



Professional challenges experienced by child and youth care workers in South Africa



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ABSTRACT

The goal of the study was to explore professional challenges of child and youth care workers (CYCWs) in the South African context. The study was carried out within a qualitative approach which incorporated a collective case study design. Purposive sampling was used to include a sample of 93 participants representing child and youth care workers from government and non-government organisations based in rural, semi-urban and urban areas across the six provinces of South Africa. An interview schedule was designed by the researchers to collect qualitative data from 11 focus group interviews. With regard to data analysis, the researchers typically followed the following steps as suggested by Miles and Huberman (1994, p. 10): data reduction, data display and drawing and verifying conclusions. The most prominent challenges that the participants have cited are: dealing with client behaviours, lack of tangible and immediate results, poor stakeholder relations, lack of recognition, lack of clarity on the role and title of the CYCW, inconsistent job requirements, lack of professional growth and development opportunities and inadequate working conditions. The conclusion of this study was that CYCWs in South Africa experience a range of professional challenges. Given that the study was situated within an ecological systems theory, the impact of other systems such as poor stakeholder relations in working with individual children (microsystem), working within families (exosystems), working with communities (mesosystem) and working within the broader society (macrosystem) became evident. The researchers overall impression was that the majority of challenges raised emanated from the child and youth care field not yet being fully recognised as a profession at the time the study was conducted. The necessary recommendations to address these professional challenges were made.

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1. Introduction

Child and youth care workers (CYCWs) are professionals who work in the child and youth care (CYC) field another discipline that falls under the social service sector. Gharabaghi (2010) contends that there are at least six common titles that are given to CYC practitioners in North America alone, that is child and youth worker, child care worker, child and youth counsellor, youth worker, youth development worker and direct services worker. It is critical that titles used in a specific country should be clarified and used consistently to avoid confusion and clarify boundaries among social service professionals. According to Barford and Whelton (2010), CYCWs are “front-line human service professionals who work in constant contact with children and youth and who are responsible for their daily living needs” (p. 273). The researchers also acknowledge a shift being made by some authors from using the term ‘CYCWs’ to the term ‘child and youth care practitioners’ (Gharabaghi & Krueger, 2010). These authors explained that the title ‘child and youth

care practitioner’ refers to “a diverse group of people, working in a very diverse range of settings, and responding to the expectations of a wide range of employers, bureaucrats, policy makers, and legislative imperatives” (p. 27). Garfat and Fulcher (2011) concurred that the title ‘child and youth care practitioner’ includes many professionals who assume various roles within the CYC fraternity as well as those who use CYC approaches in relating to others.

In South Africa (SA), CYCWs have been working primarily in residential settings (Thumbadoo, 2013). Given South Africa's historical past whereby the residential CYC system had been inaccessible to the majority of children and young people (Department of Social Development, 2010), the effects of past inequalities are still being felt by the majority of the black population, particularly a significant number of children and youth in various communities. CYCWs therefore find themselves having to reach previously marginalised children as well as “deal with neighbourhood concerns, changes in the community and patterns of violence and crime” (Gharabaghi, 2008, p. 150). Hence since the 1994 post-apartheid political dispensation, CYCWs have intensified the extension of their services from residential settings to communities in order to address the diverse needs of the majority of the South African children and youth. The goal of this article is to report

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on the results of a study conducted to explore professional challenges experienced by child and youth care workers in SA.

1.1. South Africa's socio-economic context

The Republic of South Africa (RSA) is a democratic state founded on the values that include human dignity, the achievement of equality and the advancement of human rights and freedoms; as well as non-racialism and non-sexism. The [Constitution of the Republic of South Africa, 1996](#), contains the Bill of Rights, which also provides for social and economic rights. SA became a signatory to various international conventions which include the United Nations Convention on the Rights of the Child as well as the African Charter on the Rights and Welfare of the Child ([Department of Social Development, 2005](#)). These legal frameworks inform policies relating to services to children and youth. Despite these progressive legislative frameworks, the majority of children remain affected by social ills such as poverty. According to [Statistics South Africa \(2014\)](#), “in 2011 children constituted 37.6% of the total population and yet almost half (46%) of all poor people in SA were children” (p. 29).

HIV and AIDS are other social ills that affect children and youth. The [Human Sciences Research Council \(HSRC\) \(2014\)](#) estimated that 12.2% of the population (6.4 million persons) was HIV positive in 2012. [Jamieson \(2013\)](#) holds the view that “the HIV and AIDS epidemic and other risk factors have led to a growing number of highly vulnerable children, not just in South Africa but across sub-Saharan Africa” (p. 1). The HIV and AIDS pandemic has clearly affected the constitution of families. In particular, it has exposed many children to a variety of challenges, ranging from neglect to orphanhood, as well as abuse and malnutrition among others. Hence the [National Planning Commission \(NPC\) \(2011\)](#) asserts that “there will still be a sizeable number of AIDS orphans and children requiring concerted support from the state and communities for decades to come” (p. 29).

According to the [HSRC \(2014\)](#), the overall level of orphanhood in 2012 among those 0 to 18 years of age was 16.9% (maternal, 4.4%; paternal, 9.3%; double, 3.2%). A significantly higher proportion of orphans were found among black Africans (18.9%) than among the other race groups. Similarly, a significantly higher proportion of orphans were observed among those aged 15 to 18 years of age (30.6%) than among all the other age groups ([HSRC, 2014](#)). The situation of orphans who have lost both parents can be even direr than the situation of those who have lost only one parent. Such children may find themselves in the position of having to look after one another, making child-headed households even more prevalent. [Philips \(2011\)](#) defines a child-headed household as “a household, consisting of one or more members, in which the role of the principal caregiver has by necessity been taken over by a child under the age of 18 years” (p. 174). It is difficult for children to take care of themselves without any adult support. Among the difficulties these children encounter is the trauma of having lost the stable adults in their lives ([Thumbadoo, 2013](#)). Hence section 137(2) of the [Children's Amendment Act, 41 of 2007](#) makes provision that these children should be under the supervision of an adult. Supervision of child-headed households cannot happen in a haphazard manner. There has to be structured systems that will guarantee that these vulnerable children will receive adequate and quality care that they deserve. Innovative measures, which include increasing the number of social service role players such as CYCWs, become even more relevant.

2. Literature review

[Barford and Whelton \(2010\)](#) alluded to the fact that providing care in residential settings by CYCWs is stressful and challenging “yet little research has gone into better understanding of the difficulties of these workers” (p. 272). This literature review section will therefore focus on areas that contribute to professional challenges experienced by CYCWs.

2.1. The child and youth care field

The CYC field has been in existence for many decades and has taken different forms. According to [Gharabaghi and Krueger \(2010\)](#), in the United States of America and Canada, the professionalisation of the field started in the 1960s as a grass roots movement whereby direct-line workers in residential and group care created federations of state and provincial associations. [Kendrick, Steckley, and McPheat \(2011\)](#) highlighted that in many countries, CYC was carried out by different stakeholders, with religious organisations taking the lead in the development of residential care. [Smith \(2009\)](#) noted that although the history of care is in many respects a religious one, such long roots have only been loosened in recent decades. This has resulted in the different stakeholders taking interest in CYC, something which has had a direct impact on CYCWs in terms of motives, approaches and vision.

Another area that deserves attention is that CYC as a field has been referred to by different names. The role of caregivers was also different from that of the current CYCWs. It would seem that these roles differed from one country to another as well as from one setting to another. What is clear is that in the distant past, many CYCWs never received adequate training to do a ‘caring’ job. Hence they were not considered to be professionals ([Smith, 2009](#)). It has become increasingly difficult to find a common understanding of what CYC is precisely. This difficulty is compounded by the fact that CYCWs are now working in more service sectors than ever before ([Gharabaghi, 2010](#)), servicing a diverse recipients of CYC services.

2.2. Recipients of CYC services

The majority of children who are taken into care are there involuntarily ([Cameron & Maginn, 2009](#)). Although the phrase *into care* has a residential care connotation, it should be understood broadly to mean those children receiving CYC services – both inside and outside residential settings. There are a number of factors that have contributed to these children receiving social services in general and CYC services in particular. In most cases, such factors involve traumatic experiences, as the majority of them lost their familiar places and relatives in the process. As a result, they find themselves in unfamiliar environments and being cared for by unfamiliar adults. To expect these children and youth to proceed with their lives as normally as possible would be equated with not appreciating the disruptions that have taken place in their lives. [Cameron and Maginn \(2009\)](#) cite “illness and disease, economic adversity, exposure to violence, living in drug and crime context, social and emotional deprivation, maltreatment at the hands of adults and other children, poor parenting” (p. 5) among the most common factors that force children and youth to end up receiving some sort of care. The behaviour of most of these children and youth requires to be managed in a specific and focused manner – something which some CYCWs might find difficult doing.

2.3. Managing difficult behaviour

[Vanderwoerd \(2006\)](#) contends that children's emotional disturbance and history of neglect and abuse make them all the more difficult to manage. When children's behaviour deviates from the social norms, many adults find it difficult to manage such behaviour. That is the reason some children find themselves having to be cared for by CYCWs. It means CYCWs find themselves having to deal with all sorts of ‘anti-social’ behaviours such as swearing and fighting on a constant basis whilst being guided by core principles such as safety, consistency, control and compliance ([Gharabaghi & Phelan, 2011](#)).

The task of managing any behaviour cannot be achieved if the person who presents such behaviour is not committed to becoming a part of that process. [Hodas \(2005\)](#) advocated for the approach that says “we need to work together to understand what is going on” (p. 3). This approach will certainly make a meaningful impact as far as

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