "*fit[s] in*" at the CYCC. The CYCWs and social workers and CYCWs in joint interviews found youth are tired of institutionalization and did not want to be compelled to remain to receive support.

## ii) **Gender**

Table 4 reflects that 10 females (62.5%) and 6 males (37.5%) were either in the process of transitioning or had transitioned out of the CYCC. The 6 females, compared to 2 males who transitioned out of care, was perhaps an indication that female care-leavers were more willing to participate in this research after they transitioned out of care. The South African studies were not designed to specifically identify gender differences since information of care-leavers were not readily available to draw a gender-balanced sample (Van Breda, 2018b). Hlungwani and Van Breda (2020) replicated the Boys and Girls Town study with a female sample and concluded that they follow similar resilience processes and can, therefore, be exposed to similar

resilience building programmes. However, the females showed a stronger relational focus and the need to develop close and significant relationships than the males, as discussed in the chapter. Mighty-One alluded to the role of gender in entry into care, “...*my mother will take her [twin sister] away from the street and make her live with her own sister who lives in Inanda. Because I was a boy, I had to stay on the street and beg...*”

### iii) **Discrimination: Race, culture and language**

The racial distribution of the sample was 13 Blacks (81.3%), 2 (12.5%) Indians and 1 Coloured (6.2%). The sample of 81.3% Blacks, according to the KI, DSD participant aligns with the fact that the majority of children in alternative care are Black and is also reflective of the race of KZN province. Inequality persists along racial lines and Blacks are the most at risk to vulnerabilities linked to structural poverty and inequality, which are precursors of entry into care as deliberated in chapters 2 and 3.

Simkiss’ (2012) argument that belonging to a biological and CYCC family can be conflicting for youth, was evident with regard to religion, culture and language. The non-residential workers considered religion when they are aware of the youth’s background, but the KI CYCC director mentioned about the impracticality of ensuring the youth observe all cultural practices with the large number of children of diverse backgrounds at CYCCs.

Facility C SWK and CYCW participants were frustrated that the Board of Management practised favouritism towards staff and youth on the basis of religious and racial lines. This, they found enticed youth at times, to convert to the religious ethos of the CYCC for privileges. They were upset that their professional decisions were overturned by the Board of Management whose favouritism was along religious and racial lines. Researchers such as Van Niekerk and Matthias (2019) said that some NPO Boards of Management have not transformed in structure nor in ensuring that children have an equal access to services. Facility B propagated the use of traditional attire for the CYCW and social worker and children at the facility, asserting that it was a sign of respect for the “*Muslim home*” and not indoctrination.

The CYCW said, “*They come here when they are small so they just grow up as Muslim... we raise them up like that but, when they grow up, they can choose whatever religion that they want to follow, they are not forced. It is just a grounding thing where we want them to have faith*”.

Some children enter the CYCC young and not much is known of their background to ensure continuity, especially if they had been abandoned. The western norms adopted by most CYCCs, which might be at odds with the home environment, is evident in the assertion of the KI CYCW manager, “...here [CYCC], we fall under Christian and when you[youth] go home it may be completely different”. Goba (2009) stressed that CYCCs help youth preserve their roots to avoid complexities, such as Zinhle’s lack of belief in traditional practices conflicts with her family’s expectation that she participates in a “cleansing ceremony” for her the ancestors blessing. Blackie (2014) recognized that ancestors are consulted in every stage of life through rituals and practices. Hence amongst ethnic indigenous groups, conflictual beliefs can present a challenge at the time of transition. The KI CYCW said that, “... family may believe in ancestors, you [youth] need to know that you are in a process of transition to the life where you belong”. Betty’s sister emphasized that, “living here (CYCC) for a long time, you adopt this environment... you go back to your real-life..., it is not easy for a child to adapt.” The KI CYCW manager, while acknowledging the misfit between the environments of CYCCs and the youths’ homes, suggested “if the youth don’t understand, they are encouraged to speak to their adults and learn to work with them”, thus placing the onerous responsibility of adaptation on the shoulders of the youth. Van Niekerk and Matthias (2019) argue that when the Local Municipality performs their function to disseminate information on cultural and indigenous child care and protection practices even decolonization of child protection practices becomes possible.

Chinyenze (2017) argues that Zimbabwean institutions operate within a cultural context, but indigenous meals and occasional cultural activities which occur at local CYCCs, are insufficient for youth to relate with their families. The youth were fluent in English, but Sandile and Themba could not converse in their indigenous language and Naledi struggled. Malatji and Dube (2015) argue that insensitivity to language and culture by CYCCs compromise service delivery. The FG and joint interview participants revealed that children were enrolled in English medium schools for a higher standard of education since Zulu medium schools are poorly resourced. Unintentionally, opportunities to learn isiZulu at CYCCs are lost. The youth’s perception of the importance of indigenous language skills differed according to their networks and associations. Whilst Naledi experienced no impact, Themba was motivated by his father to learn isiZulu and feared for his safety on account of xenophobia. He said, “You can’t reply in Zulu...they take you somewhere and they (hand gesture- kill).

Issues around religion, morality and sexuality were contentious in CYCCs. FG RSWK, for example, said, *“not going to allow that [contraceptives] here [at the CYCC] ...We have children here.”* Toska et al. (2019) highlighted the conflict where the Children’s Act allows decision-making on health issues from 12 years of age without parental consent, this might disadvantage children who need parental support. The KI CYCCs Director acceded, *“what we did not do enough of in order for them to have used a condom or to have said no,”* which is similar to Alisha’s mother’s concerns with respect to her two sexually active daughters who were not on contraceptives.

The personal religious and moral beliefs of the staff and/or the Board of Management have far reaching implication for enforcing the legal obligations enshrined in the Children’s Act No 38 of 2005 and, Children’s Amendment Act No 41, 2007, which affirm children’s rights to identity, health information, choice of religion and language preference.

#### iv) **Long term care**

In a small sample of 16 youth, over half (69%) of their placements became a permanent option, having spent ten years and over at the CYCCs in contradiction that reunification occurs within the shortest possible time. Table 4 also shows that the average duration spent at the CYCC amongst the youth was 10.7 years. The long stay unjustifiably extended to an entire childhood of Themba and JB Fan was found amongst youth in other studies too (Agere, 2014; Bond, 2017; Chinyenze, 2017; Goba, 2009; Perumal and Kasiram, 2009). The significance of early childhood experiences is the impact it has on a wide range of outcomes in later life such as education, employment, health and wellbeing and parenting (Chinyenze, 2017). Whilst Jamieson (2014) questioned the existence of long term care, Van Breda and Frimpong-Manso (2020) amongst others argued that transition be delayed further for youth to be ready for the transition. The youth and service providers debunk any notion of lengthening the time in care. The KI CYCW Manager said, *“...because they [youth] had been institutionalized for far too long so now, they can’t survive out there”*. A JI CYCWs indicated that *“they [youth] want to go from here because they are tired of the structure and routine and all that despite of the warmth”*.

Portia’s perception was, *“once they brought us into the Home their job is done,”* observed by the KI DSD and residential service as a *“dumping syndrome”* by NRSK who leave youth languishing at CYCCs. The NRSK confessed, *“It is easy for us to forget about them [youth]... they are safe and not in any danger,”* and said that they have *“no time”*. The KICWSA



elaborated that they operate on crisis mode, linked to high incidences of social ills and heavy caseloads and court inquiries, having to prioritize between competing and conflicting demands; claims that are supported by other studies (Agere, 2014; Dlamini & Sewpaul, 2015).

The Focus Group Non-residential social worker (FG NRSWK) said that long stays at CYCCs “*exposed to an environment that is elite [CYCCs],*” makes youths re-adjustment to “*where families live, in shacks,*” more difficult. Goba (2009) and Agere (2014) said that to prolong care is only temporary relief by isolating the immediate risk for youth to return to the same or worse home circumstances. Betty said, “*Like I lose all my ambition, my purpose to life. I am different when I go home*”. However, Facility A and Jay’s father accused non-residential social workers of overlooking reunification for “*small issues like no electricity*”. The FG NRSK said, “*The ideal is that no family should be without electricity, running water...that is where the Government is failing ...the children are the victims now*”. The FG RSWK said, “*It is the poverty, unemployment, the whole political system that brings children to that position*”. The NRSK questioned, “*So where do we start because we are the system,*” reflecting social workers feeling stuck in becoming catalysts for change.

Table 5 provides background data of the age, gender, occupation, education and relationship of the 10 youths’ caregivers interviewed with the objective of understanding their perspective on youth transitioning out of CYCCs which is interwoven throughout the results chapters. Some caregivers drew on their personal experiences and/or of other youth in their care who had transitioned out of CYCCs.

Table 5 Biographical data of caregivers and implications of relationships for youth transitioning and transitioned out of CYCCs

NO	CAREGIVER and AGE	RELATIONSHIP	GENDER	RACE	EDUCATION	OCCUPATION	OTHER CHILDREN AT CYCCs	ACCOMMODATION
1.	Charlotte's caregiver 47 and 57	host parents, friends:	F M	Black	Grade 4 Diploma	Grade two Vendor Islamic teacher	Youth's 15-year old sister	Renting-CBD
2.	Themba's caregiver: 50	previous foster father	M	Indian	Grade 9	Casual labourer	None	Communal home - squatter camp
3.	Mighty-One's caregiver 57	host parent	M	Black	Tertiary qualification-education	Educator	None	Own home Rural area
4.	Betty's caregiver: 24	Sister	F	Black	Matric	Casual employment	Brother-12 years	Extended family- Informal settlement
5.	Sandile's caregiver: 23	Brother	M	Black	Matric	Manager	None	Bachelor flat Renting
6.	JB Fan's caregiver : 23	Sister	F	Black	Matric	Casual worker	None	Own home Township
7.	Alisha's mother: 48	mother:	F	Indian	No formal schooling	Unemployed	Daughter 15-years old	Own home Township
8.	Jay's caregiver: 50	Father	M	Indian	Completed primary school	Unemployed		own home Township
9.	Naledi's caregiver: 40	host parent	F	Indian	Post matric	Child and youth care worker	None	Own home Suburb
10.	Spunky's caregiver: 41	host parent	F	Indian		Financial book keeper	None	Own home Suburb

i. **Age, relationship and behaviour management**

The caregivers' ages ranged from 23 years to 57 years old, with 42 years being the average age. However, neither age nor relationship seemed to have relevance on the effectiveness of managing youth behaviour. The KI director of CYCCs confessed that they release children to families when behaviour becomes risky to other children for whom the CYCCs are accountable, which coheres with Jay's father's claim, "*All they said was that they were having some problems with him and that they are releasing him in my custody*".

While the expectation is that service providers understand the behaviour of children and youth, Betty explained that her brother's misbehaviour was that he was not, "*mothered*" and, "*Sometimes, the way he behaves, he knows I understand him, and I know why he behaves the way that he behaves. Some people don't get him*". The KI DSD said CYCCs want "*little angels*" when behaviour management, disability, conduct disorder and substance abuse programmes are gaps and staff lack the "*skill base for these very specialized interventions*".

However, CYCWs in a JI revealed their ability to recognize when "*the young person here [CYCC] can see that something is wrong...getting involved in a lot of things [drugs and crime]*," but felt that they as CYCWs were doing their best and that the youth are not always willing to change their behaviour. The reliance on older siblings evident from Shantel's recollection of disciplining her brother as the "*only one he listened to*," whilst receiving mixed messages in care to "*stop mothering **your** children*" and, "*aunty [CYCW] will tell me that my brother is misbehaving*". This demonstrates that CYCWs are not coping with the behaviour management in their routine child and youth care work, as one of their roles, identified by Molepo (2014). The dependency on older siblings continues after care. KI CYCW manager said,

"*The child is in matric and has a clear vision, is intelligent, performing well and maybe you tried to provide support knowing that this child, in the long run, he will be the caregiver*".

Sandile's brother and Betty's sister were known to the CYCC to have misbehaved in the past. Sandile's brother's concern however was,

"*If he was older than me...if I got out of line a bit and he was always on my back, I will have negative feelings ...not want to see him...talk to him.*" Sandile's brother, like Betty's sister, "*did not choose the role.*" There was a rift between Betty who "*can't open up*," and her sister who said, "*We can't like talk about boyfriends because she is scared of me*".

Sandile was dependent on his brother as "*he is my only family*". JB Fan's sister did not experience the conflicting role of sibling and "mother" after JB Fan was discovered and supported by a sponsor. Pinkerton and Rooney (2014) mentioned identity confusion of care-leavers as caregivers when not knowing how to handle situations. This is evident of Sandile's brother's desire to, "*not be the parent*", asserting, "*not like I am a full time father figure*". He worried that Sandile's "*learning curve, may come too late ...to change things ... end up being in jail or something*".

The ineffectiveness of the individualist and paternalistic approach to working with families and shifting of parental responsibilities is analyzed from the KI CYCW manager who said, “... *as though she [mother] does not exist, so we relied on the older sister. The older sister was also placed here [Betty]*”. Betty’s mother had her challenges, but found employment and bought food for the family, but Betty and her sister’s emphasis on her “*not changing her ways,*” is reinforced by the CYCCs attitude. Potgieter (2016) said to exclude parents from intervention is the loss of opportunity to restore the parent-child relationship. In any event, role reversal was ineffective with Betty’s sister’s militarized discipline of Betty whom she said, “*don’t know how to talk nicely... will answer in a rude way and make you get angry*”.

Alisha’s mother resorted to corporal punishment, “*to try and make her [Alisha] right, but she won’t listen*”. Corporal punishment is legal and cultural practices in countries such as Botswana (Ntshwarang, 2019). In South Africa on 18 September 2019, the constitutional court declared “reasonable and moderate chastisement” invalid and unconstitutional, making it illegal, but still a cultural practice (Weiner, 5 November 2019). Research shows that common amongst families with material deprivation, poverty and other multiple stresses is authoritative parenting, most often by mothers (Kathie, 2017; Kim & Evans, 2013 Roma et al., 2016). Kim and Evans (2016) said in addition to corporal punishment and/or emotional distant parenting, parents “*feel kind of hopeless*”, as reflected by Alisha’s mum. Nicola, Alisha, Betty and Portia’s perception was that their parents did not show them love. Roman, Isaacs, Davids and Sui (2016) indicated that how parents discipline children impact the internal and external behaviour of children ultimately and impacts on the wellbeing of the family. Van Niekerk and Mathews (2019) saw the Children’s Amendment Bill as an opportunity to help caregivers develop alternative means to discipline.

Mamelani (2013) argue that when born into families where poverty is rife, to break the cycle is difficult, and it is the youth who are often described as unruly. Betty’s sister is an aggressor, but also a victim of unequal opportunity who has “*to go and find a job to look after my family instead of looking after my future*”. She resented having to give up her goals but remained hopeful that Betty may still have “*a chance of a good life*” if she could access alternative accommodation to focus on her education and finances to make it possible.

The youth staying out late with friends, misuse of substances, and risk of early and unplanned parenthood were mutual concerns of CYCCS and caregivers that require their teamwork. The, “*acquiring skills for the suitability for the role*”, recognized by Sandile’s brother, is consistent with Van Breda’s (2018) assertion that young adults need good parents, no different from

children. For service providers to provide parenting skills, such as disciplining to caregivers, they need to be capacitated first. Keshwa (2014) found information sharing sessions kept caregivers informed and involved in care and aftercare. Moreover, these sessions will make caregivers feel valued as they share their perspectives, as they did in this study.

ii. **Caregiver contact**

The four kin caregivers, who did not participate in the study, had inconsistent contact with the youth, of which three experienced challenges with substance abuse and Nicola's mother was in mourning from her sister's death. Except for Lion's host who was disillusioned after Lion left her care, unrelated caregivers participated and maintained consistent contact with the youth. Rocky was the only youth without a caregiver at the time of his study. His movement in late adolescence from residential care to prospective foster parents is a time that youth and service providers identified as difficult for adjustment. Rocky's experience of not having an informal caregiver is not unique, evident from Lion, Naledi and Mighty-One's experiences. He was, however, the only youth with seven changes of placements in care, others had a maximum of three, including temporary safe care.

In the FG and joint interviews, SWKs and CYCW participants claimed that parents did not want their children, "*not even for the weekend or holidays*". However, Themba asserted that visits were compulsory on holidays, and other times they depended on the availability of transport. Charlotte's caregiver said, "*I am always at my happiest when all my children are around*". Nicola understood that transport costs and practical difficulties of caring for two younger children made her mother's visits to the CYCC unviable. The FGRSW said that as she saw contact as critical for continuity of relationships, she fought against the Board of Management's stance, "*...if the families do not want to visit their children then just cut off that relationship*".

Service providers are cautioned to take time to understand the caregivers' perspectives before rendering them un-cooperative (Moodley, 2006). They unwittingly and unknowingly disempowered parents and contribute to their resistance and uncooperative behaviour, for example, through labelling and blaming, without due consideration of their circumstances. Consistent with Bond's (2018) study was some caregivers' preference that their children remain at CYWCs where "*...everything is found,*" described by Themba's father, "*like in a five-star hotel,*" than have their children face poverty at home. This confirmed FG non-residential social worker's perspective and she elaborated, "*they always have no resources, they are desperate*" but with judgement, "*they are not prepared to do anything for themselves or the*

*child*". Themba's father, similar to other caregivers "*had no complaints,*" and did not understand the need for contact for "*... no reason to see the social worker and, waste my bus fare when the child is happy there*".

The pride and validation that someone cares for them through visits are described in a joint interview by a CYCW as the youth, "*want[s] to make tea for the family ...take their family to cottage...show them their bed ...brings that change within a child*". However, Portia said that her mother would visit drunk and be aggressive, similar to the experiences of Shantel. The idea is not just that they have contact, but to assist parents with positive contact, as despite the challenges the youth did want to retain contact with their families and have a sense of belonging.

### iii) **Gender**

The recruitment of 5 (45.5%) male and 6 (54.5%) female caregivers was interesting since male caregiving is under-explored as most studies identified a very small number or no male caregivers (Sauls & Esau 2015; Ntshwarang, 2019). The DSD implemented programmes such as fatherhood and mencare, to encourage active "fatherhood" in view of the high rate of children with absent fathers. Whilst unmarried fathers can acquire parental rights and responsibilities through the Children's Act (No. 38 of 2005), socio-cultural and socio-economic factors continue to impact on the father's ability to engage in active parenting. While most of the male caregivers were not biologically related, they took on the role of primary caregiver as social fathers.

### iv) **Education and employment**

Amongst the total caregivers, 6 (37.5%) were employed; 5 (31.3%) were unemployed; 4 (25%) had casual work and one (6.3%) was a housewife. There were 8 (50%) - who were responsible for children other than the youth participants in the study which comprised of 5 (31.3%) biological parents who were unemployed; 2 (12.5%) older siblings in casual work and the couple (6.3%) friends of parents who were fully employed. The employment status of participating caregivers was that 5 (31.3%) were employed, 3 (18.8%) in casual work and 2 (12.5%) were unemployed. The poor incomes associated with casual work and unemployment, made it all the harder to foster the reintegration of youth into families and communities, as is evident throughout the chapters.

The following data are pertinent to the service providers interviewed through individual, joint and focus group interviews

Table 6 Experience of service providers interviewed

Joint interview						
	Social workers			CYCWs		
		Experience			Experience	
Organization	Gender and Race	Overall	Present Organization	Gender and Race	Overall	Current Organization
Facility A	Male-Black	7 years	6 years	Male-Black	12 years	12 years
Facility B	Female-Black	3 years	3 years	Female-Black	5 years	5 years
Facility C	Female-Indian	23 years	10 years	Male-Black	16 years	13 years
				Female-Black	10 Years	4 Years
Facility D	Female-Indian	10 years	2 years	Female-Black	20 years	20 years
Focus group						
Facility E:	Female Indian	10 years	3 years			
Facility I:	Male Black	7years	7 years			
Facility F (individual)	Female Indian	42 years	14years			
CWS 1:	Female Indian	27 years	16 years			
CWS 2:	Female Black	35 years	6 years			
DSD: Service Office 1	Female Black	7 years	7 years			
Key Informants: Management						
Director: CYCC	Female White	27 years	27 years			
CYCW Manager	Female Black	11 years	11 years			
Child Welfare SA Director	Female Indian	33 years	5 years			
DSD Provincial Manager: alternative Care	Female Indian	31 years	25 years			

i) **Occupation and Qualifications**

The 11 social workers and 3 KIs with social work qualifications are registered as social workers with the Social Service Professions (SACSSP). All social workers and the KI CYCC have a four-year degree and the KIs DSD and CWSA attained Master's Degrees. The KI CYC manager and the five CYCWs are registered as CYC auxiliary workers with SACSSP. The KI Director CYCC indicated that even though child and youth care work was professionalized, but most CYCWs do not have a degree or equivalent to register as CYCWs with the SACSSP. Some have attained an NQF level 4 which allows registration as auxiliary CYCWs. The KI Director of a CYCC said many of the older CYCWs were trained by CYCCs. Some CYCWs were previously cooks or domestic workers at the CYCC (Vaarden, 2016). However, the KI CYC manager is studying towards a degree in psychology. Molepo (2014) pointed out that most CYCWs cannot afford to enroll for full time studies towards a degree and not many tertiary institutions offer a degree in CYCW. However, she also indicated that the DSD was engaged in training of CYCWs for community-based programmes such as Isibindi, but there was no evidence of the state involvement to upskill CYCWs employed at NPO CYCCs. Molepo (2014) mentioned CYCWs salaries being comparatively lower than other social service professions employed in the public sector. The KI at DSD, who is a manager, has progressed from locum teaching at a School of Industry to a CYCW, social auxiliary worker and she is advocating for the subsidization of CYCWs posts. A KI FG -principal was an educator and another a priest became contentious when the RSWK raised her/his view that principals of CYCCs should be qualified social workers. However, the principal should have experience of working with children in traumatic circumstances and diversity in their occupation may have a positive impact on their contribution to a multi-disciplinary team approach. This was particularly interesting since the emphasis on transformation, as Van Niekerk and Matthias (2019) found, is more often addressed as a Board of Management issue yet, senior management at times, depending on how active the Board of Management is, have the power to influence the members.

ii) **Race and Gender**

The overall sample comprised of 16 (80%) females as compared to 4 (20%) male participants. The predominately female sample is expected and consistent with other studies (Agere, 2014). Agere (2014) explained the nurturing and protective role for children are female-dominated careers, which is expected of women in a patriarchal society. In this study, all 3 KI, (60%) of CYCWs and 9 (81.8%) of SWKs were females. The two male SWKs made up 18.2% of all



SWKs, contributing to 28.6% of RSWKs and 2 CYCWs. Vaarden (2016) highlighted that the impact of disproportionate male CYCWs is insufficient male role models for male youth at CYCCs. Jewkes, Mbanganga and Bradshaw (2002) said that the reluctance to employ male CYCWs in South Africa is associated with the high mistrust related to the high rate of sexual abuse of children by males in the general society.

All CYCWs in the joint interviews were Blacks. Other researchers too, found a predominantly Black CYCW sample (Vaarden, 2016). The social workers comprised of 5 (45.5 %) Indians, 4 Blacks and one (9.1%) White. The key informants included 1 (25%) Black; 2 (50%) Indians and one (25%) White. Van Niekerk and Matthias (2019) based on their study questioned whether latent and unexpressed racism amongst some child protection services, NPO Boards of Management exist. Although managers did not perceive self-discrimination, their appointment may be influenced along racial and cultural lines. In response to table 4, some managers are intentionally or unintentionally liable for discrimination through adhering to the Boards of Management racial and cultural discriminatory practices. The likelihood of difficulty in objecting to their employers' instructions reveals that some CYCCs may benefit from non-punitive, supportive, developmental intervention to influence transformative non-discriminatory practices for staff and the people they serve.

### iii) **Experience and staff stability**

The overall average years of experience is 12 years and 9 months. The participants, consistent with other studies (Vaarden, 2016), indicated that high staff turnover impacted on continuity of service and affected forming of attachments and building relationships. The service providers outlined poor pay, physical and emotionally draining jobs, and amongst CYCWs the lack of security and benefits contributed to high staff turnover. However, some stability of staff is evident from 9 (45%) service providers who had 3 to 27 years' experience and only worked at their current place of employment, including 3 CYCWs and 3 social workers and 2 KIs for ten years and longer. They remained because of the passion for their work, consistent with other studies (Khoza, 2012). This relates to Spunky who said, "*Social working is about passion,*" but complained about the uncaring attitude of some service providers. Key informants had an average experience of 25.5 years which ranged between 11 to 33 years. The KIs (CYCC including the chairperson of the principal's forum), CWSA, and DSD held senior positions at various advocacy and networking forums in KZN. Interestingly, all KIs core function was to work with children throughout their career and whilst the KI DSD had only worked for Government, the other three KIs individually interviewed only worked in the NPO sector. The

FG principals had a diversified experience of working with children which included education, the religious sector and child and youth work. Although service providers in this study formed part of a stable workforce, their, the youth and caregivers' concerns about staff turnover should not be discounted. Lion spells it out as,

*“Get used to the old staff and when new staff come, it's like you don't understand them and they don't understand you, coz they just came when you were old you now”*. The following figure describes the roles of the various social service workers.

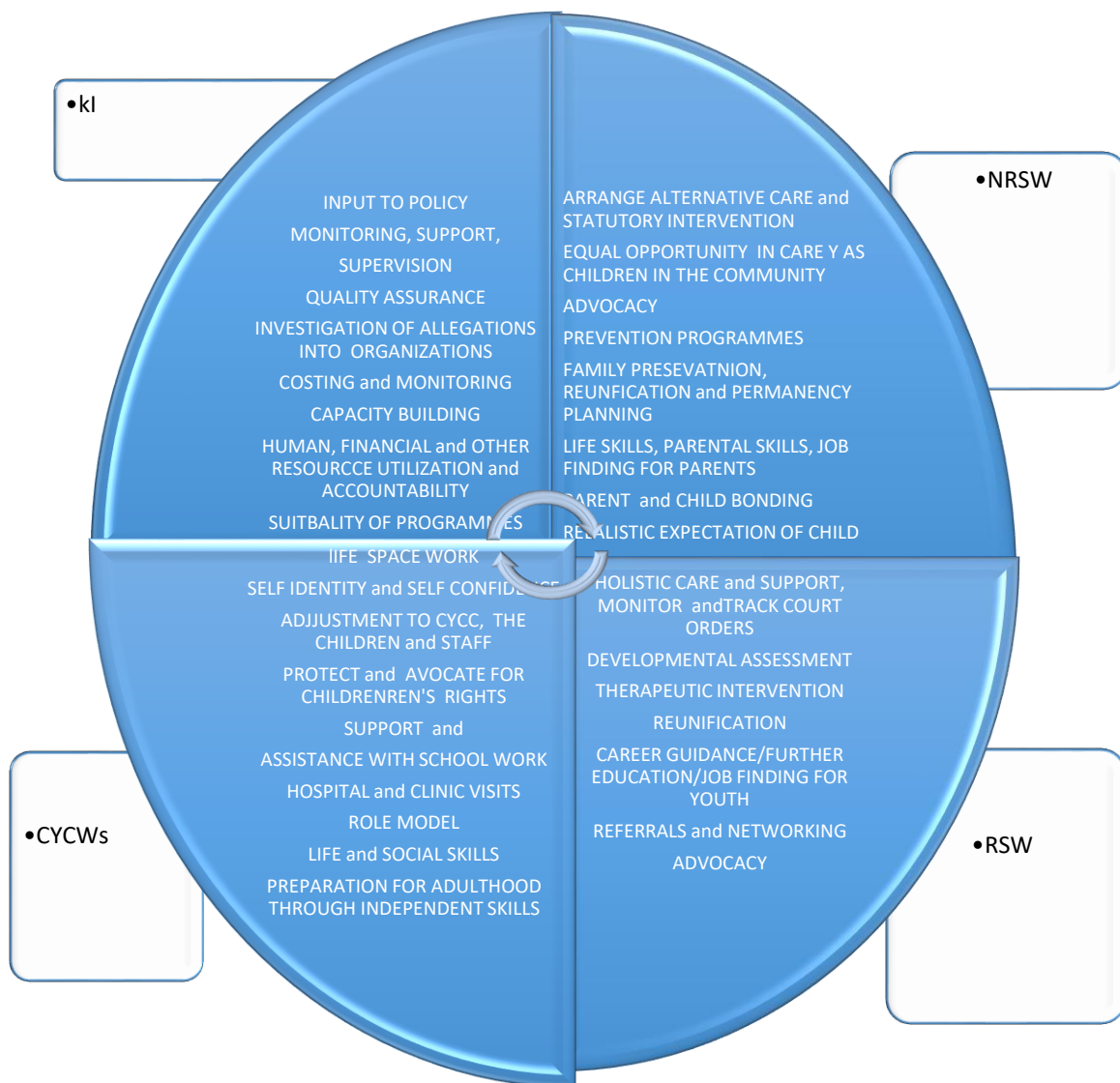


Figure 4: Roles of service providers: no boundaries in caring

The KI DSD explained that:

*“There is no boundaries in caring and there is no boundaries of love. ... There is nothing that can stop one from feeling and having compassion, there is something about a child that just may touch you”.*

Role overlap is evident between the service providers, but one that stands out is caring to which there are no boundaries. An FG NRSWK maintained contact with the first family she worked with long after the reunification and their transfer, after their relocation to Western Cape which she described as, *“when work becomes a bit more personal”*. The KI DSD referred to times of crisis when social workers, *“stuck after hours without resources and there is an abandoned or abused baby. So you take the risk because you need to ensure the child’s safety and you bypass rules and take the child home,”* which the FG identified with and added that they take children home on weekends to avoid them being left behind at the CYCC. The KI DSD said that it is not unprofessional if the care arrangement is treated no differently from others with screening and monitoring. Whilst non-residential social workers and KICWSA said CYCCs are, *“wanting to keep the good children,”* the RSWKs and CYCWs said, *“We get attached to the children”*.

The DSD KI said often, *“That the person may have been the clutch that they [children and youth] survived on with no family”*. Lion described a CYCW as *“like a mother to me”* who took her home for weekends when she became depressed and had no-one, but she was not allowed to transition into her care, as it was seen to be *“crossing professional boundaries”*. Naledi’s caregiver, through the joint interviews and FG, creates awareness that CYCWs accommodate youth who transition out of care who find themselves stranded. An FG NRSWK successfully convinced other house mothers of family community homes to emulate those *“enmeshed but not in a negative sense”* by accepting youth into their home as they transitioned out of the family community home.

However, the state is obligated to provide aftercare services and should ensure that the labour of love is not exploited. CYCWs (sometimes referred to as houseparents/housemothers) earn a low salary and no income for children in their care after they transition. The KI DSD said that if youth are in education their grant could be extended, but in practice, social workers said only if they are in education or training and remain at the CYCC.

This study, consistent with other studies, for example, Goba (2009) found CYCWs are the most influential in the life of the youth. A CYCW, therefore, felt aggrieved that their views were not

taken seriously when major decisions such as accommodation of youth are made by social workers. Consistent with Vaarden (2016) and York (2015), the CYCWs saw their role as a parent figure, teacher and role model. Whilst the CYCWs interviewed were from an institutional care context, Molepo (2014) highlighted that training in life space work has expanded to being community-based with the high incidence of OVCs, and the realization that working with families and children in the community is key to preventing institutional care.

Geyvenstein (2010) described the CYCC's role as the bridge between children and society for the appropriate practical skills, knowledge, morals and values for the youth to later adjust to life in the community. Jamieson (2014) asserted that when DSD misinterpreted the Children's Act No 38 of 2005 and restricted the reunification role to designated child protection organizations and DSD social workers, the youth are deprived of services from NPOs that are designated child protection organizations and CYCCs. In a joint interview, for example,

*"...we [CYCCs] work within our area of network or influence which is very closed compared to if you were working with Department or Child Welfare who have a range of services and contact".*

The CYCCs perception of being *"very closed"* as natural, but children's isolation impacts on the youths transitioning out care and presents aftercare challenges. The multidisciplinary team should share responsibility for services such as family preservation and reunification and new thinking rather than boundaries, blame and restrictions. The CYCWs and residential social workers referred to, *"just being there for the child"* which is described by Krueger (2000) as nurturance, support and being available and dependable for the children. Other factors also affected care, as Nicola spoke of a CYCW whose daughter passed on and coupled with work stress eventually left work. Service providers working with trauma need to care for their own physical and mental health to be *"just be there for a child"*. Whilst no boundary should exist to caring; social workers have to exercise self-care, which is sometimes met with resistance from youth and caregivers. They are also subject to power and control of management, which impacts social work services; this is a dominant theme that emerged in this study, as discussed in chapter 8. Sibanda and Lombard (2015) highlighted that the diversification of roles by the Children's Act No 38 of 2005 with reference to other social service practitioners such as CYCWs, social auxiliary workers and community development practitioners can provide relief to overburdened social workers. Equally significant, though is the need for education and training to align with specific roles to avoid too much role overlap and to create and maintain quality services.

## 6.1 CIRCUMSTANCES OF YOUTH WHO TRANSITIONED OUT OF CYCCs

Bond (2017) said youth transitioning out of CYCCs were “still fresh” on hopes and aspirations (p. 212). This aligns with them being “born frees,” born in the democratic era which supposedly should provide them greater opportunity for advancement to contribute to the growth and development of South Africa. Van Breda’s (2012) describes the youth who transitioned out of care as doing something and taking action towards achieving their goals such as completing their education, securing stable accommodation, employment and finances for positive outcomes, perceived for the foreseeable future, consistent with the youth participants in this study. Although born politically free, the policies of apartheid had still left structural constraints such as poverty and barriers for care-leavers as with their counterparts in the community that hinder their progress. This is evident from the discussion on their accommodation, EET, health and wellbeing as present circumstances of youth who transitioned out of care. The challenges are so vast that Dickens (2016) assumes that at times, youth transitioning out of care did better than youth in the community, unlike in other countries. However, youth transitioning out of care, without much exposure to the “real world” have to work hard, have more to learn to be able to cope in the world and are, therefore, more disadvantaged.

### 6.1.1 ACCOMMODATION WITH FAMILY AND ‘UNRELATED’ CAREGIVERS

Jay and JB Fan as reflected in Table 2, 1 were residing with their biological family and Sandile and Betty who were interviewed before their transition, were already in their siblings’ care by the time of the caregiver’s interview. Sandile’s concern before his transition was that he would not be able to contribute towards accommodation, but none of the youth was contributing towards rent. In contrast, Van Breda’s (2015) longitudinal study found a quarter of the youth paid their way for accommodation after two years of transitioning out of Boys and Girls Town.

Alisha and Jay’s parents inherited homes, but home ownership did not guarantee the youths’ happiness, stability, security or a conducive environment. Jay’s father wants to “*rake up my money and get my lights on,*” recognizes Jay’s unhappiness at home and wants to resolve Jay’s daily visit and late nights at his uncle’s home, “*because they have lights...watch TV and listen to music*”. Alisha mother’s home has a plastic sheet that covers the missing front door of their unkempt home. Alisha had lived with her periodically in between boyfriends and since she was secretive of her accommodation, her mother was concerned and almost lodged a “*missing person’s report*”. The KI DSD said,

*“The young person can’t go to Human Settlement and yet the social worker can write to Human Settlement and say this has been the background, this has been the progress, and this is where we are now and this is what is required to progress and this is the support that we require in align with legislation and Human Settlement, for instance, has a certain social responsibility. They don’t realize that they can make efforts to assist the child”.*

However, support should start with caregivers for youth to be happy to return home. Shantel said,

*Yes, but for now she [current host parent] is not stable and the place that she is staying is not a grand place. I am not fussy but, it is just that the condition and having to be in a shack in Umlazi and all that. So, for me, coming from the children’s home and going back to an environment like that was not on.*

Whilst Federicks (2018) found youth actively engaged in seeking accommodation in the transitional period to prevent homelessness, the youth also tried to seek out the ‘best’ possible accommodation options. The temporary accommodation arrangement that Shantel initiated with a stranger (which her RSWK clarified was also her boyfriend’s aunt) to prevent her return to her mother in the “shack,” kept her away from family. An FG CWS social worker said, *“In our area, they [families] rent only one room so there is overcrowding”*. Betty submitted to their social workers to return to overcrowded accommodation of her biological families and Nicola felt a similar fate awaited her since they have no alternative option. During the member check, a day before her transition, Betty was in her private room at the CYCC, decorated to her personal choice by donors, was reluctant to return home and share a room with six others. Themba did not consider his father’s place as a viable option. His father shared a rented room with his wife (remarried) within a communal home with all facilities shared amongst the tenants. In the FG, the NRSWs indicated that some families did not have access to facilities such as toilets, which Portia attested from her experience prior to her entry into care. The FG and a joint interview discovered youth considered their return home *“as some kind of failure...friends will laugh because when they were at the CYCC they were attending Indian schools, better schools... lived in better places, given clothes and can speak English”*. This relates to Van Breda and Dickens (2014) argument that children at CYCCs are more privileged for the higher standard of living, including accommodation and education, as compared to the masses in the community who live in poverty in South Africa. In this study, 18.8% of the youth participants were to return or have returned to poorly resourced and poverty stricken informal settlements after their transition from care. This should be encouraging since the majority were

to transition or had transitioned into formal accommodation. However, Louw and Potgieter (2012) found that after 1-7 years of transitioning out of care, one-third of the care-leavers in their sample were living in informal dwellings. Although 13 youth (85.7%) had plans or transitioned into formal dwellings, their accommodation was risky and unstable within the two years of their transition. Lion downgraded from her host's suburban home to a one-room shack occupied by her sister, sister's partner and their baby by the time of the member check within a month of her transition. Accommodation impacts on all aspects of the youths' lives and ultimately how well they adjust to their transition (Dickens, 2016). JB Fan moved, with her sister, from her grandmother's place into their mother's home, which was left abandoned after the councillor threatened to take away the land. JB Fan was preparing for her third move in two years and this time to a transitioning home arranged by her sponsor "for better opportunities".

Although youth preferred being accommodated at transitioning homes, service providers said there were not enough of these facilities to meet the demand. The youth, caregivers and service providers drew on accommodation as the base from which the youth start engaging in education and training, consistent with the research (Kilkenny, 2012). There were five (37.5%) who lived or were living at transitioning homes, with several having plans to transition into one.

Whilst the youth noted the gap of contingency plans when their accommodation plans did not work out for them to transition out of care, the KICWSA stated that "*sometimes that placement may not work out and then you are under pressure to look for another placement*". An FG NRSWK said,

*They cannot just go on the street like that so I am trying to get them accepted at Sizabantu (shelter for the homeless) and I am still exploring other places that they could transition into without just being left in the lurch.*

The service providers talked about being 'under pressure' as resources to secure stable accommodation and support for youth after care were limited, and like the youth, they tried to find somewhere or someone to provide accommodation for the youth to transition into. The lack of permanency contributed to youth who weaved in and out as accommodation options became available within the two years of transitioning out of care. The monitoring of accommodation after youth transitioned was practised according to the KI CYC manager. However, only Jay said a visit was conducted and by an NRSWK whose purpose was to investigate the allegation of the negligence of his sister's baby.

None of the youth was without accommodation, but participants were aware of homeless care-leavers who were living in parks, on the street or on the beach. This study confirms Dickens (2016) view that the low rate of homelessness was more related to the sample rather than the actual status of care-leavers. South Africa does not have a tracking system for care-leavers which contributes partially for them going undetected and the other reason, according to CYCWs is shame attached to asking for help when unsuccessful. Naledi's caregiver as a CYCW said, "... *not all our stories are success stories*," referring to homeless care-leavers she observed begging on the beach.

### **6.1.2 HEALTH AND WELLBEING**

All youth perceived their physical health to be sound at the time of the interview. The CYCWs in the joint interviews (JIs) indicated common reasons that youth take medication is for ADHD, bedwetting and ARVs for those living with HIV. However, all service providers expressed concern, as articulated by one of them, "*after they leave us, some of them, their health will deteriorate...are defaulting treatment or there is not enough food at home*". Agere (2014) found social workers play a significant role to address health and wellbeing needs of youth in care, but the concern is for youth after they transition from care. The concern about the lack of something as essential as food on transitioning out was shared by the youth.

The youth's expressions of negative feelings, anxiety and depression at the time of transition are consistent with the findings of Van Breda (2015), particularly the females remained isolated from others after transitioning out. However, Hlungwani and Van Breda (2020) found females form deep connections of support to cope with transitioning out of care. The female youth participants in this study attributed their self-exclusion and self-isolation to their experience of a closed and protective in-care environment which they found difficult to overcome after transitioning to the community. The male care-leavers contact with peers included constructive activities such as sports and recreation and destructive behaviour such as misuse of substances. Some chose to remain on their own to avoid peer pressure. Of note, loneliness and isolation were common amongst care-leavers in other studies that saw the benefit in the youth becoming involved in community peer networks to promote the goal achievement of education and employment (Sulimani-Aiden & Melkman, 2018; Groinig & Sting, 2019).

Pretorius (2011) found that 10 out of 12 adolescents interviewed at four CYCCs in Pretoria engaged in activities such as suicidal attempts, cutting themselves, drawing blood and breaking their bones, but this is rarely discussed in the literature. Naledi and Portia, both of whom lost



their mothers, recalled 3 and 7 suicide attempts respectively. Naledi's caregiver noticed her *"zoning out and erratic mood swings makes the whole family uncomfortable"*. Although Naledi acknowledged anxiety attacks, she was resistant to seek psychological assistance. Portia, in consultation with the RSWK, psychologist and psychiatrist stopped her medication, as it was *"not helping,"* but the stigma and labelling was evident, *"kids thought I was crazy"*. The RSWK and CYCW, unaware of her shame, said, *"... we talked about her responsibility when she leaves the facility that we are not going to be there on her back to say take your medication"*. The social worker was convinced that Portia was coping and was unaware of Portia's confession of no longer disclosing her suicidal thoughts to avoid hospitalization, where *"... all they [hospital] do is give medication and I sleep"*. Blackie (2014) argued that in the context of child abandonment, there is a tendency to medicalise non-medical problems in the effort to control children. Portia experienced medicalization as an ineffective "quick fix" solution that did not sort out her concerns about being in-care and about transitioning corroborates with Prosser (2015) in the context of ADHD, but relevant to the youth is beyond labels and psycho-medical and drug treatment to understand the sociological and structural influence. Bantjes, Swartz and Cembi (2018) found traditional healers to perceive re-establishing interpersonal connections and reconnection with families and ancestors and rituals that renew cultural identities necessary since suicide is a symptom of disconnection and cultural discontinuity.

The mental health issues are complex and at times outside the scope and expertise of social workers to manage the situation.

Whilst CYCCs associated substance use with behaviour, studies confirmed that it can develop into chronic illness, dependency and may be genetically linked. Naledi, Spunky, Jay and Zinhle confessed to using illicit drugs at some point after their transition to *"fit in"* or *"be cool."* Dickens (2016) mentioned that watching the consequences on peers may influence youth to quit. Mighty-One, for example, sold cigarettes at school with his peer but stopped after his friend failed.

However, Jay's father and Sandile spoke of their frequent use of alcohol. Jay's father said, *"I am not happy too but, he is my son and I have to accept him"*. He, too, has been struggling with substance use. Sandile recalled that his father used to also drink excessively and recognized his excessive misuse of alcohol and other drugs. Themba's father, Shantel's mother, Portia's father and mother, Lion's aunt and uncle and Betty's mother also experienced challenges with alcohol and/or other illicit drugs. Some youth had not used any alcohol or drugs, and some admitted to the occasional use of alcohol.

The KI DSD said, *“The shortfall in our system is that there is insufficient substance abuse awareness and rehabilitation programmes. So, a social worker will place and child and deliberately omit to mention that the child has a substance abuse problem. Hence the need for proper assessment and treatment where necessary”*.

However, none of the youth presented with substance use disorder when they entered care. Service providers and caregivers found treatment for rehabilitation expensive and inaccessible. Nicola understanding that *“when life is hard, you’ll notice and see that people like who take drugs”*. links to the National Drug Master Plan (2019-2024) that poverty, inequality and unemployment are the main contributory factors for drug use and substance use disorders and adds further that South African’s punitive, stigmatizing people with substance use disorders contributes to resistance of and often exclusion from treatment interventions (RSA, RP106/2019). Stein (2019) argues that teaching resilience just before transition contributes to high levels of mental and health problems when pre-care and in-care trauma combine with transition demands which should have been dealt with throughout their life course. This makes sense as accelerated transitions without the opportunity or time to work through issues slowly becomes a barrier to physical and mental wellbeing (Dickens, 2016).

## 6.2 EMPLOYMENT, EDUCATION, AND TRAINING

Table 7 describes each of the youth participants’ levels of education, work experience and their preferred careers.

*Table 7 Employment, education and training*

YOUTH TRANSITIONING OUT	YOUTH TRANSITIONED OUT
<p>Sandile: Grade 12</p> <p>Academic performance: poor-unsure if he will pass his matric</p> <p>Preferred career: fashion designer-to have his own store and own brand.</p>	<p>Spunky: Grade 12 (Diploma pass).</p> <p>Work experience: Waiter for two months after matric; earned R4000 p.m.</p> <p>Study: Second year of study for a diploma in public administration at a TVET college (specializing in supply chain management).</p> <p>Academic performance: good</p> <p>Preferred career: Business</p>
<p>Themba: Grade 12.</p> <p>Academic performance: good</p> <p>Preferred career: Nursing</p>	<p>Jay: Grade 8 (special school)</p> <p>Academic performance: poor</p> <p>Work experience: cleaning gardens</p>

YOUTH TRANSITIONING OUT	YOUTH TRANSITIONED OUT
	Career choice: will take anything that “comes his way”
<p>Rocky: Grade 8 (special schooling).</p> <p>Academic performance: good</p> <p>Career choice: life saver</p> <p>Training-enrolled for a swimming lifesaving certificate course.</p> <p>Work experience: volunteer- cleaning the community gym as gratitude of free swimming lessons.</p>	<p>Naledi: Grade 12 (Bachelor Pass). Third year study - teaching degree at University.</p> <p>Work experience: Part-time jobs during holidays in administration.</p> <p>Other skills: license.</p> <p>Preferred career choice: Teaching</p>
<p>Mighty-one: Grade 12</p> <p>Academic performance: CYCC academic award, last year. Not confident</p> <p>Preferred career: Law, Safety or crime prevention in maths.</p> <p>Work experience: part-time jobs during holidays at stores and a building contracting company</p>	<p>Zinhle: Grade 12 (Diploma pass)</p> <p>Work experience: Voluntary work at a public hospital after matric-paid a monthly stipend of R3000.00.</p> <p>Employment status-marketing-paid on commission and average income is R120.00 per week.</p> <p>Skills development: Used a portion of the money from the sale of the family home for a three month computer course</p>
<p>Charlotte-Grade 12.</p> <p>Academic performance: good</p> <p>Preferred career: nursing.</p>	<p>Alisha: Grade 11</p> <p>Employment status: NEET</p> <p>Preferred career: Nursing; call centre</p>
<p>Betty-Grade 12.</p> <p>Academic performance: good</p> <p>Preferred career: law or business management.</p>	<p>Lion: Completed Grade 10 - special schooling.</p> <p>Study: Enrolled at a technical school for engineering.</p> <p>Preferred career choice: Engineering</p>
<p>Portia- Diploma pass; completing a diploma in early childhood education.</p> <p>Academic performance: good-enrolled for an ECD certificate course</p> <p>Preferred career: ECD educator</p>	<p>JB Fan: Grade 12 (Diploma).</p> <p>Training: Hairdressing learner-ship</p> <p>Preferred career: Actress; second choice - hairdressing</p>
<p>Nicola: Grade 10</p> <p>Academic performance: poor</p> <p>Preferred career: Model- I want to be on TV. I want to be a model, fashion designer and if I can't be that I want to be an artist”</p>	<p>Shantel: Grade 12 (Bachelor pass).</p> <p>Training- Contract-Two-year learner-ship at a marketing company-earns a basic salary of R4000 and commission.</p>

YOUTH TRANSITIONING OUT	YOUTH TRANSITIONED OUT
Preparation: CYCC entered her in modelling competitions. A model advised her to send her photographs. She and her CYCWs are afraid to approach the principal-may refuse.	Preferred career: teaching/business.

The table 7 shows the present circumstances of both youth transitioning and transitioned out in terms of their education, training and employment. Dickens (2016) found 7 (36.8%) out of 19 care-leavers had completed secondary schooling. Service providers in this study said only a handful of youths complete their secondary education and even fewer, enter tertiary education. 10 youth (62.6%) in this study were either in the process or completed their secondary education. This is aligned with the general South African population of 60% learners who complete their formal education (KZN Premier Sihle Zikalala, 16, June 2020). A service provider raised the following concern, “*We have many children here that are over the age of 18, who are still to complete their matric.*”

Court orders are usually extended until 21 years for youth to at least complete their secondary education. Three of the youth - Spunky, Naledi, and Portia were in tertiary education. Nicola was concerned that her education will be compromised by her mother’s expectation that she works and ease the financial burden at home, should she not complete matric before transitioning out. JB Fan, Jay, and Alisha transitioned out of the CYCCs before completing their secondary education, and Sandile whilst writing his examinations. JB Fan resisted, but her transitioning out was enforced by the CYCCs as ‘*obeying the law*’. An FG NRSW, linked to one CYCC, said “*boss said... I set a standard for these children, they are attending private schools ...I am not going to allow any person to put them in public schools*”, which is atypical. Other CYCCs sent children to suburban public schools, which are more expensive than township or rural schools. Caregivers are unable to pay the exorbitant fees and bus fares to maintain the youth’s standard of education. The consequence of JB Fan having to transfer, while in Grade 10, from a suburban public school to a township school that lacked resources was a change from being “*... the drama girl...to being alone...like I am outside...don’t feel like I fitted in with anyone*” and the loss of opportunities.

According to the SA Schools Act No 84 of 1996, there are three types of schools, namely public schools, independent/private schools and Learners with Special Education Needs (LSEN) schools. Jay, Lion, and Rocky attended LSEN schools. Sibanda and Lombard (2015)

questioned social workers and presiding offices using their judgement of poor academic performance to enrol children at special schools when the expertise to make such decisions lay with the KZN Department of Education. However, with good intentions, Rocky's social worker acted against the advice of the Department of Education and had him remain at special school. The highest attainable level of education according to the Schools Act No 84 of 1996 is a National Senior Certificate as in the instance of public schools. However, not all learners reach grade 12 depending on the type of severity and special needs of learners. The Level 4, equivalent to Grade 10 is their highest attainable secondary school qualification attained by Rocky.

Betty attained a National Senior Certificate bachelor pass as did Shantel and Naledi who transitioned out of care, comprising of 18.8% of the youth. The securing of financial support for further education and training was determined by having the appropriate networks. Spunky and JB Fan, who attained diploma passes in matric, had sponsors to study further. When CYCCs had resources youth such as Portia benefitted by qualifying for the annual bursary as their top matric achiever. Naledi's ongoing support through her school included opportunities for part-time jobs and a bursary. Although Betty and Shantel had bachelor passes, neither of them had established networks for financial support to realize their dream of post-secondary education. It was the social workers at the CYCCs that supported the youths' attainment of further education. The diligence of youth towards their education was not visible in Van Breda's (2015) study, but visible from the academic progress of some of the youth participants in this study. The KI Director of a CYCC advocated that the CYCCs be allowed to administer an extended grant for the youth for continued education and training without further institutionalization.

Van Breda and Dickens (2014) was of the view that entrepreneurial skills are required for youth to generate an income. Their suggestion is linked to the high rate of unemployment at a macro-level, evident from the 58.2% of the youth between 15 and 24 years in the general population who were unemployed (3<sup>rd</sup> quarter of 2019 KZN Premier, Sihle Zikalala, 16 June 2020). The KwaZulu-Natal Annual Report 2017/2018 indicated that the DSD in conjunction with SETA helped 635 youth qualify in hair and beauty, administration and management, call centre support and health and cleaning. Also, 550 youth were provided with learnerships and 10 934 skills development. KZN Premier Sihle Zikalala (16 June 2020) agreed that small businesses is the way to support youth in the current economic climate and outlined the province's initiatives. These included the Youth Employment Fund which provided to 55 youth owned

businesses that created 408 jobs in 2019, microloans and apprenticeship such as bricklaying programmes, business management and entrepreneurship skills towards promoting local services and goods for domestic consumption and export. However, none of the youth in the small sample were exposed to any of the opportunities, and NPOs in the FG and joint interviews were unaware that DSD had a youth programme that provided these opportunities. The KI DSD said,

*There are certain things like skills development with the youth policy where we are needing to link them [youth] up with this programme and we supposed to do that at a case management level, and we are not doing that.*

The youth also networked for employment and training opportunities, evident from Shantel and Zinhle who coincidentally had learnerships at the same financial company. Shantel was earning a salary within a month of her transition out of care and she was very optimistic. However, after a year, Zinhle was not earning a liveable wage and completed a three-month computer course to improve her skills. JB Fan was on the verge of starting a learnership at an international hairdressing company, which offered a stipend. Jay cleaned the neighbour's gardens to help "buy food and anything needed" since his father did not have a stable income. Naledi and Mighty-One had part-time jobs whilst in-care. Naledi used her income to get her driver's licence. Spunky through the help of a friend got a job as a waiter prior to being given the opportunity to study further. He stated that "These days, in South Africa, it is very difficult to get a job. It is all about who you know and what position they in and if you don't know anyone then, you are basically nothing with your honours and degree or anything".

### **6.3 CONCLUSION**

The structure and biographical details of the participants are linked to youth remaining and transitioning out of long term care and their circumstances after they transition. Sherr et al. (2017) highlighted that with institutionalization, the earlier the placement, the worse the outcome; the longer the stay the worse the outcome. The present circumstances of youth were discussed in terms of accommodation, health and wellbeing and EET. Secure and stable accommodation proved to be their biggest challenge. Stable, secure, accommodation with supported transition is the core for their adjustment, but social exclusion from the community and the lack of resources and support impact their progress. The need for transformative change becomes more apparent from the multiple risks associated with entry into and out of care as discussed in the following chapter.



## CHAPTER SEVEN: ENTRY INTO AND TRANSITIONING OUT OF CYCCS: MULTIPLE RISKS

*Some of the people that have left are successful but lots of them are not. It is like they went back to the same life and they are still living the same life that they ran away from in the first place (Nicola).*

### 7.1 INTRODUCTION

The youth participants comprised of 8 (50%) orphans, 4 (25%) abandoned and 4 (25%) who were abused and neglected, and all the youth came from poor family backgrounds. Their pre-care experiences were obtained from the youth although some like Portia explained, “*no-one sat me down and told me*”. Some youth, like Betty, gave detailed accounts. She said her child-headed household was unsafe, without adult supervision since their mother abandoned them and they were not coping. Informing the youth of the reason for their removal is part of preparing them for the transition into care. Hope and Van Wyk’s (2018) found that preparation of children’s entry into care was lacking by social workers. The child-headed households - Zinhle and Charlotte, for example, had no time to prepare with immediate removal, but Betty was given time, only because her social worker needed to “*complete the paperwork*” before her removal. Charlotte and her siblings understood their entry was long term care, but Zinhle emphasized her uncertainty, “*they did not tell us that it is permanent,*” and expected that to return home after her mother was discharged from hospital. However, on her mother’s passing, she recalled:

*They [social workers] told us that since your mum is no longer here, you have to stay at the home [CYCC] but, they did not tell us that it is permanent, so we kept thinking only temporary, only temporary. We are going to get out and go to our family.*

The KI CYCC manager said not that youth were informed, but “*The trauma of removal is so great in that sometimes, after a year to three years, they block it out completely, but want to remember when transitioning out of care*”, Sirbu (2017) indicated that the lack of meaningful information on the circumstances of the removal can add to the feelings of confusion and ambiguity at the time of transition.

As discussed in chapter 3, Mocke (2013) argue that children’s entry into CYCCS is associated with complex, diverse and multidimensional factors. Whilst the Children’s Act No 38 of 2005



stipulates conditions in Section 150 that necessitate the removal of children from their families. Nelson and Berens (2015) indicated that little is known of the drivers of institutional care which are addressed in this section. In this study, the youth had to face similar risks associated with their entry into care, when transitioning out of care, consistent with other studies, for example, Kilkenny (2012). These risks include a combination of broader structural issues: poverty, unemployment, and lack of suitable accommodation, HIV and AIDs, chronic illness, and death of a caregiving parent. Morison et al. (2016) assert that the concept of care must be broadened from the confines of the role of women in families, within the community to include the state and citizenship. Mamelani (2013) asserts that poverty contributes to children's entry into care through weakened or completely broken down institutions, community and family bonds, which were evident from the experiences of the participants. Poverty was the source of multiple risks, which social service professionals found exceptionally challenging to deal with, with a major factor being managerialism approaches to complex trauma and life issues. Hope and Van Wyk (2018) found these challenges, "appear to create an approach to child protection services which is rushed paperwork without an emotional response from social workers to their clients (p. 422).

## **7.2 ORPHANHOOD, ABSENT FATHERS AND POVERTY**

Some youths (Charlotte, Sandile, Naledi, Lion Spunky, JB Fan and Zinhle's) mothers died before their entry into care and others (Portia and Mighty-One) whilst they were in care, with some of them having absent fathers. Many researchers argue against the global terminology of double and single orphans, since having a surviving parent does not equate to being an orphan (Sherr et al., 2017). Meintjes et al. (2007) found amongst the 34 CYCCs across four provinces in South Africa, 53% of the children had at least one surviving parent. The logic is the broader the term becomes, the more OVCs are incorporated into orphanhood, the more their reality is exaggerated, increasing the establishment of institutions under the pretext of orphans' care. In this thesis, those who lost both parents are regarded as orphans. There were four confirmed cases of loss of both parents before entry into care; Spunky had no knowledge of his father at all, so it was unknown whether he was alive.

Eight (50%) of the youth participants (Nicola, Betty, Chantal, JB Fan, Mighty One, Alisha, Portia and Zinhle) in this study had fathers who were living but absent. Absent fathers and mothers' non-disclosure of paternity contribute to children not having their fathers' care and support (Nduna and Manyatshe, 2014). Nearly 50% of South African children are being raised

by their mothers and have absent fathers according to Seepamore (2018). While youth participants who grew up with no knowledge of their fathers, wanted to know who they were, mothers refused to, or could not provide information. Nduna and Manyatshe (2014) asserted this was on account of not having the support and skills required to reveal the fathers' identities, especially if HIV and AIDS were involved. Spunky said his mother, "*just turned him off*" when he asked about his father. She died without him knowing and when he tried finding out, nobody knew. Service providers emphasized boys need for male role models, consistent with Spunky's, "*need a father figure to mentor*". However, he went through care without having a male figure since he had female caregivers, including CYCWs. Male caregivers in the community step in from the extended family or may be unrelated, as social fathers, when biological fathers are absent or unknown (Seepamore, 2018). Whilst programmes aim to change the attitude of men as fathers, cultural practices such as *lobola* (bride money) and *inlawulo* (paying for damages on making a girl/women pregnant), that have become commercialized and hinder children's rights to have a father, should also be addressed (Seepamore, 2018). Portia identified her father as her caregiver but later said, "*I can't actually call him my caregiver*" referring to his nomadic lifestyle and his abuse of substances that continued from her pre-care experiences.

While eight (50%) of the youth were orphaned before entry into or during care, orphanhood, per se, was not the primary reason for entry into care. They were cared for by related or unrelated caregivers, who on account of factors like their relocation, substance abuse or poverty could not provide the requisite care and support. In two instances, that of Lion and Nicola, their caregiver's children were also admitted into care. This is consistent with Meintjes' et al. (2007) finding that orphanhood is not necessarily the reason for entry into CYCCs. Whilst in South Africa, the majority of the orphans are cared for by families, the youth entered institutional care when their traditional safety nets were over-stretched by HIV and AIDs, poverty, conflict, substance misuse and unemployment to a breaking point that contributed to neglect. Upon entry into care, kinship confusion surfaced, which may be interpreted as deceptive of families, but in the local context, extended families often take responsibility in the absence of parents. Lion was raised to believe that she was the biological child of her aunt and uncle. She discovered she was an orphan and that her cousins were not her siblings upon her entry into care. Nicola grew up believing that her cousins were her biological siblings and their maternal granny from whom they were removed, was their aunt. In both instances, the youth continued to refer to each other as their siblings and thought of themselves as family.

Whilst children who lost parents to AIDs are still cared for by family in corroboration with other studies (Raniga and Motlounge, 2013; Chaitkin et al., 2017; Cheney Rotabi 2014) most youth participants entered CYCCs as family care had not worked out. Families and communities were stretched to a breaking point, and were no longer able to provide quality of care, as macro-economic instability, unemployment, labour migration, urbanization and westernization increases (Hagos, Mariam & Boglae, 2017; Pillay, 2016; Seepamore 2018). Seepamore (2018) indicated that “systems of care had been eroded as families struggle under the weight of HIV and AIDs, poverty and the onslaught of free market, capitalist ideology” (p. 175). Sandile’s brother said they were unaware of their extended family’s whereabouts since they migrated with their mother when they were young. Whilst Sandile’s brother believed his mother removed them from family conflict, Sandile remembered being evicted, exposed to the cold, and being homelessness and poor after they left.

The youth witnessed the intergenerational cycle of family poverty and family breakdown, and their siblings’ and parents’ unplanned pregnancies, and feared for their future after they transition. Lion, for example, said, “*I feel like scared maybe when I go out, I am going to get pregnant, who knows and all those things*”. The Department of Social Development and Universities of KwaZulu- Natal and Zululand (2013) found a correlation between teenage mothers and dependence, where 52% of all mothers receiving welfare services in KwaZulu- Natal had their first child as teenagers. The point that Lake et al. (2019) make is that there is no escape from the intergenerational cycle of poverty unless radical structural changes are introduced.

### **7.3 DEATH AND HIV AND AIDs**

The psychological trauma related to loss and HIV and AIDs was evident in the narratives of 6 (37.5%) youth whose families were affected by HIV and AIDs. Spunky said, “*I was covered by a dark cloud because of all that negativity, loss of love and my mum*”, supporting Goldberg (2015) that programmes specifically for children living with HIV and AIDs be implemented to address their unique circumstances. Spunky mentioned his HIV+ status was disclosed to him on his entry into care. The significance of disclosure of HIV status, that Dube and Smith (2016) found is in ensuring compliance with medication. Meintjes et al. (2007) said whilst some parents came forth for assistance before their death, the stigma attached to HIV and AIDs prevented others from requesting assistance. Spunky said his mother was “*very proud*” and concerned with her self-image to disclose her HIV+ status. Naledi’s decision not to have an

HIV test after her parents died was respected by the CYCC. However, her entry into care was after experiencing multiple deaths, *“When my brother died, I like just went to school, when my mother died, I like just went to school and when my father died, I like just went to school and that was just to hide and not feel incomplete”*. The youth faced the death of parents and significant others in their lives both before and whilst in care, which contributed to their unresolved trauma which affected their social connections and sense of belonging.

Meintjes et al. (2007) found that parents at times approach social workers to ensure their children’s security prior to their death. JB Fan and Zinhle’s mothers were chronically ill and social intervention commenced whilst they were in hospital. Zinhle knew her mother was HIV + and JB Fan learnt that her mother had cervical cancer which her sister (caregiver) explained is lacking community awareness. JB Fan’s family were already caring for several other children in the family whose caregivers had died and did not have the resources to care for her and her sister. Zinhle was caring for her younger siblings and she recognized that her social worker made unsuccessful attempts at finding a ‘suitable’ family caregiver before their care became long term. Neither youth participants had knowledge of how child protection services became involved. However, they spoke of their parents being proactive such as Zinhle’s mother had willed the family home to her and bought her a cell phone in case of emergencies.

The community, at times, did not know how to manage disclosure of death to children which increased their suffering. Sandile recalled being told by a “sister,” [young unrelated lady from the community] that his mother was transferred to another hospital, sensed something was wrong when he saw her crying. He only had his little friends for comfort and could only understand his brother’s anger after he broke the news to him a few days later. His brother [caregiver] said he approached one of their teachers since they were living on their own and not coping. The CYCC participants (KIs, SWKs and CYCWs) said that children and youth are provided with bereavement counselling. The KI CYCC Director mentioned that youth camps that dealt with bereavement were discontinued at the facility A due to funding constraints.

## **7.4 CHILD NEGLECT AND ABUSE**

Nicola’s indication of her “*complex*”, pre-care experiences reveals that the underlying reasons for neglect and abuse are often overlooked. Nicola said,

*So, when we went to school, we were not eating. One day, I fainted, and my teacher asked me why I fainted and whether there is a problem at home, and I said, yes, there*

*is a problem at home. We don't have food and there are lot of us. She said that she will give us something. ... my teacher started giving us food and things to take home but, it wasn't enough ... we lived with boys and, one time one boy tried to touch my private and I told my teacher everything about that. and then, we had a social worker and they said that they won't tell my mother about anything and then we moved to [name of temporary safe care facility] and then my brother was crying he, wanted to go home and stuff.*

Sherr et al. (2017) highlighted that children are removed from families on account of abuse, but a full understanding of abuse experienced in these environments is a gap. Nicola's experiences reflect that a poor household, no proper housing, overcrowding, and lack privacy impacted on her nutrition and health needs, access to services and care arrangements, and poor safety were similar to other youth's experiences, and consistent with other researchers' findings (Lake et al., 2019; Meinck et al., 2016) The distinct intersect between health and child protection concerns are evident, but basic nutrition, proper sanitation, water and a safe and clean environment are not rights identified in the children's Act No 38 of 2005. Portia, for example, described, the dilapidated, abandoned home shared by the extended family occupied as, *"dirty like, upstairs like that is where everyone poo because there was no loo in the house. Everything was being done right there. It was terrible"*. The experience of intruders and attempted sexual abuse with the lack of privacy and security contributed to their eventual removal. Alisha mentioned her stepfather made sexual advances which her mother thought she was lying about.

All the youth, except Alisha, mentioned abject poverty led them *"to go from house to house looking for food and stuff"*. Mighty-One confessed to petty theft for survival on the streets and Alisha used to engage in fraudulent behaviour of collecting money through school donation forms and theft to meet her own needs. Her mother, however, said it was unnecessary since they had food every day. Governments are waning in the provision of trust, security and safety (Layton, 2009) whilst the youth evidently experience shame and stigma attached to *"not having"*.

Shantel said her mother lost her job as a manager at a large food franchise and that their lives changed after her boyfriend introduced her to alcohol and drugs. The misuse of substances was common amongst other caregivers, including Betty's mother, Portia's father, Jay's father and Themba's foster father. They felt stigmatized, often labelled as *"bad parents"* which corroborated with Sirbu's study (2017, p. 129) in the Moldova context where the mothers felt

condemned and stigmatized by their family and community as, “failed mothers abandoning their children”. Sandile, who had the odd encounter with his father, described him as, “...*the kind of person who was always drunk,*” and he did not get to truly know him before his death.

An NRSWK expressed, “*I am tired of singing the same song, and it is time that parents be charged for negligence*”. If parents are to be charged or punished then the state should be charged for poverty and inequality as crimes against humanity that violate human rights and contribute to maltreatment of children, as asserted by researchers such as Blunt (2015) and Pogge (2010). Blaming parents diverts focus from their need for material, psychosocial, supportive and rehabilitative services. One of the mandates of DSD, for example, is to provide an efficient and effective security system that protects poor and vulnerable people against income poverty (DSD, Annual Report, 2019). Several research studies support that poverty emanates from injustice and unequal socio-economic structures, social arrangements and institutions; the poor have more limited education, employment, health and housing, and they are generally treated with lesser honour and respect (Barnes et al., 2015; Grant & O’Hara, 2010; Fotheringham & Saunders, 2013; Krumer-Nevo, 2015; Sewpaul, 2014).

It is the blaming attitude of service providers that contributes to parents taking a defensive stance. In any event, in corroboration with Hope and Van Wyk (2018), an FG NRWSK asserted that families become defensive, even aggressive-and skill is required to mediate in these situations.

Ntini and Sewpaul (2017) found that financial strains on families increased when unemployment was high, and where there were a number of children dependent on their resources, care and supervision. A number of the youth’s families were characterized by poor work conditions and low paying jobs. Naledi, for example, wandered the streets late at night while her father worked the night shift as a petrol attendant. Tanga et al. (2017) argued for addressing caregivers need for safety and wellbeing, which is seen in light of supervision for children. Lack of supervision might be considered as neglect, but parents have to work to support their families. The parents focus on who is instrumental for the children’s removal to overcome their guilt, often blaming others, for example, “*the neighbours put them there,* and after a failed reunification, “*the school said that they are going to go back*”.

Jay’s father, who recognized his substance abuse was a problem, felt that he was not assisted towards family preservation, and accused the social worker,

*Actually, the social workers broke the family... my wife was complaining ...behind my back... about me smoking greens [dagga]. She [social worker] should have thought that he has small children and arranged for me to go to a rehab and take care of my children.*

None of the caregivers indicated that they received prevention and early intervention services. The NRSWKs indicated that statutory services formed the bulk of their work which corroborated with research as the most prioritized for funding and delivery by state (Hope & Van Wyk, 2018; Lake & Jamieson, 2019).

Jay's father said, *"I let her [wife] go too,"* as self-determination to end his marital relationship but blamed the social worker for not doing enough. He took the social worker to his wife's new home, *"... because it was the lives of my children"*. His profound statement, *"The one [social worker] that pulled my children away from my wife, not from me, actually from my wife..."* absolved himself of responsibility and *"pull"*, implied force and involuntarily which, goes even deeper when he stated that he *"did not sign any papers"* and, *"I never put my children in the Home"*. The importance of parents' interpretation and understanding of the reasons for the removal is in Jay's father's indication that the social worker said, *"that the place [wife's environment] was not safe... She should have brought the children and left them here"*. Jay's father is seen as shifting the blame from himself to his wife, the social worker and lastly, he blamed the community *"I don't blame her [social worker] ... for taking the children...where you [social workers] won't have phone calls complaining about the children..."* The caregivers were resistant to the social workers exercise of control to ensure child protection, especially since they felt powerless. Themba's father, on the other hand, said, *"I put them [Themba and his two biological children] in the Home,"* but the decision was not his to make and the removal was out of his control as with all caregivers. The caregivers' perceptions of the reasons for the removal and their role differed depending on the circumstances under which the removal occurred.

Another issue that emanated is child-headed households or when parents have to play the parent role within the household. Shantel made reference to *"my duty to look after the kids,"* with emphasis on *"duty"* showed that the parenting role was thrust onto the older siblings, in this instance, females when parents were unavailable or unable to care for children. The Daily News, April 18, 2005, reported on Betty's caregiver's experience: *"During the day, I went to school, I left my two-year-old brother [name] at the neighbour. Then I would leave my sisters*

[names] *at school before I went to school.*” Such was the responsibilities of Betty’s caregiver at twelve years that precipitated their removal.

The media reacted to the delay of social workers’ intervention, but Sibanda and Lombard (2015) said limited resources contributed to social workers engaging only at the level of crisis intervention. The writers also found social workers, in neglecting prevention and early intervention services, provided services in a remedial manner, in contrast with comprehensive developmental services intended in the Children’s Act, No 38 of 2005. The media pressurized the Government for expeditious intervention and a solution than to rely on the community to provide emotional and practical support when their own resources were depleted, which necessitated the placement at the CYCC. Zaal (2008) found disciplinary hearings and social workers having their licence revoked through the Children’s Act No 38 of 2005 as consequences of being perceived to act inappropriately or not follow the preliminary (emergency) removal procedure as harsh. He asserted that social workers rely on discretion, often uncertain if and when to institute an urgent removal, but act with good intentions although the Court may not always agree with them. Sibanda and Lombard (2015) found that the presiding officer’s request for unnecessary administrative requirements often delayed the finalization of court enquiries. Mighty-One’s caregiver was a prospective foster parent who returned him to the CYCC in his childhood when he was concerned about the legal obligations of him remaining in his care when administrative work was incomplete.

The common experience of youth participants is either being a child or carer within a child-headed household. In chapter two, reference was made to the UNCRC, Article 32(1); Children’s Act No 38 of 2005 on impacts that child labour has on education, children’s safety, physical and mental health, moral and spiritual wellbeing and basic rights to freedom and development. Betty’s caregiver’s incident of dropping a primus stove, which ignited the bed that her baby brother was sleeping on, is indicative of the risks to safety. In addition to caring for siblings, the youth often cared for vulnerable adults, for example, Zinhle at thirteen years ensured her four younger siblings attended school and often stayed away from school to care for her ailing mother. Shantel, at nine years, cared for her three siblings and her grandmother as her mother was inebriated most of the time. The youths’ overlapping roles conflicted with their own needs. A missed childhood is evident from Betty’s sister’s remark, “*if only I could go back to being young again, to even experience other things that other children are experiencing*”. The placement at the CYCC was to reclaim their childhood and prevent



exploitation, but many remained responsible for their siblings and became their caregivers after they transitioned out of care with inadequate experience of community life.

## **7.5 ABANDONMENT**

Rocky, Mighty-One and Themba came into care after being abandoned. Rocky was in temporary care at the CYCC, when his mother did not make contact with him after her release, she was assumed to have abandoned him. Section 150 (1)(a) of the Children's Act No 38 of 2005 "having been orphaned or abandoned and without visible means" is vague and contributes to social workers and presiding officers' inconsistency in application to determine whether a child is indeed in need of care (Matthias & Zaal, 2009; Vadivalu, 2014). Vadivalu (2014), for example, underscored the relevance of a separate, specific sub-section for abandonment since children with living parents still have the opportunity to grow and develop in their family, and are fundamentally different from orphans. She also argues that the irrelevance of resource availability is that an abandoned child needs care. Blackie (2014) cautioned against the labelling and medicalization of the parents of abandoned children as mentally ill and criminally unstable to deviate from their social constraints.

The youth enter care feeling abandoned and are taught that their CYCC is their home, then feel abandoned without having the opportunity to transition from care gradually was found by other studies too (Oelofsen, 2015). Themba and Rocky were abandoned as babies and depended on information from others to understand their past, entry into care and did not have clear plans for their future accommodation. Rocky knew he was abandoned by his mother when she was released from prison. Vadivalu (2014) said the inclusion of a statutory time period when a child is considered deserted and detailing guidelines will assist social workers in their decision-making, drawn from the parent/s intent and their mental state at the time. However, emanating from an FG NRSWK's experience is that when the police intervened, parents are at times unaware of their rights to access and contact with children which may have been the experiences of Rocky's mother.

Themba's recollection of his biological mother's visit was impossible, according to his caregiver since he was a year old at that time but, explained by the RSWK and CYCW of Facility B as children may "*create a story*" when they cannot remember. The caregiver's description of Themba's mother's fear of anticipated rejection to return with him to her family

and partner in Zimbabwe corroborates with Blackie (2014) on the cultural taboo of abortion and adoption. Blackie (2014) added that illegal immigrants cannot approach the Court to sign consent for the adoption and Themba remained in foster care until his admission to the CYCC. Mighty-One said, *“I don’t know how it feels to have a mother”* applied to Rocky as neither youth had consistent parent figures whilst Themba’s foster parents remained parental figures in his life. Unlike Themba and Rocky, Mighty-One’s mother’s whereabouts was known. Mighty-One associated her rejection towards him and resisting SWKs contact with his expression of anger and threats during the incidental contact after his maternal family traced him at the CYCC. He, *“wanted to stay with her in her own house,”* shows the desire reconnect starts in care and continues during the transition.

The RSWKs questioned and lamented about babies entering care and transition out when they are adults. An FG RSWK said,

*I have a case now of a 21-year-old boy who is going to transition out of the CYCC next year. He does not have parents. He was abandoned. The question that always come to me, why was this young man not adopted.*

A social worker from CWS supported that, *“if there is abandonment after the publication is done, adoption should be the first route”*. Moodley (2006) found that one of the major challenges is the lack of permanency planning and supports caution with international adoption. The KIs-CWSA and DSD were in consensus on: *“trying to maintain our children in our country although they say they [adoptees from other countries] can provide a better life for our children.”* Their support of the rigid guidelines for adoption, by a panel assessment for exhausting family and local placement option, was for *“subtle ethical and irregular practice”* as, *“people from overseas are willing to pay”*. The KI emphasised that adoption is permanent with no option to turn back, which corroborates with Gilbert (2016), on the irreversibility and therefore, act with caution to ensure the best interest of the child.

Some of the youth, for instance, Naledi said that children who enter care 6 years or younger should not transition out of CYCCs since they are easily adopted or fostered. She elaborated that prospective caregivers are *“fearful”* of taking on adolescents because their *“hormones are raging and stuff that makes it difficult for a family to raise you”*. Rocky who had never had a family was open to the idea but may have been more successful had he been younger.

Jay’s father’s perspective of some men is *“...they look for other women and have a good time...abandon the children with their mother and...find a new life”*. The gender inequality

through family abandonment and gender-based violence that contribute to women's abandonment of children whilst labelled, stigmatized and discriminated against are often overlooked as contributory to multiple risks for children's entry into care.

## **7.6 STIGMA, DISCRIMINATION AND TRAUMA**

This section summarizes the multiple sources responsible for the youth and family caregivers' toxic shame borne out of stigma and discrimination, compounded by the multi-faceted risks and trauma in pre-care, in care and after care, evident throughout the thesis. The youth's shame in pre-care is associated with the stigma attached to being poor and not having their material needs met, neglect and their non-conducive living conditions. Alisha's mother's embarrassment of her home circumstances contributed to her choice of being interviewed in my car. I noticed the missing door and a plastic sheet that covered the entrance. By respecting her privacy as a researcher, she felt less judged and invited me into her personal space when I visit again.

Mason et al. (undated) cautioned against stereotypes based on the assumption that all families who experience poverty, mistreat their children. Spunky's caregiver stated, *growing up, I will swear you will never say that his mother was a maid. He was always well dressed. The qualities and the mannerisms that you see, it had been instilled by his birth mother. He just had life and warmth and it was very sad*". This is an example of how having a low employment status and being of poor background predisposed parents and the youth to low expectations even by the youths existing caregivers. The youth are often embarrassed by circumstances that surround their removal as rejection by family especially with abandonment and most evident with Mighty-One. The parent's perspective is often not understood and the reactions from service providers and the community are harsh with labels that signify them as uncaring, neglectful and who abandoned their children.

The shame attached to the label "*children's home child*" brought on three different reactions amongst the youth. The first was secretiveness about their care status. The NRSWKs and the CYCWs in the JIs found some youth preferred not to travel to school in the CYCC vehicle to maintain an undisclosed care status amongst their peers. Alisha explained the non-disclosure of her care status before and after her transition was since, *people thought if you were in [name of cycc] you are not fit, something is not right*". The second was their fear of being viewed differently. Shantel's who internalized the community stereotypes as part of her self-identity, associated her aggression and violent behaviour to "we children's home children." However,

she recognized her inappropriate aggressive responses to conflict and problem-solving were also linked to behaviour learnt from her mother who physically abused her and her siblings. The third attitude identified by service providers was disclosure to benefit from others, such as from churches and schools. CYCWs in a JI said a child will not carry lunch from the CYCC and, *“will say that their friend is bringing for me”*.

The additional shame of the stigma associated with HIV and AIDS was alcoholism, which was common in families of the youth. Some youth like Portia and Shantel were embarrassed and teased by their peers when their parents visited them inebriated and were disruptive at the CYCC. Betty’s sister explains, *“their drink affects us because to go to the street, pick them up and put them in the house, maybe because they can’t walk it is embarrassing for us because the way the neighbours see us because it is like we are all abusing alcohol and stuff... Like just the other day. They see us, it is like they say you know one potato goes rotten, all potatoes go rotten”*. She clarifies, not everyone, since her immediate neighbour, treats her, *“like a daughter”* advises her and helped her deal with major issues such as calming her down and helped her through the time of discovering that she was HIV+. However, parents often felt ashamed of not being able to provide for their children. Spunky’s reaction to his HIV+ status may stem from the reaction of peers within the CYCC and the community. A CYCW participant in a JI said that medication is administered discretely since, if others [children and youth] *know what they are taking medication for, they will start teasing each other...so that is why others don’t want to take their medication.”* Portia who discontinued her medication for depression voiced being teased by her peers.

The shame of being “intellectually disabled” contributed to Lion’s non-disclosure of her previous attendance of an LSEN school which was revealed by her CYCW. Her transition out of care was in her second year of a two-year engineering course at a technical skills development programme. Her sports coach arranged a bursary for her enrolment to increase her employability. The developmental set-backs of youth are often associated with childhood experiences that contribute to poor academic performance. Lion is an example of service providers, including her educators who looked beyond the limitations and avoided stereotypical attitude and labels to discover her strength. The label of being different was felt by Rocky who experienced being taunted by his peers at the CYCC with no friend to rely on, except at school.

The service provider’s attitude was to protect youth and advised them not to divulge their care status on their CVs to prevent them from being only considered for menial jobs. Their perceptions are backed by research as stigma and discrimination affected access to credit and

business opportunities despite exposing youth to training, skills development and shadowing (Bukuluki et al., 2020). The service providers explained the converse being when CYCCs are misconceived as boarding schools and youth return with shame and embarrassment to their poverty-stricken communities. Transitioning out of care in such instances, is seen as a demotion. The youths, encouraged by their service providers, strive for independence, and to prove to the public that the stereotypical attitudes and beliefs that they are not good enough, are untrue. The youth perceptions of carrying the in-care tag, and being labelled and stigmatized were also raised as concerns by other researchers (Bond, 2017; Van Breda, 2018c)

## **7.7 RESILIENCE AND LEADERSHIP**

All of the youth experienced multiple risks and trauma that were deeply entrenched in their lives, but they also possessed some strength which provided a sense of hope for the future. Despite their challenges, strength and personal accomplishments were evident amongst the youth. The identification of the resilience amongst youth was consistent with several other studies (Bond, 2017; Dickens, 2016; Nurcombe-Thorne et al., 2018). Lion, for example, had not excelled academically but demonstrated strength in sports and her outstanding accomplishments included participation in the Special Olympics. Van Breda (2018a, b,c) argued against a simplified notion of youths being perceived as either successful or unsuccessful. They are a heterogeneous group with varying levels of strengths, skills, talents and developmental areas. Further, their resilience is influenced by the time and context of their experiences, which impact their outcomes. JB Fan like Lion had the opportunity to travel overseas, but her strength was in drama. This was consistent with the strength-based intervention that social worker and CYCW participants indicated are adopted at CYCCs. The youth's willingness to give off themselves in service to others before and after their transitioning is one marker of their resilience and possibly a sign for their need for interdependent relationships. This could also be related to learning *Ubuntu* to generosity being encouraged at CYCCs as part of the circle of courage. The other values and principles taught that relate to the circle of courage is belonging, mastery and independence.

However, Spunky, Naledi and Portia stood out as a class of their own. Naledi and Spunky came from poor family backgrounds but lived amongst the middle socio-economic group and used the opportunity to network with others in the community for resources. They were also cared for by foster families prior to their entry into CYCCs. Their placement was at CYCCs within their neighbourhood which enabled them to sustain relationships that they had established

within the community. Whilst to be admitted to the care of CYCCs in adolescence was described by service providers and youth as the most difficult period for adjustment, as evident in Spunky and Naledi's experiences; their exposure to community life experiences enabled them to navigate their way towards reintegration and re-adjustment after their transition.

Portia had none of these benefits and was still able to exercise resilience and assert herself, reflective of personality traits that enable some youth to aspire towards greater success than others. Youth like Portia, Spunky and Naledi who demonstrated resilience, also showed capacity to form healthy, trusting relationships, with appropriate flexible boundaries. Naledi, for example, said: *"I am the kind of person, that once I let you in my space, I become fond of you. This is regardless of the role you played"*. Naledi was insightful enough to recognize that her feelings of abandonment were illogical when her long-standing relationship with the school psychologist, whom she referred to as her "verbal diary", ended.

During the joint interviews, RSWKs and CYCWs indicated that youth are very vocal about their rights which are taught to them at CYCCs, evident with all three youth. Equally significant, they also indicated that youth embrace leadership opportunities at the CYCC with pride. Spunky, for example, took his role as CYCCs children's representative, which entailed sharing with the Board of Management children's views and complaints, very seriously. When the manager relinquished him of this responsibility, he spunkily created the Black Empowerment Movement within the facility and demanded that their voices be heard. In addition, they were willing to stand up for what they believed in. Portia, Naledi and Spunky were advocates that challenged the decisions of their social workers and were not afraid to challenge the system. Naledi, for example, went to the NRSWs organization and complained to the supervisor about not receiving aftercare services.

All three youth received intervention from outside service providers based on referrals made by CYCCs. This may have, to some extent, provided them with the opportunity to work through some of their deep-seated trauma. Spunky and Naledi acknowledged that their behaviours were challenging to the CYCC and they both shared a strong spiritual belief in a higher power which they believed influenced their life chances, as much as the people who entered their lives. Sometimes, as helping professionals, we forget to embrace the spiritual self which contributes to the holistic self. Spunky, for example, recalled his CYCW brought in a visitor unbeknown to him, *"a holy person who could see the future,"* that knew him by name and professed that he was bright and that if he mended ways a bright future awaited him. The power of suggestion had significance for Spunky as it did for other youth who recalled profound words of

encouragement from service providers and people that they met along their journey. Every person has the power to make a difference in someone's life irrespective of who they are, where they come from or their educational levels. The CYCW maintained contact with Spunky and sent money to him every Christmas since she knew how much he loved nice clothes. Whilst multiple risk factors impact on youths' entry into and transition out of care, multiple factors facilitate their smooth transition out of care and adjustment to community life, as emerging adults.

## **7.8 CONCLUSION**

The youth and family caregivers' powerful voices show the entry into and transition out of care involve multiple risks, such as poverty and associated social ills that contribute to disrupted family backgrounds. The youth transitioning out of care shared a more positive attitude of care as compared to youth who had already transitioned out and had experience of life within the community. Hope and Van Wyk (2018) criticized social workers as swift to implement statutory processes of removing children than implement prevention and early intervention services to help families navigate through challenges. Huynh, (2014) and Williamson and Greenberg (2010) found that underlying drivers, such as disability and chronic illness, poverty, culture, politics, child-headed households, and substance misuse place children and youth at risk. Social workers are caught between a rock and a hard place when having to make decisions on how best to minimize risks and maximize the protection of youth whilst preserving the family. It is the multiple risks that youth face which contribute to their entry into care. Simultaneously, ever-changing dynamics of life-events such as the death of parents and significant others and the birth of additional siblings affect families' resources which in turn impacts on their connectedness.

Structural poverty and HIV and Aids are the main underlying factors for the youths' entry into care. Whilst this chapter focused on the multiple risks, it intentionally concludes with some of the youth who showed accomplishments to understand that there is hope and therefore the need for youth, family caregivers and service providers to continue working together towards change.

## **CHAPTER EIGHT: INTERDEPENDENT LIVING: FACILITATION OF YOUTHS' TRANSITION OUT OF RESIDENTIAL CARE**

*“My life is like a jigsaw piece puzzle and over the years, I have been trying to fit the pieces together. There are huge sections where there are no pieces.*

KI Director CYCC relates a discussion with a youth at the time of transition

### **8.1 INTRODUCTION**

In chapter 7 the youth's multiple risks in entry into and transitioning out of care are evident from their pre-care and in-care experiences. The views of youth participants about their care experience differed according on what was happening in their lives at that specific time. Most youth participants, juxtaposed against their experiences of abandonment, abuse and/or neglect, especially those planning for transition described getting into CYCCs as a positive experience, which provided them with a sense of belonging and hope. Sandile said: *“When I came here, I felt free. I felt comfortable. I felt loved, I felt a sense of belonging”*. The youth described the staff and residents of the CYCC as their family and reported receiving resources and protection. In the words of Themba, *“you are safely guarded...transport is there ...and you don't even take out money... free shelter”*. Spunky associated his negative experiences at the CYCC with insufficient food. None of the youth who transitioned out of care, irrespective of their care experiences, indicated a desire to re-enter care.

The KI CYCC director said a youth who compared his life to a jigsaw puzzle needed, as with other youth transitioning out of care, to find the missing pieces. The missing pieces were associated with the youths' backgrounds, but also as Themba indicated *“missing parts of family life”*, whilst in care such as birthday parties. The youths reconnect with family and their roots or harbour a deeply felt desire to for connection. Service providers prepare youth for an independent life, grounded on neoliberal thinking of policies such as the Children's Act and the transformation of CYCCs. Moodley et al. (2020) assert that the youths' desire for *“making a success independently”*, which this study found was reinforced by service providers, is an official dominant discourse tempered by reality. Exemplifying the voices of others, Themba stated *“I don't want to rely on others.”*



However, his plan of accommodation at the organization's transitioning home includes payment for tertiary education and a savings account to support his transition.

Storø (2018) clarified that care-leavers need interdependent living for the inclusivity in social networks and in society and the only independence they require is emancipation from the alternative care system and to develop competencies such as using public transport. Policies, influenced by neoliberalism, view dependency as a pathology. Strydom (2017) argues that youth rightfully depend on the state to invest in policy and services for their interdependently living. The youth are not merely passive recipients of care since all youth expressed their need to "give back" after they transitioned out of care to the CYCC or the community. Alisha said: *"I took some of my stuff and the rest I left so the other children could use it"*. Themba, wanted to be a "motivator" so that his peers understand:

*I was part of this outside world and there were challenges that took me out of the outside world and brought me into a community where things were given to me. But I missed things in the "outside world" "... now you are part of the outside world, you should not take anything for granted, you should appreciate everything.*

The youth's willingness to provide services to others before and after their transitioning, is one marker of their resilience and possibly a sign for their need for interdependent relationships. It is a possibility that the quality of generosity was learnt from the CYCC in promoting development of youth through the circle of courage.

Van Breda and Pinkerton (2019) argue that "care-leavers are not equipped to deal with neoliberal globalization of the increasingly competitive labour and housing markets, instability and complexity of social relationships and the demands of construction of self-identity from a ICT hyper consumerism" (p. 3). Naledi, Jay and Rocky's stories are used to illustrate the desired shift from neoliberal thinking of independence to interdependency, as recommended by Moodley et al. (2020). The need is having a common agenda, *"defending our profession, the people with whom we work and the world we live in, from the offensive onslaught of unbridled consumerism and capitalism"* (Sewpaul, 2007, p. 406).

## 8.2 THE NEW MANAGERIALIST APPROACH TO PLANNING FOR TRANSITION

In chapter 2, I discussed how efficiency of managing “cases”, influenced by neoliberalism, undermines the ethical prerequisites of quality social work services underscored in caring, humane, and trusting relationships. The NRSW indicated, *“You have to meet a target and when you see a child in a children’s home you don’t see it as an urgent case”*. The KICWSA *“good idea to include the element of youth transitioning and transitioned on our NFD [non-financial data] because then we will know that they are safeguarded”*. This comes across as a noble aim to ensure that services towards youth transitioning out of care are not neglected, but further dialogue reveals it is entrenched in a narrow managerialism paradigm. The upskilling is confined to pre-determined areas for reporting and funding evident in the KICWSA’s priority on the staff’s *“interpretation of NFD elements and how we can boost our statistics,”* is consistent with Budlender’s et al. (2011) claim that other Children’s Act No 38 of 2005 related areas are neglected. The KI CYCC-director said planning for youths’ transition out of care are affected since social workers are expected to perform without adequate training on developmental assessment which should be included in the university curriculum. Her corroboration was with researchers (Patel, 2008) that social work academic training is remote from the social work practice. Sibanda and Lombard (2015) found some social workers’ incompetence stemmed from not being trained on the Children’s Act and the developmental approach to provide comprehensive services that include planning. The FG social workers were overwhelmed, *“... have like 120 case per person and ...you are doing all programmes per a ward and you are doing monitoring.... intake, court work...make target”*. This demonstrates how managerialism goals play out in everyday social work practice through focus on statistics, checklists, deskilling and increased workload (Baines, 2004).

Consistent with studies such as Bond (2018) and Oelofsen (2015), planning with the youth for their transition does not occur as it should. Betty’s sister was aware that, *“from the time he enters here, there should be a plan for the child until he leaves here”*. Service providers, for example the KICWSA said planning is, *“informal, adhoc and inconsistent”* and an FG NRSWK explained, *“sometimes it is for just completing paper work”*, The KI DSD referred to standardized tools such as care plans for long term planning and individual development plans to guide interventions and monitoring of the youths’ transition across developmental stages. The priority to completing tools and forms for the files to actual planning can be linked to the monitoring stipulated in the National Transformation Framework for the Transformation of

CYCCs (2014-2019) strategy of the **number** of assessments conducted and that each child has a care plan, IDP and permanency plan. Van Niekerk and Matthias (2019) claim that emphasis on accountability through quantity de-emphasizes quality and hindered the adoption of a development approach becomes blatant in this study. Hope and Van Wyk (2018) were amongst the researchers who asserted that whilst aware of the special bond that children develop with them at the time they are removed and placed into safety, paperwork takes priority over the social workers relationship with children. Holland (2010) explained that this approach “dominates and overemphasizes the statutory requirements which are mostly administrative outlined in policies and legislations and downplays *ethics of care*”. Ethics of care is essential for emotional connectedness, building trust and positive future interventions. Sadly, though, actual social work processes tend to be superseded by technical and administrative requirements.

The CYCC social workers, for example, facility C social worker said, *“I have been here for seven years now and I had never had an IDP that involved the recon worker [NRSWK]”*. The NSWKs confessed to not participating in developmental assessments and added plans do not “materialize” with material and human resources lacking. The NPO sector, backed up by their KI participants mentioned partial state subsidies did not cover all staffing and although expected, excluded programmes to plan for the youth transitioning out of care. The CYCCs and CWS spoke of “*chopping and changing*” from shortage of social workers related to inequitable salaries that motivated staff to migrate to Government jobs for higher salaries and better work conditions. The state (DSD) social workers however, observed their colleagues resign from the Government sector, tired of poor work conditions and high caseloads and a spate of car hijackings that placed them at risk. Hope and Van Wyk (2018) found social workers had no supervision and guidance but were working with children with vulnerabilities and who are traumatized. The lack of supervision and resources were sources of concern for others too, for example a NRSWK from a CWS said, *“... lack of resources like for the offices where there are no supervisors, there will be like just one social worker manning the office with two social auxiliary workers”*. These challenges are not unique to South Africa, for example Amukwelele (2017) found similar challenges in Namibia that hindered social workers meeting their obligations. Consistent with studies such as Dlamini and Sewpaul (2015), NRSWs complained of shortage of cars, computers and finance to support people in need, impacted on engagement in planning for the youths’ transition. Sibanda and Lombard (2015) said 45% of social workers are either not practising social work or employed in the private sector, but that 99% of all

registered social workers are required to implement the Children's Act. Service providers raised the issue that state subsidies only cover the basic needs of children and in corroboration with Bond (2017), fundraising brings limited relief which restricts the provision of comprehensive services. The KI CYCC director elaborated that donors' expectation of accountability on pre-determined priorities prevent expenditure on identified needs. Bond (2017) contested that planning in itself is insufficient if CYCCs lack resources to support care-leavers to realize their future selves. Budlender et al. (2011) found that donor funders objected to the amount of time spent on administration against actual Children's Act No 38 of 2005 related service delivery, impacted on funding.

There was no participation of the youth in decision-making. Alisha said, *"They (CYCWs) sit with us, but mostly after the September and the December holidays but we did not have much of a say because they will tell us we are not 18 as yet"*. While Goba (2009) found having a biological family contributed to greater participation in decision-making, this was not so in this study. The children's participation, expected of Section 10 of the Children's Act No 38 of 2005 is reduced to tokenism by completing administrative reviews or sometimes disregarded altogether, consistent with other studies such as Van Wyk et al. (2019). The push for fast and immediate completion of tasks compromises long term interventions, processes and goals (Harris, 2014). The weighting down of equality, equity and participation is understated, consistent with Spolander et al. (2014) by demands on administrative efficiency and accountability.

Alisha, Nicola and Lion said their sisters were *"tired of institutionalization"* and emancipated themselves from the chains of institutional care by absconding, which is associated with not being given a voice regarding discharge plan.

Lion, like many other youths was told few months before leaving, *"it is time for me to leave and that at the end of the year, I was going to stay with [caregiver]"*. This corroborates other studies, for example, Bond (2010); and Oelofsen, (2015) that planning is generally left until few months before the youth transition. The youth's preference was for preparation to commence at least two years in advance for planning for their transition not to clash with their preparation for leaving school. Despite his optimism of transitioning out of care, Sandile expressed mixed emotions, *"nervous at the same time stressed and at the same time excited that I am finishing school"*. He expressed concern about the uncertainty of the future. The service providers differed in their perspective of when preparation for the youth's transition out of care should commence. The Children's Act No 38 of 2005, expect that planning with

the youths for their future commences from their entrance into care and reunification expeditiously executed or less restrictive care, if not possible, to prevent youth languishing in care until they transition out.

The youth also felt dehumanized and demoralized by social workers' prioritization of, "*updating the file*" over their needs. Naledi's frustration, mistrust and suspicion was evident when her agitated social worker was unable to recollect information, she responded, "*to hand over your case I [she] need this information for your file and there is going to be an audit. I am wanting to update my file and if you are not co-operating, I won't update my file*". Yet, the social workers were aware, as indicated by the RSWK, that attending to basic needs and not the psychological and emotional ones can destroy a child. Portia expressed,

*Just for someone [non-residential social worker] to show interest like I want to know how you doing in the Home, how is the Home treating you, what would you like us to do and how can we help you.*

The care-leavers perception of emotional and psychological neglect by service professionals are consistent with studies, including the Global North, such as the UK (Adley and Kina, 2014 and Atkinson and Hyde, 2018). The relevance is in Dima and Skehill's (2011) identification of the psychological transition of youth planning for transitioning, and their pathways out of care, are neglected. In contrast, Naledi's experience with the supervisor who browsed the file with her and tried to understand her life, was perceived positively, after she complained. The social service professions (social workers and CYCWs, in this instance), are pressurized to deliver on management goals, are punished when accountability through documentation, audits and monitoring on pre-determined quantifiable indicators are compromised. The emphasis is on economic efficiency over the emotional needs of clients (Dlamini & Sewpaul, 2015; Rogowski, 2011; Burton & Van den Broek, 2008; and Strydom, et al., 2017). This is glaring from Shantel's experience of her NRSWK's visit, "*because they wanted to put it [the accommodation she identified] on my file, but they did not come and check*". Mathews and Sykes (2012) referred to this as a "tick box exercise". The insufficient attention to processes such as screening of caregivers for quality care and appropriate care and accommodation is noticed by Spunky who asserted, "*finding a family for a child makes a real big difference,*" but youth should not be sent to the "*wrong family*".

FG and joint interviews indicated, "*It's not easy because there is no structured way or route that you can take so that you know that if this happens, then I could do that*". The social workers

have become accustomed to standardized processes, frameworks and procedures. Yet, the KICWSA claimed that policies or guidelines on helping youth transition were lacking. Sewpaul (2016b) asserts that “empowering, emancipating, strength based approaches,” can transcend the micro-macro divide. The logical thing in Trevithick (2014) is for their use of skills, knowledge and judgement and, in this instance, advocate for resources and to address the youths perceived needs. Standardization could impact negatively on service providers problem-solving creativity, especially in advocating resources required in planning with the youth for their transition. Instead, like the youth, service providers end up, “*looking in the dark, manipulating good hearts, and use of incentives such as disability grants*”. The KICWSA advised social workers to visit orphaned and abandoned children at least every two years since “*not much could be done for them*”. If reviews are conducted, visits should be at least six-monthly. The lack of planning with the extended family, educators at schools and faith-based organisations for the youths’ transition corroborates with Van Niekerk and Matthias (2019) that integrated planning was not evident in child protection services. The writers found the same applied to implementation and resources.

The KICWSA said planning requires,

*a multi-disciplinary approach where planning together, social workers and case managers at CYCC, social worker and the team, psychologist and psychiatrists should be sitting and planning for and with but, mainly with the child. It should start at the commencement of the placement.*

The KI DSD shared a similar perspective on engagement with various stakeholders. Dickens (2016) referred to “welfare pluralism” of partnering with stakeholders through which CYCCs can share the responsibility, promoted through the social developmental approach. Although the KI DSD included families and significant others, none of the caregivers were engaged in planning for the youths’ transition. This is consistent with the KI DSDs monitoring in which she found no regular case conferences, family contact nor proper screening of host parents when children are placed on leave of absence. However, service providers’ expectations that, “*those with families must go home*,” was an anomaly as they asserted the homes were not “*good enough*” for reunification prior to the youth ageing out of care. Consistent with other studies, (Agere, 2014; Morris & Stein, 2009; Sauls & Esau, 2015), the youth were not engaged at the level of family conferencing for alternative dispute resolution and engagement in decision-making about their lives, (covered in chapter 3, section 3.4) including planning towards their transitioning out of care. In some instances, such as with Lion and Portia, their RSWK

attempted to establish their bond with their extended family but was unsuccessful. Lion said, *“We are a family”* referring to herself, cousins and sibling at the CYCC. She asserted, *“it is not right, isn’t there should be a discussion with social workers and family,”* meaning that case conferences, family discussions and planning could have occurred with her family at the CYCC to prepare for their transition.

Alisha’s mother said, *“all they told was she must work and study and so that she, me and my husband will be working, but that did not work out”*. Betty said if family therapy and mediation services were provided then, *“they [her family] can sit and talk face to face”* and *“change the way of doing things, they would cope better since each will be able to offload their baggage”*.

Even interventions as basic as these were not happening. At the time of transition, Mighty-One’s residential social worker’s session with him and his caregivers did not include the multi-disciplinary team or his extended family. The far reaching implications is the gap in interdisciplinary therapeutic intervention that restricts movement out of youth care sooner, delays preparing in all spheres of their transition out of care, such as EET opportunities, suitable accommodation and care, mastery of skills, health and wellbeing. Spunky said that sometimes the whole process of transitioning out of care is done so harshly that, *“it can break a person”*.

Naledi’s caregiver shed light on her experience as a CYCW in a multi-disciplinary team,

*...we end up fighting in the room...You touch space on a childlike nobody can and you sit there and you are fighting on behalf of that child because you had learnt what makes him bang his head against the wall or doing certain things and so on.*

Whist child advocacy is evident, she asserted that, *“behind the scenes,”* intervention at CYCCs by social workers and CYCWs such as phone calls, little investigations such as tracing a family are not recognized initiatives when outcomes are prioritized over the process.

The consequences of poor and delayed planning are evident from Portia’s argument:

*...I am now doing the adult’s job. I have been here for 11 years. ... How am I going to now find something when I have nothing but my books? I have no financial backing, no adult to depend on. I can find a place, but I still need to pay for the place, transport because the bursary will sort out studies, but I have to buy my books and pay the rent and food. What I want to know, when they were sitting down and deciding my future what were their plans because I am having to come up with all the plans.*

Portia's frustration and sense of powerlessness is evident in her talk about "*them*" deciding "*my future*", combined with the incongruous expectation that she be an adult and make her own plans. This links with the neoliberal expectation that people are responsible for and will run their own lives (Harris, 2014). In some circumstances it is as if, upon the youth approaching 18 years of age, there is a sudden dawning that they have to leave and that "something must be done"; with the "something" sometimes becoming the onerous responsibility of the youth, as reflected in the voice of Portia, "*I have to come up with all the plans*". The sentiment is echoed by other youth, for example, Sandile said, "*The plan is when you turn 18, you are going to get discharged and it is pretty much that you are on your own,*" with youth expected to find solutions when service providers clearly do not have the answers. Van Breda (2018c) and Van Breda and Dickens (2017), similar to this study, found the youth and their families' free choice was limited by structural constraints, which were debilitating and disempowering. This contrasts with an earlier focus of youths' resilience and positive outcomes in spite of poverty (Van Breda & Dickens, 2014). Service providers asserted that constrained resources such as suitable and appropriate accommodation rendered them helpless in planning for meeting the specific needs of the youth. I therefore submit, to Sewpaul's (2013a) view that agency is an illusion when structural barriers remain unattended and pervasive.

The neoliberal models embrace the notion of standardized practice under the pretext of efficient practice and cost saving, which is consistent with Alisha's frustration of being treated like a commodity of the welfare system that "*tell children that when you turn 18, you have to go*". She elaborated,

*Before, I turned 18, they were so worried about me because I know that they collect some kind of money and once you turn 18, they stop collecting the money.... So, they need another child to replace me so that they could collect the money.*

Alisha's perception is validated by the KI Director-CYCC that, "*the moment they leave, it becomes someone else's room.*" Stein (2019) contended that youth who transition from care do not have the security of trial and error and to return to the CYCC, when they encounter challenges as their peer counterparts in the community have when leaving home. The KI Director of a CYCC confirmed that services rendered to youth after they transition from care are not funded. The FGs (SWK and KI) participants emphasized, that they "*don't want to touch*" services that are not funded when the state, which has a responsibility to the youth. Without state support organizations are unable to ensure sustainability services.



Lack of resources were consistently highlighted by service providers in the FG and JI.

One almost callously, or perhaps out of despair said, “...*they* [youth] *have to go because there are no alternatives as there are no facilities, and there are no aftercare facilities*”. One person in the FG maintained, “*Kids who don’t want to go [home], they have to go, or they have to study.*” Sewpaul (2013b; 2014; 2016a) argues that cutbacks in public expenditure of health, welfare and education have devastating effects. Dickens (2016) recommends the adoption of the social development approach by NRSWKs and CYCCs that include job creation, income development projects, social entrepreneurship and community development and working with families. This means working with the youth, the families and other stakeholders long before the time of transitioning out. The youth were clear about their needs at the time of transition. Betty said,

*To make sure that children are going to a safe environment and to make sure that they get the same care that they get here. Just make sure that they have a school to go and stuff like that. Just to make sure that their needs are met.*

Van Niekerk and Matthias (2017) highlighted the roles of local Government (Municipalities) in child protection in providing services such as baby clinics, safe parks, places of recreation, monitoring of partial care facilities and ensuring a safe local environment. Understanding the role of various stakeholders can ensure that they are held accountable for service delivery.

The KI CYCC director protested that the state only subsidizes CYCCs to provide “*traditional full time care,*” when flexibility can help children stay connected with family. The Isibindi community-based child and youth model, is a good example of flexible services directed at meeting the needs of children and youth (Mathews et al., 2016). Budlender and Francis (2014) dealt with the limitation of Isibindi being within the HIV and AIDS DSD Directorate. They argued that with the mandate to serve OVCs and their families, which include child protection, prevention and early intervention functions, the budget allocation should be within the Child and Family Directorate. However, if flexibility was built into the funding, the five day and weekend care and therapeutic programmes at CYCCs would facilitate planning and gradual transition for youth as home circumstances improve. The KI DSD participant asserted that section 168 of the Children’s Act No 38 of 2005, (leave of absence) offers some flexibility and can be used to prepare youth for transitioning out, but this is seldom used. This provision was used with the youths’ occasional staying over with family, friends or host parents, mostly during the end of school term holidays. Spolander et al. (2014) said that organizations are afraid

to challenge Government when service delivery and their very survival depend on state funding. This was vocalized by the FG KI participants. They, therefore, comply with service delivery models and Government requirements (Van Niekerk & Matthias, 2019). However, a flexible care model may minimize the disconnection that youth experience with their families and provide opportunities to change the abruptness of transition. Stein (2019), for example, referred to Sweden easing youth into their alternative accommodation by gradually increasing the time spent for their adjustment. Flexible care programmes can also make planned sleepovers possible for youth to stay connected with their CYCC family, after they transition. The consistency in this study is with researchers such as Barnes (2012) who found youth need to know that someone cares for them as individuals which they perceived by the extent of engagement with them to confirm the extent of interest in their current and future wellbeing. The contradiction is in the managerialist approach whereby service providers are expected to manage children and youth, often at the expense of demonstrating care.

### **8.3 CONNECTING WITH FAMILY**

The time of transition is generally accepted as the time when youth try to re-connect with their roots to seek validation of their identities, deeply embedded in the need to “*belong to someone*” or “*be cared for by someone*”. The need to belong and be loved is always prevalent, but during care, the need for contact with family is held of high value by all service providers and youth. Facility A and B provided overnight accommodation to parents and close family members who reside a distance away from the CYCC to be able to spend time with the children and youth. The KI CYCC Director said, “*If there is no sense of belonging nothing else works*”.

Wade (2008) explained the need to re-connect at the point of transition is associated with the youths’ re-appraisal to determine whether their birth and/or substitute parents will be able to provide them with physical or emotional support. The care-leaving model constructed by Van Breda (2015) on the social process model of resilience for successful transition recognized care-leavers network for authentic belonging can come from sources such as their immediate and extended family, neighbours, friends and religious leaders and community members or risky sources such as drug lords (Van Breda, 2015). Hence there is critical value in long term and positive relationships. The youth participants were often unable to rely on their biological family and often looked at alternatives for support corroborated with researchers such as Van Breda and Dickens (2016) on their families having limited resources.

A JI CYCW discouraged care-leavers, “*learnt ways of how to get money from other people,*” which were seen to be manipulative, particularly previous donors and the community. However, whatever their strategy they were networking for goal attainment, which is part of the process of Van Breda’s (2015) model where they rely on existing connections and develop new connections to move ahead with their goals. This can contribute to them building hopeful and tenacious self-confidence and contextual responsiveness.

In South Africa, the concept “blood relationships” is complex. Van Breda and Pinkerton (2019) explained that in the African context, family is understood to be clan or kin that includes everyone within the ancestral line, including those who married into that line or may have already died. The ancestral blood that Mighty-One shared with his caregiver belonging to the same clan is accepted through indigenous knowledge as “blood related”. He was introduced to the family by a CYCW and his caregiver said that the cultural expectation was for him to be raised by the couple as their own child. Sharing a common clan surname, therefore, served as a resource for reconnection and for a sense of belonging and identity. The caregiver said that it was his responsibility to teach Mighty-One “*the praises*” referring to his family roots and origin, which coheres with Blackie’s (2014) view on the importance of learning about family and ancestors through the clan name. Mighty-One built relationships with half siblings that he met for the first time at his mother’s funeral a month prior to his transition, but he continued to live with his host parents whom he was introduced to on account of a shared surname. Sandile’s contact with his host family was undeterred by his transfer to another CYCC, since they shared his deceased father’s surname, and they assisted him in his search for his paternal family.

Murray and Humphreys (2012) found care-leavers are denied their rights to personal records. This was evident from Zinhle’s experience of being told by her NRSWK that her file was “*closed.*” She relied on a family who shared her paternal family’s surname to trace and connect with them. The structural factors of migration for employment and family disintegration is evident from her discovery of her father’s marriage and eleven adult children in a rural area which helped her understand the clashes between her mother and the paternal family. She chose to remain in the transitioning home to be close to her younger siblings at the CYCC but stayed in contact with her family.

The concept ‘related’ is relative and complex, for example, Charlotte was planning to transition to her caregivers through their South African-Malawian heritage. They became ‘like family,’ which was as good as being blood related. She too, has an extended family, but shared a closer bond with her caregivers whom she had known since birth. Her caregivers indicated that as

Muslims their duty is to take care of orphans, irrespective of whether there was a biological link.

While family name and religion hold much currency in the African worldview, Ubuntu transcends racial and ethnic lines. Consistent with Gwenzi's (2020) study, some youth identified non-relative caregivers that excluded family or clan members, revealing that traditional ways of thinking of family is changing or being modified in contemporary times. This is encouraged by service providers, as the KI CYCC said, *"We say to our abandoned children that family does not have to be blood. Family is anyone who call you their own"*.

Naledi remained with her host family of another race group that she developed a strong bond with, and who supported her. The significance of understanding when and how youth disconnect and reconnect with family is instrumental so service providers can assist them find their sense of belonging. Whilst often youth are seen to do the tracing, families also trace and connect with the youth. For example, Naledi's paternal aunt traced her through Facebook after her transition out of care and connected her with family. Naledi and her caregiver shared a mutual belief that their relationship was *"a sign from God"*. A common religious belief contributed to the sense of belonging and collective caring which promoted Ubuntu. However, Moodley et al. (2020) argue that Ubuntu receives less attention since it promotes interdependency which contradicts the neoliberal capitalist policies that fuels self-centeredness and material accumulation. The writers encourage social workers to embrace the Ubuntu philosophy and use its values to help youth transition towards interdependent living.

Generally, youth with a surviving parent expressed a need for their parents to take responsibility *"...the moments when you need your biological parents right now and this is the painful part"*, but as their life experiences showed this often ended in disappointment. Portia's father's nomadic lifestyle and alcoholism forced her to remain at the CYCC, and Jay who had transitioned into his parent's care said, *"[name of CYCC] takes care of you better than your own parents do"*. Portia and Nicola tried compensating for inadequate parenting through using both parents as their resources. Nicola said, *"It's like my mother knows her because she [youth] visited me at home once and she calls my mum 'mum' and I visit her dad with her, and I call him 'dad' and like my mum refers to her as her daughter"*. However, neither Portia nor Nicola found emotional or material support from their parents. Despite their negative experiences of feeling alone and uncertain about their future, consistent with Gwenzi's (2020) findings, said that they found strength in having biological and kinship links.

Sulimani-Aiden, Benbenishty, Dinisman & Zeira (2013) said that youth often find themselves helping their families who are unable to provide them with emotional and financial support. Shantel, for example, helped her mother “*wherever she needs help, I will help ... she does not help me...at the end of the day, she is still my mother*”.

Themba’s father indicated that crime was rife in the community and drew my attention to the female sandals that he wore since his possessions were stolen. His dependency was on the meagre income generated from trading goods on the street, and replacing the stolen items was a challenge. Like other unemployed caregivers, he tried, but was unable to generate sufficient income, as evident in other studies (Raniga & Mthembu, 2017). Unemployment, poverty and inequality require broader strategies than therapeutic interventions. They require partnerships between public and civil sectors in addition to teaching families, resilience (Raniga & Mthembu, 2017). Mighty-One understood his extended family who traced him at the CYCC were too poor to care for him. He was committed to stay in contact with them and said he will visit when he “*got something in my ... his hand ...pointless going there, aunty, when you’re empty handed*”.

Portia and Lion were suspicious that their extended family wanted to care for them after their transition so that they could receive *lobola* (a custom of the groom paying the bride’s family for her hand in marriage). Neither of them connected with the extended family, and were overwhelmed by family expectations of financial support, even whilst they were still in care. Portia stated, “*I will always lend a hand when I can, but right now they always expect too much*”. She highlighted the lack of support from family, “*if you give birth to a child you take care of that child, anyone else’s child is not your concern. So, when our mum died, anyone who was concerned about us was gone*”. Raniga and Mthembu’s (2017) assertion of the existence of pre-colonial values of communitarianism and shared responsibility, contrasted with the experiences of some youth participants in this study. The reality is that many of the extended families are depleted of resources, although the caring sentiments may still exist. The fact that some families expected youth who were in care, generally regarded as one of the most marginalized and vulnerable groups in society, to provide financial assistance for them is reflective of the depth of poverty, and it is a huge indictment on South Africa as a nation.

In an atypical case, the reconnection with an absent father during the transition was a source of support, which coheres with Takele and Kotecho’s (2020) view on the significance of establishing ties. JB Fan had not seen her father until she was 16 years of age when she visited

the paternal family. On reconnecting, he repaired her mother's home and reunited the two siblings. Although the home was next door to a drug dealer, they were happy to have their own place. However, the desired supportive outcome through connection or reconnection with biological parent/s anticipated was often not achieved. When Shantel's social worker discovered her absent father, she was hopeful after connecting them even though Shantel was born of an extramarital affair that remained undisclosed to his family. But, on account of his secret, sporadic calls on his terms, Shantel became disillusioned. Non-disclosure of the identity and whereabouts of an absent parent was seen as depriving them of opportunities. Alisha believed that if her father, whom she had never met, knew of her plight, he would have supported her. Jay's father restricted his mother's access since the arrangements prior to their transition was restricted access only at the CYCC. The condition was not reviewed at the time of his transitioning out of care.

Spunky resisted being accommodated by his sister in Eastern Cape after his transition and alleged neglect when he once felt forced, by his social worker, to visit her. He, however, acknowledged her as caring because "*she phones and sends me money*", but saw his host and sponsor as his significant caregivers. The KI CYCC – Director mentioned that a youth transitioned to his mother after overcoming his resentment and anger towards her for abandoning him when he was made to understand that she was, at 12 years of age, raped by his grandfather and had no-one to keep her safe at the time. The expectation of the FG NRSWKs for youth to go back home and change the situation, is unrealistic if their own needs are unmet, and family preservation services are not rendered. The youths' new connections need to be sustained, for example, Spunky's mutually reinforced bond with his host parent who took him as her "son", after her divorce.

In corroboration with previous research, care-leavers lacked a sense of belonging after they left care and experienced uncertainty about how to handle situations in the community (Meyer, 2008). This requires transformative changes in institutional care to address CYCCs as a temporary home rather than becoming home. Van Breda (2018) said youth who were raised in a culture other than their own at the CYCC will find difficulty adapting to the family's traditional beliefs and practices. The KI CYCC -director indicated that when youth lack a sense of attachment, they do not feel they have been nurtured, which contributes to their difficulty in forming relationships and some youth connect in places and people associated with drugs, alcohol and crime in search of identity and belonging. Dickens (2016) referred to the

*“scuppering of façades”* social process when some youth engaged in unconscious self-destructive behaviour after they transition from care.

According to the JI participants, for example, facility C -RSWK and CYCWs, self-destructive behaviour can commence in care, *“because of their need for family and sense of belonging.”* The need to belong and reconnect is always prevalent, but there are limited options for support and care at the time of transition. The tracing, supporting and connecting to family and significant others should commence at entry and continue throughout care and after care. All service providers indicated that the families need help to become the support system that youth need. Betty indicated that, *“home is not home [the CYCC] ... They are the only people I have in my life and I have nowhere else I can go.* Drawing on his experience, a CYCW indicated that at some stage youth do want to bond and stay connected with family. While Hlungwani and Van Breda (2020) found that female youth worked harder in maintaining enduring and authentic relationships, I found that both males and females worked just as hard.

## **8.4 PROGRAMMES, SERVICES AND POLICIES**

*Number one is that working at a Children’s Home is about relating to children’s issue so if a child says that he or she is not happy to go back to the family they should follow-up and see why this is so and if there are issues, they should find alternative ways like a foster family or a host family. (Spunky).*

Director CYCC said *“It is not that work is not happening, it is that work has no depth”*. Prior to the restructuring based on managerial models, social workers had a fair degree of discretion in their work – relationships between social workers and people whom we engage and serve were built on unconditional positive regard, respect and care as well as through the provision of concrete resources and services. However, this new model of management has dramatically increased bureaucracy with an emphasis on statistics and administration (Van Niekerk & Matthias, 2019; Dlamini & Sewpaul, 2015).

The DSD mandate is to address vulnerabilities and poverty through a comprehensive social security programme, psychosocial support programmes, victim empowerment programmes, child protection services, social and behaviour change programmes and community development programmes (Annual Report, 2019). The DSD KI indicated that, *“policy is in place, but cost-cutting may not have resources for implementation.”* The lack of transition programmes that prepared youth adequately, found in this study, is supported by other studies

(Bond, 2010; Mamelani, 2013). However, the initiatives of service providers, despite limited resources, are also acknowledged. The FG participants identified role players that included Government Departments, NPOs, faith-based organizations, business sector as working for collaborating towards the transition of youth out of care, rather than it being solely a DSD responsibility. Spunky asserted that one should not wait for the time of transition to find alternatives to residential care. This corroborates with the requirements of policy for expeditious reunification and less restrictive care and prevention of children languishing in CYCCs.

#### 8.4.1 COMMUNITY LEVEL

The Director of the CYCC asserted that models such as family preservation, professional foster care, wilderness therapy, and the life centre model, which exist, are effective in working with *“tons and tons of youth right in the middle of economically deprived areas”* but are not being implemented. Although she suggested education on these models be initiated at university level, the challenge identified by the FG KI participants is funding to address the gap in prevention and early intervention programmes. Section 144 (3), of Children’s Act, No. 38 of 2005 prescribes promoting prevention and early intervention, the participation of children, parents, caregivers and families to identify and seek solutions to problems. Family preservation includes programme strengthening to prevent the removal of children, parenting skills and support groups for parents, including when caring for children with disabilities or chronic illnesses and empowering families to obtain basic necessities such as skills development, sustainable livelihood programmes, food gardens, expanded public projects, and farming. Programmes should provide families with information about accessing basic services such as electricity, housing, grants, education, police, courts, maintenance, protection services, and health services. However, rarely is funding available for these services, and when it is, the subsidy is not fully paid by the state (Budlender et al., 2011). The common, absurd reasoning is to promote self-sufficiency of NPOs to prevent dependency on the state.

Prevention of abuse and neglect reduces the need for costly institutional care, and it would enhance the biopsychosocial and spiritual wellbeing of children. Programmes of a psychological, rehabilitative and therapeutic nature should be rendered for those who suffered abuse, neglect, trauma, grief, loss, or have behaviour or substance abuse problems. Mentorship schemes for child-headed households should help access grants and services such as electricity, water, health care, protection and education. Partial care such as school aftercare programmes,



nursery schools and crèches, ECD programme and drop in centres are regarded amongst priority prevention and early intervention programmes but receive partial state funding and some are not funded at all. KI participants reported a decline of funding received from the State which corroborates Harding (2014) view that many NPOs are running on deficits. The Eastern Cape Legislature MEC of Social Development, Hon Siphokazi Lusithi admitted to subsidy cuts of NPOs delayed payment related to challenges encountered in updating the information system, incorrect submission of subsidy claims by NPOs and the disruption of services during lockdown (Estelle Ellis, 17 September 2020). In the same Province, 20 DSD senior social workers lodged an urgent application at Bhisho High Court when their salaries were reduced for reporting late to work. In their submission they alleged poor work conditions, having to use their personal resources while working from home, disruption of services on account of closure of their office, which was condemned as a health hazard, and securing an alternative office premise being delayed by Public Works.

#### **8.4.2 PROGRAMMES AT CYCCs**

Chinyenze (2017) asserted that the adjustment of care-leavers to the community must be seen against the backdrop of an evaluation of services that they received whilst in care. In terms of Chapter 13 of the Children's Act no 38 of 2005, assistance must be provided to youth who are transitioning out of CYCCs.

##### **i) Documentation and preservation of personal artefacts**

Bond (2017) highlighted the importance of birth registration and Proudlock and Martin (2014), the challenges encountered which require more flexibility from Home Affairs, consistent with the views of the service providers in this study. An FG NRSWK highlighted that a magistrate has commenced the issuing of subpoenas to Home Affairs with regard to delays in processing unabridged birth documents. In Phiri's (2018) study, social workers reported that the incongruence in the Births and Registration Act and the Children's Act No 34 of 2005 confused Home Affairs Officials and contributed to delays in birth registration. The KI director of CYCC referred to a 19-year-old chronically ill foreign national youth whom Home Affairs refused to issue an identity document to, after the social worker who applied for his birth certificate could not be traced. The KI Director (CYCC) outlined the implications for him: he is considered to be illegally in the country, cannot afford the monthly rental which can cost up to R1 000; he cannot qualify for a grant or secure employment. Martin (2014) asserted that the Births and Registration Act Amendment Act 18 of 2010 and Regulations (2014) enforced in 2014 have

made registration and subsequent access to services even more difficult for children born to foreign nations.

An FG NRSWK, said, “*We want to empower our clients*” and lamented about having to “*physically and practically do everything*” from taking parents to Home Affairs, paying and ensuring that their temporary documents do not expire before finalization. The extensive responsibility that rests with social workers, for example, to advertise when children are abandoned and having to confirm and prove abandonment via advertisement in media was a challenge also evident in literature (Martin, Hall and Lake, 2018). Alisha mother’s birth was registered late (at the age of 16 years) by her own parents who had no formal education. Jay’s father said that he started the process after, “*they [CYCC] were going to apply for IDs for Jay and the daughter but, no ID came.*” National documentation whilst youth are at CYCCs are a concern in other countries too, such as Zimbabwe (Chinyenze, 2017). The lack of identity documents robs children and youth of many of their rights: the rights to social security, health, housing and employment. Mighty-One took pride when his RSWK showed him a photograph taken after he was picked up from the street and he recognized his progress from being angry and aggressive “*to the person I have become*” over the years. Betty’s social worker presented the media article that brought her into care. The symbolic possessions brought from home or presented as gifts are reminders of the youth’s past, and can promote a stronger, more resilient sense of self awareness, self-continuity and sense of belonging. Some youth were only allowed to take their clothing when they transitioned. Changing the way we care (2018) indicated that taking time to ensure youths’ access to personal belongings is their right. Photographs, copies of relevant documents, case files, clothing and special toys and other mementos are important, and help youth in their transition. They are reminders of how far the youth have come and serve as motivation and hope for a better future.

## ii) **Specialist services and programmes**

Specialized programmes that provided trauma debriefing and counselling, care of children with disabilities and substance abuse remained a gap, according to the youth, their family caregivers and the service providers. Mathews et al. (2016) asserted that models for healing traumatized children are not known. Facility A provided services for the disabled and those with chronic illnesses, and established the Siyakhula substance abuse rehabilitation programme, which was registered and received funding from the DSD. The recent update from Facility A was that the Siyakhula programme could not be sustained and closed down due to insufficient funds. The

DSD KI indicated that Newlands Park Centre also rendered a programme and has a capacity for 12 youth, but the demand for services were far greater. However, both facilities operate under-capacity, at times. Facility D referred youth to be assessed by South African National Council on Alcoholism - Durban Alcohol and Drug Centres (SANCA) that charged a fee for rehabilitative and therapeutic services. Thus, some youths' intervention stopped at awareness and others were referred to psychologists. SANCA's social work post funding includes an outpatient programme that youth should not be denied on grounds of a fee.

In response to how programmes are decided upon, Spunky said, "*Honestly speaking, we were never asked. It was like always on what is on the calendar,*" referring to life skills planned according to calendar events. However, Nicola as the chairperson of the CYCC forum was a member of the of the KZN Children's Forum. She participated in meetings and camps and said, "*we talk about challenges that we have in KZN*", but they did not discuss programmes required to help youth transition out of care. In other parts of the world, such as England, Stein (2019) spoke of "care experienced youth" influencing policy, service provision and decision-making, for example, the children participate in a care council, which ensures that youth have a voice in local policy that impact in-care and care-leaving.

The more we understand how external factors induce deep seated trauma and shame the more we will pay attention to both resolving structural barriers and the psychological needs of the youth and their families. This is discussed in-depth in the conclusion and recommendations.

All youth experienced varying levels of trauma and loss, some manifesting in suicide and self-destructive behaviour. Lion's sadness, grief, loneliness, sleeplessness, loss of appetite and helplessness and intense unhappiness continued in-care and after her transition, which was not addressed by specialist services. Naledi perceived that she could manipulate the psychologist by telling her, what she "*wanted to hear... enough for her to clear me.*"

### iii) **Independent living/transitioning services and disengagement**

KI DSD: *An independent living programme is a programme that will provide for the preparation and support to our child who is becoming a young adult to transition into adulthood and to live independently, especially where there are no families.*" Of note, to "live independently" resonates with policies such as the Children's Act No 38 of 2005 and the White Paper on Families (RSA, 2013), to empower people to become "self-reliant." The service providers said these programmes will cater for youth, 16 years and older where they are treated as a young lady or man and are monitored, for example, their study time and medication time,

and are given age appropriate responsibilities to prepare them for independent living. All CYCCs provided psycho-social skills. While Alisha indicated that youth participation in deciding on topics for educational awareness was based on their challenges and the need for additional information, Spunky said that educational awareness was determined by calendar events that did not meet his needs.

Mmusi and Van Breda (2017), consistent with the views of the CYCWs, found youth may reject social skills taught in care, but refer to or adapt them to their situations after they transition from care. A CYCW in the joint interview, for example, referred to the impact of daily interaction in the life space of children and youth, and the impact on youth's transitions:

*"...when they are discharged you will find that someone will come back and say thank you Uncle [name of CYCW] for helping me that time when I was doing that. Maybe that time, I did not appreciate it then, but I can see what you had done for me that time had helped now."*

The downside is whilst CYCCs place great emphasis on social skills for transition, experiential learning is restricted by the CYCC environment to prepare youth for a life in the community.

The youth's frustration was lack of decision-making power that restricted them from taking charge of their lives. Portia said,

*All you can do for yourself here is decide what you are going to wear and how you are going to present yourself for the day...because you have a routine that you are going to follow like the children.*

Portia's response is consistent with Oelofsen (2015) and Omukunyi's (2015) views that the youth saw such monitoring, restrictions and over-protectiveness as an invasion of their privacy and space. However, CYCWs and social workers' dilemma was accountability and the need to avoid risky situations. The youth expressed a dislike for the conformity of standardized rules and regulations that applied to all children or face consequences, consistent with the findings of Bond (2017). Naledi expressed that "*reporting*" to the social worker, and sometimes the Board of Management, instead of dealing with issues with peers and staff and resolving conflict did not prepare youth for community life. She said, after transition "*my mother [host parent] and I have to find a way, a solution.*" The youth are taught compliance and obedience to procedure, rather than the development of skills to facilitate their transition out of care. Portia, consistent with services at Facility D, confirmed learning basic practical skills, including cooking, knitting and sewing skills that youth could fall back on, if unemployed. The impracticality of centralized kitchens, bulk shopping and cooking meals of pre-planned menus,

or when catering services were outsourced, played out in Mighty-One's frustration of being denied mastery of skills when plans did not materialize at his independent cottage. He and his peers exercised self-determination by washing their clothing, and embraced the weekend opportunities to practice cooking skills, whilst mostly activities remained centralized. While CYCC staff said personality and discipline are necessary for youth to find means of living independently, Moodley et al. (2020) highlighted the youths' perception of an inside (CYCC) and outside (community) as two different worlds. This concern was shared by service providers; their inner world of CYCCs limits the youths' exposure to everyday skills for experiential learning in the real world. Dickens (2016) said residential care facilities are expected to be family and community-based for the youths' development, rather than be isolated. Chinyenze (2017) also discussed the lack of exposure of youth to the community, referred to by participants in this study as the "*outside world*." One of the common fears of the youth was use of public transport. The FG RSWK indicated that on occasion youth were guided and left to take a taxi from the vicinity of the CYCC to Durban and return at 6 o'clock as "*surviving skills*. But this cannot be once-off and new routes for new experiences and rehearsal will benefit youth at the time of transition. The youth should not have to secretively make their learning opportunities occur. Mighty-One suggested that the CYCC should pave the way for these experiences as some youth have truanted from school to be able to. He claimed that having lived on the street previously, he had the skill and had supported his peers who requested help.

The KI Director CYCC said in(ter)dependent programmes provide access to cell phones, but with rules and, to have part-time work, specified hours of free time off the property (in this instance, four hours, either on a Saturday or Sunday), and allowance to buy their own toiletries as exploring and learning from mistakes. There are variations, for example, two facilities only allowed youth access to cell phones on outings, including school excursions and when going home for the holidays. The KI DSD said to normalize the youths' life, "*encouraging them to bring their friends home, as they would in the community and that their experience of community life needs to broaden beyond school to include institutions*." Facility D allowed stay over with friends for 15 year-olds, under screened and approved adult supervision. The KI-CYCC Director elaborated that whilst the programme provided opportunities to handle money and monitoring through receipts, other issues emanated, such as bullying which required all staff to be alert. The youth were encouraged to save and were guided on opening saving accounts. Facility B opened bank accounts for all youth before they transitioned out of

care. Chinyenze (2017) found some CYCCs in Zimbabwe had a budget and were able to provide care-leavers with material support. However, Sandile learnt from his disengagement group that material support will depend on what is available, consistent with Bond's (2017) finding that lack of material and financial resources hindered the extent to which CYCCs could help. Bond (2010) found job shadowing, and voluntary and paid work prepared youth for work. However, only two youth (12.5%), Naledi and Mighty-One had part-time jobs whilst in-care during the holidays, and Rocky engaged in voluntary work.

The commonality among the three youth was that they spent most holidays at the CYCC. There were three CYCCs Facilities B; C and D that awarded bursaries to youth. Mighty-One said that should his academic results allow for entry into tertiary education the CYCC will cover the first year fees, and thereafter his caregivers will support him. All CYCCs, evident from the FG and JI participants, tried to help youth access bursaries and training opportunities, for example, through internet searches, word of mouth, mentors, friends and networking forums. However, youth such as Shantel and Betty were unable to pursue their study, at the time of their interviews, since they did not have the financial means to pay for their education and were unable to access a bursary.

The youth affirmed the CYCCs service providers' claim that they provided support to youth in preparing CVs for jobs, applications to the Central Academic Office for entry into university, and that schools were also supportive with applications for further education and job seeking. The CYCCs discouraged the youth from disclosing their residency at CYCCs to protect them from "*opening yourself [themselves] to a million different questions*" and "*being limited to menial jobs.*"

An interesting observation is whilst service providers refer to independent living programmes as preparation for transition, the Information Guide on the Management of Statutory Services in terms of the Children's Act 38 of 38 (RSA, 2012) refers to independent programmes for youth after reaching the age of 18 or 21 years, which is basically care after the youth transition. The DSD KI said that the Children's Act No 38 of 2005 makes reference to independent living programmes, but what is not in place are guidelines. Matthias and Zaal (2009) observed that when terms are not clearly defined in the Children's Act no 38 of 2005, they are open to interpretation and can contribute to gaps in implementation. The youth spoke of being unprepared to connect with the "*outside*" community.

#### iv) **Mentorship**

*One on one mentorships from church or school or any environment and having those people root you on throughout life makes a huge difference (Lion).*

The KI director of CYCCs said that a mentor concentrates on one child and is usually not involved in the line of work and enters with their own resources and networks of friends, family and business associates, and harnesses all these resources for one child. Care-leavers want one-to-one mentoring from someone who really cares for them (Mamelani, 2013; Van Breda and Dickens, 2016). Alisha, for example, said she wished the CYCC recruited mentors like other CYCCs. Facility A indicated that mentors are screened, and youth are matched in terms of their interest, hobbies and personality. Consistent with Bond's (2017) study, the youth were able to identify mentors accessed in care, as in the cases of Betty and Sandile, or aftercare as in the cases of JB Fan and Spunky. Naledi's CYCW indicated that at the CYCC where she worked, each CYCW was responsible to mentor up to four children over and above their other responsibilities to promote individual attention to youth, which was difficult in large facilities.

Naledi claimed that mentors should be the youth who transitioned out of the same CYCCs. Spunky was already mentoring a youth at the CYCC after his transition. He was mentoring a Grade 10 youth at his previous CYCC, and he believed if he had the benefit of a mentor in-care, his academic performance would have been better. Mmusi and Van Breda (2017) indicated that mentors should be introduced a year or two before the youth transition from care, since they render essential support during the youths' transition and for their adjustment after care. Sandile said his mentor, *"is like my friend. When I am with him, I can tell him anything. We talk and he gives me advice."* Betty's mentor, of four years, took to her home on Sundays and helped her with her schoolwork and was trying to access a bursary for her to continue with her tertiary education.

Stein (2019) spoke of Sweden's "new perspective after return" mentorship programme which commenced three months before the youths' transition and maintained contact thrice a week for up to nine months. The CYCW of facility A quoted examples of support that began in-care that continued long after their transition out of care.

The SA Yes mentoring programme involves screened mentors who are contracted for a year to support care-leavers with work and finance (employability, social capital, job satisfaction, barriers of employment and financial literacy, and education and lifelong learning (education attainment, future planning, and engagement with studying) to help them prepare for

transitioning out of CYCCs (Pinkerton, 2011). The CYCC staff indicated that the mentors are recruited from organizations such as Bright Star, religious organizations and the community. Betty and Sandile described their relationship with their mentors as “*very close*”, and said they helped with material needs, such as school supplies. Mentors also helped youth with advice and support towards their transition out of care.

v) **Hosting**

The KICWSA indicated that finding host parents is a joint responsibility, but the KI director-CYCC indicated that it becomes mostly the task of the CYCC. The joint interviews indicated that youth participate actively in networking at schools and churches to identify potential hosts. A suitability report is compiled and submitted to the non-residential social worker, and according to the KICWSA the multi-disciplinary team makes a decision. Except for Lion, whose host parent was identified by the CYCC, host families for transition out of care were identified by the youth. Naledi’s accommodation was provided by her long standing host parent, but this was during a crisis when the transition home was closing. Not all host arrangements work out, despite screening. This was evident in Portia’s and Lion’s arrangements, which were discontinued when their complaints of physical abuse were confirmed by the CYCC. Another couple that hosted Portia ceased doing so after receiving threats from her father. Shantel expressed the uncertainty and unpredictability of host parents as they, “*come and go.*” Lion mentioned that she felt lonely being left behind when her cousins were spending weekends with their host. When there are large sibling groups and host parents are not willing to accommodate all of them, decisions have to be made whether they all remain, or some be given the opportunity to be hosted. Siblings should be involved in the decision-making. Lion indicated, “I used to think why me and why am I getting left behind,” when she observed other children being hosted or going to families. Host family care is voluntary, and therefore unpredictable and does have implications for trust issues when there is discontinuation after attachments are formed by youth, which was evident from Shantel’s experience and indication that, “*they come and go.*”

vi) **Disengagement programmes**

The CYCWs, SWKs and Directors/principals of CYCCs were just as anxious as the youth about disengagement and the youths’ transition out of care. In JIs, for example, one CYCW said, “*it is going to be really difficult. The fact that you come home, and your lunch is ready. Then everything is right here, there is someone following you when you forget to do something.*”



*Someone is reminding you to do something.*" The reminders, as advice for youth before their transition, included no-one to wake you, do not fall pregnant. The CYCWs expressed concern that the youth can be easily negatively influenced, which explained the advice that youth received to *"keep away from others in the community."* The youth transitioning out of care were also afraid of being influenced negatively and planned to keep away from others. Some such as Shantel, Zinhle and Lion indicated a preference for their own company. The more the youth avoided interaction, the less the chances of networking towards achieving their goals.

Facility A had a disengagement group, held six months before the youths' transition. The children and youth of different ages who were leaving for different reasons attended, but the KI CYCC manager indicated that a change is necessary for a leaving care programme that specifically address the youths' needs. Betty indicated that, *"They tell us what to expect out there and that things are not going to come to us as they do here. We would have to work for everything, and sometimes you might not get what you need in that specific time, yeah. There are times that we won't have food."* Betty detested the weekly group sessions that made her *"more anxious and scared."* Sandile was optimistic about his transition as an opportunity to live with his brother and shared a positive perspective of the same group.

Shantel's CYCC principal started her *"pep talks directly with the youth in October on the youths' goals and dreams, plans after matric, where were we going to stay, did we need assistance with anything and how could the home help."* The youth were taken out for lunch at a restaurant before their transition out of care.

Facility B said that the disengagement process *"starts at the cottage and ends in the hall."* The memory box activities allow youth to ventilate on, *"how I am going to remember you."* The memory boxes should be introduced at the point of entry and follow the youth in-care for continuity, with researchers such as Ward (2011) highlighting the value of mementoes such as a photograph of parents, previous homes and carers. The memory box can pick up valuable information of the youths' life stories to help fit the pieces of their lives together. Ward (2011) indicated memory boxes can be the thread, which connect their past with the future and prevent self-destructive behaviour after they transition from care.

The year-end party happens in the hall where the youth get to bid farewell and there is an exchange of well wishes. Lion said, *"I was only allowed to take my clothing. Only my clothes, not my bedding. I wished my cousins goodbye, and it was very sad and then I left."* Mighty-One's caregivers were surprised that they were not invited.

Facility A indicated that prior to disengagement two workshop sessions were held, firstly with all parents/caregivers to prepare on what to expect and how to manage, and the second session with youth and parents. Charlotte's caregivers spoke to the need for continuity to ensure a smooth transition, *"when they are coming home, the same should be happening so that the programme continues, like going to work."* Naledi's caregiver who had and worked with younger children, said *"bringing up a 22-year-old was a big thing,"* and spoke of the adjustments they had to make.

#### **8.4.3 AFTERCARE AND PSYCHOLOGICAL SUPPORT**

*"I would really love to have an organization that really prepares young people to get out because I feel like we have a children's home mentality. We don't see beyond our circumstances."* (Naledi).

The KI CYCC director's view that NRSWKs close cases after the youth are discharged from the provisions of the Children's Act No 38 of 2005, received confirmation by some of them, and corroborated with Ekurhuleni social workers in Phiri's (2018) study, but this was contested by others. Her claim of continued aftercare support by the CYCCs, through phone calls and visits for a year, were affirmed by CYCWs and RSWKs. She elaborated on her preference to transfer as opposed to discharge to prevent breaks, and to ensure that they get the support that they are entitled to from the *"outside social worker"*. Her claims were not corroborated by the youth participants or their caregivers in this study. None of the youth received aftercare services. Jay's family was visited but not on account on his transitioning out. The visit by the NRSWK was to investigate reports from the community about the neglect of his eldest sister's baby, born after she transitioned out of care.

The KI Director of the CYCC said, *"The door is open forever, or as long as we are around, but what we can do is based on availability [of resources]."* The youth who visited had younger siblings at the CYCC and continued to receive support. Shantel maintained that the difference is the expectation is similar to any visitor; they had to make an appointment and sign the visitor's book. However, in the JI- social workers and CYCWs said that youth who approached them were supported with help to find a job, accommodation, material support or any other practical assistance such as use of the computer facilities for assignments. However, at some CYCCs, social workers and CYCWs discourage youth from visiting to *"make them independent."* Some youth also spoke of their need to be self-sufficient. Shantel, for example, indicated that, *"I first try to get help within myself and if I don't get help within myself then, I*

*look outside.*” In chapter 6 I discuss how care-leavers are often care-givers who should continue to be care-receivers. Holland’s (2010b) assertion that care-leavers are often caregivers and care-receivers (or at least should be), demonstrates interdependency of human beings and recognizes the critical need to work with informal complex networks of care-leavers, and for continuity of formal and informal relationships.

Facility A CYCW initiated a WhatsApp group for youth who transitioned out to communicate, for peer support, and to share information on jobs. The CYCCs often link youth with disabilities who transition out of care to an organization called iCan for assistance with skills training and job placements. Jay’s father informed that his daughter, a single mother who transitioned out of care, would be attending the iCan’s training programme in the New Year.

#### **8.4.4 TRANSITIONING HOMES**

Facility H was part of a large CWS in KZN whose residential services included traditional, large facilities, community-based and a transitioning home amongst their basket of services that ranged from prevention, early intervention, statutory and aftercare services (Annual report, 2018). The Facility G also provided other services such as an old age home, a nursing training centre and a shelter for abused women.

Facilities F and H had transitioning homes for youth who transitioned out of CYCCs, but in the community, separate from the CYCC site. Facility A was unique to have a transitioning home on the CYCC site, which was managed by a Trust. Whilst the expectation of all transitioning homes was for youth to be EET, Facility G’s transitioning home was different for accommodating girls and boys and accepting youth who are NEET and worked with them to get them EET within six months. Zinhle said that it was a “*big change*” and “*freeing*” to have unrestricted movement in a transitional home. When transitioning homes were partially funded, Spunky (in reference to his first transitioning home) said, “*We had to pull out the money which was R400.00 for each person. So, transport, tertiary fees and everything else you have to pay for because they just give you the accommodation.*” The difference between NPO facilitated transitioning homes, shared by Spunky was having a house mother, whereas the Trust expected the youth to live on their own, buy their groceries etcetera from a budget provided, and the youth had the support of individual mentors and sponsors. Spunky valued the holistic support of the Trust whose services included accommodation, mentors, bursaries and internships that allowed youth to remain until they are able to cope financially on their own. Naledi complained that transitioning home that was adjacent to the CYCC site failed to deliver on their promise

for “independent living and operated like a CYCC.” She said that transitioning homes should, “*make them like they are a University residence or make them feel like they are renting a place of their own.*”

Zinhle described her fears and anxieties about moving out of the transitioning home after reaching her maximum stay of three years, similar to youths’ experiences on leaving the CYCCs. Zinhle said,

*I feel so scared. I am moving out of this house, out of my comfort zone and maybe the place I get, I am going to stay there alone. You know, the first thing is safety and then there is groceries to buy and bills to be paid and there was no preparation for that.*

Themba, who was transitioning out of a CYCC said,

*I am very scared. When I go for holidays like you see the beggars on the street and you see all these people rushing and you see people getting robbed and like when you are in here like, everything is given to you, your food is given to you, everything is given to you.*

The concept of transitioning homes is not new with implementation in other countries such as the UK, USA and Germany (Ainsworth and Thoborn, 2014; Kroner and Mares, 2011; Trede, 2008). Whilst the concept was supported by youth, caregivers and service provider participants, the challenge is to strike the right balance of safe and secure accommodation and sufficient freedom for youth by avoiding the replication of the CYCCs rules.

## **8.5 POLICY IMPLICATIONS**

The KIs, SWKs and CYCWs expressed their view that no care leaving policy exists to guide their services to youth transitioning out of care. This is consistent with other studies that found planning, support and aftercare to youth transitioning out of care are compromised by transition programmes regarded as an option instead of compulsory in the Children’s Act No 38 of 2005 (Bond, 2015; Dickens, 2016; Van Breda (2018b). The argument is that thinking around the care-leaving policy has emerged, but research is still fairly new and requires understanding before policy development (Van Breda, 2018b; Pinkerton & Van Breda (2019).

However, Van Niekerk and Matthias (2019) contested that developing a progressive child protection system has been slow since the Rights of Children was mandated through the

Constitution (RSA) and the White Paper on Social Welfare (Department of Welfare, 1997) emphasized developmental services for children and families. The Children's Act No 38 of 2005 is lacking in full implementation (Hope & Van Wyk, 2015; Sinbad & Lombard, 2015; Van Niekerk & Matthias, 2019). In contrast to Van Niekerk and Matthias' (2019) view of no "over-arching child protection strategy", Martin, Hall and Lake (2018) said that the draft National Child Care and Protection Policy (Department of Social Development, 2018) is new, but requires stakeholders, including the various governments to ensure integrated promotive, preventive and protective services reach children, youth and families. Services mentioned in the Children's Act No 38 of 2005 such as family preservation, alternative family dispute resolution strategies of family group conferencing and reunification are guided by manuals but had not translated into in-depth services to youth and their families. Some service providers were unaware of these frameworks and manuals. Their awareness of the need to prioritize children's participation which the Constitution, UNCRC, and the National Development Plan 2030 (National Planning Commission, 2012) is for planning, programming and policy implementation in all matters affecting them. In light of the development of the National Child Participation Framework (2018), the child [youth] participation remains seriously neglected, as reflected in this study. The solution lies not in the policy, which is evidently clear, but in implementation thereof. Zaal and Matthias (2009) stated that Children's courts can prescribe specific programmes based on the needs of children and families, with unwavering adherence by social workers, despite challenges such as lack of resources.

The service providers said that civil society should assist, but the main responsibility lies with the state that is responsible for removals from their families. Bond (2015) argued that the state should provide children and youth with a better life than if they remained in their homes. One of the thorny issues raised by CYCC's participants is the Children's Act, No. 38 of 2005 expectation that they render aftercare services to youth, when NRSWKs are better positioned to do this. However, NRSWKs are over-whelmed and contact with the youth are almost non-existent. RSWKs and CYCWs spend the maximum time with youth to understand their unique needs but are so closed in and separated from the "real world" that youth experience social exclusion and isolation as the CYCC had become their "*only home*." The safety net the CYCC provides, which Shantel explained as, "*They were there for me through thick and thin*," including her suspension from school and her diversion from the criminal justice system, is worth noting. Community-based social workers and RSWKs must collaborate and network to

facilitate holistic planning and integrate services for youth transitioning out of care. This should reduce the tension between RSWKs and NRSWKs and increase the sense of security of youth.

In general, South Africa has far too many policies and legislation, but not much is done by way of implementation and integration. Ideally, service providers should be encouraged to engage with policies at the level of integration as advocated for by researchers such as Strydom et al. (2020) and Van Niekerk and Matthias (2019). A good example towards understanding and implementing services through integrating policies is the Children's Act, 38 of 2005, which protects all children up to eighteen years, but their protection should not stop there. The Manual on the Management of Statutory Services in terms of the Children's Act 38 of 2005 (RSA, 2012) stipulates that, "*After care should be planned and prepared as early as possible in the placement of a child and well before the child leaves, or is discharged from an? Check quote alternative care setting*" (p.18). The National Youth Policy's (2015-2020) focus on inclusivity and non-discrimination can become the focal point for advocacy of development and funding for programmes and services of youth transitioning out of care as a strategy of the transformation of CYCCs. The Manual goes further to specify that aftercare services also include "training, education, employment, independent living, family and community reintegration, and psychosocial support for children and families" (p18), covered in both the Children's Act No 38 of 2005 and in the National Youth Policy (2015-2020). De Lannoy et al. (2015) highlighted that the challenge of South Africa's broad definition of youth (14-35 years) is to distinguish between the needs of younger and older youth.

The merit for a care-leaving policy expressed by services providers, especially the KI FG participants is to address the inadequate resourcing and incoherent and fragmented services. Pinkerton and Van Breda (2019) argue that policy and legislation provide strategic direction and support for the implementation of services. The service providers will, therefore, be able to lobby for funding towards programmes for youth transitioning and transitioned out of care.

Countries such as Australia, UK, USA, Argentina and Romania have a range of policies for care-leavers, but with no significant difference on their outcomes (Adley & Kina, 2015; Mendes & McCurdy, 2020). Strahl, Van Breda, Mann-Feder and Schroer (2021) argue that the gap is in the lack of research to understand the impact of the shift of policy on care-leavers. Mendes and McCurdy (2020) concluded, from the analysis of Australia's parliamentary enquiries on care-leaving, that aftercare and cultural response to the large number of indigenous care-leavers is required to address gaps in legislation, policy and practice, which contribute to housing, education and employment constraints.

Dickens (2016) fuels managerialist thinking through recommending mandated, standardized aftercare programmes, with specification of minimum duration and requirements, which service providers in this study also lamented, was a gap. In contrast, Kilkenny (2012, p218) in the Irish context, said there is no “one size fits all” solution and that broad and flexible services are required to meet the individual and diverse needs of care-leavers. Whilst Bond (2017) emphasizes the youths’ individual levels of resilience, her argument that CYCCs policies mandate a minimum of six months’ frequent aftercare services runs the risk of becoming time bound, instead of need bound for consequent interventions that can contribute to better outcomes.

This study corroborates Van Niekerk and Matthias’ (2019) conclusion that the integration and co-ordination of child protection services, as expected by legislation, are not evident in practice. The writers found that joint planning and budgeting were not occurring. Service providers, in the focus groups requested inter-disciplinary services for youth transitioning out of care, and the inclusion of various government departments and civil society, which are unlikely to happen if attention is not given to a continuum of care. However, such an approach is consistent with other Global North countries such as the UK, which holds the entire government accountable as the corporate parent of the youth transitioning out of care.

While the perspectives of service providers on policy and practice is necessary as they too are often marginalized, the voices of the youth give a “human resonance of care-leaving experiences” that need to be heard (Kilkenny, 2012, p. i). The stories of Naledi, Jay and Rocky illustrate that being boxed in through labels undermines the heterogeneity and diversity of care-leavers and their unique needs. Stein’s (2012) description may see Naledi as moving on, and Rocky and Jay as victims, but all had negative pre-care experiences and challenges. The intensity of pain and trauma experienced in the youths’ pre-care, transition out of care and post care is subjective and therefore the intensity experienced varies. The youths’ interdependency on networking for support and resources contrasts with the unrealistic expectations of policy and practice that youth become independent, as evident from the stories that follow.

## **8.6 YOUTHS’ STORIES**

“Our voices matter. Our stories must bring change. We need to be engaged so that we can shape the solution.” (Changing the way we care, 2018, p. 18). While each of the youth participants in this study had unique stories to tell, as reflected in the data analysis chapters of this thesis, Naledi’s, Jay’s and Rocky’s stories are presented with the view to provide greater insights into

the lives of youth transitioning and transitioned out of care. The narratives of the youth must be drawn on to provide appropriate and relevant recommendations.

### **8.6.1 NALEDI'S STORY**

Naledi was 11 years old when her mother, who was a domestic worker, succumbed to her prolonged illness. However, her sadness began at the time of separation from her mother who was taken to be cared for by family when she required extensive care and support. She stayed with her father who was a petrol attendant, worked the night shift and since she was without supervision during that time, she wandered the streets alone. When she turned 14 years, her older brother was murdered, and in the same year her father, whom she tried to care for during his illness, also passed away. Both parents were HIV positive and she chose not to be tested. She did not feel that she could mourn their deaths and therefore, tried to continue with life as normal by attending school, but broke down when she was given a class exercise to talk about her family. It was at this point that Naledi began to confide in her educators who remained supportive throughout the years. She missed her mother, especially in her adolescence when she started menstruating even though she had the support of her friend's mother. She watched other children's parents fetch them from school, and she felt inferior to the others as she had to raise her hand to declare her orphan status when asked in school.

Naledi's relatives were unwilling to take care of her, so an elderly couple who was the consistent support system to her and her father became her foster parents. The couple relocated to Johannesburg but returned Naledi to Durban after they realized that she had not adjusted, was unhappy and presented with behavioural challenges. Naledi yearned to return to her old school where she built a support system but maintained contact with the couple.

Naledi was placed in a temporary safe care facility and five months later, in a CYCC for long term care. Both facilities were in the area that she had previously resided in and she negotiated with her previous school (former Model C) for a bursary and her re-enrolment. During the transformation, between 1994 -2000 former Model C schools were expected to either register as private or public schools. In essence most fall under public schools but receive less of the share of state funding which is determined by the resources and location and continue to charge exorbitant school fees which is beyond the means of most CYCCs. During the six years spent at the CYCC, her NRSWKs changed over three times, and changed again after she was accommodated in a transition home for girls. During her minimum contact with them, she could not recall having a care plan, an individual development plan, case reviews, discussions or case



conferences. However, whilst in care she had been seen by a clinical psychologist for depression and self-harming behaviour such as suicide attempts and self-mutilation. These behaviours started after her mother's death, in Grade 6 or 7. Her father was oblivious, but her first suicidal attempt was through swallowing a handful of Panado tablets with the thought of reuniting with her mother and her self-mutilation began around the same time. She formed a very close bond with the school psychologist, who she referred to as her "human diary" and felt a deep sense of loss and betrayal when she relocated in trying to cope with her depression.

Naledi received a bachelor pass in matric and furthered her study towards a teaching degree after receiving a bursary through the school. She clashed with the transitioning home staff who failed in their commitment for "independent" living skills, as she refused to abide by the rule of notifying the management of her movement in and out of the facility. The programme was an extension of the CYCC where their meals were served, which she found inappropriate. She thought they should be cooking and taking care of themselves. During her accommodation at the transitioning home she stayed over with a college friend or would visit her "mum", a CYCW from the temporary safe care facility, whom she reconnected with through Facebook whilst at the CYCC. Gradually and naturally, without giving much thought Naledi bonded first with the nuclear, and then the extended family of the CYCW whilst at the CYCC. Her acceptance into their home, after the transitioning home closed due to financial constraints was seen as a "*mutual experience of divine intervention*" between herself and the caregiver. The emotional transition was not a smooth one. Naledi confessed to her inability to relate to men, including her caregiver's husband and that she had anxiety attacks and erratic mood swings. In her autobiography, "I had never walked alone", which she hoped to publish soon, she acknowledged her accomplishments were through the support of others.

### **8.6.2 ROCKY'S STORY**

Rocky was placed in a place of safety (temporary safe care) when his mother was arrested. He was three years old. His mother could not be traced after her release from Westville Correctional Services and he was placed in a CYCC that catered for children up to the age of 9/10 years, after being in the temporary care facility. He was then transferred to a facility that catered for boys up to 13 years and thereafter, a CYCC that catered for boys up to the age of 18 years. He lost contact with his host parents at the second CYCC, his peers and staff at that CYCC. He explained his change of care arrangements, as "*just like starting a new life,*" each time and that he was "*used to it*". He said "*I just grew up, Auntie never knowing anything. I just*

*grew up with other kids in the home, Auntie*". Rocky had no consistent significant other and went along with decisions made for him with a life filled with uncertainty. He had no contact with relatives. Rocky was not consulted about his movements, but there was preparation, through a visit before his admission to the last facility. He indicated that some the CYCWs made him feel like a *"bad person,"* children taunted him, and his residential social worker accused him of telling lies and not listening. His contact with his non-residential social worker was occasional, limited to administrative responsibility and his residential social worker accused him of being manipulative, and blamed him for a recent breakdown of a prospective foster care placement. He perceived the prospective foster parents' rejection of him to be linked with his clashes with their biological sons. He expressed disappointment, *"From my side, Auntie, when I left the home, Auntie, last year, I was excited ... I was going to start a new life with a new family... I didn't know that things won't work out."* However, he did not give up. He requested help from the CYCC to finalize arrangements for a swimming lifesaving course to prepare for his transition out of the CYCC. He turned to his educator of four years at the school for children with the intellectually disabled when he had problems. His educator advised him to continue the life-guard training in preparation for his transition out of care. Rocky amidst his limited resources said, "You have to make it" with regard to transitioning. At the interview, he was without any plans. His view that he was still 17 years and had another year, contrasted with his CYCC social worker who had constantly reminded him of his transition in the next three months.

### **8.6.3 JAY'S STORY**

Jay was placed with three of his five siblings at a CYCC due to alleged neglect and living under unconducive circumstances. His parents were separated, and the four children were removed from the care of their mother and her boyfriend. The CYCC was close to both parents. The mother maintained no contact whilst their father visited the children at the CYCC almost daily. Jay's eldest sister and brother were living with the paternal uncle at the time of the removal. The CYCC decided that Jay be reunified with his father at the age of 16 years after spending five years in care since he presented with drug abuse, uncontrollable behaviour and constantly got into trouble at school. Two of his younger siblings were still at the same CYCC. Jay's sister, older than himself, had transitioned out three years ago, had a baby from an alleged rape by a married man in the area and was not receiving child support. In addition, there was conflict with the baby's father's wife. She was accepted to start a one year training programme by iCan,

an organization that trains and facilitates employment for children with special needs. Although Jay aspired to do the same, his poor performance where he had repeated every school grade was of concern. He stated that the decision for him to leave was made by the “welfare”: *“They told me that I am released and that I could go now”*. Jay was moved previously to a CYCC that catered for children up to 10 years, without understanding why he needed to be separated from his siblings. His only preparation was a reassurance from his CYCW that everything was going to be okay and that he needed to behave. His understanding for his reunification, three months later, with his siblings at the CYCC was due to his father’s protest. Jay’s denial of the drug problem was evident when he claimed that he only smoked cigarettes, even after being caught on camera at school and with the positive results of the drug tests. Jay shared a home inherited by his father from his paternal grandmother. The occupants included his father, sister and her baby, Jay and the two younger siblings who visited some weekends and holidays. Their lack of basic requirements such as water, electricity and food were due to the lack of finance. Jay’s menial work, such as cleaning the gardens of neighbours and relatives contributed to buying food. His father’s casual painting jobs were too few and far in between to support the family. Jay got into trouble for spending too much time at his uncle’s place and arriving home late. He stated that the CYCC was good because it could care for you better than your own family could.

## **8.7 CONCLUSION**

The stories of Naledi, Rocky and Jay describe the abrupt, compressed, and accelerated transitions for instantaneous adulthood expected of youth transitioning out of CYCC as consistent with literature (Stein, 2006; Anghel and Dima, 2008). The notion that youth pull themselves up by their own bootstraps, with minimum intervention, is the influence of neoliberal thinking of the taken-for-granted expectation of independence, whereby the youth are to run their own lives. Naledi’s story is of interdependence. She credited her success to the support she received from people during pre-care, in-care and aftercare. It was the support of others that contributed to her moving on with stability, continuity, education and career goals. This contrasts with the CYCCs SWK, CYCW and management participants teaching them to, “stand on your own feet and not rely on others”, which is an impossibility, as reflected in the stories of Rocky and Jay. The teaching to stand on your own feet, contrasts sharply with the practices of CYCCs that foster dependency in-care. Van Breda (2018a, p. 8) said, “relationship centred resilience aligns well with African Ubuntu values which emphasize social connection

as the principle of personhood”. Ungar (2020) illustrated through a case study and from a socio-ecological resilience context that change cannot rest on the youth and their families at risk when they depend on the environment and the people within it to change for resources and empathetic support to become available for them to make that positive shift.

Despite Rocky’s and Jay’s challenges, when given the opportunity to be part of a community, both identified people who could possibly support them. Jay connected with his maternal uncle and Rocky with a lady, whom he thought may support him after his transition since his foster care placement broke down. Families are often faced with the same or worse circumstances than when the youth entered care, with the birth of additional children, death of family members whose source of support they relied on, and ongoing social ills, such as substance abuse, unemployment and poverty. While literature calls for reunification services and preparation for leaving care to begin at the point of entering care, this was certainly not happening. While some service providers claimed that aftercare services were provided, sadly the data from the youth and their caregivers indicated that this was not so. The service providers and caregivers’ name calling, such as “lazy”, “uncooperative” and “manipulative”, seemed to prevent full appreciation of the structural constraints on the youth and their families, and their realization of common grounds for working together on mutual goals. Harder, Mann-Feder, Oterholm and Rafaeli’s (2020) discovery of inconsistent and uneven programme implementation and that youth are not adequately prepared for transition in countries such as Africa, North and South America, Europe and the Middle East research are similar to the findings of this study, and consistent with local studies (Van Breda, 2019; Dickens, 2016).

The next chapter summarizes the findings and makes recommendations for social work policy, practice and future research on youth transitioning out of care.

## **SECTION FIVE: CONCLUSIONS AND RECOMMENDATIONS**

### **9.1 INTRODUCTION**

The study was located in the emerging field of care-leaving and set out to understand the experiences of youth transitioning out and transitioned out of residential care and the perspective of their caregivers and service providers in eThekweni. A holistic and multi-perspective understanding was gauged from a multi-layered purposive sample of 16 youth – transitioning/transitioned out of care and the perspective of 10 of their family caregivers and 23 service providers (social workers, CYCWs and managers/directors/principals). The triangulated participants' responses on the interrelated themes, present circumstances of youth, entry into and transitioning out of CYCCs; multiple risks; interdependent living; and facilitation of youths transition out of residential care, induced by thematic analysis, was fitting of structural social work within the critical theory paradigm. This chapter outlines the major conclusions and recommendations. The initial argument that youth transitioning out of CYCCs experience challenges associated with disadvantages when competing with their youth counterparts in the community for networking opportunities, employment, accommodation and resources for their general health and wellbeing without a supportive safety net to fall back on, was supported.

## 9.2 CONCLUSIONS

### 9.2.1 *CONTROL VERSUS CARE*

The service providers caring empathetic relationships with the people whom they serve are critical but was not always prevalent with their control functions often over-riding their care functions.

i) **Overarching control function in child protection on assessment and mitigation of risk and decision-making**

Enshrined in the Constitutional Bill of Rights is the care and protection of children. The social workers' functions include both care and control which require a balancing act. Social workers exercise control mechanisms and serve as control agents to ensure the safety of children and mitigate risk factors. It is the very nature of child protection services that are fraught with ethical dilemmas. Social workers, therefore, often feel doomed if they do remove and doomed if they do not remove children. They are hence between a rock and a hard place in terms of multiple levels of accountability. In particular, assessment of the multiple risks and whether children should be removed is a major judgement call that assessment tools can only assist to a degree. Social workers are often criticized for being quick to remove children. However, social workers are held accountable when further harm befalls the child/children whose removal was prevented with intent to intervene and mitigate the risk factors by strengthening and preserving the family.

Social workers control functions include recommendations to the Court on the children's placement should removal from the family be deemed necessary. Social workers are often accused of using CYCCs as the first rather than the last alternative. However, social workers' screening of foster parents, for example, cannot guarantee that they are safe since violence and crime in communities require social workers to be vigilant and extra cautious even when children live with their families. Sometimes social workers give the family the benefit of the doubt in cases of alleged abuse and neglect and try to prevent removals, but with devastating consequences. In a case, in Chatsworth, KZN for example, a grandmother who fostered her three grandchildren was found guilty of sexual assault, torture, and neglect of two older siblings, and for the murder of the youngest, a three-year old, together with their mother (Perumal, 20 November 2014).

The RSWKs serve as gatekeepers and decide who and when the child has contact with at CYCCs, especially with NRSWKs being absent. CYCWs are entrusted with the care and safety of children in their life space work, and thus see the need to exercise control functions. They act jointly in the therapeutic intervention to ensure the youths development and readiness for community reintegration. Although they recognize experiential learning in the community as necessary, the risks involved is what pressurized them to hold back youth to avoid being held responsible should the safety and security of the youth be compromised. The principals/directors of CYCCs support and facilitate control mechanisms since the accountability lies with them when incidences occur whilst children are in the care of the CYCC and will have to submit to investigations by DSD and sometimes, the South African Police. They run the risk of exposure in the media who are quick to sensationalize without understanding and without acknowledging that caring for another human-being is risky and at times, things do go wrong. The risks associated with media reporting, possible litigation, and calling into question the capabilities of social workers, CYCW, CYCCs and the state, that is responsible for monitoring of care, in addition to the impacts of neoliberalism and new public management, are all factors contributing to the premium placed on control functions in the field of child protection.

The rigid control mechanisms over the environment through standardized rules are implemented, with CYCCs caring for large numbers of children and youth. The control mechanisms make care artificial, highly programmed and scheduled that frustrates youth as being too restrictive and restraining for their development and preparation in transitioning out of CYCCs. The CYCCs, in becoming a little community of its own, have to take precautions against bullying and abuse within these large facilities and therefore safe spaces and structures “inside” and on the “outside” environment remains a challenge. The family community homes that cater for up to six children can exercise less of a control function, with more emphasis on the children’s development and holistic needs required of care.

The NRSWKs face difficulty in deciding whether to recommend extension of children’s orders, consider reunification or less restrictive care. The challenge is to ensure that the progress of the youth is sustained, knowing from the youths experiences the difficulty of an unchanging or a family environment that has deteriorated further.

The role of the social worker, irrespective of whether working for the state or an NPO should be understood from the new code of ethics for social workers (IASSW, 2018).

Being for the other, which is the essence of the Afrocentric view and Ubuntu, involves tuning into the lifeworlds of others, and active listening and responsiveness that this study advocates, are supported by several researchers (Levina, 1985; Moodley et al., 2020; IASSW, 2018). In order to do this, service providers need to demonstrate care and compassion, which the majority of the caregivers and youth found lacking. This is seen in light of Gaskell (2010, p.141) who asserts, “failure to listen can be interpreted as failure to care.”

Whilst to strike the balance between control and care is undoubtedly a challenge for service providers, Moodley et al. (2020) assert that the premium placed on professional boundaries contradicts the limitlessness of care in Ubuntu. Professional boundaries also influence control over the social workers and CYCWs functions that determine what one may or may not do, which in essence impacts on their care responsibilities. Closely linked, is the role of managerialism and neoliberalism which has control over social workers and CYCWs that ultimately, impact on service delivery to youth transitioning out of care.

## ii) **Managerialism and Neoliberalism**

The GSWSEP (IASSW, 2018) propagates care which contrasts with the new managerialist approach and neoliberal expectations of measurable outcomes, which de-emphasizes the processes involved in providing care. Service providers (social workers, CYCWs and directors/principals) experience different levels of control and accountability. Influenced by the neoliberal and managerialist expectations they often feel powerless although they recognize the need for change and more humane responses. Sewpaul and Kreitzer (forthcoming) asserted that the humanness in social work education, research and practice is affected by the unrealistic expectation to function as natural scientists with requirements of neutrality, detached un-involvement, generalization, replication, separating the personal from the professional self, to provide proof of one’s ‘truths’ in relation to logical-positivist rationality. Whilst social workers try to accomplish the unattainable that contradicts their professional ethics, the youth and family caregivers expressed frustration for the dehumanized, technical approaches employed. The technical matter of fact operation for quick ‘measurable’ outcomes did not allow time for the processes of transitioning out of care to evolve with support and the demonstration of care. The youth and family caregivers were disillusioned and developed mistrust by being treated like customers, and care as a commodity, remote from the authenticity they expected of their relationships, especially with NRSWKs.



Rogers' (2014) argument that the process of transitioning out of care is non-linear, is evident in the study. Family caregivers, but more especially the youth lamented that social workers did not spend time to get to know them and allow for reflexivity which was necessary at the time of their transition. Some youth who had the opportunity to express their unique needs and felt attempts were made to address them, adjusted better to their transition than if they felt they were not listened to. The challenges of the NRSWK's high caseloads, limited staff and high staff turnover and expectations of doing more with less resources are not new findings. They are documented in previous studies such as Dlamini and Sewpaul (2015) and Van Niekerk and Matthias (2019), which reveal that the constraints are not being sufficiently addressed. Whilst Van Niekerk and Matthias (2019) found the effects greater on NPOs, this study showed state workers were equally affected. The impact was that service became mostly crisis orientated and reactionary. The NRSWKs performance was measured by targets reached, which at times, compromised the quality of services. The emphasis on monitoring, audits, and control measures to ensure compliance and accountability, adopted by social workers and the CYCCs, were observed by the youth. They found these unacceptable and dehumanising and viewed these as impediments to their relationships with service providers and to their well-being. The impact of the shift from the people we serve to a neoliberal-managerialist approach on social work services can also impact on service providers. Some service providers, for example, became disillusioned and developed a negative attitude to work, which is well documented in other studies too (Dlamini & Sewpaul, 2015; Van Niekerk & Matthias, 2019).

### **9.2.2 ATTITUDE OF SOCIAL WORKERS**

Whilst the reality is that social workers experience challenges, as discussed above that can contribute towards their disillusionment one cannot deny the importance of differences in values and attitudes. Personal attributes do play major roles on the extent of care provided. Whilst transitioning care programmes are discretionary in the Children's Act, caring is a critical component of social work and aftercare is an essential service. Unfortunately, in this study none of the youth were provided with consistent aftercare services. One person can make a world of difference in the life trajectory of the youth who had experienced disturbed attachment relationships on account of earlier experiences of abandonment, neglect and/or abuse. The neglect of young children at CYCCs that languish in care until it is time to transition out is about, in part, attitude, and it is secondary abuse when options such as adoption or foster care are not considered if reunification is not a possibility. Against neoliberal and new managerial

pushes, it is critical that social workers serve as advocates for those who are in the most marginalised and vulnerable positions in society. The credibility of the profession depends on the value orientations, attitudes and practice expertise of each person within the caring profession. In the context of this study, it means treating the youth and caregivers as partners in planning and decision-making; opportunities that they were denied as the results of this study reflect.

The youth and family felt a sense of exclusion from decision-making about their lives and that their views were not taken seriously. Yet, when service providers could not find solutions for their transition, then the onerous responsibility was placed on the youth and care-givers. Social workers are socialized into the expert mode of thinking about their work. However, deeper solutions require a world-view that involves engagement and participation, and the people whom we serve being given the opportunity to lend a voice in matters concerning them. This involves a fundamental shift from relationships of power to one that involves partnerships.

### ***9.2.3 MULTIPLE RISK FACTORS ASSOCIATED WITH ENTRY AND TRANSITIONING OUT OF CARE***

The legitimacy of the social work profession lies in the ability to maintain and sustain the recognition of human rights and human value. Kilkenny (2012) asserted that residential care experiences is not the only factor to influence the present circumstances of youth transitioning out of care, and that not much is done by way of dealing with pre-care trauma and losses which accumulate over the years. The youths pre-care risks of being abandoned, neglected, abused and parents' problems with substance misuse, absent fathers, HIV status and death are the same traumatic experiences necessitating children and youths remaining in care. The sexual, physical and psychological abuse that youth reported as pre-care experiences were by perpetrators known to them which impacts on their trust. Seggie (2015) mentions the discomfort associated with the knowledge that physical, psychological and sexual abuse is responsible for the death of many children, globally.

The multiple risks are seen in the broader context when school children are abused by people in positions of power such as parents, priests and educators. Seggie (2015) asserts that whilst unemployment and poverty are contributory factors, the depravity of abuse and neglect are associated with a multiplicity of adverse factors across socio-economic groups. However, children and families living in poverty are at higher risk of being exposed to crime and abuse in their neighbourhoods, rendered unsafe by factors such as poor lighting, having to walk long

distances to access water, living in over-crowded circumstances, poor resources and services not reaching them. The caregivers in these circumstances are often blamed for not providing for their children's basic needs and protection, which is labelled as neglect.

Outside the time frame of the interviews with youth came COVID 19 as an added health risk to children, youth and their caregivers. The impact of the wellbeing of families and communities not having the basics such as water and living in over-crowded circumstances came to the fore. It was also a period of physical distancing and quarantine to curb the spread of the contagious disease, which made the detection of abuse and neglect less identifiable, which escalated as incidences of unemployment, poverty, lower living standards increased (Fouche, Fouche & Theron, 2020). Other risk factors that were associated with quality of life were feelings of boredom, frustration, insufficient and inadequate personal protective supplies and information, and stigma, which placed more children at risk. Fouche et al. (2020) assert that lawmakers ensure at times of emergency such as lockdown, child protection focus on children's emotional, social and intellectual needs with the current emphasis on their physical health and legal and statutory response. They recommend creativity 'knock and drop' food parcel operation to accelerate reaching intended families by addressing corruption and creativity, for example, including reading material on local successes of protecting children from abuse and neglect, especially when schools as an avenue of reporting abuse, are closed.

Some youths' under-achievement at school may have been on account of stunted mental development associated with abuse and neglect. Other psychological effects such as depression, withdrawal and psychiatric illness such as eating disorders, depression, anger, confusion, anxiety and post-traumatic stress were evident amongst the youth which corroborates prior research (Seggie, 2015; Dapic, Flander & Prijatlj, 2020). The service providers recognized that trauma had impacted the youths' lives to the extent that one should not expect 'normal' behaviour. This study also showed the caring and supportive role of service providers, such as social workers, CYCWs and educators towards children at high-risk.

#### **9.2.4 TOXIC SHAME AND TRAUMA**

The youth being removed from the family for neglect or abuse or feeling unwanted through abandonment or not having parents to care for them, is highly traumatic and induces a sense of deep shame. Bradshaw (1988) explains that as humans when shame is internalized and becomes toxic, the effect is on one's sense of self and belonging. The association with naming, blaming, criticizing and shaming involve stigma and stereotypes created by communities as

children at CYCCs are labelled. The intensity of the toxic shame experienced as a result of being in-care contributed to some youths choosing non-disclosure of their care status. Some youths adopted the negative identity and attitude of the community associated with being, “children’s home children”. The service providers, aware of lower expectations of youth carrying the care status, discouraged the youth from including it on their curriculum vitae to avoid being disadvantaged and attracting menial employment only.

The shame and stigma of being infected with HIV, or parents who are infected or died after being diagnosed as HIV+ can add to the youths’ feelings of toxic shame. Toxic shame is often associated with survival personality, characteristic of multiple forms of addictions, and in extreme cases might manifest in suicide ideation and suicide attempts (Bradshaw, 1988). The stigma attached to being on chronic medication such as ARVs, or on psychiatric medication, contributed to non-compliance and in some instances, discontinuation of treatment. The identifying and treatment of mental health problems related to trauma, is detected mainly during adolescent years although all children in care experienced trauma of varying degrees that contributed to their entry into care. Adolescence is a difficult time for youth in relation to identity search and multiple demands of them, and even in the general population suicide is a major concern (Lake et al., 2019). Mathews et al. (2016), concludes that admitting non-responsive adolescents to a short term residential therapeutic programme treating child sexual abuse is perhaps a myth held true by many since they were less dependent on family support than younger children. They found no significant change in post-traumatic stress and depressive symptoms and concluded children and adolescents’ recovery from continuous multiple and complex stress require a basket of services from onset and ongoing, well capacitated service providers and support from caring, nurturing and responsive caregivers.

Youth need very skilled and intensive clinical interventions to transcend the multiple traumas that they experienced, work through the sense of toxic shame to succeed, and to help heal the inner child/self. Getting rid of these inner negative, shaming voices associated with negative thoughts is difficult, especially since many abused and neglected children as Bradshaw (1988) indicated rely on fantasy bond. This involves one creating a self-image of being bad to overcome any negative thought of parent/s and to continue to idealize them. The youth have no understanding that their parents too, are shame-bound, needy and some of them are emotionally ill. Mathews et al. (2016) refer to “*intergeneration trauma*” of parents observing their children go through experiences they themselves encountered, unable to provide them with support, care and nurturing during their most vulnerable times.

Whilst shame-bound parents were once hurting children themselves, these experiences were not unique to youth and their caregivers (related and unrelated). Mathews et al. (2016, p. 7) suggest the concept “*continuous traumatic stress*” instead of post-traumatic stress, which implies incidences of the past when children and family experience multiple and recurring stress that continue in their current situation. Some service providers bravely shared their toxic shameful life experiences, and one of them expressed that it perhaps drew her to the profession of social work. However, as many of us in the helping profession are wounded healers, if we have not healed, we are unlikely to relate and help others. Bradshaw (1988) said that no therapeutic change can come without anxiety related to coming out of hiding from oneself and others by admitting the past, often repressed feelings of hurt and shame. Often in the past, children would have not been able to express their anger towards their shaming parents for fear of losing them and those feelings are turned inward as pain, humiliation, shame and self-hatred. Hence the “wounded” inner child desperately needs attention and healing from unfinished business at each developmental stage.

The urge to break away from destructive family rules and free oneself to live responsibly in the present involves healing the inner child. The only way out is therapy that includes techniques such as letter writing to the inner self, meditation, affirmations, grief work and gestalt therapy. Working with the inner child speeds up change in people and provides depth of the power and creativity to heal old wounds from their past. Bradshaw (1988) said that once the inner child is healed, vitality and creativity provides the power for new joy and the energy to love ourselves, others and life in general.

In his book *Homecoming: Reclaiming and Healing the Inner Child*, Bradshaw (1992) speaks of the inability to tolerate dysfunction and abuse that dominated the families among those who have been on the receiving end of abuse and traumas. They need at least one person whom they can trust, as a non-shaming ally, to validate their experiences of abandonment, neglect, abuse and enmeshment. Validation is required to acknowledge and work through feelings associated with being shamed, ignored or used by parents to nurture their own needs. The core is the acceptance that shock, and anger are natural and expected responses in the beginning of the grieving process associated with losses in different forms or death of someone close. The person needs help to accept that their parents tried their utmost but being deeply wounded themselves have life damaging consequences on everyone concerned. The expression of sadness usually follows anger for what would and could have been, such as dreams and aspirations. The feelings of remorse that emerge include, for example, wishing they had spent

more time with someone close who has died. The child who had been abandoned needs help for their inner child to understand and accept that they had no control to have done anything differently to change the situation, and that the abandonment was not their fault. The deepest core feelings associated with abuse, abandonment and grief are loneliness and toxic shame. Since the person feels flawed and defective, the true self is covered up by a false self that develops.

The above relates to Bradshaw's (1988) explanation of multiple sources of trauma that contribute to multigenerational transmission of shame borne from experiences. These experiences prevent people who become shame-bound from admitting they need help or admitting to their emotions such as fear, joy, and sadness. Children's abuse, neglect or abandonment are beyond their control, but they carry the shame which could manifest in behaviour during adulthood.

People associate their trauma to shame and respond differently. Some may engage in self-harm, and harm to others is not unusual behaviour, or a combination of these. Some caregivers' reaction included substance misuse, abusive and neglectful behaviour towards their children, including corporal punishment and abandonment which Bradshaw (1988) associates with toxic shame. These behaviours continued as neither the structural challenges nor the inner self issues were sufficiently addressed. The youth manifested behaviour such as substance misuse, depression and loneliness, suicidal ideation, aggression and bullying tendencies despite some showing resilience, leadership and accomplishments, especially academically. Bradshaw (1988) indicated that inward turmoil could persist even when outward success may prevail. The parents' reference to CYCCs as boarding schools must be seen in light of the shame of their incapability to provide food, clothing shelter and a suitable education provided by the CYCCs. But, CYCCs should provide more than boarding schools, and fulfil their therapeutic functions in addressing the deep scars that children and youth, and their families, carry.

The micro-level intervention will help the youth and family caregivers understand and make changes but does not preclude the macro-level changes of structural barriers that contribute to their trauma and insecurities. This is especially with accommodation which remained core for their security, stability and wellbeing, but was untenable and remained a temporary arrangement, as the results of this study revealed.

### ***9.2.5 BEHAVIOUR MANAGEMENT VERSUS WORKING WITH CHILDREN, YOUTH AND THEIR FAMILIES***

Closely linked with the control function and understanding healing of the inner self, lies the understanding and appropriate response to behaviour when working with children/youth and their families. Whilst Chapter 7 of the Children's Act No 38 of 2005, recognizes and acknowledges the gap in programmes for children with behavioural problems, disability and for substance misuse, this study revealed that when service providers emphasize behaviour management, they neglected working with the children and families towards holistic care and support.

Some caregivers admitted used corporal punishment, but did not see their action as wrong, although they acknowledged that it was ineffective. The interpretation of discipline, "to put her right," as Alisha's mother indicated, is understood from South Africa's milieu and social tolerance for the use of force to find solutions in the country as whole, in the homes, and communities (Seggie, 2015). The Children's Amendment Bill prohibits "inhuman and degrading way of discipline," and that care-givers who use these methods, including corporal punishment attend prevention and early intervention programmes to facilitate positive disciplining methods. Although parenting programmes exist, none of the caregivers accessed them.

The service provider's response to psychological stress and trauma does not negate the need for structural change. The more we understand the structural factors that impact on people's psyche, the more we will understand their intra-psychic reactions, and the critical importance of intervention at both the clinical and structural levels. Ironically, it was the older siblings who had transitioned out of care, who understood that to isolate and manage behaviour is the loss of understanding and responding to the child/youth as a whole, including their trauma.

Although service providers recognized that the youths' behaviour originated from their traumatic experiences, and that further deterioration occurred at the time of transition, which most often is traumatic with novel expectations, behaviour modification remained the core intervention strategy. The social workers and CYCWs silence on their inability to help traumatized children contrasted with the limitations of knowledge and capacity that Mathews, et al. (2016) found. It is possible that they associated divulging shortcomings with shame, blame and judgement.

The CYCCs condition children into blind obedience to adult figures of authority, disguised by rules that govern behaviour and consequences for disobedience. Agere (2014) highlighted that managing behaviour through negative responses such as anger, harshness, criticism and excessive control impacts negatively on the caregiver-child relationship when the child, for example, perceives that he/she is unfairly treated. The youth objected and were frustrated by the rigidity and age inappropriateness discipline, cast in standardized rules. Expected behaviour required for growth, development and preparation for the youths' transition out of care that did not fit the CYCCs daily operation, were met with negative sanctions. In extreme incidences, youth that do not respond to behaviour modification are discharged when they are perceived to impose on the safety of others. Their self-image is tarnished further by a recurring feeling of abandonment and rejection, first from the family and then the CYCC, impacting on their sense of belonging and connection. Punitive measures might produce quick results but may not have long term benefits. However, promoting the youths' reflexivity and restorative behaviour is often not used since it is time consuming. It is important that service providers and youth understand the factors that contribute to behaviour manifestations, and their impact on self and others. The youth must be able to learn and transfer positive behaviours to other situations. When regression occurs, starting over ensures that the gains of working with youth and the family are sustained.

Alisha perceived her educators', social worker's and CYCWs attitudes towards her as negative which impacted on her interaction with them as she felt that she was treated unfairly. Agere (2014) found that when the child perceives their relationship as the person doing something positive, their perception and interaction is interpreted positively in working together. Shantel's experience of caring, patience, guidance, teaching, encouragement and endurance from her social worker and CYCC principal, even with her violence and aggression, produced a positive response in her acceptance of change.

In the community context, militant behaviour has become the way of getting the Government to respond to frustrations which children learn from a young age. A recent riot in Quarry Road West informal settlement caused injuries, damage to property and road closures as people protested about not having access to electricity, ablution facilities and poor living conditions. Most youth have come from environments exposed to the anger, frustration, violence, poverty and lack of access to services. Also, children who are abused, exposed to violence or are molested by caregivers are more likely to model this behaviour. The youth, raised at CYCCs are sheltered from the violence, murder, xenophobia and other social ills, encounter anxiety



and fear and feel inadequately prepared for the realities of community living on transitioning. Their suspicion of their peer counterparts within the community is through experiences such as Lion's of being a victim of armed robbery for her meagre possessions under a month of her transitioning out of care. The frequency of crime, violence, poverty and unemployment has been normalized to the extent that youth are expected to deal with these challenges than have them addressed to make the environment conducive, safe and secure for everyone.

Parents and caregivers' behaviour whether, apathy, complacency or militancy should be understood as disillusionment of failure to overcome structural barriers such as unemployment or dependency on low paying casual jobs, lack of basic needs, inferior education, health constraints, and lack of suitable accommodation. Service providers, working with children and families, should enter these spaces to support youth and families to provide preventive, early intervention and aftercare services, instead of the focus on managing behaviour of youth within the confines of CYCCs and advising them to keep away from others.

#### **9.2.6 *TRANSITIONING OUT OF CARE AND AFTERCARE: NEGLECTED YOUTH***

The youth experience multiple transitions such as out of school to work or study, from childhood to adulthood and from residential care to the community for which preparation and planning commences late, as it is a time when something must be done from a statutory point of view. Children's placement at CYCCs is supposed to be a new beginning but is often treated as an end. The families are not adequately prepared and supported by social workers for the youths' reintegration to a favourable environment. Although the youth want to reconnect with family, some resist returning home. The key interconnected theme, Interdependent living: Facilitation of youths transition out of residential care, supports the findings that interdependent living is required by care-leavers which resonates with the philosophy of *Ubuntu*. The interconnected themes validate the argument that the neoliberal expectation of independent living, as endorsed in current policy and legislation, is rather idealistic.

Gauged from the voices of youth, their yearning for the human experience of connectedness is evident, but this was only partially met. Whilst none of the youth were prepared for transitioning out of care, and the range of factors that pushed children into alternative care were the same that precluded their successful transitioning out of care and securing accommodation. In some instances, the youth felt forced to transition out to families whose conditions were unchanged or had worsened. The youth's rarefied notions of family, where family exists, and their need for belonging and care, are often thwarted as families, that are experiencing deeply

entrenched psychosocial and economic challenges, are sometimes unable to take them in or provide for them (Bond, 2017). This underscores the importance of multi-level family preservation services that include planning for family connectedness and socio-cultural networking to optimize interdependent living.

In some circumstances it is as if, upon the youth approaching 18 years of age, there is a sudden dawning that she/he has to leave and that “something must be done”; with the “something” sometimes becoming the onerous responsibility of the youth, as reflected in the voice of Portia, *“I have to come up with all the plans”*. While the Children’s Act no 38 of 2005 permits youth to remain in care beyond 18 years of age, the policy and rules of the CYCCs do not allow this, reflecting anomalies between legislation and practice. All youth were in long term care (Table 4 indicated that 69% having spent ten years and longer) and experienced the CYCC as their “home”. Hence a loss of connectivity and security was experienced when they had to leave care. This was intensified by the “inside” (CYCC) and the “outside” (community) being perceived as two different worlds, and unless an interconnection occurs to merge them as one, the risk factors of their marginalization and vulnerabilities will continue. The Information Guide on the Management of Statutory Services in terms of the Children’s Act 38 of 2005 (RSA, 2012) outlines for care plans from the point of entry are practised, where least restrictive alternative accommodation that are most empowering is given ongoing consideration. Further, the guide requests that social workers prioritize the facilitation of consistent engagement with community and family for youth who are to transition out of CYCCs but is not evident in practice.

Against great odds, the youth demonstrated resilience, “coping in the face of chronic adversity” (Van Breda, 2018a, p. 5) and survival struggles, with resilience being defined as, “the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity” (Van Breda, 2018a, p. 4). Although not perfect, and with accommodation remaining precarious for many, the youth did make efforts to connect or reconnect with family and/or other social networks to facilitate their coping with life on the outside. In the face of huge challenges, mentors and sponsors played important roles in connecting youth to community resources to facilitate their transitions.

### **9.2.7 THEORETICAL FRAMEWORK: APPLICABILITY AND LESSONS LEARNT**

This study underpinned by structural social work theory, grounded in the critical research paradigm is an appropriate theoretical framework for capturing the voices of youth and their family caregivers as the experts of their own experiences. The multi-perspective, multi-layered sample within the critical framework highlighted the sensitivity of the role of CYCCs and NRSWKs in the preparation and support to youth in-care, during and after transitioning are important components for the youths health and wellbeing, and their search for accommodation and employment. The structural perspective exposed the multi-layered injustices that confront youth and family caregivers associated with the lack of resources, including time spent by service providers in addressing their psychosocial and physical needs. As a critical thinker, listening to the service providers' perspectives, I reflected on the context of care and two impeding factors arose that disempowered service providers; neoliberalism and new managerialism in the local context, no different from global challenges. Simultaneously, the attitude of some social workers as a barrier to care could not be ignored. The ideal is for social justice to prevail through social work services that practice within the ethical framework of care. The structural social work framework revealed that control mechanisms superseded care and hindered service social worker role as advocates for change.

This must be viewed against the current realities in South Africa. The Q1 2020 statistics revealed in that of the 38.9 million people between the ages 15 and 64 years 39.1% are unemployed, which is likely to widen the inequality gap (StatsSA, Quarterly Labour Force Survey, June 2020). Whilst in the past, graduating from tertiary education increased employability, amongst the 59% youth between 15 and 24 years who are unemployed, a vast number are well educated. The structural conditions are such, that the calls for independent living for youth transitioning out of care are unreasonable. The GSWSEP (IASSW, 2018, P1) asserts that

*“far from being autonomous and independent beings as constructed by liberal theory, as human beings we are all embedded in societies and dependent on their socio-political, economic and cultural structures and conventions.”*

This is even more salient when considering the vulnerable positions of youth transitioning out of care. The researcher learnt that no one theoretical framework is complete in itself. Hence there is a need to explore youth transitioning out of care from various theoretical perspectives; to ask new questions and gain new insights. The different perspectives can advance the

theoretical understanding of care-leaving and new theories will emerge. Whilst lessons can be learnt from the global context, solutions need to be accessed through local research and theory to be both relevant and culturally appropriate.

### 9.3 RECOMMENDATIONS

The study recommends the following:

- **A change from neoliberalism to a caring orientated social work**

A caring orientated social worker requires embracing *Ubuntu*. He/she has to provide supportive and developmental interventions for working with children, youth and families on their holistic needs. *Ubuntu* practice can be empowering for children, youth, families, communities and social workers (Mugumbate and Chereni, 2019). The change will uphold the values, principles and strategies embedded in the Global Definition of Social Work (IASSW/ IFSW, 2014), which is:

...a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance well-being.

- **Bridging the gap between academics and practioners in accepting the intersection of policy and practice and academia**

The ongoing tension between academics and practitioners should be resolved by understanding their complimentary roles, highlighted in the definition that require the intersection of policy, practice and academia. Both academics and practitioners have an equal responsibility to enrich knowledge and work experiences of social workers from the foundation years to continuous learning in practice. Care-leaving theories should be included in the academic curriculum from undergraduate level. The collaboration between academics and practitioners can contribute to development of theories and policies, informed by research and practice.

- **Inclusivity, capacity building and qualification attainment amongst role players**

The importance of inclusivity stretches, amongst role players, as highlighted by Garfat, Freeman, Garabarabaghi and Fulcher (2013, p. 9) who advocated for the term CYCW to be replaced by CYC practitioners as, "... no other form of intervention which is so immediate, so grounded in the present or, one might say, so everyday". The recommendation for role players, namely social workers, CYCWs, social auxiliary workers, educators and management relevant qualifications, experience and training is to feel and be perceived as equals to respond with knowledge and intuition towards comprehensive assessments and reviews, identifying and promoting safe and appropriate spaces for youth to engage in experiential real-life learning skills for their development towards a smooth and gradual transition out of care. Whilst the DSD is commended for the bursaries for attainment of CYCW qualification of new enrolments, under-qualified CYCWs already in practice, need their support to meet the requirements for registration. Given the requisites of high levels of professional integrity, personal attributes and clinical skills to work on deeply entrenched trauma and shame that pre-care experiences, removal from family, and in-care experiences induce, one would expect the education and training of CYCWs to be of sufficient depth and duration to meet the needs of children and youth. The youths and their families' participation at a micro-level in ongoing assessment, planning and decision-making is recommended to know they matter, and their views are taken seriously.

Sewpaul and Jones (2004) asserted that the Global Standards for Social Work Education and Training highlights that marginalized, dispossessed, vulnerable and people at risk require assistance towards inclusivity. Service providers need to liberate themselves from the perception of being experts to release some of the power and control to youth and their families to genuinely participate in crucial decisions, as people who we serve are more knowledgeable about their experiences.

- **Addressing resource constraints of youth and their family caregivers to reduce structural challenges associated with youth's entry into care and prolonged accommodation at CYCCs**

The youth and family caregivers recommended that their constraints of housing, electricity, running water, food, employment opportunities, social security and education be addressed. These needs, recognized by Government, fall within the scope of the National Development

Plan 2030 (National Planning Commission, 2012). Post COVID-19 should not see the discontinuation of the accelerated response of the Government that is pressurized internationally, and internally by public outcries for basic needs to be met. In the two FGs (SWKs and KI) participants recommended social cohesion and networking from all government departments, including Education, Human Settlement, Home Affairs, Trade and Industry in partnership with NPOs such as CWS and CYCCs towards integrated and holistic services to youth transitioning out of care. When structural challenges, which contribute to the youths' entry into and remaining in care, are addressed the number of children who enter care might decrease, and expeditious reunification becomes possible.

- **Increase the opportunity and resources for the potential to consider least restrictive care options**

When structural factors become less influential for youth remaining in care, service providers will more readily consider the least restrictive alternatives such as foster care and adoption and fewer youth will age out of care. The need for recruitment drives for potential caregivers is not new. The KICWSA recommended the foster care bank, comprising of potential caregivers, be conscientiously considered to facilitate movement of youth who cannot return home to prevent them from languishing in CYCCs. Further, she recommended the foster care bank include prospective caregivers for accommodating youth who transition out of care. The recruitment of suitable caregivers and arrangement of care within clans can hold significance to ensure continuity of culture, religion and language of children and youth, and provide for a less complex and smoother transition. The KICWSA suggested a basic income grant (BIG), as a universal social security measure, to facilitate transitioning to caregivers, and to support family preservation for expeditious reunification. The support for a BIG has received renewed interest during the Covid-19 crisis that exacerbated unemployment and poverty in South Africa.

- **Human Settlement and Local Municipality to provide a range of accommodation options since access to housing interlinks with education and employment for youth**

All participants highlighted accommodation as core. The KIs recommended that Human Settlement work in partnership with the local municipality to provide a range of safe, secure short and long term accommodation for youth. This includes independent accommodation,

shared rented flats and transitioning homes of close proximity to education and employment opportunities.

Naledi recommended that accommodation be free of charge, initially since it is unrealistic to expect care-leavers to contribute immediately after their transition out of care. Although Shantel recommended that by 21 years' youth should be employed and contribute towards their accommodation and living expenses, those enrolled for a three or four year degree at tertiary education may not be working. The participants, both in the focus groups and joint interviews, and the youth said transitioning homes prevent youth from becoming homeless and guidelines reduce the chance of them becoming an extension of institutional care. However, flexibility is necessary and youth who are NEET, and at the highest risk of being homeless must be accommodated. The KI Director of CYCCs suggested South Africa emulate Global North countries, such as Ireland that provides state bursaries and living allowances for youth who are studying after they transition out of care. Essentially, investment in the youths/future leaders, study, employment and career options are crucial for their development and can improve their quality of life and break the intergenerational cycles of poverty and being in care.

- **Emotional care and support to include access to education and employment resources for youth and family caregivers**

The youth and families require emotional care and support often linked to their structural constraints. Both parents and youth saw education as one of the priorities that promoted employability. Alisha's mother, for example, had no formal education and attended an ABET programme, upon the researcher's suggestion after being empowered to increase her chances of getting employed. Hence support towards the use of resources when available and accessible is necessary. The youth recommended state bursaries for higher education and learnerships, but linked securing education, employment and accommodation with being linked to people who are well connected. This was associated with access to mentors which they felt should commence in-care to support their transition out of care and aftercare. The CYCWs mentioned that some mentors continue to identify sponsors for bursaries, secure accommodation, employment and emotional support after the youths' transition and maintained contact long after leaving care. The youth suggested that their first-hand experience and willingness to mentor youth in-care be considered. However, as with any service, the KI DSD recommended appropriate screening. The metaphor of passengers putting on one's oxygen mask first when a

plane makes an emergency landing applies to care-leavers having their needs met before they help others. A KI recommended that the state increase accessibility to skills development, job shadowing, internships and business opportunities to youth, commencing in-care for the emotional readiness for work and continue aftercare to increase their employability.

- **Service Providers to address post traumatic stress of self, youth and families and to sensitize the community of the toxic impact of shame and stigma on healing**

Some family caregivers recommended accessibility for psychiatric and psychological services for some youth after they transition from care. The RSWKs and CYCWs recommended awareness and sensitizing the public within and outside the CYCCs on the implications of stigma and stereotypes that disadvantage youth. Services of healing the inner child should be provided to the youth and their caregivers since post-traumatic growth does not depend on the medicalization of non-medical conditions. Clinical interventions and emotional support are needed to deal with trauma. Intensive psychosocial interventions are essential to help youth and their families to heal from trauma and toxic shame. Such interventions must occur from the onset of care and be ongoing to promote optimum growth and well-being, and to prevent the development of mental disorders. Two service providers mentioned personal trauma as contributing to their career choice, which relates to helping professionals perhaps being wounded healers and needing to deal with their own trauma and toxic shame. This has implications for relationship building and responsiveness with people that service providers engage with. It calls for supportive and developmentally oriented supervision, and for greater attention to be paid to the intersection between the personal and the professional in academia and in practice.

- **Development and implementation of transitioning programmes**

Service providers need to commit to the development and implementation of transitioning programmes. Although most participants recommended capacity building to respond to youth transitioning out of care, the DSD KI said that collaboration between the children's sector, care of families and the youth programmes are crucial components to directly influence services to children and youth from pre-care to in care and post care. There are several programmes that can be implemented to cover gaps of services, but the KI CYCC director mentioned funding being a major challenge. The relevance of programmes should be identified in consultation



with youth and families, and funding released for the implementation. Programmes such as YOLO (You only live once) are excellent life skills programmes but limited to the secondary schools that are reluctant to release learners to attend, as it is perceived to disrupt the academic programme. This is one of many programmes that can be implemented at CYCCs. Youth and family caregivers' participation, as equal role players on one or two relevant existing national, provincial and district level forums, to influence intervention at ward level and policies at a macro level is necessary. The Children's Forum should include a care-leavers sub-committee for them to become self-advocates. The family forum can incorporate parents and caregivers for collaboration, networking and advocacy towards policy and relevant services to build, strengthen and preserve families. Whilst African Network for Care-leaving Researchers is commended for gaining membership into International Research Network on Transitions to Adulthood from Care, I recommend that care-leavers and family caregivers gain membership on the Network as a safe platform to speak and be heard, whilst being empowered without discrimination, judgement or tokenism. Their voices on their structural challenges and needs should be heard in reviewing policies, and in the development of programmes and services.

- **Lessons to be learnt from youth and family participation**

The care-leavers and family caregivers' involvement in research should be broadened towards planning through assistance in identifying care-leavers for relevant purposive samples, analysis of results and contributing towards recommendations. Peer care-leaving research effectively managed guidance and debriefing sessions can overcome the controversy of youth re-living their trauma and contribute to their healing. The youth and family caregivers should be consulted on policy reviews and development at macro level planning, implementation and evaluation of community awareness, prevention, and early intervention. Service providers, therefore, need to become advocates and challenge the neoliberal and managerial discourses and practices that impact on the ethics of care through unrestricted consumerism and capitalism. Lessons learnt from youth such as Portia, Naledi and Spunky are courage and confidence to stand against perceived injustice and the violation of rights. Spunky used collective action by the creation of a Black Empowerment Movement within the CYCC. Practitioners and academics should use research findings and practical experiences to expose injustices and inequalities that hinder youth transitioning out of care. Sewpaul and Jones (2004) assert that advocacy against societal barriers of inequalities and injustices can bring transformative change.

- **Demonstration of the ethics of care in-care, during transition and after the transition from care**

Conscious and sensitively demonstrating the ethics of care require that service providers be aware of the barriers they create that prevent service delivery. The preservation of symbolic possessions brought from home or presented as gifts should be properly valued and carefully preserved and returned to children and youth when they exit care, which promote a sense of belonging, strength, resilience and continuity. A life story/journey book that follows youth in care, including significant documentation that they could take with them at the time of transition would go a long way in validating the experiences of children and youth, and with providing them with a sense of identity and belonging. Cultural barriers of blind obedience to adults through rules and consequences at CYCCs should be reviewed towards working with children and families in holistic and integrated ways.

- **Supervision and support to social workers and child and youth care workers**

The balancing act between culture, human rights and social justice is fraught with multiple dilemmas and the recommendation is for developmentally oriented, consistent supervision and/or consultation by trained, qualified and experienced supervisors to guide social workers and CYCWs unravel these challenges with care, non-judgmentalism and empathy. Naledi's experience was that patriarchal cultural rules inhibited her from sharing with her father her deep seated trauma and kept her away from grieving her mother's death and later, multiple deaths. The cultural barrier of male dominance in decision-making and some indigenous traditional practices that violate human rights are recognized as cause for concern (Sewpaul, Kreitzer, 2021). Tension and complexities within and inside culture is evident from Portia's maternal and paternal family feuds in her mixed racial parentage, associated with payment of damages that thwarted her sense of belonging and interfered with her care. Culture can shift as evident from many unrelated caregiver/youth relationships that harmoniously transcended race and cultural diversities. The GSWSEP (IASSW, 2018) require that social workers adopt the role of cultural mediators and sensitively deal with practices that violate the human rights. The practitioner/researcher Klaas-Mokolomakwe (2019) demonstrates this in the emancipation of rural senior female traditional leaders in KZN, who approached abused women with cultural sensitivity. However, she found collaboration and co-operation between formal and informal

stakeholders were lacking to establish an understanding of the multiple social ills within the community to promote human rights, gender equality and cultural responses to phenomena such as women and child abuse.

- **Substitution of independent living to interdependent living**

This study strongly recommends the substitute of expectations from independent living to interdependent living for social science, social work theories and practice to resonate with indigenous knowledge and practices of Ubuntu. While the Children's Act No 38 of 2005 refers to independent living, it simultaneously embraces Ubuntu, which supports interdependence, reflecting contradictory values. In addition, although natural science is imposed on social sciences, the biological need of interdependency on the eco-system, for example in the food chain and for accommodation is disregarded. Interdependency also recognises the need for solidarity and social cohesion towards lifestyle changes to combat further destruction, emanating from global warming that threatens our very survival.

- **Introduction of an integrated care-leaving policy**

This study recommends an integrated care-leaving policy to be applied in conjunction with other policies, for example, the Children's Act and Regulations and with the Youth Policy. The role players should be specified, roles outlined through a consultative process, and costed. This will come to fruition if the people service providers engage with are included, and if it coheres with the collective, communitarian and people-centred values of Ubuntu, made operational at all levels of Government and civil society. The Global Standards for Social Work Education and Training advocates that social workers formulate and implement policies and programmes that enhance people's wellbeing and promote human development and collective social harmony (Sewpaul and Jones, 2004). Policy for youth transitioning out of care must become a funded mandate for the implementation of programmes and services, funding for family preservation must be increased, and transition programmes must be implemented from the time of entry into care.

- **Future research studies recommended include the following:**

- Specific high-risk youth who transition out of care, excluded in most local studies such as the homeless youth; youth with abuse substance use disorder, their treatment and post care experiences or youth in conflict with the law during and/or after care, and

youth who are NEET after they transition out of care; youth coping with chronic illnesses.

- A study on intervention with caregivers of children in alternative care and their support networks.
- A comparative study of youth transitioning out of the family community home and the large CYCCs and the community.
- Participatory action on community-based models that prevent institutionalization as a deinstitutionalization strategy.
- A systemic literature review of South African care-leaving studies and implications for policy and service delivery.
- Development of a greater understanding of the concepts of dependence, independence and interdependency in the local context of care-leaving.
- A qualitative longitudinal study to investigate the life experiences of care-leavers who leave South Africa and migrate to other countries.
- The role of indigenous practices of traditional healing to support youth to manage trauma in care, when transitioning out and after they transition from care.

Local care-leaving workshops and conferences recommended the following research topics:

- Role of cultural practices in care-leaving
- Comparative research on youth transitioning out of care across Africa
- Develop and test theories for care-leaving in Africa
- Care-leaving planning: outcomes and impact
- Developing an evidence base for what works in preparing young people to leave care.
- Quantitative research to collate administrative/demographic information of the population of care-leavers in South Africa in relation to intersectional criteria such as gender, race, class, geographic locations, disability and ethnicity.
- Inter-sectionality (gender, disability, sexuality) and its impact on care-leaving.

## 9.4 CONCLUDING REMARK

The Children's Act No 38 of 2005 is designed to ensure the child's best interest in all matters, which cover family care, parental care or alternative family care when a child is removed from the family environment. The expectation is to protect children from maltreatment, abuse or degradation, but when preparation for their transition from care into the community and aftercare services is lacking, we the service providers are guilty of secondary abuse. We fail our youth when we do not uphold the ethics of care and the values of Ubuntu as helping professionals. The state fails them when legislation and policies are contradictory and vague, and when services are not available, accessible and funded. I conclude with the words of our former president and international icon, Nelson Mandela: *"...if enough people were touched and imbued by the spirit of caring, it would in time change the whole landscape of how children are treated in this country."*

## REFERENCE LIST

- Adley, N., and Kina V. J. (2015). Getting behind the closed doors of careleavers: Understanding the role of emotional support for young people leaving care. *Child and Family Social work*, 22(1), 97-105.
- African Charter on the Rights and Welfare of the Child (1990). African Charter on the Rights and Welfare of the Child,  
[https://www.achpr.org/public/Document/file/English/achpr\\_instr\\_charterchild\\_eng.pdf](https://www.achpr.org/public/Document/file/English/achpr_instr_charterchild_eng.pdf)
- Agere, M. L. (2014). *An evaluation of the role of Child and Youth Care Centres in the implementation of South Africa's Children's Act*. Master's Disseration, University of Fort Hare, Eastern Cape, South Africa.
- Ainsworth, F., and Thoburn, J. (2014). An exploration of the differential usage of residential childcare across national boundaries. *International Journal of Social Welfare*, 23(1), 16–24.
- Althusser L. (1971) Ideology and ideological state apparatuses. In: Althusser, L (ed.) *Lenin and philosophy, and other essays*. London: New Left Books.
- Amroodt, M. C. (2011). *Host parents` experience of accommodating children in need of care*. Unplished Master's Dissertation. University of the Western Cape, Western Cape, South Africa.
- Anghel, R. (2011). Transition within Transition: How young people learn to leave public care behind while their carers are stuck in neutral. *Children and Youth Services Review*. 33 (12), 2526-2531.
- Arnett, J. J. (2007). Emerging adulthood: What is it and what is it good for? *Child Development Perspectives*, 1(2), 68-73.
- Assim, U. M. (2013). *Understanding kinship care of children in Africa or an alternative care option*, Unpublshed Doctoral Dissertation. University of Western Cape, Western Cape South Africa.
- Avery, J. R. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Child and Youth Services Review*, 32(2010), 399-408.

- Bailey, N., Loehrke, C., & French, S. (2011). *The transitions initiative: Youth aging out of alternative care*. Addis Ababa, Ethiopia: International Organization for Adolescents (IOFA)
- Baines, D. (2004). Pro-market, non-market: The dual nature of organizational change in social services delivery. *Critical Social Policy*, 24(1), 5-29.
- Barnes, M., Lord, C., and Chanfreau, J. (2015). *Child poverty transitions: exploring the routes into and out of poverty 2009 to 2012*. Department for Work and Pensions.
- Barnes, M., Stares, S., Wood, C., Vibert, S and Lord, C. (2017). *Poverty in Perspective: A typology of poverty in Scotland*. United Kingdom: The Scottish Government.
- Barnes, V. (2012). "Social work and advocacy with young people: Rights and care in practice." *British Journal of Social Work* 42 (7), 1275-1292.
- Bantjes, J., Swartz, L., and Cembi, S. (2018). "Our lifestyle is a mix-match": Traditional healers talk about suicide and suicide prevention in South Africa. *Transcultural psychiatry*, 55(1), 73-93.
- Bartholet, E. (2015). Thoughts on the liberal dilemma in child welfare reform. *Wm. and Mary Bill Rts. J.*, 5(4), 725-785.
- Beauchamp, T. (2014). A strong future for young people leaving out of home care: Uniting care children, young people and families. *Policy paper*. Unitng Care.
- Beier, J. (2011). *The militarization of childhood: thinking beyond the global south*. New York: Palgrave Macmillan.
- Bengtsson, M., Sjoblom. H., and Oberg, P. (2018). Young careleavers expectations of their future: A question of time horizon. *Child and Family Social Work*, 8(1), 188-195.
- Berens, A. E., and Nelson, C. A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet*, 386(9991), 388-398.
- Berridge, D., Biehal, N., & Henry, L. (2012). *Living in children's residential homes*. London: Department for Education.
- Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do young people say? *Children and Youth Services Review*, 33(4), 496-501.

- Blackie, D. E. (2014). *Sad, bad and mad: exploring child abandonment in South Africa*. Unpublished Doctoral Dissertation. University of the Witwatersrand, Johannesburg, South Africa.
- Blunt, G. D. (2015). Is global poverty a crime against humanity? *International Theory*, 7(3), 539-571.
- Bond, S. (2010). *Adult adjustment and independent functioning in individuals who were raised in a children's home*. Unpublished Master's Dissertation. Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Bond, S. (2015). Care-leaving legislation and policy: How does South Africa compare against the international arena? *Paper presented at the Social Work and Social Development Conference*, East London, South Africa.
- Bond, S. (2017). *The Development of Possible Selves and Resilience in Youth Transitioning out of Care*. Unpublished Doctoral Dissertation. University of Johannesburg, Johannesburg, South Africa.
- Bond, S. (2018). Care-leaving in South Africa: An international and social justice perspective, *Journal of International and Comparative Policy*, 34(1), 76-90.
- Bond, S. (2020). Care leavers' and their care workers' views of preparation and aftercare services in the Eastern Cape, South Africa. *Emerging Adulthood*, 8(1), 26-34.
- Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.
- Boyden, J., Dercon, S. and Singh, A. (2015). Child development in a changing world: Risks and opportunities. *The World Bank Research Observer*, 30(2), 193-219.
- Bramford, L. (2019). The first 1,000 days: ensuring mothers and young children thrive. In M. Shung-King; L. Lake; D. Sanders; and M. Hendricks (eds). *South African Child Gauge*. Cape Town, South Africa: University of Cape Town.
- Bradshaw, J. (1988). *Healing the Shame that binds you*. Florida: Health Communications Inc.
- Bradshaw, J. (1992). *Homecoming: Reclaiming and Healing the Inner Child*. United States: Bantam Books
- Braun, V., and Clark, V. (2006). Using Thematic Analysis in psychology. *Qualitative Research in Psychology* 3(2), 77-101.



- Bray, R., and Brandt, R. (2007). Child care and poverty in South Africa: An ethnographic challenge to conventional interpretations. *Journal of Children and Poverty*, 13(1), 1-19.
- Breen, A., Daniels, K., and Tomlinson, M. (2015). Children's experiences of corporal punishment: a qualitative study in an urban township of South Africa. *Child abuse and neglect*, 48, 131-139.
- Browne, K. (2009). *The risk of harm to young children in institutional care*. London: Save the children fund.
- Budlender, D., and Lund, F. (2011). South Africa: A legacy of family disruption. *Development and Change*, 42(4), 925-946.
- Budlender, D., and Francis, D. (2014). Budgeting for social welfare in South Africa's nine provinces. Unpublished Masters Dissertation. University of Cape Town, South Africa.
- Budlender, D. (2018). Income support for children in the context of poverty and inequality. Children, Families and the State. In K. Hall; L. Richter; Z. Mokomane, and L. Lake (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Bukuluki, P. M., Kanya, S., Kasirye, R., and Nabulya, A. (2020). Facilitating the transition of adolescents and emerging adults from care into employment in Kampala, Uganda: A case study of Uganda youth development link. *Emerging Adulthood*, 8(1), 35-44.
- Burns, J. K. (2015). Poverty, inequality and a political economy of mental health. *Epidemiology and psychiatric sciences*, 24(2), 107-113.
- Burton, J., & Van den Broek, D. (2009). Accountable and countable: Information management systems and the bureaucratization of social work. *British journal of social work*, 39(7), 1326-1342.
- Cameron, C., Hollingworth, K., Schoon, I., Van Santen, E., Schoer, W., Rasitkari, T., Heino, T., Pekkarinen, E. (2018). Care leavers in early adulthood: How do they fare in Britain, Finland and Germany? *Children and Youth Services Review*, 87(2), 163-172.
- Cantwell, N., Davidson, J., Elsley, S., Milligan, I., and Quinn, N. (2012). *Moving Forward: Implementing the United Nations Guidelines for the Alternative Care of Children*. UK: Centre for excellence for looked after children in Scotland.

- CELCIS. (2019). *Youth Homelessness Prevention Pathway: Improving careleavers*. Housing Pathways. Scotland.
- Chain, W., T. (2018). Critical Social Work: A Critical Analysis. *Critical Social Work*, 19(1), 22-41.
- Chaitkin, S., Cantwell, N., Gale, C., Milligan, I., Flagothier, C., O'Kane, C., and Connelly, G. (2017). *Towards the Right Care for Children: Orientations for Reforming Alternative Care Systems-Africa, Asia, Latin America*. Luxembourg: Luxembourg Publications Office.
- Chambliss, D. F., Russell K., and Schutt, R. K. (2010). *Making Sense of the Social World: Methods of Investigation*. New York: Sage Publications.
- Child Welfare Information Gateway. (2016). *Caseload and workload management*. Available at [https://www.childwelfare.gov/pubPDFs/case\\_work\\_management.pdf](https://www.childwelfare.gov/pubPDFs/case_work_management.pdf) Date of access: 2 November 2016.
- Chinyenze, P. (2017). *Institutional childcare services in Harare, Zimbabwe: Exploring experiences of managers, caregivers and children*. Unpublished Doctoral Dissertation. University of Witwatersrand, Johannesburg, South Africa.
- Cleaver, K. (2016.) Acknowledging the struggle: Policy changes for State care leaving provisions. Aotearoa, *New Zealand Social Work*, 28(2), 22-31.
- Cohen, L. M., and Manion, L. Morrison (2011) *Research Methods in Education*. London: Routledge Falmer.
- Corbin, J. M., and Strauss, A. L. (2008). *Basics of qualitative research (3rd ed.): Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: SAGE Publications, Inc.
- Courtney, M. E., and Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work*, 11(3), 209-219.
- Coyle, D., and Pinkerton, J. (2012). Leaving Care: The Need to Make Connections, *Child Care in Practice*, 18 (4), 297-308.
- Dapic, M. R., Flander, G. B., and Prijatelj, K. (2020). Children behind closed doors due to COVID-19 Isolation: Abuse, Neglect and Domestic Violence, *Archives of Psychiatry Research*, 56(2), 181-192.

- Das-Munshi, J., Lund, C., Mathews, C., Clark, C., Rethon, C., and Stansfeld, S. (2016). Mental health inequalities in adolescents growing up in post-apartheid South Africa: cross-sectional survey, Shaw study. *PloS one*, 11(5), e0154478.
- De Corte, J., and Roose, R. (2018). Social work as a policy actor: Understanding social policy as an open-ended democratic practice. *European Journal of Social Work*, 23(2), 227-238.
- De Lannoy, A., Leibbrandt, M., and Frame, E. (2015). A focus on youth: An opportunity to disrupt the intergenerational transmission of poverty. In A. De Lannoy; S. Swartz S, L Lake; and C. Smith (eds), *South African Child gauge*. Cape Town: Children's Institute, University of Cape Town.
- Delany, A., and Proudlock, P. (2016). Expanding social assistance for children: Considering policy proposals. In A. Delany; S. Jehoma; and L. Lake (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Del Valle, J. F., and Bravo. A. (2013). Current trends and figures and challenges in and out of home care: An international comparative analysis, *Psychological Intervention*, 22(3), 251-257.
- Dickens, L. F., Van Breda, A. D., and Marx, P. (2015). Growth beyond the town: A longitudinal study on youth leaving care: 30-month status report. Cape Town, RSA: Girls and Boys Town South Africa and University of Johannesburg.
- Dickens, L. F. (2016). The contribution of resilience to the 12-month transitional outcomes of careleavers in South Africa. Unpublished Doctoral Dissertation: University of Johannesburg, Johannesburg, South Africa.
- Dickens, L. F., Van Breda, A. D., & Marx, P. (2014). Growth beyond the town: A longitudinal study on youth leaving care: 12-month outcomes report (Cohort 1). *University of Johannesburg and Girls & Boys Town South Africa, Cape Town, South Africa*.
- Dickens, L. F., Van Breda, A. D. and Marx, P. (2015). Growth beyond the town: A longitudinal study on youth leaving care: 30-month status report. Cape Town, RSA: Girls and Boys Town South Africa and University of Johannesburg.
- Dickens, L. F., and Marx, P. (2020). NEET as an outcome for care leavers in South Africa: The case of girls' and boys' town. *Emerging Adulthood*, 8 (1), 64–72.

- Dima, G. (2012). *Experiences of young people leaving care: A Romanian psycho-social study*. Saarbrücken: Lambert Academic Publishing.
- Dima, G., and Skehill, C. (2011). Making sense of leaving care: The contribution of Bridges model of transition to understanding the psycho-social process. *Children and Youth Services Review*, 33(12), 2532-2539.
- Dima, G., and Bucuta, M. D. (2015). The Process of Transition from Public Care to Independent Living: A Resilience-Based Approach. *Revista de Cercetare si Interventie Sociala*, 50(2), 53-65.
- Diraditsile, K., and Mmeanyana, G. I. (2019). The Dynamics of Prolonged Child Residential Care in Botswana: Prospects for Alternative Child Care Systems. *Botswana Notes and Records*, 51(2), 93-105.
- Diraditsile, K., and Nyadza, M. (2018). Life after institutional care: Implications for research and practice. *Child and Family Social Work*, 23(3), 451-457.
- Dixon, J. (2008). Young people leaving care: Health, wellbeing and outcomes. *Child and Family Social Work*, 13(2), 207-217.
- Dlamini, T. T., and Sewpaul. (2015). Rhetoric versus reality in social work practice: Political, neoliberal and new managerial influences, *Social Work/Maatskaplike Werk*, 51(4), 467-481.
- Dominelli, L. (2012). *Green social work: From environmental crises to environmental justice*. UK: Polity Press.
- Dozier, M., Zeanah, C. H., Wallin, A. R., and Shaffer, C. (2012). Institutional care for young children: Review of literature and policy implications. *Social issues and policy review*, 6(1), 1-25.
- Duarte, M. E. (2017). Career counseling and career coaching in working contexts. In L. Nota, and S. Sovesi, (eds), *Counseling and Coaching in Times of Crisis and Transition: From Research to Practice*. New York: Routledge.
- Dutschke, M. (2007). Children's constitutional rights to social services. In P. Proudlock; J. Monson; and C. Smith, (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.

- Dunga, N. S. (2014). *An investigation of the services provided by the Bhambayi Drop-in Centre in Inanda, KwaZulu-Natal for orphans and vulnerable children affected by HIV and AIDS*. Unpublished Doctoral Dissertation. North West University: Potchefstroom, South Africa.
- Durrheim, K., and Painer, D. (2006). In Terre Durrheim and Painter, D (eds). In collecting quantitative data: Sampling and measuring. *Research in practice: Applied methods for the Social Sciences* (2<sup>nd</sup> edition). Cape Town, South Africa: University of Cape Town Press.
- Dutta, S. (2017). Life after leaving care: Experiences of young Indian Girls n and Youth *Children and Youth Services Review*, 73(2017), 266-273.
- Dziro, C. (2020). Challenges and opportunities experienced by young adults transitioning out of informal kinship-based foster care in Bikita District, Zimbabwe. *Emerging Adulthood*, 8 (1), 82–91.
- Dziro, C., and Rufurwokuda, A. (2013). Post-Institutional integration challenges faced by children who were raised in children's homes in Zimbabwe: The case of 'ex-girl' programme for one children's home in Harare, Zimbabwe. *Greener Journal of Social Sciences*, 3, 268–277.
- Edmond, R. (2014). Longing to belong: children in residential care and their experiences of peer relationships at school and in the children's home. *Child and Family Social Work*, 19(2), 194-202.
- Evans, G. W., and Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child development perspectives*, 7(1), 43-48.
- Evans, T., and Harris, J. (2004). Street-level bureaucracy, social work and the (exaggerated) death of discretion. *British Journal of Social Work* 34(1), 871-895.
- Faith to Action Initiative. (2004). Children, orphanages and families: a summary of research to help guide faith-based action. <http://faithaction.org/wp-content/uploads/2014/03>.
- Federicks, C. (2018). An Exploratory study of the experiences of youth transitioning out of Child and Youth Care Centres in Cape Town to independent adult living. Unpublished Master's Dissertation. University of Cape Town: Cape Town, South Africa.
- Feldman, R. A. (2002). Health Care and Social Work Education in a changing World. *Social Work in Health Care and Mental Health: Practice, Research, and Programs*, 35(1-2), 31-41.

- Ferguson, I. (2007). *Reclaiming social work: Challenging neo-liberalism and promoting social justice*. London: Sage.
- Finkelhor, D., Ormrod, R. K. and Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse and Neglect*, 31(1), 7–26.
- Finn, J. L., Nybell, L. M., and Shook, J. J. (2010). The meaning and making of childhood in the era of globalization: Challenges for social work. *Children and Youth Services Review*, 32(2), 246-254.
- Flick, U. (2009). *An introduction to qualitative research* (4th ed.). London: Sage.
- Fook, J. (2016). *Social work: a critical approach to practice*. London: Sage.
- Fotheringham, S., and Saunders, C. (2014). Social enterprise as poverty reducing strategy for women. *Social Enterprise Journal*, 10(3), 176-199.
- Fouche, A., Fouché, D. F., and Theron, L. C. (2020). Child protection and resilience in the face of COVID-19 in South Africa: A rapid review of C-19 legislation. *Child Abuse and Neglect*, 104710.
- Fox, M., Green, G., and Martin, P. (2007). *Doing practitioner research*. London. Sage.
- Freire, P. (1970). *Pedagogy of the oppressed* (MB Ramos, Trans.). New York: Continuum.
- Freire, P. (1973). *Education for critical consciousness*. New York: Seabury.
- Frimpong-Manso, K. A. (2012). Preparation of Young people leaving care: The case of SOS Children's Village, Ghana. *Child Care and Practice*, 18(4), 341-356.
- Frimpong-Manso, K. A. (2014). From walls to homes: Child care reform and deinstitutionalisation in Ghana. *International Journal of Social Welfare*, 23, 402–409.
- Frimpong-Manso, K.A. (2018). Building and utilising resilience: The challenges and coping mechanisms of care leavers in Ghana. *Children and Youth Services Review*, 87(3), 52-59.
- Frimpong-Manso, K.A. (2020). Stories of care leaving: The experiences of a group of resilient young adults on their journey to interdependent living in Ghana. *Emerging Adulthood*, 8(1), 16-25.

- Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., Florian, L. and McCluskey, G. "The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis." *Child Abuse and Neglect*, 75 (2018), 6-28.
- Fuchs, C., and Sandoval, M. (2008). Positivism, postmodernism, or critical theory? A case study of communications students' understandings of criticism. *Journal for Critical Education Policy Studies*, 6(2), 112-141.
- Fuchs, P. L. and Ness, L. R. (2015). Are we there yet? Data Saturation in Qualitative Research. *The Qualitative Report*, 2(29), 1408-1416.
- Fuller, T. L., Paceley, M. S and Schreiber, J. C. (2015). Differential Response family assessments: Listening to what parents say about service helpfulness. *Child Abuse and Neglect*, 39(5), 7-17.
- Garfat, T., Freeman, J., Gharabaghi, K., & Fulcher, L. (2018). Characteristics of a relational child and youth care approach revisited. *CYC-Online October, 2018*.
- Gaskell, C. (2010). If the social worker had called at least it would show they cared: Young care leaver's perspectives on the importance of care. *Children and Society*, 24(2), 136–147.
- Gilbert, I. (2013). *Narratives on abortion: psychosocial, ethical and religious considerations* Unpublished Doctoral Dissertation, University of KwaZulu-Natal: Durban, South Africa.
- Gilligan, R. (2008). Promoting Resilience in young people in long term care-The relevance of Roles and Relationships in the domains of recreation and work. *Journal of Social Work Practice*, 22(1), 37-50.
- Goba, F. D. (2009). *In relation to the involvement of biological families in the lives of children in long term residential care* Unpublished Master's Dissertation. University of KwaZulu-Natal. Durban. South Africa.
- Goodkind, S., and Schelbe, L. B. and Shook, J. J. (2011). Why youth leave care: Understandings of adulthood and transition successes and challenges among youth ageing out of Child Welfare. *Children and Youth Services Review*, 33(6), 1039-1048.
- Govender, V. (2009). *The experiences of social workers in the provision of reconstruction services to HIV infected children*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.

- Guba, E. G., and Lincoln, Y. S. (1989). *Fourth generation evaluation*. London: Sage.
- Guba, E. G., and Lincoln, Y. S. (1994). Competing Paradigms in Qualitative Research. In Denzin, N.K and Lincoln, Y. S. (Eds.). *Handbook of Qualitative Research* (pp. 105-117). London: Sage.
- Gramsci, A. (1977). *Selections from political writings 1910-1920*. London: Lawrence and Wishart.
- Greyvenstein, E. (2010). *A needs assessment of caregivers in children's homes*. Unpublished Master's Dissertation. University of South Africa: Pretoria, South Africa.
- Grinspun, A. (2016). No small change: The multiple impacts of the Child Support Grant on child and adolescent well-being. In A. Delany; S. Jehoma; & L. Lake (Eds.). *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Groinig, M., and Sting, S. (2019). Educational pathways in and out of child and youth care. The importance of orientation frameworks that guide care leavers' actions along their educational pathway. *Children and Youth Services Review*. 101(2), 42-49.
- Gwenzi, G. D. (2020). Constructing the meaning of “family” in the context of out-of-home care: An exploratory study on residential care leavers in Harare, Zimbabwe. *Emerging Adulthood*, 8(1), 54–63.
- Häggman-Laitila, A., Salohekkilä, P., and Karki, S. (2018). Transition to adult life of young people leaving foster care: A qualitative systematic review. *Children and Youth Services Review*, 95(3), 134-143.
- Hall, K., and Mokomane, Z. (2018). Introduction: Children, families and the state. In Hall K, Richter; Z. Mokomane; and; Lake L. (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town, South Africa.
- Hall, K., and Posel, D. (2019). Fragmenting the family? The complexity of household migration strategies in post-apartheid South Africa. *IZA Journal of Development and Migration*, 10(2), 1-20.
- Hall, K., and Sambu, W. (2016). Income, poverty, unemployment and Social Grants. In A. Delany; S. Jehoma; and L. Lake. (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town, South Africa.



- Hallegatte, S. (2016). *Natural disasters and climate change: An Economic perspective*. USA: Springer International Publishing.
- Hagos, M.A Mariam, K.T., and Boglae, K. (2017). Identifying Predisposing Causes and Consequences of Child Headed House hold in the Case of Wolaita Sodo Town, *Global Journal of Human Social Science: A Arts & Humanities – Psychology*, 17(2): 2249-460X
- Haly, M. K. (2010). Neoliberalism and child protection: A deadly mix. *Labour History: A Journal of Labour and Social History*, 1(98), 121-141.
- Harding, J. (2014). *Factors influencing the financial sustainability of the non-profit sector in South Africa* Unpublished Doctoral Dissertation. University of Cape Town: Cape Town, South Africa.
- Harris, J. (2014). (Against) Neoliberal social work. *Critical and Radical Social Work*, 2(1), 7-22.
- Haskins, L., Grant, M., Phakathi, S., Wilford, A., Jama, N., & Horwood, C. (2017). Insights into health care seeking behaviour for children in communities in KwaZulu-Natal, South Africa. *African Journal of Primary Health Care and Family Medicine*, 9(1), 1-9.
- Hatch, M., and Posel, D. (2018). Who cares for children? A quantitative study of childcare in South Africa. *Development Southern Africa*, 35(2), 267-282.
- Heathecote, C. (2015). *Children's perceptions of interaction with their caregivers in Child and Youth Care Centres*. Unpublished Masters Dissertation. North West University: North West, South Africa. .
- Hojer, I., and Sjoblom, Y. (2010). Child and Family Social Work: 'Young people leaving care in Sweden'. *Adoption and Fostering*, 34(2), 93-94.
- Höjer, I., and Sjöblom, Y. (2011). Procedures when young people leave care - Views of 111 Swedish social services managers. *Children and Youth Services Review*, 33(12), 2452-2460.
- Holland, S. (2010a). Looked After Children and the Ethic of Care. *British Journal of Social Work*, 40(6), 1664-1680.
- Holland, S. (2010b). *Child and Family assessment in Social Work: Practice*. London: Sage Publications Ltd.

- Hölscher, D., and Sewpaul, V. (2006). Ethics as a site of resistance: The tension between social control and critical reflection. *Social work: making a world of difference*. Berne: IFSW.
- Hope, J., and Van Wyk, C. (2018). Intervention strategies used by social workers in emergency child protection. *Social work/Maatskaplike Werk*, 54(4), 420-437.
- Honwana, A. (2014). 2 ‘Waithood’: Youth Transitions and Social Change. In D. Foeken; T. Dietz; L. De Haan., and L Johnson (eds.), *Development and Equity: An interdisciplinary Exploration by ten scholars from Africa, Asia and Latin America* (pp. 28-40). Leiden: Brill.
- Humphries, B. (2008). *Social work research for social justice*. New York: Palgrave, Macmillan.
- Hlungwani, J. (2017). *Young women’s journey towards successful independent living after leaving residential care*. Unpublished Master’s Dissertation. University of Johannesburg: Johannesburg, South Africa.
- Hlungwani, J., and Van Breda, A. D. (2020). Female caregiver’s journey to young adulthood from residential care in South Africa: Gender-specific psychosocial processes of resilience. *Child and Family Social Work*, 25(4), 915-923.
- Huynh, H. V. (2014). New directions in orphan and vulnerable children policy and research: A focus on supporting “suitable” institutions when placement is “necessary” for a child. *American Journal of Orthopsychiatry*, 84(4), 387-405.
- Sebopela, M. (2013). Information guide on the management of statutory services in terms of the Children’s Act, No. 38 of 2005. Pretoria: Department of Social Development.
- International Association of Schools of Social Work. (2014). Global definition of the social work profession. Approved by the IASSW General Assembly. July. Melbourne, Australia. [Online] Available: <http://www.iasw-aiets.org/news-and-updates-more> (Rev. 10/08/2015).
- International Association of Schools of Social Work. (2018). Global social work statement of ethical principles. Approved by the IASSW General Assembly of IASSW on 5th July 2018 in Dublin, Ireland. Available on <https://www.iasw-aiets.org/wp-content/uploads/2018/04/Global-Social-Work-Statement-of-Ethical-Principles-IASSW-27-April-2018-1.pdf>. (Accessed 10/12/2018).

- Islam, T. (2016). Developing World Bangladesh Residential in T. Islam and L. Fulcher (Eds). *Child and Youth Care in Residential Child and Youth Care: Global Perspectives* (pp. 34-53). Cape-Town: Pretext Publishing.
- James, A., & James, A. (2017). *Constructing childhood: Theory, policy and social practice*. New York: Macmillan International Higher Education.
- Jamieson, L. (2014). Children's rights to appropriate alternative care when removed from the family environment: A review of South Africa's child and youth care centres. *South Africa's progress in realising children's rights: A law review*, 13(2), 213-249.
- Jamieson, L. (2017). Children and young people's right to participate in residential care in South Africa. *The International Journal of Human Rights*, 21(1), 89-102.
- Jamieson, L., Mathews, S., & Röhrs, S. (2018). Stopping family violence: Integrated approaches to address violence against women and children. *Children, Families and the State*, 1(2018), 81-92.
- Jamieson, L., Mathews, S.; and Röhrs, S. (2018). Stopping family violence: Integrated approaches to address violence against women and children. In K. Hall; L. Ritcher; L. Ritcher; Z.Mokomane; and Lake, L (eds.) *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town, 1(2018), 81-92.
- Jamieson, L., Sambu, W., & Mathews, S. (2017). Out of harm's way? Tracking child abuse cases through the child protection system at five selected sites in South Africa-Research Report. Cape Town: University of Cape Town.
- Johannisen, J. C. (2015). *Exploring participation as a children's right in a child and youth care centre*. Unpublished Masters Dissertation. North-West University: North West, South Africa.
- Joint Submission to the portfolio Committee on Labour: THE NATIONAL MINIMUM WAGE BILL [831\_ 2017, National coalition of social services.
- Kaawa-Mafigiri, D., and Walakira, E. J. (Eds.). (2017). *Child abuse and neglect in Uganda*. New York: Springer International Publishing.
- Kadungure, T. P. (2017). *Experiences of caregivers caring for children with different special needs in a cluster foster care village in KwaZulu-Natal*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.

- Kaime, T. (2009). *The African Charter on the Rights and Welfare of the Child: A socio-legal perspective*. Pretoria: PULP.
- Kang'ethe, S. M., and Makuyan, A. (2014). Orphans and vulnerable children (OVC) care institutions: Exploring their possible damage to children in a few countries of the developing world. *Journal of Social Sciences*, 38(2), 117-124.
- Karam, E. G., Friedman, M. J., Hill, E. D., Kessler, R. C., McLaughlin, K. A., Petukhova, M., and De Girolamo, G. (2014). Cumulative traumas and risk thresholds: 12-month PTSD in the World Mental Health (WMH) surveys. *Depression and anxiety*, 31(2), 130-142.
- Kiggundu, E., and Oldewage-Theron, W. (2009). Coping: A challenge for guardians of children orphaned by HIV/AIDS in a South African township. *Development Southern Africa*, 26(3), 383-397.
- Kannapathi, S. M. (2015). *Reconciling Child Practices in South Africa with International Standards: prospects and challenges*. Unpublished Doctoral Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Kelly, B., Hanna-Trainor, L., Davidson, G., and Pinkerton, J. (2014). *A Review of Policy and Legislation Relating to Care Leavers with Learning Disabilities and/or Mental Health Needs in Northern Ireland*. Belfast: Queens University.
- Khatib, F. (2017). *The relationship between poverty and authoritarian and authoritative parenting style*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Khoza, S. Z. (2012) *Subjective experiences of happiness: a case for residential child care workers*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Kilkenny, M. (2012). *The transition to adulthood and Independency: A study of young people leaving residential care*. Unpublished Master's Dissertation. Dublin Institute of Technology: Dublin, Ireland.
- Kim, P., Evans, G. W., Angstadt, M., Ho, S. S., Sripada, C. S., Swain, J. E., and Phan, K. L. (2013). Effects of childhood poverty and chronic stress on emotion regulatory brain function in adulthood. *Proceedings of the National Academy of Sciences*, 110(46), 18442-18447.

- Kim, P., Evans, G. W., Chen, E., Miller, G., and Seeman, T. (2018). How socioeconomic disadvantages get under the skin and into the brain to influence health development across the lifespan. In N. Halfman; C. B Forest; R. M.Learner, (eds.), *Handbook of life course health development*, Los Angeles: Springer.
- Klaas-Makolomakwe, G. N. (2019). *The experiences of senior women traditional leaders in addressing women abuse in Kwazulu-Natal, South Africa: an afrocentric and nego-feminist approach*. Unpublished Doctoral Dissertation. University of KwaZulu-Natal: Durban,, South Africa.
- Kroner, M. J., and Mares, A. S. (2011). Living arrangements and level of care among clients discharged from a scattered-site housing-based independent living program. *Children and Youth Services Review*, 33(2), 405–415.
- Krueger, M. (2000). Picture of Praxis. RCYP. 24(1), 2-26.
- Krumer-Nevo, M. (2016). Poverty-aware social work: A paradigm for social work practice with people in poverty. *British Journal of Social Work*, 46(6), 1793-1808.
- Lake, J., and Jamieson, L. (2014). Using a Child’s Right Approach to strengthen prevention of violence against children. *South African Child Gauge*. Cape Town, South Africa: Children’s Institute; University of Cape Town.
- Landman, I., and Lombard, A. (2006). Integration of Community Development and Statutory Social Work Services with a Developmental Approach, *Social Work/ Maatskaplike Werk*, 42(1), 1–15.
- Lanctôt, N. (2020). Child maltreatment, maladaptive cognitive schemas, and perceptions of social support among young women care leavers. *Child & Family Social Work*, 25(3), 619-627.
- Layton, R. A. (2009). On economic growth, marketing systems, and the quality of life. *Journal of Macromarketing*, 29(4), 349-362.
- Levinas, E. (1985). *Ethics and Infinity* (Translated by R.A. Cohen). Pittsburgh, PA: Duquesne.
- Lincoln, Y.S., and Guba, E. (1985). *Naturalistic inquiry*. London: SAGE Publications, International Education and Professional Publisher.

- Loffell, J. (2008). Developmental social welfare and the child protection challenge in South Africa. *Practice*, 20(2), 83-91.
- Lu, Y., and Treiman, D. J. (2011). Migration, remittances, and educational stratification among blacks in apartheid and post-apartheid South Africa. *Social forces, a scientific medium of social study and interpretation*, 89(4), 1119-1143.
- Madhavan, S., Schatz, E., Clark, S., and Collinson, M. (2012). Child mobility, maternal status, and household composition in rural South Africa. *Demography*, 49(2), 699-718.
- Madziwa, T. (2014). *A critical Analysis of child labour and Practice Law in South Africa: A case study of Malawi, South Africa, Zimbabwe*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Magagula, S. J. (2009). *Evaluation of reunification programmes rendered by service providers in respect of street children with their families/households*. Unpublished Doctoral Dissertation. University of Zululand, KwaZulu-Natal, South Africa.
- Makoe, M., Roberts, H., and Ward, C. L. (2012). Child maltreatment prevention readiness assessment: South Africa. Geneva: World Health Organisation.
- Malatji, H., & Dube, N. (2017). Experiences and challenges related to residential care and the expression of cultural identity of adolescent boys at a Child and Youth Care Centre (CYCC) in Johannesburg. *Social Work*, 53(1), 109-126.
- Maluleka, J. R. (2017). *Acquisition, transfer and preservation of indigenous knowledge by traditional healers in the Limpopo province of South Africa*. Unpublished Doctoral Dissertation. University of South Africa, Pretoria, South Africa.
- Maluleke, R. (2020). STATSA. Quarterly labour force survey, Quarter 1, RSA. Retrieved from [statssa.gov.za/publications/PO22//presentations%20QLFS%20Q1.pdf](http://statssa.gov.za/publications/PO22//presentations%20QLFS%20Q1.pdf). ([www.statssa.gov.za/publications/Presentation](http://www.statssa.gov.za/publications/Presentation%20QLFSQ12020) QLFSQ12020)
- Mamelani. (2013). *Transitional Support: The experiences and challenges facing youth transitioning out of state care in the Western Cape*. Cape Town: Mamelani Projects.
- Maposa, J. F., and Louw-Potgieter, J. (2012). An outcome evaluation of a youth development programme. *Social Work/Maatskaplike Werk*, 48(2), 170-189.
- Marlow, C. R. (2010). *Research Methods for generalist social work* (5th Ed.). Belmont: Cengage Learning.

- Martin, P. (2014). Children's rights to Basic Education: A review of South African Laws and Policies: A review of South Africa's law. In P. Proudlock (ed.). *South Africa's progress in realising children's rights: A law Review*. Cape Town:, University of Cape Town and Save the Children, 99-152.
- Martin, P., Hall, K., and Lake, L (2018). Supporting families in South Africa: A policy map. In K Hall, L Richter, Z Mokomane, Z. and L. Lake (eds), *South African Child Gauge* Cape Town: Children's Institute, University of Cape Town: 113-129.
- Mathews, S., Abrahams, N., Jewkes, R., Martin, L. and Lombard, C. (2013). The epidemiology of child homicides in South Africa. *Bulletin of the World Health Organization*, 91(1), 562–568.
- Mathews, S., Berry, L., and Marco-Felton, J. L. (2017). Outcomes assessment of the Isibindi-Childline residential therapeutic programme for sexually-abused children. Cape Town: Children's Institute, University of Cape Town.
- Matthews, S., and Sykes, S. (2012). Exploring health priorities for young people leaving care. *Child Care in Practice*, 18(4), 393-407.
- Matthias, C. R., and Zaal, F. N. (2009). Supporting familial and community care for children: legislative reform and implementation challenges in South Africa. *International Journal of Social Welfare*, 18(3), 291-298.
- Matthias, C. R., and Zaal, F. N. (2012). Applying the Children's Act in the Care and Protection cases: Some Lessons from the first 18 months. *The Social Work Practitioner-Research, Die Maatskaplike Navorse-Praktisyn*, 24(1), 159-172.
- Mavangira, V., and Raniga, T. (2015). Psycho-social experiences of perinatally HIV-infected adolescents residing in child and youth care centres in South Africa. *Social Work/Maatskaplike Werk*, 51(3), 421-433.
- Mbatha, Z. P. (2015). *Investigating the effectiveness of orphan and vulnerable (OVC) programmes in Schools: A case for Ntuzuma G Section in Durban*. Unpublished Master's Dissertation. University of KwaZulu: Durban, South Africa.
- Mbokazi, S.S. (2015). *The role of traditional leaders in school governance: learning from two communities in KwaZulu-Natal*. Unpublished Doctoral Dissertation. University of KwaZulu-Natal: Durban, South Africa.

- McCall, R., Groark, C., and Rygaard, N. (2014) Global Research, practice, and policy issues on the care of infants and young children at risk: The articles in context. *Infant Mental Health Journal*, 35 (2): 87-93.
- McCall, R. B., and Groark, C. J. (2015). Research on institutionalized children: Implications for international child welfare practitioners and policymakers. *International Perspectives in Psychology: Research, Practice, Consultation*, 4(2), 142-159
- McCullough, M. E. A. (2017). *A Phenomenological Study of Youth Experiences in Residential Foster Care and their Recommendations for Change*. Unpublished Doctoral Dissertation. George Fox University: Newburg, United States of America.
- McDowall, J. (2010). Experiences of homelessness by care leavers in Australia. *Parity*, 23(5), 12-13.
- Mc Grath-Lone, L., Harron, K., Dearden, L., Nasim, B., and Gilbert, R. (2016). Data resource profile: children: Looked after return (CLA). *International journal of epidemiology*, 45(3), 716-717.
- McKerrow, M.; Doherty, T., Coetzee, M., North, N., Bezuidenhout, M., and Ripsel, L. (2019). Building a workforce for a child –and- family centred Health service. In M. Shung-King; L. Lake; D.Sanders; and M. Hendricks, (eds.), *South African Child Gauge*. Cape Town: Children’s Institute, University of Cape Town.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. London: Sage Publications
- Mc Sherry, D., Mallet M, and Weatherall, K. (2016). 'Comparing long-term placements for young children in care: Does placement type really matter?' *Children and Youth Services Review*, 69(2), 56–66.
- Meinck, F., Cluver, L. D., and Boyes, M. E. (2015). Household illness, poverty and physical and emotional child abuse victimisation: findings from South Africa’s first prospective cohort study. *BMC public health*, 15(1), 1-13.
- Meinck, F., Cluver, L. D., Boyes, M. E., and Loening-Voysey, H. (2016). Physical, emotional and sexual adolescent abuse victimisation in South Africa: prevalence, incidence, perpetrators and locations. *J Epidemiol Community Health*, 70(9), 910-916.



- Meinck, F., Cluver, L. D., and Boyes, M. E. (2017). Longitudinal predictors of child sexual abuse in a large community-based sample of South African youth. *Journal of interpersonal violence*, 32(18), 2804-2836.
- Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS*. Cape Town: Children's Institute. Cape Town, South Africa: University of Cape Town & Centre for the Study of AIDS.
- Mendes, P. (2011). Towards Better outcomes: A Social Investment Model for Young People Transitioning out-of-home Care: Address at the ACT Seminar, December 19, 2011. *The child, youth and family journal*, 32(1), 8-12.
- Mendes, P., Baidawi, S., and Snow, P. C. (2014). Young people transitioning from out-of-home care in Victoria: Strengthening support services for dual clients of child protection and youth justice. *Australian Social Work*, 67(1), 6-23.
- Mendes, P., Johnson, G., and Mosslehuddin, B. (2011). *Young people leaving state out-of-home care: A research- Study of Australian Policy and Practice*. Melbourne: Australian Scholarly Publishing Press.
- Mendes, P., and McCurdy, S. (2020). Policy and practice supports for young people transitioning from out-of-home care: An analysis of six recent inquiries in Australia. *Journal of Social Work*, 20(5), 599-619.
- Mendes, P., and Snow, P. (Eds.). (2016). *Young people transitioning from care: International research, policy and practice*. London: Palgrave.
- Merriam, S. B., and Tisdell, E. J. (2016). Designing your study and selecting a sample. *Qualitative research: A guide to design and implementation*, 67(1), 73-104.
- Meyer, I. J. (2008). *The experience of a late adolescent state care leavers: A phenomenological study*. Unpublished Masters Dissertation. University of Johannesburg: Johannesburg, South Africa.
- Mhongera, B.P. (2015). *Beyond institutional care: an evaluation of adolescent girls' transitions and livelihood outcomes in Highfield, Harare*. Unpublished Doctoral Dissertation. University of Pretoria: Pretoria, South Africa.
- Mhongera, P. B., and Lombard, A. (2017). Who is there for me? Evaluating the social support received by adolescent girls transitioning from institutional care in Zimbabwe. *Practice*, 29(1), 19-35.

- Mhongera, P. B., and Lombard, A. (2018). Promoting successful transitions beyond institutional care: A programme-based service delivery model linked to a case management system. *Social Work/Maatskaplike Werk*, 54(1), 53-68.
- Mkhwanazi, N., Makusha, T., Blackie, D., Manderson, L., Hall, K., and Huijbregts, M. (2018). Negotiating the care of children and support for caregivers. In K. Hall; L. Richter; Z. Mokomane; and L. Lake; (eds.). Cape Town: Children's Institute, University of Cape Town, South Africa.
- Mmusi, F. I., and Van Breda, A. D. (2017). Male Care-Leavers' Transfer of Social Skills from Care into Independent Living in South Africa. *Children and Youth Services Review*, 81(2), 350-357.
- Mngomezulu, N.M. (2020). *The role of traditional leaders in the maintenance of learners' discipline in rural schools: a multi site study*. Unpublished Doctoral Dissertation. University of KwaZulu-Natal Natal: Durban, South Africa.
- Mocke, T. (2013). *The profile of a child on child sexual abuser in a children's home*. Unpublished Masters Dissertation. North-West University: Potchefstroom, South Africa.
- Modi, K., Nayar-Akhtar, M., Gupta, D., and Karmakar, S. (2014). "Udayan Ghars (Sunshines Homes)": A Comprehensive Psycho-Social Program for Institutionalised Children in their Journey to Recovery. *Institutionalised Children Explorations and Beyond*, 1(1), 102-117.
- Mogotlane, S. M., Chauke, M. E., Van Rensburg, G. H., Human, S. P., and Kganakga, C. M. (2010). A situational analysis of child-headed households in South Africa. *Curationis*, 33(3), 24-32.
- Mogotsi M., and Senona, E. (2016). Extending the Child Support Grant to youth aged 21 years in education or training. In A. Delany; S. Jehoma; and Lake, L. (eds.), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Mondlana C. N. (2019). *Perspectives on legalistic ("formal") and Indigenous ("informal") child adoption in a rural IsiZulu-speaking community*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.

- Moodley, R. (2006). *The challenges confronting social workers in meeting the objectives of permanency planning at children's homes in the magisterial district of Durban*. Unpublished Masters Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Moodley, R., Raniga, T., and Sewpaul, V. (2020). Youth transitioning out of residential care in South Africa: Toward Ubuntu and interdependent living. *Emerging Adulthood*, 8(2), 45–53.
- Molepo, L. P. (2014). *Challenges and coping strategies of child and youth care workers in the South African context*. Unpublished Doctoral Dissertation. University of Pretoria: Pretoria, South Africa.
- Moses, S., and Meintjes, H. (2010). Positive care? HIV and residential care for children in South Africa. *African Journal of AIDS Research*, 9(2), 107-115.
- Mota, C. P., and Matos, P. M. (2015). Does sibling relationship matter to self-concept and resilience in adolescents under residential care? *Children and Youth Services Review*, 56(3), 97-106.
- Morison, T., Lynch, I., and Macloed. C. (2016). *Policy Brief: Focus on the family-How South African family policy could fail us*. Human Sciences Research Council.
- Mpike, M. Wright, G. Röhrs, S; Mohamed, Z., and Mzankomo, L. (2016). Common concerns and misconceptions: What does the evidence say? In A. Delany; S.Jehoma; and Lake, L. (eds.), *South African Child Gauge*. Cape Town, South Africa: Children's Institute, University of Cape Town.
- Mugumbate, J., and Chereni, A. (2019). Using African Ubuntu theory in social work with children in Zimbabwe. *African Journal of Social Work*, 9(1), 27-34.
- Mugumbate, J., and Nyanguru, A. (2013). Exploring African philosophy: The value of ubuntu in social work. *African Journal of Social Work*, 3(1), 82-100.
- Mullaly, B. (2010). *Challenging Oppression and Confronting Privilege*. Ontario: Oxford University Press.
- Munro, E.R., Pinkerton, J., Mendes, P., Hyde-Dryden, G., Herczog, M., and Benbenishty, R. (2011). The contribution of the United Nations Convention on the Rights of the Child to understanding and promoting the interests of young people making the transition from care to adulthood. *Children and Youth Services Review*, 33(12), 2417-2413.

- Munson, M.R., Stanhope, V., Small, L., and Atterbury, K. (2017). "At times I kinda felt I was in an Institution": Supportive housing for transition age youth and young adults. *Child and Youth Services Review*, 73(1), 430-436.
- Murray, S., and Humphreys, C. (2012). "My Life's been a total disaster, but I feel privileged," care-leavers access to personal records and their implications for social work practice. *Child and Family Social Work*, 19(2), 115-224.
- Murray, K. M., and Hick, S. F. (2012). Structural social work. Social work theories and methods. In M. Gray and S.A.Webb (eds.) *Social Work Theories and Methods* (2<sup>nd</sup> edition). London: Sage Publications.
- Mzelemu, M.V. (2019). *The roles of Traditional leaders and Ward Councillors in service delivery: a case of ward 4 of Umdoni Local Municipality*. Unpublished Masters Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Naqshbandi, M. M., Sehgal, R., and Hassan, U. F. (2012). Orphans in orphanages of Kashmir "and their Psychological problems". *International NGO*, 7(3), 55-63.
- National Adoption Coalition of South Africa (2017). *Child Protection Week 2017*. Unpublished presentation. Johannesburg: NACSA.
- National Association of Welfare Organisations and Non-Governmental Organisations and Others v Member of the Executive Council for Social Development, Free State and Others (1719/2010) [2014] ZAFSHC 127 (28 August 2014).
- National Planning Commission (2012). National Development Plan 2030: Make it work. [Online]. Available: [https://www.gov.za/sites/default/files/NDP-2030-Our-future-make-it-work\\_r.pdf](https://www.gov.za/sites/default/files/NDP-2030-Our-future-make-it-work_r.pdf) [Accessed 01/08/2018]
- Nduna, M., and Manyatshe, L. (2014). Keeping it secret: Mothers' concerns in dealing with the undisclosed paternity of their children. *Gender Questions*, 2(1), 67-83.
- Nhedzi, F., and Makofane, M. (2015). The experiences of social workers in the provision of family preservation services. *Social Work/Maatskaplike Werk*, 51(3),354-378.
- Ntini, T., and Sewpaul, V. (2017). School-going teenage mothers and fathers: Gender, challenges and the negotiation of learner-parent roles. *Children and Youth Services Review*, 76(C), 250-257.

- Ntshwarang, P.N. (2019). *Factors influencing Women's Practices: three different family structures in Selebi Phikwe, Botswana*. Unpublished Doctoral Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Nurcombe-Thorne, A., Nadesan, V., and van Breda, A. D. (2018). Experiences of “I” and “we” among former looked-after children in South Africa. *Child and Family Social Work*, 23(4), 640-648.
- Oelofsen, M. (2015). *Young adults' experiences of their transition from residential care to independent living*. Unpublished Doctoral Dissertation. North-West University: Potchefstroom, South Africa.
- Oestreich, J. E. (2018). SDG 10: Reduce inequality in and among countries. *Social Alternatives*, 37(1), 34-41.
- Omotoso, K. O., and Koch, S. F. (2018). Exploring child poverty and inequality in post-apartheid South Africa: a multidimensional perspective. *Journal of Poverty and Social Justice*, 26(3), 417-437.
- Omukunyi, B. (2015). *Investigating the family-like roles displayed by caregivers and experienced by children within three selected children's homes in Cape Town*. Unpublished Master's thesis. University of the Western Cape: Cape Town, South Africa.
- Palmer, M. (2011). Disability and poverty: A conceptual review. *Journal of Disability Policy Studies*, 21(4), 210-218.
- Parry, P. I., and Levin, E. C. (2012). Pediatric bipolar disorder in an era of “mindless psychiatry”. *Journal of Trauma and Dissociation*, 13(1), 51-68.
- Patel, L. (2007). A cross-national study on civic service and volunteering in Southern Africa. *Journal of Social Development in Africa*, 21(1), 7-23.
- Patel, L. (2008). Getting it right and wrong: An overview of a decade of post-apartheid social welfare. *Practice*, 20(2), 71-81.
- Patel, L. (2009). *The gendered character of social care in the non-profit sector in South Africa*. Centre for Social Development in Africa, UNRISD and Centre for Social Development Research in Africa, University of Johannesburg, Johannesburg.

- Patel, L., and Hochfeld, T. (2013). Developmental social work in South Africa: Translating policy into practice. *International Social Work*, 56(5), 690-704.
- Patel, L., Schmid, J. E., and Venter, H. J. (2017). Transforming child and family services in urban communities in South Africa: lessons from the South. *Child & Family Social Work*, 22(1), 451-460.
- Paulsen, V., and Thomas, N. (2017). The transition from care into adulthood as a struggle for recognition. *Child and Family Social Work*, 23(2), 1-9.
- Pelton, L. H. (2015). The continuing role of material factors in child maltreatment and placement. *Child Abuse and Neglect*, 41(3), 30-39.
- Perumal, N., and Kasiram, M. (2009). Living in foster care and in Children's Home: Voices of children and caregivers. *Social Work/Maatskaplike Werk*. 45(2), 198-206.
- Petrowski, N., Cappa, C., and Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse and Neglect*, 70(5), 388-398.
- Phiri, F. M. (2018). *The experiences of social workers in implementing the Children's Act No. 38 of 2005*. Unpublished Master's Dissertation. University of Johannesburg: Johannesburg, South Africa.
- Pillay, J. (2016). Problematising child-headed households: The need for children's participation in early childhood interventions. *South African Journal of Childhood Education*, 6(1), 1-8.
- Pillay, P. (2009). *An evaluation of the bereavement programme for adolescents at Durban Children's Home*. Unpublished Masters Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care. *Children and Youth Services Review*, 33(12), 2412-2416.
- Pinkerton, J. (2012). Understanding young people's transitions from state care: The need for connections. *Diskurs Kindheits-und Jugendforschung/Discourse. Journal of Childhood and Adolescence Research*, 7(3), 7(3), 309-319.
- Pinkerton, J., and Rooney, C. (2014). Care leavers' experiences of transition and turning points: Findings from a biographical narrative study. *Social Work and Society*, 12(1), 1-12.

- Pinkerton, J. and Van Breda, A. D. (2019). Policy as social ecological resilience scaffolding for leaving care: A case study of South Africa. In. V. R. Mann-Feder and M. Goyette (Eds.), *Leaving care and the transition to adulthood*. United Kingdom: Oxford University Press.
- Potgieter A. (2016). *Parents' experiences of family reunification: Implications for play therapy*. Unpublished Master's Dissertation. North West University: North West, South Africa.
- Potgieter, A., and Hoosain, S. (2018). Parents' experiences of family reunification services. *Social Work/Maatskaplike Werk*, 54(4), 436-451.
- Pouw, N. R. M., and Hodgkinson, K. (2016). Research Design: The Social Exclusion of Vulnerable Youth. *Commissioned by SOS Children's Villages*.
- Powell, G., Chinake, T., Mudzingi, D., Maambira, W., Mukutiri, S., and UNICEF. (2004). *Children in residential care: The Zimbabwean experience*. Zimbabwe Ministry of Public Service, Labour and Social Welfare/UNICEF.
- Pretorius, S. (2011). *Deliberate self-harm among adolescents in South African Children's Homes*. Unpublished Masters Dissertation. University of Pretoria: Pretoria, South Africa.
- Prosser, B. (2015). Attention deficit hyperactivity disorder in Australia: perspectives from the sociology of deviance. *Journal of sociology*, 51(3), 596-612.
- Proudlock, P. (2016). Weighing up the policy proposals: Some considerations. In A. Delany; A., S.Jehoma; and Lake, L. (Eds). In A. Delany; S.Jehoma; and Lake, L. (eds), *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Proudlock, P., and Martin, P. (2014). *Children's rights to birth registration: A review of South Africa's law. South Africa's progress in realising children's rights: A law review*. Cape Town: Children's Institute, University of Cape Town and Save the Children.
- Proudlock, P., and Röhrs S. (2018). Recent developments in law and policy affecting children 2017/2018.: In K. Hall; L. Richter; Z., Mokomane; and L.Lake. (Eds). *South African Child Gauge*. Cape Town, South Africa: Children's Institute, University of Cape Town.
- Pryce, J. M., Jones, S. L., Wildman, A., Thomas, A., Okrzesik, K, and Kaufka-Walts, K. (2016). Aging out of care in Ethiopia: Challenges and implications facing orphans and vulnerable youth. *Emerging Adulthood*, 4(2), 119-130.

- Quiroga, M. G., and Hamilton-Giachritsis, C. "In the name of the Children": Public Policies for Children in out-of-home care in Chile. Historical review, present situation and future challenges', *Children and Youth Services Review*, 44(2), 422-430.
- Raniga, T., Boecker, M., and Mthembu, M. (2019). Economic experiences and sustainable livelihoods of single mothers employed in the formal work sector in Germany and South Africa. *Social Work*, 55(4), 379-390.
- Raniga, T., and Mathe, S. (2011). Private lives, public issues: childbearing experiences of adolescent mothers in the era of HIV and AIDS in Bhambayi, KwaZulu-Natal, South Africa. *Social Work/Maatskaplike Werk*, 47(3), 338-349.
- Raniga, T., and Motloun, S. (2013). The economic and psycho-social experiences and coping resources of family members caring for people living with AIDS in their homes in Bhambayi, Kwazulu-Natal, South Africa. *Social Work/Maatskaplike Werk*, 49(1), 87-100.
- Raniga, T., and Mthembu, M. (2017). Family resilience in low income communities: A case study of an informal settlement in KwaZulu-Natal, South Africa. *International Journal of Social Welfare*, 26(3), 276-284.
- Raniga, T., and Seepamore, B. (2017). Critical reflexivity beyond the classroom: Social work student perspectives of communities in KwaZulu-Natal. *Social work Practitioner/Researcher*, 29(1), 34-48.
- Raniga, T., and Zelnick, J. (2014). Social policy education for change: South African student perspectives on the Global Agenda for Social Work and Social Development. *International Social Work*, 57(4), 386-397.
- Republic of South Africa. (2012). *Information Guide on the Management of Statutory Services in terms of the Children's Act 38 of 2005*. Department of Social Development, Pretoria, South Africa.
- Republic of South Africa. (1996). *Constitution of Republic of South Africa*, 108 of 1996. Pretoria: South Africa.
- Republic of South Africa. (1997). *White Paper on Social Welfare*. Pretoria, South Africa: Government Printer.
- Republic of South Africa. (2005). *Children's Act 38 of 2005*. Pretoria: South Africa: Government Printer.



- Republic of South Africa. (2012). *Information guide on the management of statutory services: In terms of the Children's Act 38 of 2005*. Pretoria, South Africa: Department of Social Development.
- Republic of South Africa. (2016/2017). *Annual Report for Citizens*. KwaZulu-Natal: Department of Social Development.
- Republic of South Africa. (2019). *National Drug Master Plan*. 4th ed. /2019-2023. South Africa free of substance abuse.
- Republic of South Africa. *National transformation framework for Child and Youth Care Centres (CYCCs)*. Pretoria, South Africa: Department of Social Development.
- Republic of South Africa. (2018). *National Child Participation Framework*. Pretoria, Department of Social Development, Save the Children.
- Republic of South Africa. (Undated). *National adolescent sexual and reproductive health and rights framework strategy*. Department of social Development: Pretoria, South Africa.
- Republic of South Africa. (Undated). *Psycho-social support Intervention Guidelines for vulnerable children and youth*. Department of Social Development: Pretoria, South Africa.
- Ringson, J. (2020). The role of traditional leadership in supporting orphans and vulnerable children in Zimbabwe: African traditional leadership perspective. *Social Work*, 56(2), 208-220.
- Rogers, R. (2011). 'I remember thinking, why isn't there someone to help me? Why isn't there someone who can help me make sense of what I'm going through?': 'Instant adulthood' and the transition of young people out of state care. *Journal of Sociology*, 47(4), 411-426.
- Rogers, R. (2014). The Buck Stops Where? Taking Responsibility for the Provision of Financial, Housing and Emotional Support for Young People Leaving Care. *Australian Social Work*, 68(1), 99-114.
- Rogowski, S. (2011). Managers, managerialism and social work with children and families: The deformation of a profession? *Practice*, 23(3), 157-167.
- Rogowski, S. (2013). *Critical social work with children and families: Theory, context and practice*. Britain: Policy Press.

- Rogowski, S. (2015). From child welfare to child protection/safeguarding: A critical practitioner's view of changing conceptions, policies and practice. *Practice*, 27(2), 97-112.
- Röhrs, S, Berry, L., Lake, L., and Shung-King, M. (2016). Legislative and policy developments 2015/2016, In Delany, A., Jehoma, S. and Lake, L. (eds), *South African Child Gauge*. Cape Town, South Africa: Children's Institute, University of Cape Town.
- Roman, N. V., Isaacs, S. A., Davids, C., and Sui, X. C. (2016). How well are families doing? A description of family well-being in South Africa. *Family medicine and community health*, 4(3), 9-18.
- Rooney, C., and Pinkerton, J. (2014). Care leavers experience of transition and turning points: findings from a biographical Narrative Study, *School Work and Society*, 12(1), 1-12.
- Rubin, A., and Babbie, E. R. (2016). *Essential research methods for social work* (Fourth, Ser. Cengage learning empowerment series). Boston: Cengage Learning.
- Rubin, A., and Babbie, E. R. (2017). *Research methods for social work* (9th ed.). Boston: Cengage Learning.
- Rubin, H. J., and Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (3<sup>rd</sup> ed). London: Sage Publications.
- Ryen, A. (2016). Research Ethics and Qualitative Research. In Silverman, D (ed.). *Qualitative research*. London: Sage, 31-48.
- Sambo, M. H., and Terenzio, F. (2013). Children on the Move: A different voice. In *Children on the Move*. Geneva: International Organization for Migration.
- Sanders, D., Hendricks, M., Kroll, F, Puoane, T., Ramokoloe, V., Swart, R., and Lungiswa Tsolekile, L. (2019). The triple burden of malnutrition in childhood: Causes, policy implementation and recommendations. In M. Shung-King, L Lake, D Sanders & Michael Hendricks (eds.) *South African Child Gauge*. Cape Town, South Africa: Children's Institute, University of Cape Town. 145-160
- Sauls, H., and Esau, F. 2015. *An evaluation of family reunification services in the Western Cape: Exploring children, families and social workers' experiences of family reunification services within the first twelve months of being reunified*. Western Cape

- Government: Directorate Research, Population and Knowledge Management. Retrieved from [https://www.westerncape.gov.za/assets/departments/socialdevelopment/an\\_evaluation\\_of\\_family\\_reunification\\_services\\_in\\_the\\_western\\_cape\\_final\\_report\\_26\\_1\\_1\\_2015.pdf](https://www.westerncape.gov.za/assets/departments/socialdevelopment/an_evaluation_of_family_reunification_services_in_the_western_cape_final_report_26_1_1_2015.pdf) [Accessed: 09/03/2016].
- Schofield, G., Moldestad, B., Höjer, I., Ward, E., Skilbred, D., Young, J., and Havik, T. (2011). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *British journal of social work*, 41(1), 74-92.
- Schwartz-Shea, P., and Yanow, D. (2013). *Interpretive research design: Concepts and processes*. Routledge: New York.
- Sebba, J., and Luke, N. (2019). The educational progress and outcomes of children in care. *Oxford Review of Education*, 45(4), 435-442.
- Seepamore, B. K. (2018). *Distance parenting: The views of domestic workers and their partners in eThekweni Metro*. Unpublished Doctoral Dissertation. University of KwaZulu-Natal: DurbanSouth Africa.
- Seggie, J. (2015). From the Editor: The ch in children stands for cherish. *South African Medical Journal*, 105(3), 160-161.
- Sengupta, M. (2018). Transformational change or tenuous wish list? A critique of SDG 1 ('End poverty in all its forms everywhere'). *Social Alternatives*, 37(1), 12-17.
- Sekibo, B. (2020). Experiences of young people early in the transition from residential care in Lagos State, Nigeria. *Emerging Adulthood*, 8(4), 92–100.
- Sewpaul, V. (2005). A structural social justice approach to family policy: a critique of the Draft South African Family Policy. *Social Work/Maatskaplike Werk*, 41(4), 313-323.
- Sewpaul, V. (2006). The global–local dialectic: Challenges for African scholarship and social work in a post-colonial world. *British Journal of Social Work*, 36(3), 419-434.
- Sewpaul, V. (2007). Challenging East–West value dichotomies and essentialising discourse on culture and social work. *International Journal of Social Welfare*, 16(4), 398-407.
- Sewpaul, V. (2013a). Neoliberalism and social work in South Africa. *Critical and Radical Social Work*, 1(1), 15-30.

- Sewpaul V. (2013b). Inscribed in our blood: Confronting and challenging the ideology of sexism and racism. *Affilia*, 28(2), 116-125.
- Sewpaul, V. (2014). Social work and poverty reduction in Africa: the indelible reality. In E. Spitzer, J.M.Twikirize, G.G.Wairire, *Professional Social Work in East Africa: Towards Social Development, Poverty Reduction and Gender Equality*. Kampala: Fountain Publishers.
- Sewpaul, V. (2015a). Neoliberalism. *International Encyclopaedia of the Social and Behavioral Sciences*, 16(3), 462-468.
- Sewpaul, V. (2016a). Politics with soul: Social work and the legacy of Nelson Mandela. *International Social Work*, 59(6), 697-708.
- Sewpaul, V. (2016b). The West and the rest divide: Human rights, culture and social work. *Journal of Human Rights and Social Work*, 1(1), 30-39.
- Sewpaul, V. (in press). Writing in the time of Covid-19: The threads that bind and tear asunder. In Pulla, V (ed). *Covid-19: An ontological human circus*. Palgrave: Macmillan.
- Sewpaul, V., and Henrickson, M. (2019). The (r) evolution and decolonization of social work ethics: The Global Social Work Statement of Ethical Principles. *International Social Work*, 62(6), 1469-1481.
- Sewpaul, V., and Holscher, D. (2004). *Social Work in Times of Neoliberalism: A Postmodern Discourse*. Pretoria: Van Schaik Publishers.
- Sewpaul, V., and Kreitzer, L. Emancipatory social work (forthcom), Ubuntu and Afrocentricity: Antidotes to human rights violations. In Sewpaul, V., Kreitzer, L. and Raniga, T (eds.). *The tensions between culture and human rights: Emancipatory social work and Afrocentricity in a global world*. Berlin: University of Calgary Press.
- Sewpaul, V., and Larsen, A. K. (2014). *Community development: towards an integrated emancipatory framework. Participation in community work: international perspectives*. London: Routledge.
- Sewpaul, V., and Jones, D. (2004). Global standards for social work education and training. *Social Work Education*, 23(5), 493-513.
- Shange, T. (2012). *Indigenous Methods used to prevent teenage pregnancy: perspective of traditional healers and Traditional Leaders*. Unpublished Masters Dissertation. University of KwaZulu: Durban, South Africa.

- Sherr, L, Kathryn J. Roberts K.J. and Gandhi N (2017) Child violence experiences in institutionalised/orphanage care, *Psychology, Health and Medicine*, 22(1), 31-57.
- Sibanda, S., and Lomard, A. (2015). Challenges faced by social workers working in child protection services in implementing the Children's Act, No 38 of 2005, *Social Work/Maatskaplike Werk*, 50(3), 331-353.
- Sikhitha, T. M. (2018). *Supervision expectations of workers in Vhembe District of Limpopo Province*. Unpublished Doctoral dissertation. University of Limpopo: Limpopo, South Africa.
- Simkiss, D. (2012). Outcomes for looked after children and young people. *Paediatrics and Child Health*, 22(9), 388-392.
- Simon, A. (2008). Early access and use of housing: Careleavers and other Young People in difficulty, *Child and Family Social Work*, 13(2), 91-100.
- Sirbu, I. (2017). *Going Home from Residential Care: An exploratory study of the separation and reunification experiences of youth people and their families in Moldova*. Unpublished Doctoral Dissertation. University of East Anglia: East Anglia, England.
- Sloth-Nielsen, J., & Ackermann, M. (2015). *Foreign children in care in the Western Cape Province*. Cape Town, South Africa: Scalabrini Centre.
- Smith, R. S. (2009). *Doing social work research*. England: Open University Press.
- Snow, P.C., Mendes, P. & O'Donohue, D. (2014). *Young People with a Disability Leaving State Care – Phase Two Report*. Melbourne: Monash University.
- Spaull, N. (2015). Schooling in South Africa: How low-quality education becomes a poverty trap. In A. De Lannoy; S. Swartz; L. Lake; and C. Smith; *South African child gauge*, Cape Town, South Africa: Children's Institute, University of Cape Town.
- Spondlander, G., Ingelbrecht, L., Strydom, M., Pervova, I., Marjanen, P., Sucora, A., and Adaikalam, F. (2014). The Implications of neoliberalism for social work: Reflections from a six-country International collaboration. *International Social Work*, 7(4), 301-312.
- Steels, S., and Simpson, H. (2018). Perceptions of Children in Residential Care Homes: A critical Review of the Literature. *The British Journal of Social Work*, 47(6), 1704-1722.

- Stein, M. (2005). *Resilience and young people leaving care: Overcoming the odds*. United Kingdom: Joseph Rowntree Foundation and University of York.
- Stein, M. (2006). Young people aging out of care: The poverty of theory. *Children and Youth Services Review*, 28(4), 422-434.
- Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice*, 14(1), 35-44.
- Stein, M. (2012). *Young people leaving care: Supporting pathways to adulthood*. London: Jessica Kingsley Publishers.
- Stein, M. (2019). Supporting young people from care to adulthood: International practice. *Child and Family Social Work*, 24(3), 400-405.
- Stein, M., and Morris, M. (2009). *Increasing the number of care leavers in 'Settled, Safe, Accommodation'*. Research Report. Research Review. Centre of Excellence and outcomes in children and young people's services, C4EO University of York <http://eprints.whiterose.ac.uk>.
- Storø, J. (2017). Which transition concept is useful for describing the process of young people leaving state care? A reflection on research and language. *European Journal of Social Work*, 20(5), 770-781.
- Storø, J. (2018). To manage on one's own after leaving care? A discussion of the concepts independence versus interdependence. *Nordic Social Work Research*, 8(1), 104-115.
- Strahl, B., van Breda, A. D. P., Mann-Feder, V., and Schröer, W. (2021). A multinational comparison of care-leaving policy and legislation. *Journal of International and Comparative Social Policy*, 37(1), 34-49.
- Strydom, M. (2012). Family Preservation Services: Types of services rendered by social workers to at-risk families. *Social work/Maatskaplike Werk*, 48(4), 435-455.
- Strydom, M., Schiller, U., and Orme, J. (2020). The current landscape of child protection services in South Africa: a systematic review. *Social Work*, 56(4), 383-402.
- Strydom, M., Spolander, G., Engelbrecht, L., and Martin, L. (2017). South African child and family welfare services: changing times or business as usual? *Social Work/Maatskaplike Werk*, 53(2), 145-164.

- Sulimani-Aidan, Y., and Melkman, E. (2018). Risk and resilience in the transition to adulthood from the point of view of care leavers and caseworkers. *Children and Youth Services Review*, 88(2), 135-140.
- Sulimani-Aidan, Y., Benbenishty, R., Dinisman, T., and Zeira, A. (2013). Care leavers in Israel: What contributes to better adjustment to life after care? *Journal of Social Service Research*, 39(5), 704–718.
- StatsSA (2019). *Quarterly labour force survey quarter 3*. Pretoria, South Africa: Statistics South Africa.
- Tabi, F. B. (2016). *Complaints procedures for children in residential care: hearing the voices of children in South African care institutions, with brief comparative aspects*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Takele, A. M., and Kotecho, M. G. (2020). Female care-leavers' experiences of aftercare in Ethiopia. *Emerging Adulthood*, 8(2), 73–81.
- Tanga, P. T., and Agere, L. M. (2018). An assessment of the accomplishments of selected child and youth care centres in providing care and protection of children in Soweto, South Africa. *Child Abuse Research in South Africa*, 19(2), 27-35.
- Tanga, P. T., Khumalo, P., and Gutura, P. (2017). Three decades of HIV/AIDS pandemic: Challenges faced by orphans in Tembisa, South Africa. In N Dumais (Ed.), *HIV/AIDS—Contemporary challenges*. Croatia: Intech.
- Tanur, C. (2012). Project Lungisela: Supporting young people leaving state care in South Africa. *Child Care in Practice*, 18(3), 325–340.
- Taylor, S. J., Bogdan, M., and De Vault, M. (2016) *Introduction to qualitative research methods: A guidebook and resource* (4th ed.). New Jersey: John Wiley and Sons.
- Theron, L. C., Theron, A. M., and Malindi, M. J. (2013). Toward an African definition of resilience: A rural South African community's view of resilient Basotho youth. *Journal of Black Psychology*, 39(1), 63-87.
- Thomas, D. R. (2017). Feedback from research participants: are member checks useful in qualitative research? *Qualitative Research in Psychology*, 14(1), 23-41.

- Toska, E., Hodes, R., Cluver, L.; Atujuna, M., and Laurenzi, C. (2019). Thriving in the second decade: Bridging childhood and adulthood for South Africa's adolescents. M. Shung-King; L. Lake; D Sanders; and M.I Hendricks. *South African Child Gauge*. Cape Town, South Africa: Children's Institute, University of Cape Town.
- Trede, W. (2008). Residential child care in European countries: Recent trends. In F. Peters (Ed.), *Residential child care and its alternatives: International perspectives* (pp. 21–33). Stokeon-Trent, UK: Trentham Books.
- Trevithick, P. (2014). Humanising managerialism: Reclaiming emotional reasoning, intuition, the relationship, and knowledge and skills in social work. *Journal of Social Work Practice*, 28(3), 287-311.
- Tshika, N.P. (2014). The role of indigenous leadership: A case study of one Zulu Community. Unpublished Master Dissertation. University of KwaZulu-Natal: Durban South Africa.
- Tweddle, A. (2007). Youth leaving care: How do they fare? *New Directions for Youth Development*, 4(113), 15-31.
- Tisdall, E. K. M., and Punch, S. (2012). Not so 'new'? Looking critically at childhood studies. *Children's geographies*, 10(3), 249-264.
- Umberson, D., and Karas Montez, J. (2010). Social relationships and health: A flashpoint for health policy. *Journal of health and social behavior*, 51(1\_suppl), S54-S66.
- Ucembe, S. (2019). Afterword: a Voice from the Coalface. *Modern Day Slavery and Orphanage Tourism*. United Kingdom: International Cab.
- Ungar, M. (2020). *Working with children and youth with complex needs: 20 skills to build resilience* (2nd ed.), New York: Routledge.
- UNAIDS data (2020). *UNAIDS Joint United Nations Programme on HIV*. UNAIDS: Geneva, Switzerland. United Nations (2020). *Looking back to look ahead: A rights based approach to social protection in the post-Covid-19 economic recovery*. Special Rapporteur on extreme poverty and human rights. Retrieved from <https://www.ohchr.org/Documents/Issues/Poverty/Covid19.pdf>.
- Yelick, A. (2017). Research review: Independent living programmes: The influence on youth ageing out of care (YAO). *Child and Family Social Work*, 22(1), 515-526.



- Vaarden, H. A. (2006). *Child and Youth Care Workers perception of inappropriate sexual behaviours among boy children in Child and Youth Care Centres*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Vadivalu, G. Y. (2014). *Legally defining parental abandonment of a child: a comparison between South African law and Californian law*. Unpublished Master's Dissertation. University of KwaZulu-Natal: Durban, South Africa.
- Van Bijleveld, G. G., Dedding, C. W., and Bunders-Aelen, J. F. (2015). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child and Family Social Work*, 20(2), 129-138.
- Van Breda, A. D. (2015). Journey towards independent living: A grounded theory investigation of leaving the care of Girls and Boys Town South Africa. *Journal of Youth Studies*, 18(3), 322–337.
- Van Breda, A. D. (2016). The roles of agency and structure in facilitating the successful transition out of care and into independent living. *Social Work Practitioner-Researcher*, 28(1), 36–52.
- Van Breda, A. D. (2017). The first two years out of residential care in South Africa: A critical period for care-leaving services, *Child Welfare*, 95(6), 63-82.
- Van Breda, A. D. (2018a). A critical review of resilience theory and its relevance for social work, *Social Work/Maatskaplike Werk*, 54(1), 1-18.
- Van Breda, A. D. (2018b). Research Review: Aging out of residential care in South Africa. *Child and Family Social Work*, 23(3), 513-521.
- Van Breda, A. D. (2018c). 'We are who we are through other people': The interactional foundation of the resilience of youth leaving care in South Africa. *Professorial Inaugural Lecture Professor of Social Work Department of Social Work Faculty of Humanities*.
- Van Breda, A. D. (2018d). An exploration of Complex longitudinal relationships between care factors and post care outcomes in South Africa. *Children Australia*, 43(2), 152-161.
- Van Breda, A. D. (2020). Patterns of criminal activity amongst residential care-leavers in South Africa, *Child and Youth Services Review*, 109(1), 104706.

- Van Breda, A. D., and Dickens, L. (2014). *Young people transitioning out of care into contexts of deprivation*. In colloquium hosted by the Poverty and Inequality Initiative, University of Cape Town (Youth in South Africa: Uncertain Transitions in a Context of Deprivation).
- Van Breda, A. D., and Dickens, L. (2015). Educational persistence and social exclusion among youth leaving residential care in South Africa. *NUANCES-ESTUDOS SOBRE EDUCACAO*, 26(1), 22-41.
- Van Breda, A. D., and Dickens, L.F. (2016). Young people transitioning from residential care in South Africa: Welfare Contexts, resilience, research and practice. In P. Mendes and P. Snow (Eds.), *Young people transitioning from care: International research, policy and practice*. London: Palgrave.
- Van Breda, A. D., and Dickens, L. F. (2017). The contribution of resilience to one-year independent living outcomes of care-leavers in South Africa. *Children and Youth Services Review*, 83(4), 264-273.
- Van Breda, A. D., and Frimpong-Manso, K. (2020). (ed.), comments. Careleaving in Africa. *Emerging Adulthood*. 8(1): 3-5.
- Van Breda, A. D., and Hlungwani, J. (2019). Journey towards independent living: Resilience processes of women leaving residential care in South Africa. *Journal of Youth Studies*, 22(5), 604-622.
- Van Breda, A.D., Marx, P., and Kader, K. (2012) *Journey into independent living: A grounded theory*. University of Johannesburg and Girls and Boys Town, Johannesburg, South Africa.
- Van Breda, A. D., and Pinkerton, J. (2020). Raising African voices in the global dialogue on care-leaving and emerging adulthood. *Emerging Adulthood*, 8(1), 6–15.
- Van Breda, A. D. and Theron, L. C. (2018). A critical review of South African child and youth resilience studies, 2009–2017. *Children and Youth Services Review*, 91, 237-247.
- Van Niekerk, A., and Mathews, S. (2019). Violence, Injury and Child Safety: The new challenge for child health. In M. Shung-King; L. Lake; D Sanders; and M. Hendricks, (eds.), *South African Child Gauge*. Cape Town, South Africa: Children’s Institute, University of Cape Town.

- Van Wyk, C., Johannisen, J. C., & Yates, H. (2019). Multidisciplinary meetings: listening to the experiences of children in a child and youth care centre. *HTS: Theological Studies*, 75(1), 1-13.
- Visser, M., Zungu, N., and Ndala-Magoro, N. (2015). ISIBINDI, creating circles of care for orphans and vulnerable children in South Africa: Post-programme outcomes. *AIDS care*, 27(8), 1014-1019.
- Wade, J. (2008). The ties that bind: support from birth families and substitute families for young people leaving care. *British Journal of Social Work*, 38 (1), 39-54.
- Ward, H. (2011). Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review*, 33(12), 2512-2518.
- Ward, C., Makusha, T., and Bray, R. (2015). Parenting, poverty and young people in South Africa: What are the connections? In A.De Lannoy; S. Swartz; L. Lake; and C Smith, *South African child gauge*. Cape Town, South Africa: Children's Institute, University of Cape Town.
- Walakira, E. J., Kikulwe, D., Luwangula, R., Riley, M., Bukenya, B., & Ddumba-Nyanzi, I. (2017). System strengthening to improve alternative care for neglected and child survivors of violence in Uganda: Critical areas for consideration. D. Kaawa- Mafigiri E. Walakira (eds.). In *Child Abuse and Neglect in Uganda* (pp. 253-270). Switzerland: Springer, International Publishers.
- Weiner J. (5 November 2019). "Brand "spanking" new law – South African Constitutional Court Outlaws Corporal Punishment of Children. (OxHRH Blog, November 2019). Retrieved from <<http://ohrh.law.ox.ac.uk/brand-spanking-new-law-south-african-constitutional-court-outlaws-corporal-punishment-of-children>>.
- Weston, J. L. (2013). *Care leavers' experiences of being and becoming parents*. Unpublished Doctoral Dissertation. University of Hertfordshire: Hertfordshire, England.
- Williams, C. A. (2011). Mentoring and social skills training: Ensuring better outcomes for youth in foster care. *Child Welfare*, 90(1), 59-74.
- Zikalala Sihle Virtual Address by KZN Premier on Youth Day, 16 June 2020, Monday, 17 August 2020, <http://youtube.com/zkznonline>.

## NEWSPAPER ARTICLES

Ellis, E. (September 17, 2020). Social work, HIV, elderly and orphan services in crisis as Eastern Cape government fails to pay subsidies. *Maverick Citizen*. Retrieved from <http://www.daily-maverick.co.za>. Retrieved on 2020.09.17.

Gevisser, M. (July 11, 2019). State Caputre, the corruption investigation that has shaken South Africa. *The Guardian*.

Khanyile, N. (February 18, 2019). Desperate Measures: Why do Mums abandon babies? *The Witness*

Perumal, Y. (November 20, 2014). Havenside gran accused of babies' torture and murder, dies in prison. *Rising Sun*

Sookha, B. (April 18, 2005). Abandoned teen trying to teach her siblings. *Daily News*, p. 4.

## **LIST OF APPENDICES**

## **SECTION 1: DEMOGRAPHIC DETAILS**

1. Preferred name for youth (pseudonym): .....
2. Age: 1. (18) ☐ 2. (19) ☐ 3. (20) ☐ 4. (21) ☐ 5. (22) ☐ 6. (23) ☐
3. Gender 1. Male ☐ 2. Female ☐ 3. Other, specify ☐ .....
4. Years spent in alternative care: - 1. (2yrs) ☐ 2. (3yrs) ☐ 3. (4yrs) ☐ 4. (5 yrs) ☐ other, specify ☐ .....
5. Number of placement/s since: - 1. (One) ☐ 2.(two). ☐ 3. (three) ☐ 4. (four) ☐ 5. (Five) ☐ other, specify ☐ .....
6. Transitioning out of CYCC in: - 1. (2yrs) ☐ 2. (3yrs) ☐ 3.(4yrs) ☐ 4.(5 yrs) ☐ other, specify .....or;
7. If applicable, youth transitioned out: - 1. (2yrs) ☐ 2. (3yrs) ☐ 3. (4yrs) ☐ 4. (5 yrs) ☐ other, specify .....
8. Family caregiver identified by the youth:-1. Parent 2. Sibling ☐ 3.grandparent ☐  
☐ Other, specify .....
9. Address of caregiver-.....
10. Contact number:-.....

## **Section 2:**

**To understand the perceptions and experiences of youth who are transitioning out of CYCCs and those youth who have transitioned out of CYCCs.**

- Tell me about your life story and how you came to reside at the child and youth care centre. Probe: for any experiences related to leaving and/or after leaving the CYCC that you want to share?
  
- Tell me about who is involved in helping to prepare you for leaving the Child and Youth Care Centre? Probe for details about what support is received.
  
- What are your plans, dreams and concerns about the future?
  - main support and help
  - accommodation
  - relationships
  
  - education /study
  - employment and financial status
  - Health and wellness
  - Happiness
  - problems that you are encountering or concerns that you have of the future
  - Do you have any concerns, for example, with substance abuse, or trouble with the law?
  
- If you could change one thing when leaving child and youth care centres for a better life after leaving, what would it be?

## **SECTION 1: DEMOGRAPHIC DETAILS**

1. Preferred name for youth (pseudonym): .....(researcher completes)
2. Age: 1. (18) ☐ 2. (19) ☐ 3. (20) ☐ 4. (21) ☐ 5. (22) ☐ 6. (23) ☐
3. Age of Caregiver: .....
4. Gender 1. Male ☐ 2. Female ☐ 3. Other, specify ☐ .....
5. Years youth spent in alternative care: - 1. (2yrs) ☐ 2. (3yrs) ☐ 3. (4yrs) ☐ 4. (5 yrs) ☐ other, specify ☐ .....
6. Number of placement/s since: - 1. (one) ☐ 2.(two). ☐ 3. (three) ☐ 4. (four) ☐ 5(five) ☐ other, specify ☐ .....
7. Transitioning out of CYCC in: - 1. (2yrs) ☐ 2. (3yrs) ☐ 3. (4yrs) ☐ 4. (5 yrs) ☐ other, specify .....
8. If applicable, youth transitioned out: - 1. (1yr) ☐ 2.(2yrs) ☐  
Other, specify .....
9. Family caregiver identified by the youth:-1. Parent 2. Sibling ☐ 3.grandparent ☐  
☐ Other, specify .....
10. Age: .....
11. Gender of family caregiver: 1. Male ☐ 2. Female ☐ 3. Other, specify ☐ .....

## **Section 2:**

**To understand the perceptions and experiences of family caregivers regarding youth transitioning out of CYCC and those youth who have transitioned out of child and youth care centres**



- Tell me about the family circumstances, the reason/s for the child/ren removal and what happened from then to now for the youth to be discharged and (if transitioned) after their discharge?
- Where do you think the youth is in his/her life now?
  - main support and help received
  - accommodation
  - relationships (family, friends and others)
  - education /study
  - employment and financial status
  - Health and wellness
  - Happiness
  - problems or concerns that that the youth has about their future

-Do you have any concerns, for example, with substance abuse, or trouble with the law?

- What do you think about his/her future?
- Where are you in your life now?
  - main support and help received
  - accommodation
  - relationships (family, friends, youth and others)
  - education /study
  - employment and financial status
  - Health and wellness
  - Happiness
  - problems that you are encountering or concerns that you have of the future

-Do you have any concerns, for example, with substance abuse, or trouble with the law

- If you could change one thing to make leaving CYCCs easier for a better life when returning to the Community for youth after their discharge, what will that be?

*Appendix 3: Interview schedule for service providers: Individual, joint and focus group sessions*

**Section one- completed with all service provider interviewees**

1. What is you/your current designation? .....
  2. How many years' experience you have working with youth:-1. (1-3 years) ☐ 2. (3-5 years) ☐ 3. (6- 9years) ☐ 4. (16-20 years) ☐ 4. (10 years and over) ☐
  3. How many years have you been employed in the present organisation.  
1. (1-5 years) ☐ 2. (6-10 years) ☐ 3. (11- 15years) ☐ 4. (16-20 years) ☐
  3. What are your roles and responsibilities when working with youth?  
.....  
.....  
.....  
.....  
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.....
- 

**Section 2**

What are your experiences with youth transitioning and youth who have transitioned out of CYCCs in terms of?

- main support
- accommodation
- relationships (family, friends, youth and others)
- education /study
- employment and financial status
- Health and wellness
- Happiness
- problems encountered or concerns that you have about their future
- What planning, preparation and how are decisions made regarding the actual transition process?

- What programmes and policies facilitate and/or hinder the youth transitioning out of child and youth care centres and/or their reintegration in the Community life when discharged from the child and youth care centres?
- What are your recommendations for improvement of programmes and services for youth who are transitioning and those youth you have transitioned out of child and youth care centres.

*Appendix 4: Update and data collection preparation*

The Chairperson/Director

Child and Youth Care Centres

Child Welfare SA and Child and Family Welfare Societies

Department of Social Development

Dear Chairperson/ Director

Dear Sir/Madam

**UPDATE ON STUDY AND PREPARATION FOR DATA COLLECTION**

I wish to place on record my sincere appreciation for the participation of your Organization/Department in my research study. The full approval of the ethics Committee was granted by UKZN ethics committee on 19 August 2016.

In preparation for data collection which will commence in September 2016, I will be contacting you shortly to respond to any questions that you may have about the study. However, in the selection of participants for this study it is necessary that the criteria for selection is carefully considered and that all potential participants are fully aware of the study and their Right to a choice on whether or not they participate. A letter of consent will be signed with each participant prior to the interview.

The finalized topic, aims, objectives and sample are indicated as follows:-

**Title:** Youth transitioning and transitioned out of child and youth care centres: Perspectives of youth, family caregivers and service providers in eThekweni, KwaZulu- Natal.

**Aims and Objectives**

The main aim of this study is to understand the experiences and perceptions of youth, family caregivers and service providers on youth transitioning and those youth who have transitioned out of CYCCs in the EThekweni region.

**Arising from the aim, the objectives are as follows:-**

- To understand the perceptions and experiences of youth who are transitioning out of child and youth care centres (CYCCs) and those youth who have transitioned out of (CYCCs).

- To understand the present circumstances of those youth who have transitioned out of CYCCs.
- To understand the perceptions and experiences of family caregivers regarding youth transitioning out of CYCC and those youth who have transitioned out of CYCCs.
- To explore the perspective of service providers on policies and programmes which facilitate and/or hinder youth in their transition out of CYCCs.

TABLE 1: SAMPLE SIZE, DESCRIPTION, STRUCTURE, CRITERIA AND METHOD OF DATA COLLECTION.

SAMPLE	DESCRIPTION AND STRUCTURE OF SAMPLE	CRITERIA FOR SAMPLING SELECTION	METHOD OF DATA COLLECTION AND VENUE
SAMPLE ONE:- YOUTH i) TRANSITIONING OUT OF CYCC (8)	2 x 4 CYCCs	18 to 23 years Minimum stay at CYCCs in eThekweni Metropolitan -2yrs	In-depth interviews: English and isiZulu speaking
ii) TRANSITIONED OUT OF CYCC (8)	4 X 2 - selected by CWSA and DSD District Office	Youth are transitioning or, had transitioned out of a registered CYCCs within the past two years,	Venue:-CYCCs for Youth transitioning out of CYCCs.
TOTAL:- 16			Youth transitioned out of CYCCs: Venue and logistics will result from mutual consensus with the participant and the researcher. The likely options are their homes, Offices of the previous service providers.
SAMPLE TWO:- FAMILY CAREGIVERS IDEAL TOTAL:- 16	Parents and significant other	Identified by youth as playing a parental role.	In-depth interviews: English and isiZulu speaking Venue and logistics will result from mutual consensus with the participant and researcher. The likely

SAMPLE	DESCRIPTION AND STRUCTURE OF SAMPLE	CRITERIA FOR SAMPLING SELECTION	METHOD OF DATA COLLECTION AND VENUE
			options are their homes, offices previous service providers.
<p>SAMPLE THREE:- SERVICE PROVIDERS</p> <p>i)Total: 9 participants to participate in 1 focus group session</p> <p>ii)Total:- 4 joint interviews (10 participants)</p> <p>iii) Key informants- Management</p>	<p>Identified by</p> <ul style="list-style-type: none"> <li>- Child Welfare SA (3 social workers)</li> <li>-Department of Social Development District offices (3 Social workers)</li> <li>-3 Social workers employed at CYCCs.</li> </ul>	<p>Experienced in working with youth who transitioning/transitioned out of CYCCs.</p> <p>Participating CYCCs not interviewed.</p>	<p>Focus group comprise 9 social workers.</p> <p>The venue to be confirmed.</p>
	<p>-4 Joint interviews at 4 CYCCs-(4 CYCWs and 4 - Res Swkers).</p> <p>I - Child Welfare SA (CWSA)</p> <p>1 -Department of Social Development</p> <p>1 Director CYCC</p> <p>1 CYC Manager</p> <p>Principals focus group</p>	<p>4 CYCCs where youth participants are selected.</p> <p>Key informant- selected by the respective authorities for their knowledge of policy and practice.</p>	<p>Venue: Offices of the participants.</p>

Thanking you once again and I look forward to your participation.

.....

Rajeshree Moodley

Appendix 5: Informed consent form

**Youth/ Family Caregivers/ Social workers/ Child and Youth care workers**

My name : Rajeshree Moodley

Contact details : 0849108369

Occupation : Registered Social worker

My supervisor : Dr Tanusha Raniga

Occupation : Social Work Lecturer

Contact details : 0828308211

Institution : University of KwaZulu Natal (Howard College)

Dear Sir/Madam,

My name is Rajeshree Moodley. I am a registered doctoral student at the University of Kwa Zulu Natal, Howard College. The title of my study is Youth transitioning and transitioned out of child and youth care centres: Perspectives of youth, family caregivers and service providers in eThekwin, KwaZulu-Natal

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The objectives of the study are

- ✓ To understand the perceptions and experiences of youth who are transitioning out of CYCCs and those youth who have transitioned out of CYCCs.
- ✓ To understand the present circumstances of those youth who have transitioned out of child and youth care centres.
- ✓ To understand the perceptions and experiences of family caregivers regarding youth transitioning out of CYCC and those youth who have transitioned out of care.
- ✓ To explore the perspective of service providers on policies and programmes which facilitate and/or hinder youth in their transition out of CYCCs.

The sample for the study will comprise youth, family caregivers, child and youth care workers and social work managers and practitioners.

You have been selected to participate in this study as a youth/family care giver/social work practitioner/ or child and youth care worker. Your participation in this study seeks to explore the the perceptions and experiences of youth who are transitioning out of CYCCs and those youth who have transitioned out of CYCCs.

Please be assured that confidentiality and anonymity of all participants and organizations will be maintained in the publication of the thesis.

You will be required to voluntarily participate in an in-depth interview as well as a focus group discussion. The interview and focus group will be conducted at a time and venue that will be convenient for the participants. Please be assured that you will be free to withdraw from the study at any stage and for any reason. I would also like to request for permission to record the interview so that I will be able to capture all information shared accurately.

No other details will be required of you/ your organization. All the responses will be kept highly confidential and the results will be used to make recommendations to all service providers. Research data will be destroyed after the completion of the research. There will be no costs incurred by you or the organization.

I thank you for taking time off your busy schedule and for your valuable participation and important contribution.

Kindly complete the consent paragraph below.

Yours faithfully,

.....

Rajeshree Moodley

Cell: 0849108369

Rajeshree.Moodley@kznsocdev.gov.za

.....

Dr. Tanusha Raniga

Cell: 0828308211

Ranigat@ukzn.ac.za



*Appendix 6: Informed audio recording consent form*

My name : Rajeshree Moodley

Contact details : 0849108369

Occupation : Registered Social worker

My supervisor : Dr Tanusha Raniga

Occupation : Social Work Lecturer

Contact details : 0828308211

Institution : University of KwaZulu Natal (Howard College)

Dear Sir/Madam,

My name is Rajeshree Moodley. I am a registered doctoral student at the University of KwaZulu- Natal, Howard College. The title of my study is Youth transitioning and transitioned out of child and youth care centres: Perspectives of youth, family caregivers and service providers in eThekweni, KwaZulu-Natal

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You will be required to voluntarily participate in an in-depth interview/ focus group discussion. Please be assured that you will be free to withdraw from the study at any stage and for any reason without any dire consequences to you. I would also like to request for permission to record the interview/focus group so that I will be able to capture all information accurately.

If you are willing to be interviewed/participate in the focus group, please indicate (by ticking as applicable) whether or not you are willing to allow the interview/focus group to be recorded using the following equipment:

Equipment	Willing	Not Willing
Audio		

Kindly complete the consent paragraph below.

Yours faithfully,

.....

Ms Rajeshree Moodley (Researcher)

Cell :0849108369

[Rajeshree.Moodley@kznsocdev.gov.za](mailto:Rajeshree.Moodley@kznsocdev.gov.za)

Date .....

.....

Participant's Signature

Date .....

.....

Dr. Tanusha Raniga (Supervisor)

Cell: 0828308211

[Ranigat@ukzn.ac.za](mailto:Ranigat@ukzn.ac.za)

Date .....

Appendix 7: Ethical clearance letter -UKZN



19 August 2016

Mrs Rajeshree Moodley 205524637  
School of Applied Human Sciences  
Howard College Campus

Dear Mrs Moodley

Protocol reference number: HSS/0830/016D

Project Title: Youth transitioning and transitioned out of child and youth care centres: Perspectives of youth, family caregivers and service providers in eThekweni, KwaZulu-Natal

**Full Approval – Full Committee Reviewed Protocol**

In response to your application received 7 June 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

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

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Dr Shenuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: DR Tanusha Raniga  
Cc Academic Leader Research: Dr Jean Steyn  
Cc School Administrator: Ms Ayanda Ntuli

---

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za) / [snymanm@ukzn.ac.za](mailto:snymanm@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

*Appendix 8: Turnitin originality report*

- Processed on: 02-Dec-2020 1:29 PM CAT
- ID: 1462358817
- Word Count: 88386
- Submitted: 1

**Youth transitioning and transitioned out of c... By Rajeshree Moodley**

Similarity Index 8%

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5%

Publications:

*Appendix 9: Proforma -Informed consent from CYCCs*

(Intentional non-disclosure of identity)

**Please ensure that you attach a letterhead and that it is signed.**

The Head of Department

University of KwaZulu-Natal

School of Applied Human Sciences

Department of KwaZulu-Natal

To whom it may concern

**PhD RESEARCH TITLE: YOUTH TRANSITIONING OUT OF CHILD AND YOUTH CARE CENTRES: EXPERIENCES AND PERCEPTIONS OF YOUTH, FAMILY CAREGIVERS AND SERVICE PROVIDERS**

This is to confirm that the Board of Management of the above-mentioned Organization had been informed and has granted permission for the Organization to participate the above-mentioned study. The Organization accepts that the title of the study may change but it will be pertinent to youth who are transitioning and have transitioned out of Child and Youth Care Centres.

Yours faithfully

Signature: - .....

Name: - .....

Designation: - .....



10 FEBRUARY 2016

The Head of Department  
University of KwaZulu-Natal  
School of Applied Human Sciences  
Department of KwaZulu-Natal

To whom it may concern

**PhD RESEARCH TITLE: YOUTH TRANSITIONING OUT OF CHILD AND YOUTH CARE CENTRES: EXPERIENCES AND PERCEPTIONS OF YOUTH, FAMILY CAREGIVERS AND SERVICE PROVIDERS**

This is to confirm that Child Welfare South Africa had been informed of the above-mentioned study by Rajeshree Moodley. Permission has been granted for the inclusion of Child and Family Welfare Organizations in the study. The Organization accepts that the title of the study could change but it will be pertinent to youth who are and have transitioned out of Child and Youth Care Centres.

Yours faithfully

**MRS SARAS DESAI**  
**Regional Director**

NPO : 000 834  
PROVINCIAL OFFICE: 031 5772002/3 (T) : 031 5772004 (F)  
P O BOX 76616, MARBLE RAY, 4035 ; EMAIL: [kzn@childwelfare.org.za](mailto:kzn@childwelfare.org.za)

## *Appendix 11: Informed Consent form DSD*

The Head of Department  
Department of Social Development  
Private Bag X9144  
PIETERMARITZBURG  
3200

**Attention:** Ms N.G. Khanyile

Head of Department

**SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE DEPARTMENT OF  
SOCIAL DEVELOPMENT: ETHEKWINI**

### **1. INTRODUCTION**

I am Rajeshree Moodley who is in the employ of the Department of Social Development since 2002. I am based at the eThekweni District Office as an Acting Supervisor for Restorative Services and Care and Support to Families in eThekweni North. I was awarded a bursary from the Department of Social Development in 2015 as a PhD candidate at the Social Work Department, Howard College, and University of KwaZulu-Natal. The study will be conducted under the supervision of Professor Vishanthi Sewpaul and Dr Tanusha Raniga. My relevant work experiences and academic achievements with respect to the proposed study include my employment as a social worker at Child and Family Welfare Organizations, lecturing and supervision at University of KwaZulu-Natal, co-ordination of services at Westville Youth Care Centre and exposure to diverse programmes as a co-ordinator within the Programme Unit. My research study for the partial fulfilment towards a Masters Degree in Social Work was on the challenges confronting social workers in meeting the objectives of permanency planning at Child and Youth Care facilities. Long term care is discouraged by policy and in practice but it still prevails to the extent that an entire childhood could be spent in alternative care.

**PROPOSED PhD RESEARCH TITLE: YOUTH TRANSITIONING OUT OF CHILD AND  
YOUTH CARE CENTRES: EXPERIENCES AND PERCEPTIONS OF YOUTH, FAMILY  
CAREGIVERS AND SERVICE PROVIDERS**

### **2. BACKGROUND AND MOTIVATION**

This study, on the transition of youth from Child and Youth Care Centres (CYCCs) into the Community builds on interest and research that emanated especially in the last decade. However, only a few studies had been conducted in South Africa and focused mostly on the Boys and Girls Town programme.

Timely and effective investment in youth is key to an economically and socially prosperous future (Barrington-Leach, Canoy, Hubert, & Lerais, 2007) and care-leavers are amongst the most vulnerable and disadvantaged groups in Society (Mendes, Johnson and Moslehuddin, 2011). The youth's transition from care translates into reunification or independent living, but, it's more complex. Unlike leaving a family home, it is shorter, severe and hazardous (Rogers, 2011) with limited opportunities and poor outcomes (Stein, 2008). Although some youth cope, most don't.

The United Nations Committee on the Rights of the Child (UNCRC) have detailed care-leaving expectations in the Guidelines for the Alternative Care of Children (2009) which addressed the International gap in policy. Nationally, youth (15 to 35 years) are prioritized as reflected in the National Youth Commission Act (1996) and National Youth policy (2009-2014) but, a care- leaving policy is non-existent. Although slight amendments to the study may result, the main focus will be on youth transitioning and those youth who have transitioned out of CYCCs.

### **3. PURPOSE**

**The main aim of the study** is to understand the experiences, and perceptions of youth, their family caregivers and the service providers of youth transitioning/transitioned out of Child and youth care centres, and the factors that facilitate and/or hinder their transition from care into the community.

Arising from the aim, the objectives are as follows:-

- To understand the perceptions and experiences of youth transitioning out of child and youth who have transitioned out of child and youth care centres.
- To understand the present circumstance of youth transitioned out of care in respect of departure, family, community reintegration, independent living, employment status and/or further studies and training, and behaviour.
- To understand the perceptions and experiences of family caregivers regarding their preparation for youth transitioning out of care.
- To understand the policies and programmes which facilitate and/or hinder youth in their transition out of CYCCs.

### **4. DESCRIPTION OF THE STUDY**

This proposed qualitative study is underpinned on a structural theoretical framework within critical research. Firstly, I will be conducting indepth interviews with 16 youth who are transitioning/transitioned out of Child and Youth Care Centres and if possible, 16 family caregivers. The identification of participants will require that CYCCs, Child and Family Welfare Organizations and the Department to refer youth who meet the criteria for inclusion i.e. they should be between 18 to 23 years who are in the process of transitioning out or have transitioned out of a CYCCs within the past two years and whose placement at a CYCC has been for a minimum period of two years and who express a willingness to participate in the study. Non probability purpose sampling technique will be used.

Secondly, a focus groups will be conducted with service providers. This will include residential social workers, social workers identified from Child and Family Welfare sector by Child Welfare South Africa and pending permission from the Department of Social Development Service Offices of eThekweni. I will also joint conduct interviews with social workers and child and youth care workers of child and youth care centres and with a manager/director of Child Welfare South Africa and the Department of Social Development.

Anonymity of all participating Organizations and individuals will be maintained. This study had already received support from the Child and Family Organizations and Child and Youth Care Centres but the consent and participation of the Department will be greatly appreciated in ensuring that social workers and supervisors from both the Government and Child and Family Welfare Societies are included in the study.



## 5. IMPLICATIONS

The study will be aligned to the UKZN Research Ethics Policy and I will sign an undertaking to comply with the code of conduct for research which includes ensuring that no harm is caused to any participating individual or Organizations. The only implications that I foresee are positive. An understanding of the experiences and perception of youth, their family caregivers and service providers will help identify factors that assist in coping and should be encouraged and factors that need to be addressed as they hinder the transition of youth from CYCCs into the Community and their development. The identification of existing gaps can set the pace for policy and practice reform. In addition, best practices maybe discovered highlighting the work done in KwaZulu-Natal and may even encourage replication thereby further strengthening services.

Your consideration is highly appreciated. For further enquiries please do not hesitate to contact Miss B. [redacted] the research ethics committee at [Ximbap@ukzn.ac.za](mailto:Ximbap@ukzn.ac.za).

[redacted]	10/2/2016
Mrs. B. Moodley - Acting Supervisor: Restorative Services	Date
[redacted]	10/02/2016
Mrs N.C. Mhlongo - Social Work Manager	Date
EThekwhini North District	
Supported/not supported	
Y11113	11/02/2016
Ms Y Pillay - Acting District Manager	Date
EThekwhini North District	
[redacted]	15/02/2016
✓ Mrs T.K. Ndaba - Acting General Manager	Date
EThekwhini Cluster	
Supported/Not supported	
[redacted] signed on behalf of Mrs ET Mhlongo who is attending BGD Portfolio Committee.	16/02/16
✓ Mrs E.T. Mhlongo - General Manager	Date
Recommended/Not Recommended	
[redacted] on condition that the study would not interfere with current workload & that	19.2.2016
[redacted] Deputy Director-General Manager	Date
Recommended/Not Recommended	
[redacted]	22/2/2016
Ms N.G. Khanyile - Head of Department	Date
Approved/Not approved	

