

University of the Western Cape
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**AN EXPLORATIVE STUDY OF CHILD
AND YOUTH CARE WORKERS'
EXPERIENCES OF "LIFESPACE
THERAPEUTIC CARE"**

by



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A minithesis submitted in partial fulfillment of the requirements for the
degree Magister Artium in the Department of Social Work
University Western Cape

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November 2004

ACKNOWLEDGEMENTS

- I want to thank my Lord and Saviour Jesus Christ for giving me the wisdom, strength and knowledge that enabled me to complete my studies. His grace and mercies endures forever. Philippians 3 v 13 has been my encouragement.
- Prof. SS. Terblanche, my gracious supervisor, for her encouragement, unrestrained patience and guidance in the successful completion of the study. And her belief that I can make it.
- To my husband, Chris for his love, support and providing me the opportunity to develop my potential and knowledge. For filling the gap when I was not around.
- To my two children Lisa and Tevin for their patience and allowing me to work and being prepared to have less of my attention. (Tevin, for allowing me to use his room as my study).
- To my sister, Charlene, my brother in law Deon and my nephew Jared for their unfailing support in my studies.
- To my father, Richard Adams, for his inspiration and prayers through out my life.
- To my CEO, Lorenzo Davids, to whom I am most grateful, for granting me 3months study leave to complete my study and allowing me to conduct the study at City Mission's Child and Youth Care Department.
- To all the child and youth care workers at City Mission for your participation in the study. I will forever remember the time (and the laughter) we've spent during the interviews. I thoroughly enjoyed interviewing each one of you. You made this study possible.
- To Emma, an external child and youth care worker, who willingly agreed to be interviewed.
- To all my dear friends for their interest, encouragement and prayers.
- To Alecia Davids, who on the eve of submission came to my rescue and willingly agreed to edit my dissertation.
- To my Church family for their prayers, support and for understanding the times when I did not attend certain events.



SUMMARY

Child and youth care workers are required to work therapeutically in order to promote family reunification in the shortest possible time. They are however, also working in the “**life space**” of children in residential care, supporting and caring for them.

The research methodology was a qualitative approach using a phenomenology strategy of inquiry to understand child and youth care workers lived experiences of life space therapeutic care in a residential setting.

The population of the study was child and youth care workers from four out of fifteen children’s homes in four geographical areas in Cape Town. Ten respondents were purposefully selected from the population based on their experience of the phenomenon. (Criterion sampling)

Data were collected through in depth interviews, face-to-face interviews, starting with open-ended questions and probing for in depth experiences, interpretations and meanings.

Data were analyzed according to Creswell’s (1998:147) steps for qualitative data analysis and was verified as suggested by Dukes (1984:201). Data was submitted to an outside reviewer who looked for identical patterns and checked whether patterns fit together logically.

Findings were based on the child and youth care workers responses to the following themes:

- **Existential presence**, relates to physical and mental closeness, intimate knowledge, developing close and personal relationships and emotional involvement.
- **Redefining “professional relationships”** which encapsulates perceived boundary conflict, mutual gratification and disappointment, time boundaries relevant to the context and ambivalence in role expectations.
- **Profession specific therapeutic care in CYCW** relates to continuous on the spot assessment and intervention opportunities, supportive and developmental care and the personal self of the cycw as therapeutic intervention.
- **Consequences for the child and youth care worker** refer to the challenges, rewards and disappointments and burnout.

The following key words were used:

Transformation
Child Care
Child and youth care workers
Residential Care
Life space
Therapeutic Care
Children’s needs
Therapy

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Figure 1: Summary of themes of meanings



CHAPTER 1

CONTEXTUAL INFORMATION

1.1 INTRODUCTION

The family is regarded as the central institution of human society and is the primary medium through which the socialisation of children is achieved. The home ought to be the source of stability in the lives of children. It is from this basis that children develop their identity and where their physical, emotional and social well-being is developed. (International Convention on the Rights of the child 1989: Art 18).

However, there are many instances where families, for a variety of reasons, are not able to take care of their children and fulfil their needs. The Children's Court may then find a child in need of care and decide that a period of separation from the parents is best for the child (Child Care Act: 74/83 Section 14:(1). This court may decide that the child should remain in the custody of the parent or guardian under the supervision of the social worker. Other options would be to recommend that the child be placed in the custody of foster parents, or may be referred to a children's home or school of industries.

Hatchuel (1985:12-15) refers to the following needs of a child who enters a residential setting, which are essentially not too unlike the needs of other children of different developmental stages: basic material needs; physical growth needs; security and nurturing needs; educational needs; need for acceptance and self-worth; self-actualizing and spiritual development. (Maslow: 1970; Erikson: 1968).

However, due to the fact that children are often admitted to residential care because of child abuse, traumatic experiences and severe neglect, they also enter the children's home with diverse special needs due to traumatization as a result of separation from the parent or caregiver, neglect or abuse. Sladde

(2003:6) cites that these children are “victims of circumstances who need some human understanding and support to overcome barriers that lay before them.” Therefore they also need a conducive environment which will prepare the child for eventual return to his parents or guardians. The spiritual needs of children must also be met to ensure wholeness and inner healing. There is also the need for social knowledge regarding the existing authority and other structures. Therefore the alternative care situation needs to make provision for supportive services and specialized programmes in order to attend to previously damaged social, psychological, environmental and educational facets. Taking the diverse needs of children into account, it is therefore imperative that a child and youth care worker understands the child as a unique human being (Sladde 2003: 21).

Watson (2002:45&48) states that a child’s experience of a “supportive, caring relationship is of the utmost importance to a child’s development which implies that the child’s experiences of happiness are related to “a specific child and youth care worker’s availability, friendliness, concern and empathy for individual needs”. This endorses the child’s need to be loved, to belong and to be accepted when he/she enters the residential setting in a state of fear and insecurity.

She asserts that those children who leave their parental home and enter residential care, experience a similar feeling of loss to those who experience the death of a parent or significant other. This illustrates the child’s need to be comforted by a caring, understanding and loving child and youth care worker.

In South Africa residential care is regarded as an important component of social welfare services and child and youth care workers are central figures in the provision of these services (Veeran & Moodley 1994:30). The Child and Youth Care System in South Africa have taken a considerable amount of change since 1995, which placed new demands on child and youth care workers. It moved away from the medical model towards a developmental model, focusing on children’s strengths rather than their weaknesses, to build competencies rather than attempt to cure. The basic principles of the

Transformed Child and Youth Care System require child and youth care workers to now work holistically, developmentally and therapeutically. (Inter Ministerial Committee on Young People at Risk: 1998) The role of the child and youth care worker has thus become more therapeutic in nature, as opposed to “mothering”. This shift required the reorientation of child and youth care workers, comprehensive training of all personnel and a complete change of the child and youth care legislation. Small & Dodge (1996:20) describe the child and youth care worker as the “most important therapeutic agent in the programme”.

Prior to the transformation in the child and youth care system in South Africa (1996) the role of the childcare worker was that of a house parent or housemother, usually a single unmarried woman who took care of the children. (Veeran & Moodley 1994: 356). Their roles were being viewed as a mother for these children, taking care of them physically and performing a supervisory task. Since the implementation of the guidelines of the Inter Ministerial Commission on Child and Youth Care (1996), the role of the child and youth care worker, as a caregiver is also to engage with the child on a therapeutic level. They are expected to draft an individual plan for each child, assess each child according to the strengths-based approach, and deliver family reunification services to the child and his family, for speedy return to the family, in order to avoid institutionalization (IMC Document: November 1996). In the past the child and youth care worker only concentrated on the child, now they are expected to work holistically with the child and his family.

This has given rise to the concept of life space therapeutic care. Life space, according to the National Association of Child Care Workers (2000), refers to “living environment, context, and situation” in which the child and youth care workers work with young people. This is their “daily environment,” where they eat, sleep, play and are themselves.

Therapeutic care, within in this context, is aimed at empowerment to bring about developmental growth, healing and wholeness in the youth, which is provided through a “professional relationship.” The aim is to “facilitate learning

and improved functioning to ensure that they are emotionally and socially safe and they are enabled to achieve their developmental goals and objectives” (National Association of Child Care Workers 2000).

Bekker (1975: 422) states that the professionalism of child and youth care workers closely relates to high quality of care and is taking its position alongside other professions. The goal sought after is the performance of a service with integrity and competence to ensure that the total needs of each child in their care are met.

1.2 RESEARCH PROBLEM

Increasingly higher demands are placed on the already demanding expectations from child and youth care workers. It requires that they work therapeutically in order to promote family reunification in the shortest possible time. They are however, also working in the “**life space**” of children in residential care, supporting and caring for them, as a parent would do (Sladde, .2003: 21). This kind of professional caring which places the professional in the day to day life space of the child, is not common in the caring professions and in the child and youth care field there also seems to be a lack of research based information on how child and youth care workers make sense of the phenomenon of life space therapeutic caring.

Although the outcome of this study will be contextual, it could stimulate further research on this topic and add to the knowledge base of the profession.

1.3 RESEARCH GOAL

The goal of this study was to explore the child and youth care workers’ lived experiences of “life space therapeutic care” in residential childcare.

1.4 RESEARCH QUESTION

According to Creswell (1998: 99-101) the central research question that guides the qualitative research process should be open-ended, evolving and non-directional and encoded with the tradition of enquiry. In line with the

phenomenological tradition of inquiry (as further explained in section 6.1), the central question that ultimately needed to be answered by this study was thus: “How do child and youth care workers describe, interpret and give meaning to life space therapeutic caring?”

1.5 RESEARCH METHODOLOGY

1.5.1 RESEARCH APPROACH AND RESEARCH STRATEGY.

The nature of the research question points to the selection of the qualitative research approach and more specifically to a phenomenological strategy of inquiry. Lester (1999: 1) has the following to say about the value of phenomenological methods for exploring subjective experiences: “The interpretive dimension enables it to be used as the basis for practical and theory, allows it to inform, support or challenge policy and action.”

Creswell (1998:51) alludes to the fact that a phenomenological study describes the meaning of the lived experience for several individuals about a concept or phenomenon. Patton (2002:105) explains that the phenomenon that is the focus of inquiry may be an emotion, a relationship, a job, a program and organization or a culture.

Groenewald (2004:5) refers to Welman and Kruger (1999:189) who concluded that the phenomenologist is concerned with understanding “social and psychological phenomena from the perspective of people involved.”

Although most phenomenological studies are concerned with psychological phenomena, Groenewald reports a study in which the phenomenon was “cooperative education” and Gritz (1995) develops a phenomenological project to construct an understanding of “teacher professionalism” from the perspective of elementary classroom teachers.

What the various phenomenological approaches have in common is a focus on exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning.

Discovering patterns in the ways people structure meaning from their experiences.

According to Lester (1999: 1) “phenomenological approaches are based on a paradigm of personal knowledge and subjectivity, and emphasize the importance of personal perspective and interpretations” which seek to “describe rather than explain.”

Child and youth care workers have “lived experience” as opposed to “second hand” experience. Although individual workers have their own reality and “sense- making” of experience which influences behaviour, they also share common experiences and the assumption is that there is an essence to shared experience. This coincides with what Van Manen (1990:10) says, namely that phenomenology is the study of essences.

1.5.2 POPULATION AND SAMPLING

1.5.2.1 Population



Babbie (1995) stipulates that a population is any group of individuals that relates to a group has one or more characteristics in common that interests the researcher. The population for this study was child and youth care workers in a residential setting.

1.5.2.2 Sampling

A sample is defined by Grinnell (1988:240) as “a small portion of the total set of objects, events or persons which, together, comprise the subjects of the study.” De Vos et al. (1998) refers to purposeful sampling as a procedure where people with particular characteristics, are selected for inclusion in the sample.

A sample is the element of the population considered for actual inclusion in the study (Arkava and Lane, 1983: 27). The sampling method best suited for this study is criterion sampling. The participants were purposefully selected

from the population based on their experience of the phenomenon and their willingness to participate in the research (Creswell1998: 118).

Participants were heterogeneous in terms of gender and education levels and years of experience. The participants' ages ranged from 32 to 39 years. Ten child and youth care workers were identified and selected from 4 different child and youth care centres, from four geographical areas in the Cape Peninsula.

Eight of the participants lived on the premises of the child and youth care centre. All the participants have the Basic Qualification in Child Care with the exception of one who does not have these qualifications but has been working in childcare for a number of years. Some of them are in the process of obtaining their Higher Qualifications in Child Care with NACCW.

1.6 DATA COLLECTION

1.6.1 PROCESS AND METHODS



Creswell (1998:111) refers to data collection as “a series of interrelated activities aimed at gathering good information to answer emerging research questions.”

He further asserts that in a phenomenological study the process of data collection is primarily in –depth interviews. Face to face interviews, with a semi-structured interview guide and tape recordings were used, to allow the researcher to be more attentive during the interview process. Lester (1991:1) resonates that phenomenological based research, includes “interviews, conversations, participant observation, action research, focus meetings and analyses of personal texts.”

Van Manen (1990:9) reminds us that phenomenological reflection is retrospective; it reflects on experiences that have been lived through. Therefore, the interview for this research started with an open ended question that allowed participants to reflect on everyday experiences, focusing on how they perceive it, describe it, feel about it, remember it and make sense of it.

Interviews were guided by the following open-ended question and probing questions were asked for in-depth exploration of feelings and behaviours, and interpretations of experiences.

“Tell me about your experience of life space therapeutic care.”

A pilot interview was analyzed to see whether in depth information was elicited.

1.6.2 DATA ANALYSIS

Creswell (1998:141) suggests that the first step to qualitative data-analysis is to read through all collected information to obtain a sense of the whole and then to proceed with writing memos and reflective notes as an initial sorting out process and form initial codes and that the process is, then further adapted to the strategy of inquiry. The process as described for phenomenology was followed. The main steps are summarized here as follows:

- Describe the meaning of the experience for the researcher
- Find and list statements of meaning for individuals
- Group statements into meaning units
- Develop a textual description, what happened?
- Develop a structural description – How the phenomenon was experienced
- Develop an overall description of the experience – the essence
- Present a narration of the experience.

1.6.3 DATA VERIFICATION

According to Creswell (1998: 207) phenomenologists view verification as largely related to the researcher's interpretation. The process followed relates to guidelines by Dukes (1984) and Moustakas (1994.) Dukes (1984: 201) suggest that data be submitted for confirmation to an outside reviewer who

looks for identical patterns and checks whether patterns fit together logically. Moustakas (1994: 58) identifies the following questions that assisted the researcher in this regard:

- Do the descriptions truly reflect the subjects' actual experiences?
- Is the transcription accurate and does it convey the meaning or the oral presentation in the interview?
- Has the researcher identified alternatives to the conclusions offered from the analyses?
- Is it possible to go from the general structural description, to the transcriptions and to account for the specific content and connections in the original examples of the experience?

These questions indicated that the researcher had to constantly summarize and reflect her perceptions of the messages that were conveyed. It also meant a constant checking that meanings that she arrived at truly reflected the experiences of the participants. Reading and re-reading of transcripts and discussions with the supervisor and co-coder facilitated this process.



1.7 USE OF LITERATURE IN THIS STUDY

For the purpose of this study, theories and literature have been incorporated according to the guidelines of Creswell (1994:179) and Creswell (1998: 86). It would seem from these guidelines that a phenomenological inquirer would elaborate on the theory of phenomenology, in the beginning of the study, but would compare the related findings from literature in the final report. An identical approach was adopted in this study, so as to truly reflect the subjective experience of each participant's "reality."

1.8 ETHICAL CONSIDERATIONS

The following ethical considerations for the purpose of this study were applied:

- 1.8.1 The participants were informed of the purpose, procedure and advantages of the study.
- 1.8.2 All participants were thoroughly briefed and informed beforehand regarding the potential influence of the study.
- 1.8.3 Participation was voluntary and participants had an opportunity to withdraw at any time.
- 1.8.4 The researcher obtained permission from the CEO of the organization to conduct the study.
- 1.8.5. The researcher guaranteed the principles of privacy, and anonymity.
- 1.8.6 Participants will be informed of the findings of the study.

1.9 LIMITATIONS OF STUDY

- This is a contextual study. Perceptions and experiences are related to the participants in the specific contexts.
- The researcher's previous experience in child and youth care as a social worker could be viewed as a limitation as the years of experience might have influenced beliefs and opinions.
- The fact that the researcher was in a position of authority could have influenced the participants to participate and please the researcher.
- There were adjustments in the course of the study, which could have influenced the outcome. An additional participant needed to be recruited as the original participant withdrew. Some loss of data occurred because the tape failed to work.

1.10 STRUCTURE OF RESEARCH REPORT

The outline of the Chapters is as follows:

Chapter 1: Contextual Information

Chapter 2: The phenomenological strategy of inquiry

Chapter 3: Data Analysis

Chapter 4: Findings/Summary and recommendations

1.11 DEFINITION OF TERMS

The key concepts for this study were the following:

1. “Transformation” “The act or process of transforming or state of being transformed” (World Book Dictionary 1993:2221). is also defined as to “change markedly the form, character or appearance to especially the better. To change the nature, function or condition of the convert.” It is furthermore defined as “the state or an instance of being transformed, any extreme or radical change, especially for the better.”

2. “Child Care” defined as “Professional Supervision as by local authority of the welfare of children, especially in the absence or failure of parental supervision” (Universal Dictionary: 1991:282).

3. “Child and youth care workers” “A professional or paraprofessional who is responsible for the daily care and nurturing life experiences of a group of youngsters who reside in an institution. Such workers are often known as residential workers or house parents and have now also been assigned the role of therapeutic carer. The child care worker plays more than one role and has more than one function” (Hirschbach, Child Welfare/Volume Lv 10/12/76).

4. “Residential care” Discussion document on transformation CYCS, (February: 1996:7, Chapter 2) refers to “any form of residential programme, which is established for the purpose of providing developmental care and education, and or treatment to children and youth under the age of 21 years.”

5. “Life space” of children refers to the “daily living environment, context and situation of children” (BQCC 2000: Session 1(5) NACCW Training Manual).

6. “Therapeutic Care” Therapeutic – “that which empowers, brings about developmental growth, healing and wholeness, through the development of close therapeutic professional relationships with children.” **“Care”**, refers to the complex process of facilitating learning and improved functioning” (Discussion document for the Transformation of the CYCS, February 1996:72).

7. “Children’s needs” Hatchuel (1985:12-15) describes children’s needs to be “basic material needs, security, nurturing needs, acceptance, self worth, self actualization and growth needs.”

8. “Therapy” World Book Dictionary (1993:2175) defines therapy as the “treatment of diseases or disorders.” Coleman, Butcher and Carson (1980: 247) assert that therapy is “orientated toward helping individuals achieve greater knowledge and understanding of themselves and their problems.”



CHAPTER 2

THE METHODOLOGY OF PHENOMENOLOGICAL INQUIRY

2.1 INTRODUCTION

The goal of the research was to explore child and youth care workers lived experience of “life space therapeutic care” in a residential setting.

For this purpose the researcher selected the qualitative approach using the phenomenological strategy of inquiry.

Patton (1987) and Creswell (1998) contend that the use of qualitative research enables the researcher to obtain detailed descriptions of situations, people, interactions and observed behaviour which the researcher can only obtain through close contact, as opposed to quantitative methods which produces a distance between the researcher and the participants, resulting in superficial outcomes.



A phenomenological strategy of inquiry was selected and data was collected through in-depth, face-to-face interviews and analyzed according to Creswell's (1998:147) steps for analyzing data within the phenomenological strategy of inquiry.

An orientation to the research methodology of this study was presented in Chapter One. This chapter reflects on the phenomenological strategy of inquiry as it realized in this study.

2.2 THE PHENOMENOLOGICAL STRATEGY OF INQUIRY

The rationale for the selection of this strategy of inquiry is based on the fact that the researcher was interested in the lived experience of child and youth care workers (cycw's) of the phenomenon of “life space therapeutic care.” Van Manen (1990: 10) confirms the views of researchers quoted in Chapter 1, namely that, phenomenology is based on a paradigm of personal knowledge

and subjectivity and adds the study of essences. Child and youth care workers share common experiences, and even though each one might have their own reality and “sense making”, there is an assumption that there is an essence to shared experience.

Given the debate on phenomenology as philosophy and as strategy of inquiry, the researcher experienced this selected strategy of inquiry at times as very challenging. Given the guidelines as proposed by the authors mentioned above the data-collection provided to be a process of engagement, bracketing and reflecting and returning to participants for clarification.

2.3 REFLECTION ON DATA COLLECTION

2.3.1 The personal interview as data collection method

The method for gathering data in this phenomenological strategy of inquiry was in depth, unstructured, face to face interviews with participants as supported by (Creswell 1998:122). The goal was to understand the participants' perspectives in their own words (Taylor& Bogdan: 1984).

According to Koch (1996), as quoted by Smith (1998), phenomenological interviewing requires open dialogue and questions, which maintain a focus, and therefore, little structure is preferred. The interviews were introduced by a question: “Tell me your experience of life space therapeutic caring,” followed by open-ended probing questions.

2.3.2 Piloting of interview

Seidman (1998:32,) as quoted by (2002:300) suggests that researchers build a pilot venture to try their interviewing design in order to identify their own ability to conduct interviews and to come to terms with practicalities. I randomly selected a child and youth care worker to conduct this pilot interview, so as to check whether the interview yielded in depth information

and ascertain whether I could keep the interview focused on the goal of the research.

The implementation of a pilot interview in this research proved to be of great significance and added to the learning experience of the researcher. The transcription of this interview helped to reflect on the process and content of the interview. It was clear that the interviewing needed to focus on more empathic probing for rich disclosure rather than just trying to elicit information and subsequently, I had to adapt my style of interviewing.

2.3.3 Selecting the interview setting

It was important to find the appropriate and best suited setting (venue) for the unstructured interview. De Vos et al. (2002:300) indicate that the logistics of the interview should be planned ahead of time. The researcher arranged a time and date that were convenient for the participants and also reminded them of the scheduled date and time.



The setting should be quiet where there are no disturbances. As indicated by De Vos et al. (2002: 301) a mutually agreed upon venue was selected by the participants and the researcher. Seven of the ten interviews were conducted on site in a preferred room, away from distractions. The other three participants did not object to being interviewed off site at a mutually agreed upon accessible venue. They were comfortable and at ease during the sessions.

2.3.4 Production of qualitative data

Bentz and Shapiro (1998) and Kensit (2000) in Groenewald (2004:11) indicate that in qualitative research the researcher must allow the data to emerge and that when one does phenomenology it means capturing “rich descriptions of phenomena and their settings.”

The most challenging and exhausting learning experience for me, as a novice researcher, was focusing on producing qualitative data from a phenomenological perspective.

As a social work practitioner who is used to explorative interviewing, I had to constantly remind myself of the guidelines of Van Manen (1990: 10):

“From a phenomenological point of view, we are less interested in the factual status of particular instances: whether something happened; how it happened. How often it tends to happen or how the occurrence and an experience are related to the prevalence of other conditions.”

The challenges were to keep the interviews focused on the nature or the essence of the experiences and ensure accurate interpretation of experiences. Asking participants to share examples, events or short incidents proved to be extremely useful in providing an insight into the concept of “life space therapeutic caring,” and to probe for their real lived interpretations of those incidents to produce in dept qualitative data.



2.3.5 Conducting the interview

Prior to the start of the interview the researcher and the participant engaged in small talk, to create a warm and friendly environment and put the participants at ease (Krueger 1994). The researcher knew the participants therefore there was no need for formal introductions.

The researcher followed the guidelines by De Vos et al. (2002: 300 -301) by starting the interview with an explanation of the purpose of the research; the function of the interview; the value of the study and the approximate time that would be required to conduct the interview. The approximate time spent with a participant was two hours and during this time there was no indication from the participants that they were agitated or in a hurry.

The participants were ensured of their anonymity. It was also explained to them that the tape recorder is the primary instrument to capture the data but

that the researcher might also take some notes, for follow up questions and for noting observations (De Vos et al. 2002:304). At this stage the participants were reminded that participation is entirely voluntary and that they were free to withdraw from the interview at any time, should they wish to do so.

The questions were directed to the participants' experience, feelings, beliefs and convictions about the issue at hand (Welman & Kruger, 1999:196). The researcher was able to get the participants to open up and clearly express their views, explain and elaborate on their ideas, and keep them focused on the topic. The participants engaged in their language of preference.

In the study the researcher asked open ended probing questions as advanced by Patton (2002: 353 & 372), to allow participants to respond in their own words and," to increase the richness and depth" of their responses. As previously indicated, the challenge here was to remain focused on exploring subjective experiences and the interpretations of these experiences relating to the phenomenon. This also implied that I had to check for clarity so that the data produced the participants' perspective on the phenomenon and not the researcher's perspective (De Vos et al.2002: 299).

The participants responded freely and communicated openly and honestly about their experience of the research phenomenon.

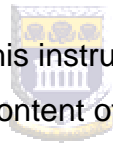
The following interviewing techniques as proposed by De Vos et al. were found most useful:

- Asking questions when you do not understand
- Repeat important questions throughout the research
- Follow up on what the participant says
- Encourage free rein, allowing them to speak from the heart
- Allow for pause in the conversation, to give the participants an opportunity to think through their answers.
- To ask questions about their experiences first before emotive questions

- Conclude the interview with “Is there anything further that you feel is important?”
- Not to interrupt a good story, jot down any questions in the event
- Explore laughter- this was an essential element
- Monitor the effect of the interview on the participants

2.3.6 Recording the interview

The use of the tape recorder was explained to the participants. Even though some of them were nervous in the beginning, they soon forgot about the recording instrument. The participants were also informed that they could request for it to be put on pause where necessary, to collect their thoughts or that the interview be stopped should they not want to continue. Smit (1995: 17) in De Vos et al. (2002: 304) suggests that the tape recorder “allows a much fuller record than taking notes during the interview.”



The researcher’s choice of using this instrument device is to allow the researcher to concentrate on the content of the participant’s response, non-verbal communication and be alert to the direction in which the interview is going.

The interviews were taped and transcribed by the researcher. The researcher was totally unprepared for the failure of the tape recorder during one interview and subsequently had to take notes

2.3.7 Concluding the interview

At the end of the interview, in “winding down”, the researcher asked the participants “if there is anything they want to add in closing or if there are any questions” (Patton: 2002: 379).

The responses elicited by this question produced rich data, which proved to be very useful in the research process.

The researcher not only thanked the participants for their willingness to participate in the study and their availability, but also asked about their feelings of the actual interview. The participants indicated that the interview in itself was therapeutic, that they felt good about themselves and the fact that they were able to help the researcher. The researcher informed the participants that they would be notified of the results of the study.

2.3.8 Reflection on the interview process – a summary

My position as a senior manager did not intimidate the participants and very good rapport was established. I was very apprehensive while conducting the first few interviews as I did not know what to expect and unsure as to whether I was applying the proper techniques. After having conducted the first two interviews, and reflecting on them with the supervisor, I had found that my confidence and enjoyment of the data gathering process increased.

As a social worker, the researcher has been working in the field of childcare and has established working relationships with the child and youth care workers in the population. This ensured a high level of co-operation and willingness to participate in the study. The researcher's position of trust and credibility as a manager ensured that information was treated confidentially, anonymously and with respect.

The participants were reminded of the goal of the research and encouraged to be open about their experiences.

As a senior social worker, the researcher is an experienced interviewer but was nevertheless attentive to adapt the style of interviewing to achieve the goal of the research.

The participants were not intimidated by the audiotape and whenever they wanted to collect their thoughts they indicated for the researcher to pause the tape. The participants' body language indicated that they were relaxed and they communicated freely. At the end of the session some of the participants

expressed that they had been nervous at first because they did not know what to expect but added that they had found the session therapeutic in itself. The participants were honest and open and spoke with excitement about their experiences.

They could be referred to as “good informants” (Dobbert, 1982 in Bariball and While 1994: 331).

The process of bracketing, which seems to be an unresolved debate in phenomenology, will not be entered into in this discussion. However, the researcher found it necessary to implement some process for “unknown the known” (Beech 1999:44), before the start of the interview as well as in the duration of the process.

Although, not a child and youth care worker myself, I worked in the setting for some years as a social worker and was reminded by the supervisor to reflect on my own experiences in this setting, as a colleague of the child and youth care workers and as an observer of their experiences of life space therapeutic caring. Not only did my personal experiences of my related profession, but also different contexts and demands compelled me to apply some form of bracketing by “quieting my own thoughts” by bringing them to awareness, and putting them aside.

2.4 DATA ANALYSIS

2.4.1 Introduction

No set formats exist in the analysis of qualitative research, it is a creative process that can be managed in various ways. Schoeman & Botha (1991:56) Marshall & Rossman (1989:23) and Creswell (1998:141) argue that there is no agreement for the analysis of the forms of qualitative data.

Tesch (1990) in Creswell (1994:153) refers to the process of qualitative data analysis as “eclectic” as a result of the “continuous interplay” between data analysis and the other phases of the qualitative research process.

Patton (2002: 305) states, “qualitative analysis is an attempt to capture the richness of the information from the participants’ talks rather than reducing the responses to quantitative categories.”

Creswell (1998: 141) suggests that the first step to qualitative data analysis is to read through all collected information to obtain a sense of the whole, then to proceed with writing memos and reflective notes as an initial sorting out process forming initial codes and then to further adapt the process to the strategy of inquiry.

2.4.2 Data storing method

The raw data of the ten participants as taped were precisely transcribed as spoken by each of the participants. The researcher followed Groenewald (2004:14) by assigning a code for each interview, for example, “Respondent No 1, 28 August 2004” Each interview was recorded on a different tape, which is labelled with the relevant code. The researcher listened to the tape several times so that important and relevant data could be marked for initial similarities.

The transcripts were read through several times to get acquainted with the content and to get a feeling for them. The researcher electronically opened a file for each participant’s interview and bound the hard copies of the ten participants for easy reference and access.

2.4.3 Data analysis applied in the study

Coffey & Atkinson (1996:9) regards analysis as the “systematic procedure to identify essential features and relationships” and Groenewald (2004:15), points out it is the way data is transformed through interpretation. Creswell (1998:147 -148) indicates that Moustakas (1994) and Polkinghorne (1989) agree on the following broad guidelines for data analysis in phenomenological inquiry:

2.4.3.1 Describe the meaning of the experience for the researcher

Groenewald (2004:18) warns that researchers should not prematurely select meanings, and not allow interpretations or theoretical concepts to influence the participants "sense making" of reality. As indicated before, I had to constantly "bracket" my personal views, opinions and assumptions of the phenomenon, so as not to influence the participants' reality.

The experience of one-to-one interviewing; the noting of observations and personal transcribing of the data, helped to remind me of the atmosphere and spirit that was created by sounds, tone and words which added to the quality of the data collected. In addition, the researcher listened to the tape repeatedly to "develop a holistic view" as recommended by Holloway (1997) and Hycner (1999) in Groenewald (2004:18). The researcher listened empathetically to the participants' lived experiences.

The researcher was particularly interested in their experience of life space therapeutic caring; as the data emerged the researcher became increasingly engrossed with their survival mechanisms in practice.

2.4.3.2 Find and list statements of meaning for individuals

The researcher reread the scripts and listed statement of meanings. Subsequently statements of meanings for individuals were colour coded. Groenewald (2004:18) explains that this is a salient phase in data analysis as these statements will either be "extracted or isolated." He further explains that the validity of this process will depend on the researcher's considerations whilst being aware of the researcher's own assumptions to steer clear of inappropriate subjectivity.

The researcher carefully scrutinized the extracted meanings from each interview and eliminated those not required. In order to do this, the researcher looked at the number of times the meaning occurred in the script and the significance thereof.

2.4.6 Group statements into meaning units

The researcher read through the meanings extracted and highlighted and clustered them into meaning units. Creswell (1998) and Moustakas (1994) suggest that meanings be clustered in themes. At this stage the researcher crosschecked the transcripts for similar patterns and meanings. The researcher had to further refine the clusters in order to get the essence of the meanings. As a result of the human phenomena an overlap of units of meanings in the transcripts were found. Lester (1999) agrees that phenomenological data does not tend to fall in neat categories. This was a tedious and time-consuming task.

The researcher tried to structure meanings into themes but also wanted to indicate the interrelationship between the themes. (See Chapter Three)

2.5 GENERAL GUIDELINES FOLLOWED FOR DATA VERIFICATION

According to Creswell (1998: 207) phenomenologists view verification as largely related to the researcher's interpretation. The process followed relates to guidelines by Dukes (1984) and Moustakas (1994.) Dukes (1984: 201) suggest that data be submitted for confirmation to an outside reviewer who looks for identical patterns and checks whether patterns fit together logically. Moustakas (1994: 58) identifies the following questions that assisted the researcher in this regard:

- Do the descriptions truly reflect the subjects' actual experience?
- Is the transcription accurate and does it convey the meaning or the oral presentation in the interview?
- Has the researcher identified alternatives to the conclusions offered from the analyses?
- Is it possible to go from the general structural description, to the transcriptions and to account for the specific content and connections in the original examples of the experience?

These questions indicated that the researcher had to constantly summarize and reflect her perceptions of the messages that were conveyed. It also meant a constant checking that meanings that she arrived at truly reflected the experience of the participants. Reading and re-reading of transcripts and by discussions with the supervisor and co-coder facilitated this process.

Lincoln and Guba (1985), as quoted by Creswell (1998: 197-198) propose that terms such as “credibility,” “transferability,” “dependability” and “confirmability” be used as equivalents for validity concepts used in quantitative approaches.

The techniques to operationalize these concepts could be prolonged engagement in the field, triangulation, peer review or debriefing, clarifying researcher bias from the outset of the study, member checks, thick descriptions of the participants or setting under study and audits by external consultants. Creswell (1998) concludes, after examining these eight procedures, which he recommends in any given study, researchers should engage in at least two of these procedures.

As indicated in Chapter 1 (1.5), in the introduction to the methodology, as well as in the reflection on the application of the phenomenological strategy of inquiry in Chapter 2 (2.2) in this research, the researcher relied on the following techniques for trustworthiness of the study.

2.5.1 Peer review and debriefing

Guba (1985) regards the role of a peer debriefer, as someone who keeps the researcher honest, asks hard questions about methods, meanings and interpretations and provides opportunity for catharsis. In my research this was done through the supervisor.

2.5.2 Clarifying researcher bias

The nature of the phenomenological inquiry required me to clarify, my own experiences as a social worker in a residential setting, with my supervisor from the start. It also meant, “bracketing” my own feelings and experiences from time to time as indicated in Chapter 2 (2.3.8). This was necessary in

order to distance my own experiences from the result of the study and interpretations to be made, as indicated in Chapter 2 (2.3.8).

2.5.3 Rich thick descriptions

Rich, thick descriptions of the research process followed and especially the setting allowed the researcher to make decisions regarding “transferability.” The contextual information in this study to describe the setting and context, as well as the reflection on the methodology may be of value for others, to transform the findings to other settings or to embark on similar studies.

2.5.4 Member checks

Moustakas (1994: 570) implies that the testing of the understanding of what was shared with the researcher might be one of the most important techniques for establishing “truth” in phenomenology. The researcher spent approximately 2 hours with participants’ probing, clarifying and trying to get to the real meaning of what was conveyed. This was a very tiring but satisfactory experience in this research. These techniques, in my experiences, confirmed by Humphrey (1991) in Creswell (1998: 208) go hand in hand with the process of self-reflection and bracketing for personal awareness.

2.6 SUMMARY

The research focused on the perceptions and descriptions of child and youth care workers experiences lived experiences of “life space therapeutic care.” A phenomenological strategy of inquiry was selected and data was collected through in depth face-to-face interviews. The process for phenomenological data analysis was followed and verified following guidelines as offered by Creswell (1998:207).

CHAPTER 3

DATA ANALYSIS

3.1 INTRODUCTION

The aim of this research was to explore child and youth care workers experiences of life space therapeutic caring in a residential setting. The researcher selected a qualitative research approach, and more specifically, a phenomenological strategy of inquiry. As Gannon (2004:2) asserts, child and youth care does not usually apply the quantitative method of inquiry but rather the descriptive, qualitative inquiry more reliant on the phenomenological approach. Child and youth care workers (cycw) do not work in scientific laboratories where facts can be accurately recorded but in the life space of children and youth, working with unpredictable behaviour and in the context of families.



Interviews were guided by the question “Tell me your experiences of life space therapeutic caring.”

Because the phenomenon of “life space therapeutic caring” is heavily loaded with different constructs, the researcher had to ask several probing questions for in depth exploration of feelings and behaviours. Also helpful in this process of exploration, as well as in keeping the interview focused and coherent, was the participants’ sharing of specific events and “stories” of experiences.

Interviews were tape-recorded and then transcribed. Significant statements in relation to the research question were extracted from these transcripts.

Meanings were formulated from significant statements. These meanings were found by reading, rereading and reflecting upon significant statements in the original transcripts in order to understand the meaning of the respondent’s statements in the original context.

The meanings were clustered into themes that were common to all of the participant's descriptions.

Due to the fact that the interviewing was not structured, and was guided by one open question, the responses, which were either stories or extended examples, were loaded with meanings. Some extracts in the following reporting had to therefore be duplicated, albeit for different foci.

The discussion that follows will be based on the identified themes referring to meanings that were extracted and examples of statements that lead to the meanings.

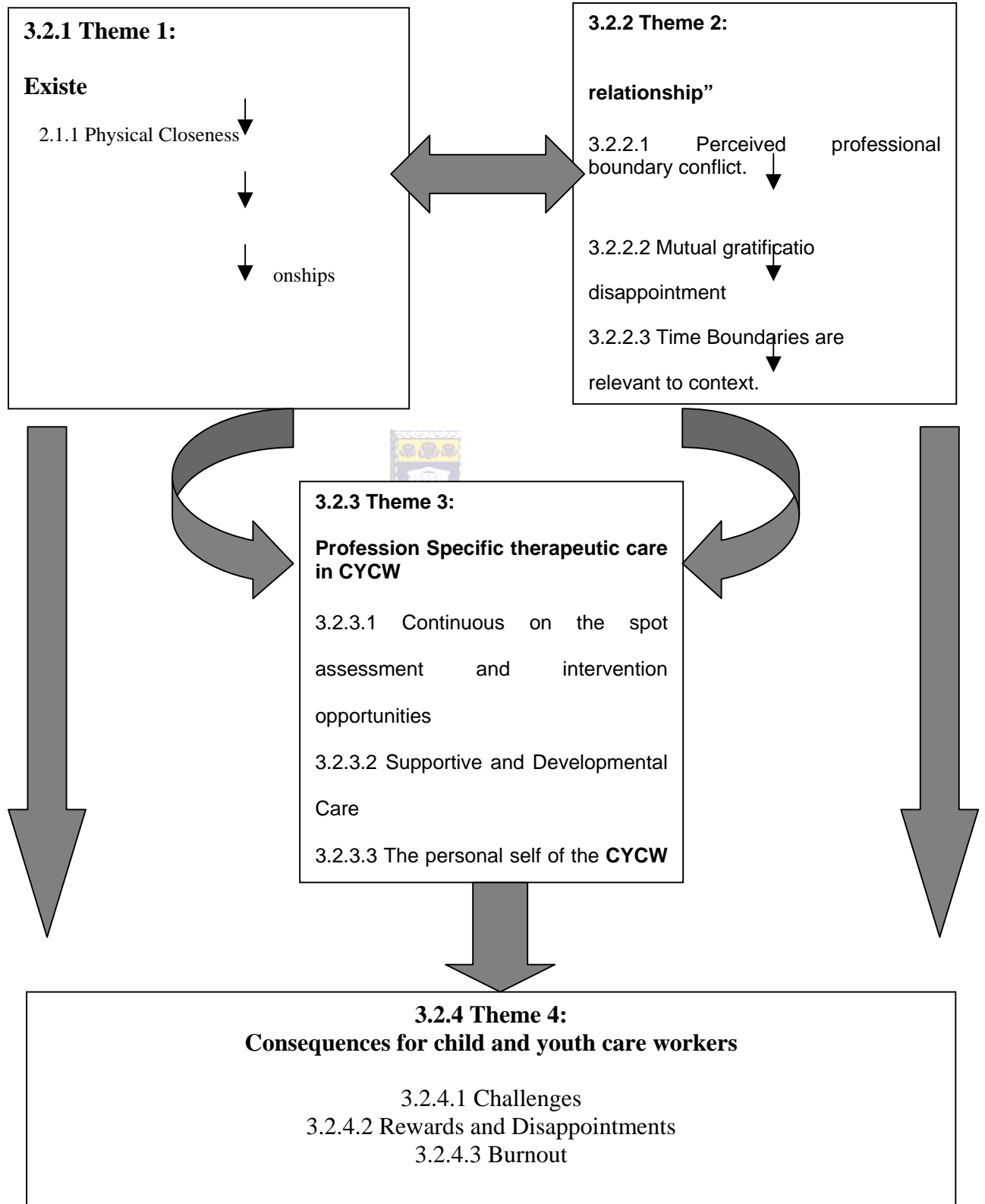
The discussion acknowledges the interdependence of the meanings in this construct and the summary is thus presented in the form of a flowchart.



3.2 DISCUSSION OF ANALYSIS AND FINDINGS

The following figure reflects the summary of the themes that emerged.

Figure 1: Summary of Themes of Meanings



3.2.1 THEME 1: EXISTENTIAL PRESENCE

The theory of existentialism refers to the work of Buber (1958) and Marcel (1971). Although there is a wide variation in the interpretation of existentialism, all interpretations stress the worth of the individual and the potential for change, (Creswell 1998:274). It has been used in nursing literature to describe the caring nurse – client interaction.

Within in the context of this research, this concept refers to “a form of existential inter subjective relating, expressed in the being and doing with the other who is regarded as a presence as opposed to an object” [Paterson and Zderad (1976) as quoted by Creswell (1998:275)]. The implication in terms of a caring relationship is that “the person who is at my disposal is the one who is capable of being with me with the whole of himself”. This description relates to the definition of life space caring as defined by the NACCW Training Manual (S1 Handout reference1/7) “Child and youth care workers use the day to day activities, routines, living environments and experiences of children and adolescents to provide care and developmental opportunities and strengthen the specific and overall competence of children and youth.” Sladde (2003:6) summarizes this critical theme in child and youth care as follows “I was the one who ate with him, I was the one who held him, I was the one who read him stories at night, I was the one who disciplined him...”

This correlates with the “act of presence” in existentialism, which encapsulates a framework for caring relationships. The relationship implies that “I am unable to treat him as if he were merely placed in front of me, between him and me there arises a relationship which surpasses my awareness of him: he is not only before me, he is also with me” Marcel (1971) as quoted in Creswell (1998:274).

This concept was developed in the 1940's by an American psychiatrist, Fritz Redl, who suggested that difficult behaviour could be dealt with by “on the spot handling of an interviewing- like type.” In a more general sense, this concept then seeks to describe the residential care setting from a social,


physical, organizational, emotional and environmental framework. Gannon (2004:4) refers to this caring as “listening to them, seeing things from their point of view and understanding the circumstances which act upon them.”

This theme was a summary of the following meanings that were extracted from participants’ statements.

3.2.1.1 Physical and mental closeness and availability for children.

Participants stressed the realities of living with and working with children, which means that the physical and mental presence, as defined in terms of existentialism, is part of the caring of traumatized children on a 12 to 24 hour schedule.

The following narratives, illustrate the life space reality for cycw in their experiences of physical and mental closeness.

- 
- “You are there all the time, you live with them, eat, play, talk and do many activities with them.”
 - “You are in the environment of the child,
 - “The time to work with them, laugh with them, spend time with them, somebody care enough to be with them.”
 - “I come to their level, making them feel at ease, playing, wrestling with him, you get the real them, have a social chat with them about girls etc... help him to talk to you.”
 - “Walking and talking with the child because he would disclose certain things to me.”
 - “Ek is hier heeldag, in die aand, môre oggend as ek opstaan sien ek hulle weer.”

(I am here day and night; the next morning when I get up I see them again.)

- *“Ek doen alles met hulle, ons lag, speel, dans tesame.”*
(I do everything with them, laughing, playing and dancing)

- *“I started 6 o’clock in the morning the whole week, this child got sick and needed to go to hospital, you sit up with the child whole night to make sure he is okay and he knows you are there for him. The following morning you have to come on duty again and the same routine. I felt drained, I just wanted to sleep and felt I could not go on any longer because I needed a break away.”*

The participants related their experiences of physical and mental closeness in life space caring as being in the daily living environment of children where they did things together and were available to the children all of the time.



According to Allsopp (2004:16) the child and youth care worker should not only be able to “be” with young people but should be able to “do” things with them.

Comparing published literature in this regard it is clear that the “being with” and “doing with” is at the very core of childcare, though it does not exclude the therapeutic involvement of the cycw. It is in this state of close physical involvement that developmental care takes place.

Extended periods of time (as participants indicated) are spent within the life space of the child and therefore have the greater potential to influence the development of the child. This kind of close and intimate involvement is inevitable in life space caring in child and youth care.

Fewster (1990) in Anglin et al. (1990:32) states that “a state of presence is a necessary precondition for any personal encounter.” He further asserts that the state of “presence” is an attempt to grasp and understand the experience

of the other. A full awareness of any immediate experience is prevalent. Experiences and exchanges happen in the here and now, and this is where the child and youth care workers find themselves. In the life space of the child, cycw do not just become observers but participants in the life and situation of the child. In life space caring, or the state of “presence,” there is a certain level of physical and mental closeness experienced by the parties concerned.

Mordecai (1997:13) refers to life space as being together “day and night.” It is a “coexistence” where the child and youth care worker lives together with the child. He acknowledges that it is the “subjective meaning ascribed by an individual to events happening in the social reality of which they are part of.” It is apparent that when they spend such long hours in the life space of the child, the child and youth care workers become subjectively involved.

While the cycw is in the reality of the child and is with the child, an awareness of the child develops due to the physical and mental closeness. This influences the nature of their relationship and becomes part of their reality. They therefore develop a physical closeness. The descriptions of physical and mental closeness by the participants indicate the extent of the physical closeness between the child and the worker.

It is a certainty that child and youth care workers are in a state of “being with” children day and night for 12 hour shifts and more. Some child and youth care workers who live on the premises are in physical contact with the children even when off duty and thus see them almost 24 hours a day. The participants describe this as “being *in the face of the child*” and “*You are never off duty, the child is always there.*”

Child and youth care workers primarily work with youth who are at risk of becoming troubled or who are already emotionally, psychologically and behaviourally troubled (Discussion document for the Transformation of the South African Child and Youth Care System: 1996:47). Through this study it was indicated by the participants that children were not willing to open up to

social workers but would open up to child and youth care workers because they are perceived to be more in their life space and know the children.

- " *The child is more open to me because I am in his life space.*" and *"he opens up more to me than to the social worker."*

The aforementioned comment is indicative of the fact that child and youth care workers function in the children's life space and are physically and mentally close and available to them. It proposes that there is an openness from the youths' perspective to give and share intimate knowledge of themselves, even though troubled or "reluctant kids", as Harris (2002:15) refers to them, never truly engage with adults because they have experienced disappointment, hurt and or abuse.

The commonality in the abovementioned arguments is that there exists a physical and close involvement between the child and the child and youth care worker which cannot be avoided, and which is part of the reality of life space therapeutic caring for the child and youth care worker. When this physical closeness exists, the child and youth care worker is bound to develop an intimate knowledge of the child.

3.2.1.2 Intimate Knowledge

The participants expressed the fact that they are there every day and, as a result of this close proximity to the children, they develop an intimate knowledge of children. They are in a position to observe and try to make sense of what the child experiences. They are therefore in a favourable position to support and help them to overcome their difficulties.

The following narratives, serve to confirm participants' perceptions that they have intimate knowledge of children because of physical and mental closeness.

- *“You know the life of the child, you are there, you know the family background, and you know so much of the child... I understood the child, looking at his file helped me. If I didn’t know his background I would have thought this child is trying to be difficult. I tried to follow things in his file and understood that in his own time he will open up and he did.”*
- *“ The child test you first to see if he can trust you not just for now but to see how you want to be involved in his life, this is where they start trusting and they can open up.”*
- *“It helps to be in the life space of the child because you get the little details.”*
- *“Life space work is working from a day to day basis with kids from different angles and getting to know their behaviours.”*
- *“You picked up his strengths, weaknesses and disabilities.”*



One of the child and youth care workers stated that the child experiences child and youth care workers as, “*somebody that understands and knows my sit and my stand, my ups and my downs.*”

The emphasis in the quotes from the participants indicated that because of their physical and mental closeness to the children the cycw learn so much about them that it becomes all about them. It is through this kind of interaction that they are able to pick up a child’s strengths and weaknesses and therefore develop individual plans for each child.

These interactions are not necessarily formal; in most instances they are informal (Mordecai: 1997) e.g. they play games together; they wash dishes together; they take walks; conversation take place while the child is dressing or while walking to the office; there are times the child initiates contact because he needs something from the child and youth care workers; and

routines are shared. In these informal ways the cycw draw responses from children and get to know them better.

The living together, the eating together and the working together in effect imply that some kind of knowing and understanding of each other will develop between the child and the child and youth care worker. It is equated to a parent and child relationship where they live in one house, know each other intimately and do certain activities together.

Mordecai (1997) points out that child and youth care workers possess previous generalized knowledge of their group and specifically knowledge with regard to some of its members, "which includes their perceptions, images of power, their state of mind and their ability as individuals and as a collective." He further states that this knowledge is profound and has the ability to change before the relationship ends.

The author suggests that the child and youth care worker must have prior knowledge of his participants for meaningful interaction to take place between them. This prior knowledge is gained through the files, family background reports and assessments that take place before a child is committed to a children's home. Garfat (2004:5) says of the families of the children in a residential setting: "we need to know their life, their culture, their values, and their dreams. We need to get to know them because in knowing them, we come to know about this young person."

It is shown from the extracts that workers have a preview of the child. *"Knowledge of the boy's background and what is happening to him gives you a better understanding of the child and you are in a position to help him."* By way of this reason, the child and youth care workers already begin to develop a "knowledge" of the child. This further develops as the child and youth care worker and the child continue to interact and engage in meaningful conversations and activities whether formal or informal. There are times in which the process of getting to know the child intimately only takes place between the child and the child and youth care worker: very

often not in sight of others, which is derived from non verbal or verbal transactions.

The child and youth care workers are entrusted with highly confidential matters regarding the children in their care which includes private and highly personal information, and is directly or indirectly obtained from the child or significant others in the life of the child.

The child and youth care worker also receives daily information about the lives of the children whether it is from the child himself; sharing intimate experiences, feelings, dislikes or likes; from the external social worker who divulges information about the child's parental home circumstances that influenced the child's current behaviour and gives a clearer picture of who the child is and where he comes from; from the co-workers advising about their observations and interactions with the child during their shift; or through the child and youth care worker's direct observation of the child's behaviour and how he interacts with other children (Watson 2002:47).



According to Fewster (1990:38) this intimate knowledge is not about maintaining procedural balance, routine activities like supervision, fulfilling chores and maximizing the skill and expertise as a worker, but as the participants expressed, it is about understanding children, getting to know their ways and how they do things from their perspective.

The participants explained that they are in a position to understand youth because they know the child more intimately as result of life space work and the interaction that takes place between them. Thomas in Brendtro et al. (1998:76) believes that this knowledge is not a superficial awareness but a genuine understanding of the other's feelings, even if they are not readily obvious.

It is necessary to recognize and to use opportunities that occur as the events of the child's life unfold through daily living. The sense of "entering into" the life of the child and his circumstances suggests the potential for gaining

intimate knowledge from the life of the child, his family and others in order to develop a personal and professional relationship with the child.

It is clear from the narratives that in order to make fair assessments of children to assist them and create developmental opportunities for them, it cannot be done solely from the office of a therapist or social worker.

The participants suggest that *“the social worker and therapist they don’t know a lot of things of the child, but you know the child, you are there, you are the one who informs the social worker of the child.”*

3.2.1.3. Developing personal close relationships

The development of close personal relationships between children and child and youth care workers was regarded as inevitable by participants and is regarded as intrinsic to the element of existential presence.



The following excerpts from stories of participants illustrate these personal relationships.

- *“I let him sleep on my couch and listen to music and when he asked for a particular music, I would play it for him and ask him what the music means to him. We would play games as well to see how he thinks and to see if he could count.”*
- *“There was this one child who was living on the premises, when he came I really became attached to him because he was a guy who wanted to prove himself to me, seeking attention from me and wanting to be around me and talk to me even when others are talk. This child climbed into my heart and became like a younger brother to me that I could teach. He really reminded me of my life where I never ploughed into the lives of my siblings. When he came onto the premises he really reminded me of my younger years. We got to know each other, I started mentoring him and guide in terms of what can help him in the*

long run. He started opening up; it took me emotionally where he came from and what happened to his family and to him. He was an emotional wreck, he did not know his own name, one day we told him and he cried, he did not even know his culture I wanted to help him."

- *"When the child went on holidays I wish I could take him with me. I came to a place where I didn't trust the people he went to, what if they treat him bad, what if he goes back into his shell. I didn't totally release him."*
- *"I know the day he left we cried because joy than sadness knowing how he came in. Initially it was difficult because he was just lying there. I have this knack of touching him and from there we developed a bond a built it up from there. I could not wait to go to work to see him, to see what new he learnt. I really got attached to him."*

The participants assert that *"Embracing the child and giving the child a sense of caring and that you gentle towards him, you feel with him, if you don't feel with the child how can you expect him to disclose anything to us because they go to who they are comfortable and who will empathize and sympathize with them."* And *"allowing the child to be himself... to open up in his own time."*

The extracts from the participants' stories show that child and youth care workers develop personal and close relationships with children in their care. It also shows that the development of personal close relationships is mutual.

The extracts show that relationships are necessary to make sense of who we are and guide and direct us into the stark realities of life. Fewster (1990:27) states that "personal growth and development is inextricably linked to a person's awareness and understanding of others." It is no different in child and youth care practice. Brendtro et al. (1998:76) sees the personal relationship as an action, a process of giving not a feeling or an affect.

The following aspects of personal relationships emerged from the data.

3.2.1.3.1 The child developing close relationships with a specific child and youth care worker

The participants did not explicitly mention that the children initiate relationships, but the extracts propose that children seek out child and youth care workers with whom they can form attachments and build a relationship. They confide in a worker whom they trust and with whom they are comfortable. Lefrancois (1993:291) argues that the chances are that in a residential setting the child will find a cycw or person with whom they want to identify and develop a relationship.

In Watson's (2002:45) study of children's experiences of child and youth care, it was noted that supportive caring relationships are vital to children's experiences in child and youth care. In the residential setting, children have a variety of staff to form attachments with and build a relationship with.



The fact that children seek to develop these relationships finds its premise in the fact that humans have a universal need for attachment (Brendtro et al: 1998), and according to Watson (2002: 49), it is important for a child's socialization to form sound relationships. The child's "mental health flourishes when it is supported by these human relationships." The child and youth care workers have to assume the responsibility to allow children to develop relationships with persons of their choice.

The Inter Ministerial document (1998) therefore provides the child and youth care workers with guidelines as to how they should allow children to experience a caring relationship in a residential setting.

- To encourage to identify and express emotions appropriately.
- Taught effective and positive ways to express and manage emotions and relate to others.
- Experience interactions with cycw (service providers) as positive and respectful.

- Afforded opportunities for positive interaction each day.
- Support in coping when relationships break down.
- To have role models who demonstrate measures taken to model healthy effective ways to express emotions, manage emotions and build relationships.
- Encouraged to build, maintain and enhance relationships with friends and cyw (service providers).

It has been indicated in the study (in the preceding discussions) that the personal relationship is the most powerful tool to coax the child into being part of the therapeutic interventions. The participants' perceptions are that children open up and disclose important information that will most likely assist in the healing and restoration process. Brendtro et al (1998:71) shows that research indicated that human relationships in youth programmes might be more influential than the specific techniques or interventions used.



According to Watson's (2002) study, the adverse effect of the development of the attachments and relationships that children form may become problematic in terms of continuity when the staff, with whom they have formed attachments leave.

3.2.1.3.2 Transference in personal relationships

The World Book Dictionary (1993:2221) defines transference as "To take or remove from one person to another, to pass on from one condition to another (a revival of emotions previously experienced and repressed, as toward a parent, with a new person as the object.)"

It is important to note that when children are committed to a children's home, they enter with a variety of needs (Hatchuel 1985:12-15). Their personal relationships with their parents and caregivers have already broken down and some times irretrievably so (Brendtro et al 1988:9). Children and youth therefore sometimes unconsciously seek "substitute attachments", with

adults and their peers outside of their families. It is at this stage that the child and youth care worker becomes the substitute attachment and develops a deeper connection with the child by becoming more involved in the life of the child.

In life space caring, a considerable period of time is spent together and the establishing and building of relationships becomes part of it. When many things are done together a “deeper attachment” will emerge (HQCC 2004 training manual). It has been illustrated from the extracts that it is not merely a superficial relationship that exists but the participants and children develop a deeper level of attachment, a personal relationship. In addition, institutional care provides a greater selection of potential parenting figures (Watson 2002: 48). It is at this juncture that transference takes place.

Mordecai (1997) refers to transference as when the youth communicates intimate details of his experiences to the cycw. He will evoke previous intimate experiences resulting in the worker becoming “a parent in the youth’s mental imagery,” and is therefore urged by his desire to transfer responsibility, knowledge and control from himself to the worker.” Mordecai (1997:102) suggests that because the cycw becomes a parent substitute the child unknowingly transfers knowledge of himself to the worker.

Watson (2002:44) alludes that the heart of competent parenting follows a similar process as the core of child and youth care work, which provides for the emotional, physical, social and spiritual needs of children. In Watson’s study regarding children’s experiences of transformation in a residential setting the participants expressed their feelings of “happiness” to the availability, empathy and concern of child and youth care workers towards meeting the needs of children.

It is apparent from the participants’ perceptions’ that the “Inter- personal encounter embodies the essence of all that we come to know and understand about our worlds and ourselves (Fewster 1990:26).

The personal encounter for the child and youth care worker is the knowledge of the child: who he is; where he comes from; what his potential is; where he is going to and how he can be helped. The child becomes part of the “world” or reality of the child and youth care worker, who in turn becomes part of the reality of the child. The participants related that it is through their perpetual engagement with the child in his life space that they get to know the child and his “life.”

However, Watson (2002: 49) states that to fully understand the notion of “parenting” of emotionally troubled and reluctant kids, it is necessary to reflect on the wider context of child care policy and frameworks within which residential care is located.

3.2.1.3.3 Child and youth care worker’s attachment to certain children

It is indicated in excerpts from the interviews that the participants attached themselves to and formed “special” relationships with certain children. Children enter a children’s home in a vulnerable and disadvantaged position. Each child’s circumstances are different but the study indicated that there were some to whom the participants were more drawn because of their special needs and because of a more personal attraction to a specific child. Watson’s (2002) study found that the children perceived these kinds of relationships as favouritism. They would then rather confide in each other and disclose intimate information to another child, than share it with adults. The children also regarded their relationships with some child and youth care workers as devoid of trust, confidentiality and privacy. This view was contrary to the child and youth care workers’ perceptions that children trust them and confide more in them than in any other person.

According to Hoffman (1999) the basic principle in residential childcare practice is to develop a close, trusting relationship with each child or youth. Even though the purpose of child care is to build positive relationships with every child in need. This research has indicated that the nature of the relationships does not seem to be the same as the professional relationship.

The quintessence of a close relationship in life space caring is sanctioned by trust, respect and a fundamental understanding of the child and his circumstances, as suggested by the participants. Fewster (1990:25) points out that we only come to understand the existence of others through relationships. It is apparent that child and youth care workers learn to understand and know children through developing close relationships with them. As the respondents suggest, it is at this juncture that the child “*open up*”, “*disclose*” and *begin to “trust”* another adult and the relationship itself is often as powerful as the intervention we might want to use it for.

It is clear from the child and youth care workers’ experiences and the literature, that a personal relationship is bound to take place in the life space of the child. The development of deeper attachments, the intimate involvement in the life of the child and the emotions of both the child and the child and youth care workers, are all drawn into these close and personal relationships.



3.2.1.4 **Emotional Involvement**

The previous extracts from participants’ stories have already reflected that in some cases deep emotional involvement is an inevitable consequence of the personal relationship between the child and youth care worker and the child. The participants’ perceptions are that one cannot distance oneself from children in need and, when one interacts with children in their life space, there is inevitability that one will become emotionally involved. When there is a “being with,” an exchange of knowledge and feelings takes place.

The following are examples of stories that explain the participants’ perceptions of how they experience emotional involvement in the life space of children.

- “ *One tend not to become too emotionally involved with a child but you feel the pain, the hurt the child goes through, you feel that there are times you have to switch yourself off and look from a different*

perspective and try and find solutions, helping find the child solutions the way he or she feels.”

- *“To me personally it is a bit difficult to not get emotionally involved especially if you sit and chat and hear where they come from and what they have experienced in life already. I remember listening to somebody’s story and I actually cried and turned my face away not to show the person I am crying. It is difficult not to get involved... Sometimes I feel anger towards the person who caused the child to be in the situation.. I also feel sorry for the child considering that life could have been a little better for him if he was different.. Sometimes I do get frustrated because the child learn to play on your emotions..”*
- *“After going to the police, I had set my own feelings aside because I was on a terrible guilt trip but I had to focus on him and allow him to express his feelings and ventilate. After which I had an increased desire to protect him and remove him from the other children. I cried myself to sleep when I discovered that the children were told and exposed him and asked him all kinds of questions, which made it worse for him as he was in a vulnerable situation. At that time I felt powerless.”*
- *“You do get involved even if you don’t want to get involved because you begin to know that child and that child climb into your heart and your compassion for that child draws you into the situation and problem of the child and from there you want to help the child and get deeper and deeper into the system where they come from.. You face many motional feelings”*
- *“It is almost impossible not to show your emotions, you do embrace and when you go home you think of the child’s situation and you shed tears because we dealing with lives, not obstacles. When you are involved with a child it is very difficult not to get emotionally involved. Because the child shares.. and disclose to you.”*

The BQCC training manual (2002) on professional relationships implies that the professional relationship is not there to meet the emotional needs of the child and youth care worker. The extracts inserted in the previous section however, indicate that the child and youth care workers become emotionally involved in the life of the child at different levels and times.

This emotional involvement, according to the narratives indicates personal emotional involvement due to closeness, constant involvement, and “living with” the child through trauma.

The emotions experienced by the participants ranged from compassion and empathy when a child opens up; feelings of sadness because of the child's experience; crying when hearing about the child's experiences; and feeling sorry for the child. They were heartsore because they saw the pain of the child, which resulted in the intense feelings that surface in life space caring. Therefore these words: *“It is difficult not to get emotionally involved because you are in the life space of the child,”* leaves much to be imagined.

Fox (1989) alludes to the fact that professional caring requires emotional involvement from the carers because they have people's lives in their hands. This is confirmed by the cycw in their quest to understand and extend a helping hand to an emotionally troubled, traumatized and “helpless” child trapped in circumstances beyond his control.

However Fox further alludes that it takes emotional maturity to properly care for children. This does not imply detachment from the children on the contrary, the child and youth care workers readily admit to their emotional involvement and seem to be in touch with their emotions as they deal with the child in his life space.

The participants emphasise the ability to feel “with” and empathize with the child, which is an ethical principle that directs relationships between the child and the child and youth care worker.

Krueger (1986: 7) mentions that “The single most important quality of a child and youth care worker is empathy, to see things from their perspective and try communicate understanding of their feelings and ideas without getting emotionally involved.’ However Potgieter (1998:103) defines empathy as “the capacity to feel an emotion deeply but to remain separate enough not to get sucked into or overwhelmed by such emotion. It is simply not possible to feel as the client system feels.”

Participants seem to cognitively embrace the notion of empathy in professional relationships in child and youth care, but they also acknowledge that in spite of this awareness, they get emotionally attached due to their physical closeness, their personal relationships with, and intimate knowledge of the child.

- *“Listening is an important tool so is empathy because the child opens up more to the cycw because the cycw is in his life space where the change happens and builds up,”* says a child and youth care worker.



This was clearly demonstrated in the examples given by child and youth care workers of their emotional involvement with children. The child and youth care worker becomes like a rescuer who nurtures and takes care of the child. At times, the knowledge of and about the child in his life space “coerces” the cycw to take on the emotions of the child.

“We are emotional people and the child we work with is also emotional, so it is difficult not to feel with the child and not be involved” is *confirmed by cycw*.

Fewster (1990:32) argues that to come to a state of “presence,” as alluded to in the aforementioned discussion, the self must be invested in the process, giving special attention to the situation, and be in touch with all sensations and feelings, experienced at that moment in time.

Fewster (1990) says that very often the worker’s most important tool is himself, to initiate, facilitate and establish lasting relationships with a child

and have the capacity to interact, engage and relate to the child's level of functioning.

It is incumbent on the cycw, according to their Code of Ethics, to believe in the dignity and worth of the individual child. This implies that it is pertinent in the child and youth care worker's role as the "emotional buffer" to treat each child as an individual and not generalize behaviour and emotions they themselves experience. Mordecai (1997) alludes that every personal encounter is different to the next.

When "treatment or therapy is required, it demands that the worker be involved in the process (Pratt: 1990: 67). This involvement at times extends to the emotional involvement because a relationship was already established between the children and the child and youth care worker. In the process of caring the child and youth care worker has to provide emotional support in terms of the document on Minimum Standards for South African Child and Youth Care System (1998).



Buber (1958) resonates that "no man can know another simply as he knows objects. Real knowledge of another person requires openness, participation and empathy." In Creswell (1998:274) the participants identify with Buber's view and, in response, open themselves up to participation in the life of the child and empathy towards the child. This is illustrated in the stories that were told by the participants. They willingly and, at times, unconsciously became drawn into the child's reality.

"Relationship is connection" according to Wood & Long (1991:15). When there is a connection within the context of physical and mental closeness, it is inevitable that the cycw will become subjectively involved and develop special relationships.

This leaves the child and youth care worker with the dilemma of adhering to the professional expectations in child and youth care. To what extent do they

become involved with children and how do they maintain the balance between these professional and personal relationships?

3.2.1.5 SUMMARY

It is clear from the aforementioned discussions on physical closeness, intimate knowledge, development of close relationships and emotional involvement; that the child and youth care worker faces a difficult task in maintaining professional relationships and/or creating a balance between professional and personal relationships. As suggested by Michael (2003: 4) “..we need to achieve a balance between being a person, our value as cycw and being a professional.”

The child and youth care worker's quest to understand the child in order to help extend himself as a child and youth care worker, is in line with Sladde (2003:6): “to understand the child as a person, as another human being, by sharing with them their life space, developing a relationship and providing therapeutic care giving.” This depicts the essence of day to day functions for the child and youth care worker.

It is clear from the perceptions of the participants that to be effective and to “make a difference” in the life of the child they have to become personal in their “knowing the child” on an intimate level.

There is a “being with” the child that in life space work literally means being in the “face” of the child and youth care worker. There has to be physical and mental closeness in the nature of “a sharing” of information. Trust and openness, which are fundamental to a personal relationship, are fundamental as is the “feeling with” which indicates the level of emotional involvement from the child and youth care worker. Buber (1958) contends that “real knowledge of another person requires openness, participation and empathy” and lived experiences of child and youth care workers in their settings.

In terms of the challenge that the child and youth care workers face, Small & Dodge (1998) agree that there remain many questions to practice realities in childcare settings.

Therefore in the early days of the professionalisation of childcare, DuToit (2000) asked if child and youth care workers were ready for professionalism.

3.2.2 THEME 2: REDEFINING “PROFESSIONAL RELATIONSHIP”

Kottler and Brown (1992) and Perlman (1979) in Potgieter (1998) refer to a professional relationship, which is for the client, purposeful, goal directed, time bound and temporary. The helper remains objective, in control and the expert in what the client needs. The characteristics required to maintain such relationships are acceptance and respect, warmth, trust, empathy, humour, concern for others, commitment and obligation, authority, competence and power, concreteness and objectivity and congruence and genuineness.



According to Powell (1990: 178), the conventional model of professionalism in the caring professions such as psychology and social work, views the professional relationship as one of professional autonomy and personal detachment.

The BQCC Training Manual (2000:19) provides the following definition of a professional relationship: “When we refer to professional relationships, we mean relationships which are established to meet the need of the client (child, youth, and family). The relationship is not there to meet the emotional needs of the child and youth care worker. Our personal needs should be met through our personal relationships with family and friends.” The following characteristics of this relationship are highlighted:

- A professional relationship is different to a personal relationship.
- A professional relationship has a specific purpose.
- A professional relationship is time bound (it exists for a limited time period).

- A professional relationship is for the client.
- A professional relationship carries the power to influence.
- A professional relationship is a controlled relationship (it is governed by ethics and principles of the profession; it has boundaries).

The following meanings emerged from the data, which indicated perceptions about “profession specific professional relationships:”

3.2.2.1 **Perceived professional boundary conflict**

Participants’ responses indicated that they found it difficult to marry the concept of “existential presence” (which they regard, as inherent to child and youth care) with their perception of “professional relationships.”

- *“I don’t think I will survive if I must be so professional, just to go so far and not the extra mile because it will not be what I like any more, it will be a job.”*
- *“We deal with individuals with emotions and feelings, if I work professionally it will not project how I genuinely feel because I also have not to get emotionally involved and be objective.”*
- *‘It is difficult being in the life space of children and having to maintain that professional relationship. It is difficult for me because you don’t want to reject a child he might perceive it as rejection if they maintain a professional relationship, you might find difficulties afterward because that child build a relationship with you and trust, if I keep on throwing the door in his face and say don’t bother me, the child will think I am not real, I am a fake.. Here I come because I am a professional and set my boundaries.. There are professional boundaries but when you get emotionally involved with a child it is very difficult not to be emotionally involved.. If we are professionals and we are setting boundaries in the profession I will not come within*

a meter from a child.., it prevents us from hugging and embracing that child and giving the child a sense of caring when it is my time off I will have nothing to do with a child. A child will feel rejected because it is my time; the trust relationship is in jeopardy. There have to be a sense of professionalism. We have to define professionalism.”

- *‘Ek sukkel met die id e dat ek ‘n professioneel is en nie betrokke moet word nie. Jy is mos nie ‘n pot of ‘n pan nie, jy het gevoelens.. hulle s  jy moenie emosioneel betrokke word nie, dit is jou werk, en as jy daar uitstap worry jy nie meer nie, dit is nie hoe dit werk nie.”*

(I battle with the idea that I am a professional and that I should not get involve with the child. You are not a pot or a pan, you have feelings. They say you must not get emotionally involved because it is your work and when you leave work you don’t worry, it does not work like that).

- *“Jy kan nie ‘n kind neersit en s  jy sit daar tot ek m re terug kom en ver wag dat die gevoelens dieselfde moet wees nie.”*

(You can’t put a child down until you come on duty tomorrow morning and expect the emotions to be the same).

- *“Ek is n professioneel volgens die boek en wat hulle jou leer, maar wat jy moet doen elke dag is nie moontlik nie, jy is menslik...”*

(I am a professional according to the book and what they teach you but it is not possible on a day to day practice, you are human).

- *“Dit is moeilik om ‘n professioneel verhouding te h  op ‘n terapeutiese manier want jy gaan betrokke word by die kind.”*

(It is difficult to have a professional relationship in a therapeutic way because you will get involved with the child).

These quotes also imply that it is not clear to participants what kind of boundaries they are expected to create for themselves in this caring environment. It is apparent from the extracts that they experience difficulty in

creating emotional boundaries. There are no physical boundaries as they are in the life space of children all of the time (as indicated in previous quotes in 3.2.1.1) Hugging/embracing is an act that is perceived by cycw to be an endeavour to empathise and show the child that they genuinely feel with the child and understand him. Participants thus experience a tremendous challenge in balancing the personal relationship with the professional relationship. The participants alluded to this in the life space reality in which they find themselves.

The following extracts further indicate the participants' struggle with the "professional relationship" in the context of life space caring:

- *"It is almost impossible to balance being in the life space of children and maintaining a therapeutic professional relationship because you eat, drink, sleep in their space. It is difficult for me because the child might perceive it as rejection because that child built a relationship and trust with you."*
- *"The work demands that you in the life space of the child, in his face, it is very difficult virtually impossible to balance a therapeutic relationship."*
- *"It is impossible to strike a balance, you in their life space for such a long period of time and do get involved in their lives."*
- *"Professionalism is all good and well, child care is now a profession but we have to define it in the boundaries of our work."*
- *"Jy kan nie 'n kind neersit en sê jy sit daar tot ek môre terug kom en verwag dat die gevoelens dieselfde moet wees nie."*
(You cannot put a child down until you get back tomorrow and expect to have the same feelings).

These extracts indicate clear boundary confusion or perceptions of blurred boundaries due to life space realities.

Anglin (2004:16) asserts that “it is through the integration of the personal and professional relationships that we form with young people, parents and other professionals that we are able to do our best work.” Beukes & Gannon (1999: 34) are of opinion that the challenge is to strike the balance between knowing that detachment conveys an uncaring attitude to the child and over involvement and over identification with children.

Michael (2003:4) as cycw “we are called to be professionals in a world filled with pain... we are also called to be involved on a personal level. What we need to achieve is a balance between being a person (our value as a cycw) and being a professional.”

3.2.2.2 Mutual gratification and disappointments



The relationship is for the child, but mutual relationships develop with gratification or disappointments for the cycw too.

Extracts indicate that there is the realization that the relationship must meet the needs of children and benefit them.

“You are not there for yourself really, you are there for the child.”

It is, however also evident from the extracts in 3.2.1.3.3 that the cycw develops special personal relationships with some children to whom they have a special attraction. These relationships can be experienced as personally gratifying or disappointing.

Compare the following examples:

- *“There was this one child...he was a guy who wanted to prove himself to me, ...wanting to be around me... this child climbed into my heart ...become like a younger brother to me.”*
- *I have this knack of touching him and from there we developed a bond and built it up from there. I could not wait to go to work to see him, to see what he learnt. I really got attached to him.”*

3.2.2.3 Time boundaries are relative to context

According to the BQCC Training Manual (2000), professional relationships ought to be bounded by time, yet the extracts (compare 3.2.1.1) and previous discussions indicated that there were a couple of considerations to take into account in this specific professional context.

Compare the following extracts which indicate unpredictable time boundaries with respect to involvement with the children:



- *“I started at six o'clock in the morning the whole week, Then the child got sick .. and you sit up with the child the whole night to make sure his is okay.. the following morning you have to come on duty again...”*
- *“You are never off duty, the child is always there.”*

The implication of these narratives is that there are no boundaries in contacts with children.

Considering that the time of stay in residential care is unpredictable, participants found the concept of time boundaries relative to a specific case. Although the Child Care Act (1983) stipulates a maximum of 2 years in alternative care, this very much depends on the circumstances of the parents /guardians.

According to the Discussion Document for the Transformation of the South African Child and Youth Care System, (1996:48) therapeutic/professional relationships are at the heart of the profession, combining the richness of the intimacy of the personal with the rigour and goal directedness of the professional. It requires a high level of personal and professional development from the cycw and the integration of a complex constellation of knowledge, skill and elements of self (Starke 1989 in HQCC training manualS2 /1).

Despite professional expectations, Mordecai (1997:105) points out that the residential setting is not just a place for development; setting of goals and plans; and rehabilitation, where a child stays to become free of his troubles and education, and becomes trained in life skills or social skills but it is like most human structures that bring people together for a purpose.

It is a place where the child and youth care worker is able to build, sustain and nurture the relationship with a child who is troubled and traumatized, and through this powerful relationship bring healing, restoration and rehabilitation. This is in agreement with Gannon (1999:27) who states that “we build relationships as a part of our method for a purpose and a relationship is a powerful force at the centre of healing and growth.”

The author suggests that despite the ultimate purpose of the therapeutic relationship, there is the potential that the professional relationship might develop into a personal relationship as in the experiences of the participants in this study. Mutual trust and respect develop from this which enables the relationship as the child feels comfortable and at ease with the cycw.

Weezel & Waadijk in Higher Qualification in Child Care, (HQCC) (2004:4/1 training manual) hold the view that there are limitations in a purely professional approach because child and youth care is about working with human beings with their unique personalities and backgrounds. Communication takes place between these human beings, residents, families and child and youth care workers. The authors further state that

professionalisation is a difficult challenge and the opposition, not only from outside but also committed people working in the field to professionalism, posed the following questions:

- Wouldn't spontaneity suffer from thorough planning, and the warm heart from cold rational analysis?
- Wouldn't professional distance, and creativity and talent undermine personal commitment by calculating functionality?

The participants in their quest to be professional yet maintaining a personal relationship raise similar concerns.

These are the sentiments reverberated by child and youth care workers in this study: the stark realities of life space care, and the application of professionalism. They say it is not about "head knowledge" but real children and their issues. It is perceived by the participants that professionalism in terms of the professional relationship obstructs the cycw from hugging, embracing and giving a child a sense of caring.



This is difficult and complex in life space reality because they are dealing with lives and not objects and obstacles. They are there all the time in their life space, and cannot distance themselves from a child because they build a relationship and therefore become closely involved in the child's life at all angles in the holistic and developmental context. It is extremely difficult for cycw when children share their hearts because they become emotionally involved and therefore cannot be objective as is required in professional terms.

Child and youth care workers are passionate about their "*calling*" to childcare and extend themselves beyond the call of duty and the professional relationship. There are times that they "*...forget to be therapeutic and professional because they build a friendship with that child*" in their endeavour to help him to heal. "*You take your job so seriously that when a child entrust himself to you, you take it personally and not on a professional level.*" These words: "*it is difficult to be professional*" are resonated by all the cycw in the study. For cycw there seems to be more theory than practical

issues and the opinion is that in reality they need to look at what childcare is all about in practice.

3.2.2.4 Ambivalence in role expectations

The previous discussion and excerpts have already indicated that experiences relating to “professional” in life space therapeutic caring for the participants in this study, also indicated some ambivalence in role expectations, especially for participants who have been in the system for some time and who formerly worked as “mothers.” The question is whether the participating cycw regard themselves as professionals.

The following extracts provide some insight into the cycw's perceptions, feelings and conflicting demands around this issue.

- *“When I came into childcare, for the first 2 years I was working like a nanny, just did what you were told.. I am educating myself.. I can't say when I will be ready it is not about head knowledge and your actions, you're involved with children.”*
- *“We regard ourselves as part of a multi disciplinary team, there is a difference developing in child care, it is not any more looking after children.”*
- *“There is a difference between nanny's and a professional, a nanny is just like a baby sitter and a professional you live by certain standards.”*
- *“Child care is an incredible profession.. I am just a bit insecure about my qualifications, it is too short, social workers study for 4 years we as cycw need to do the same..”*
- *“Toe ek hier begin het was ek soos 'n ma, maar nou raak dit al moeiliker want daar word baie van jou verwag.”*

(When I started here I was like a mother, it is become more difficult because of the expectations).

- *“Professionalism can be applied in our admin, procedures, paper work, daily logging and things we should have in place at the facility.”*
- *“I never thought of myself as a professional, I just think of myself, as this is what I want to do.”*

There seems to be identification with “professionalism” but at the same time participants experience difficulty in maintaining professional relationships in the context of life space caring.

3.2.2.5 Summary

In this study participants experience seem to indicate that life space therapeutic caring implied a need for redefining professional relationships in terms of boundaries, time bound expectations, role expectations, and the nature of the personal relationship with children.

3.2.3 THEME 3: PROFESSION SPECIFIC THERAPEUTIC CARE IN CYC

Krueger (1986:12) explains that therapeutic care in child and youth care is about connecting every act in the daily living environment with treatment, and each aspect of the job is meaningful and purposeful.

In child and youth care literature there appears to be no clear definition of “therapeutic care.” However it seems that therapeutic care is grounded in the programmes provide by child and youth care facilities. The literature refers to therapeutic programmes, developmental programmes and general programming in which treatment and care takes place and meets the developmental needs of children and youth.

The study attempted to gather cycw experiences of life space **therapeutic care**. The question that arose here was what therapeutic care entails in child and youth care. Participants seemed not to be familiar with the terminology but their experience suggest that it is in line with Sladde's understanding (2003: 16)

Sladde (2003:6) asserts: "... to understand the child or youth as a person, as another human being, by sharing with them their living space, developing a relationship and providing therapeutic care giving" is about working in the moment. She further asserts that therapeutic care for children depicts the essence of the day-to-day job, reflecting the core and value of the "who I am."

It is the perception of the participants that as a result of this close personal relationship in the child's life space, the child opens up and will disclose more readily to them than to any other person including the social worker. In a sense, this then promotes the professional therapeutic caring.



The following narratives indicate the participants' understanding and experience of therapeutic caring.

- *"I think they open more to me than the social worker and any one else because they say things to me and because I am with them and I gained their trust."*
- *"...the child confides more in the child care worker instead of the social worker because the child and youth care worker is in his life space every day."*
- *"The child will open up more to the cycw because we go beyond the professional relationship and cannot easily separate yourself from the child."*

- *“Sometimes you forget you have to be therapeutic and be professional because you build that friendship with that child.”*
- *“How I deal with children, trying to help them make sense of who they are.”*
- *“..I Think it need to come on a day to day basis and all its pitfall but respect plays an integral part between you and the child as well and understanding because how are you going to empower yourself to be a professional.”*
- *“To work through issues with child to see where you can really assist the child when things don’t go his or her way and teach them skills.”*
- *“.. you go more in depth of what he is feeling because you feel it with him and he opens up more and feel that he can trust you, the child confide more in the child care worker instead of the social worker because the cycw is in his life space every day.”*
- *“..To be able to bring healing to the child..”, “try and help the child find solutions” and “ if this don’t work try until you have reached a point where you know the child has recovered.”*

The participants related their experience of therapeutic caring with children in a residential setting as how they deal with them; try to make sense of who they are; teach them skills; and have regard for their feelings.

According to Pratt (1990: 64) not all programming is therapeutic or involves a therapeutic process. The major distinction between cycw and other recreation specialists is the purpose and use of programming. Cycw focus on the treatment process using programming and activities as a vehicle to meet the client’s treatment goals. The participants did not specify any therapeutic programming but seem to be aware of the therapeutic effect of their engagement with children, and that it is purposeful and goal directed.

3.2.3.1 Continuous on the spot assessments and intervention opportunities

The participants, in their experience of therapeutic caring in the life spaces of children, provide the following narratives to describe their understanding and experience. It is gathered from the study that cycw more often than not provide on the spot assessments and intervention opportunities.

- *“From a day to day basis is to handle the problem on line, problem solving. And to teach them more about skills and how they can develop their skills.”*
- *“When you are in their life spaces they are more open to you, they talk to you and they see you try to understand them. You are able to put a plan together and see the boy come out and see he learnt something from you. When I am in the child’s life space and working therapeutically, I am able to observe his behaviour, his non verbal communication.”*
- *“The cycw is in the life space of the child... when a child has a certain need in a certain area of their life you create opportunities for the child..”*
- *“In his life space I was able to observe and I was with him 12 to 24 hours and was able to pick it up, see his ways and manners and things he is doing and put it together as a puzzle, in your time put it together and see this is how the pattern works. All the things he is doing is different parts of the puzzle.”*
- *“Affirm the child, working alongside him..”*
- *“You can see his strengths.”*

It is gathered from the participants through on the spot assessment that they have developed their own creative way of managing and appropriately stimulating the therapeutic milieu for children and youth to maximize healing and developmental benefits.

“On the spot assessment” and intervention is what cycw experience as therapeutic care, working in the moment, putting a plan together, observing the child’s behaviour on a day to day basis, to see his strengths and to put everything together like a puzzle.

This description relates to the definition of immediacy according to Guttman (2004:28): “the concept we use to capture the realm of occurrences as well as their rhythm and timing, includes the experiencing of a situation, becoming aware of its effect on oneself and acting while it is occurring, as part of the flow of events. It is acting on an incident and knowing that as soon as it is over or most probably even before it is, another incident will follow, yet not knowing what that one will be like.”



Krueger (1986:11) remarks that “Important treatment takes place in their day to day interactions.” There is no secondary caring that takes place. Cycw do not operate on an interview or sessional basis but provide direct caring: “it demands from child and youth care workers that they work alongside children in their chores and duties and learn together new ways of doing things.”

The participants’ extracts suggest that their intervention strategies, which are dealt with on a day to day basis as the challenges arise, are more indicative of immediacy as opposed to formal assessment, which has long range planning for the child. The immediacy provides the child with clarity and insight regarding his situation. It is imperative therefore for cycw to develop a personal relationship that promotes trust and opening up of the child to increase the cycw’s ability to provide intervention opportunities as he gains intimate knowledge and understanding of the child.

It has been indicated in the study that when a child and youth care worker performs life space caring, the child opens up more to them than anybody else, and this alone may be therapeutic for the child, knowing that there is someone that he can trust and share his heart with. Krueger (1986:17) elaborates on this opinion and says that there is nothing more reassuring to a troubled youth than to know that someone cares enough to listen.

Assessment is a process of gathering information in order to make appropriate decisions/ interventions. The purpose is to determine appropriate placement for the child. It is used in conjunction with the circle of courage model. Factors influencing assessments are culture, relationship, engagement, management of behaviour, strengths and developmental stages (Basic Qualification in Child Care (BQCC): 2000 training manual).

This is the formal application of assessment in the residential setting. It is done prior to admission to a residential facility, during the child's stay and prior to disengagement. Continuous assessments take place in order to develop an individual plan for a child (Fulcher & Ainsworth: 1981).

However, the participants quotes indicate, whether it is in the context of formal or on the spot assessment, they are able to gather information about the child through observing the child's behaviour, strengths, consequently drawing up a placement plan for the child, to create opportunities, build competencies and mastery and to help the child with long term planning.

The developmental assessment, which was proposed by the IMC, was directed at the lack of educational and therapeutic programmes in residential facilities. The focus was to "design and enable the implementation of an integrated child and youth care system" which is based on a developmental approach and ecological perspective. Discussion Document for the Transformation of the South African Child and Youth Care System (1996:4).

These perspectives focussed on the following aspects:

- Strengths based model: what children can do and are doing, to focus on what they do right, to acknowledge, identify and build on their talents skills and other resources;
- Building competencies rather than attempting to cure: competency referring to the ability to achieve; mastery and skill; being capable and able to do something;
- Encourage trial and error learning, they must be supported and encouraged when they make mistakes, teach them to achieve mastery;
- Taking the context into consideration, working with the family and understanding their community, culture and resources;
- Holistic work, understanding the whole person, focussing on all aspects of the child's life; and
- Working in the moment, making the most effective use of every opportunity to promote development.



The participants did not clearly use this terminology in their stories, but their descriptions of their experience of therapeutic care suggest that they embrace the developmental approach. They make reference to observing the child's strengths, teaching them skills and how to develop them, working holistically, and working in the moment.

Anglin et al. (1991) agrees that when it is attempted to develop quality therapeutic care, it is invalidated by the difficulty of getting the right staff on the right shift with the right young person. The focus becomes "fire fighting" (which is referred to in the study as on the spot assessment or immediacy and which participants already practice in their day-to-day management of children) rather than planned therapeutic care. It should be more concerned with managing day-to-day realities of child and youth care in the residential setting which promotes a stable environment in which professionalism in this field can develop. Everyone has to become better at working in partnerships with young people. The participants indicated the potential for this

partnership to develop when they described their ability to build and sustain personal relationships with children and youth.

Similarly, Watson (2002:52) argues that in order to sustain an adequate living environment for children especially those at risk, the child and youth care workers need to manage problematic behaviour on a day –to-day basis.

On the contrary, the day-to-day intervention may become problematic because it becomes very easy for them to find themselves just coping with children on a day-by-day basis, forgetting that they are spending time with them and working with them for a purpose (Beukes & Gannon: 1999:26).

In the process of “caring” the child and youth care worker has to manage individual behaviour; observe the behaviours and reactions of the young person and environments; take pro active measures to ensure safety; enable each child to emotionally, physically, socially, intellectually and spiritually achieve the goal of the moment and the day; and finally also enable each young person to complete the routine or activity of that moment (whether eating or playing a game of soccer or talking to family or friends). The latter may involve teaching new competencies, encouraging existing strengths to emerge, counselling on the spot, providing emotional support, conflict resolution, problem solving and ensuring that the young person can successfully move beyond each emotional and behavioural crises as they occur through the day , week or month (IMC Document: 1996:72-73).

These complexities, which are for the benefit of the child, take place within the context of carefully designed life space programmes which are complemented and supported by other developmental and/or therapeutic programmes by other disciplines e.g. social workers and teachers, so that the child’s experience of growth and change is holistic.

These disciplines are not in the life space of children and do not employ the same therapeutic measures as cycw as was pointed out earlier in that they operate in the conventional model of professionalism. Even though the

treatment goals might be the same for a particular child, their therapeutic methodology would be vastly different as suggested by Fewster (1990).

According to Beukes & Gannon (1991:29) cycw use standard procedures common to the helping professions, namely assessments, treatment planning and programme evaluation. From this study the participants related their experience of on the spot assessment according to the procedures asserted by Beukes & Gannon (1991).

3.2.3.2 Supportive and Developmental Care

In the life space of the child the cycw is expected to provide supportive and developmental care for children. The following quotes indicate the participant's view:

- *"Child care is all about the child and just giving of yourself, when you feel you can go on just giving more of yourself in the life space of the child especially when a child comes to trust you because most of the kids trust adults very easily."*
- *"Developmentally: it would be more like a set of goals you want to reach, you can reach it step by step with a child."*
- *"..When he arrives on the premises and to allow the child to grow at his pace, observe and watch his pattern, monitoring him. Yet I will communicate the usual stuff but not probe for deep things. The child will come back to you and I will know when he is ready. You have to work at the child's pace. If you force the child to open up he will do it because you forced him but if you move at his pace he will open up and give you so much more because you have given him a chance to settle in his environment."*
- *"You have to come up with alternatives."*

- *“To get to know the feelings and behaviours of the child, where it is getting him and where you are going from here with child.”*
- *“To work out exercise, and give them projects”, “..teaching them more about their skills and they can develop their skill.”*

The participants related their experience of supportive and developmental care to the setting of goals and providing alternatives for the child, which is sanctioned by trust, respect and allowing the child to move and develop at his own pace.

The BQCC training manual (2000) gives the following description of developmental programming: “It is the planned systematic steps to be followed by the organisation in order to identify which developmental tasks need to be carried out, how they should be carried out and by whom. This is done in order to reach particular goals and objectives in a certain time frame.” In the event of the provision of developmental care to children, it is confirmed from the extracts that the participants are aware that it is their responsibility to assist children to identify their developmental areas, help them reach their goals and be “there” for the child throughout this process. From the extracts it is clear that the participants see this as part and parcel of the caring process.

According to the IMC Document (1996:58-59) services to young people and children should be integrated and holistic, their total programme becoming the responsibility of the multi disciplinary team in the setting.

Therapeutic Programmes should reflect the following:

- It should not merely offer custodial care to young people and children. Programmes and activities should promote and maintain **healthy development, which is provided through supportive care.**

- All programmes should meet basic and **developmental needs** and should be ecologically sound **through the establishment of developmental goals and objectives.**
- All residential facilities should be established and maintained according to national regulations, minimum standards and practice guidelines, which are based on international and internationally accepted childcare practices.
- It should be differentiated or multi dimensional, offering a range of appropriate child and youth care services, **support and developmental care.**
- Programmes should meet the full range of developmental needs appropriate to the age and developmental phase of the young person, including emotional, physical, spiritual, intellectual and social needs.

Supportive care.



The focus of the study is not programming but the participants needed to clarify the location of supportive and developmental care in programming. It illustrates the areas where the participants are perceived to be involved in therapeutic caring.

In addition to therapeutic programming the cycw should abide by the basic principles of residential child and youth care (IMC document: 1996:63).

- Each young person should have a developmentally appropriate plan and programme of care, education and therapeutic development and should participate in and review this plan. **The extracts indicate that they are aware of this.**

- They should be given developmental opportunities and experiences, which enable them to learn responsibility, respect and care for others. **This is verified in their descriptions of therapeutic care.**
- Where programmes are deemed to be in the child's best interest, motivating the child to participate should be a component of the developmental plan.
- Should provide a programme and materials which afford the child maximum opportunity for growth and development, while also meeting the need to prevent physical, social or emotional harm to anyone, or damage to property.
- The young person is provided with every opportunity to develop maturity and responsibility in a context of caring relationships. **From the study it is indicated that this principle is followed.**



3.2.3.3 The personal self of the child and youth care worker as therapeutic intervention

The main function of cycw is to empower youth and children in which their primary concern is the growth and development of children and youth. In order for this growth and development to transpire there has to be support and emotional care from cycw.

The IMC (1996) strongly recommends a multi disciplinary approach by the child and youth care worker as the “primary practitioner.” The cycw therefore assumes a degree of responsibility for providing favourable conditions for the growth and development of children who are not reared by their parents and families, and for assisting children with their problems and allowing them to enjoy the opportunities that would have been enjoyed by their families and communities, Kadushin & Martin (1998:669) in Watson (2002).

Even though they are referred to as primary practitioners, there is an acknowledgment from child and youth care workers that they are not trained as therapists or social workers and they are not in a position to do professional counselling. They indicated an insecurity regarding their qualifications as they are not equal to social workers or trained therapists. They regard themselves as having very basic training and very little therapeutic training. Nonetheless, as Watson (2002) alluded to, it remains their responsibility as cycw to provide supportive and developmental care to the children for whom they are responsible.

Child and youth care is concerned with the totality of a young person's functioning, holistic perspective as child –focused generalists, never working alone and needing to work closely with a variety of other professionals.

Despite the trend in recent decades to “therapize” the role of the child care worker in the literature, the job is still largely dominated by the practical task of physical care and nurturance, which implies the basic supportive role of the cycw. *“I have this nurturing and care taking thing, I tend to go over board”* is experienced by a cycw.

Developmental care involves physical, social and emotional care; it is linked to the concept of safety (BQCC 2000, training manual).

Physical care: provision of physical needs, like food, clothing, shelter and health care.

Social care: provision of social needs, which are opportunities for relationships, family connections, involvement in peer groups, school and community activities, relationship between cycw and youth and teaching social skills such as effective communication.

Emotional care: provision of emotional needs, building caring relationships, listening, using empathising, helping young people identify their own feelings and teaching them ways to express them appropriately.

In the light of the high expectations of child care as an emerging profession, its defined code of ethics and standards and professionalization, Du Toit (2000:16) posed the question whether cycw, who are emerging as professionals, are ready for it. The cycw in this study have shown that despite their reservations of the application of professionalism in their experiences of childcare, they acknowledge that it is their concern to provide improved services for the children.

3.2.4 THEME 4: CONSEQUENCES FOR THE CHILD AND YOUTH CARE WORKER

A participant in this study suggests that child and youth care work is “ *not like a normal job where you start a certain time and put the machines on, where you can switch off any time you want, you can’t take your clock card out if you want to. If you are working with machines, If it breaks down, it is repairable you can always take that part away and bring a new part and the machine will go on. It is a life because we work with human beings.*”

Herein lies the challenges for child and youth care workers, the working conditions, what professionalism dictates and the reality in practice, the impact this kind of work has on their families and social life, and the living conditions, as many child and youth care staff live in the life space of the child.

3.2.4.1 Challenges

The participants pointed out the demanding nature of life space therapeutic caring. It is therefore significant to note the many challenges they face in life space therapeutic caring which affects their personal, social and their work life.

The following narratives highlight the participants’ descriptions of their feelings pertaining to these challenges:

- *“Life space therapeutic caring is taxing because you have a life and a family of your own.”*
- *“It is very demanding because you deal with life at risk, it is not just things but lives you work with so you have to be careful.”*
- *“You get frustrated... it is not an easy task, because you are human.”*
- *‘It is very demanding, it is going to demand your time, energy, money and extra’s, impacts on yourself and on your family.’*
- *“We all get drained and burdened with everything that is happening with the child.”*
- *“It is taxing, tiring because you give so much of yourself, your emotions.”*
- *“I carry him in my head, I want to take him home.”*
- *“It is difficult to forget about the child.”*
- *“You put your emotions aside and focus on their emotions and sometimes it becomes part of you.”*
- *“You don’t switch off because you are working with human beings, it is very difficult.”*
- *“I come home empty and try and hold it together at home but there are times you cannot keep it in because it bubbles inside of you and when you are at home you end in tears.”*



- *‘As ek heel week binne is, is dit amper soos ‘n emmer wat een druppel val, wat okay is, maar as jy jou kom kry is die emmer vol, dit wil nou oorloop want jy gee so baie van jouself en jou emosies.’*

(When I work the whole week, it almost feels like a drop in a bucket, which is okay until you discover that the bucket is full, it is about to run over because you give so much of yourself and your emotions).

The participants, in these extracts, deliberate on the effects that life space therapeutic caring has on them as people and child and youth care workers. The fact that it takes so much out of them, from them and that it exhausts them.

Watson (2002:44) mentions that in the life space therapeutic caring process the cycw has to manage different behaviours of children ensuring that each child develops holistically, that is, physically, socially, spiritually, intellectually emotionally and is able to achieve its goals.



The former dimensions, although difficult and tiresome, are easier to manage than the emotional aspects because they are stipulated in schedules and routines. However managing the emotional dimension is a task that involves much more than just a schedule. The participants indicated that because they work with human lives it takes so much out of them because they have to continuously be there for the child, physically, mentally and emotionally.

What makes these challenges so unique?

The previous theme indicated the physical and emotional engagement with children, and participants acknowledged the challenges of professional boundaries. It already indicated the physical, emotional and social demands on child and youth care workers.

The participants spend long hours in therapeutic caring in the life space of children; they are there all the time. *“When you go off duty you are so tired you don’t feel for any thing else.”*

They work with children with different personalities, behaviours and backgrounds which they are not necessarily trained to do and which was acknowledged in the previous theme. *“Every day you work with different issues, which you have to deal with.”* The unpredictability of the behaviour of the children causes them to be alert and to be at different places at the same time, if it is at all possible. As a mere human being, your undivided attention is required at any given time.

The participants say that in this caring profession with direct services to children and youth, *“you do not think of yourself, you always put the needs of the child ahead of yours”*. *This is draining; more often than not you work without rest, tea and lunch because there is some child that needs your attention, advice or intervention. As a child and youth care worker you become tired of contributing, giving of yourself all the time, you have to show interest in what makes the child “tick.” When it is time to retreat to your family you have nothing left to give.* This extract implies that the demands of physical and mental closeness and availability for children have detrimental effects on the cycw in life space caring.

The participants reported that in life space therapeutic caring they are also required to perform certain administrative functions which they do not much enjoy. *“I prefer to work directly with the boys than admin work.”* The administrative functions, which includes drafting of individual plans care, assessments and all other record keeping, in addition to providing therapeutic caring for more than 10 different children, has to happen all in a day's work. They experience difficulty with these additional tasks because they assert that they usually do not have time to do it. *“These tasks are performed in your off time, when you are supposed to rest. “The pressure is always on you.”*

In the previous discussion regarding on the spot assessment and supportive and developmental care the participants pointed out their involvement in the restoration and healing process of the child through the standard procedures

common to childcare (Beukes & Gannon: 1999). However, they view this kind of involvement to be increasingly demanding because it extends beyond the borders of the physical care of children. They have to step outside the confines of the living environment. *“It is taxing because in your off times you also have to attend meetings, training and workshops.”*

Despite the earlier themes about existential presence the participants said that *“You are there all the time, you live with them, eat, play talk and do many activities with them”*, and the professional boundary confusion *“It is difficult to build a professional relationship with the child in a therapeutic manner because you are going to get involved with the child”* and the demands it places on the child and youth care workers. They admit that the financial compensation for this immense task is inadequate and it is a major cause for concern. The participants’ view is that: *“I get little money but it is not just a job to me, it is the love of it,”* and *“You don’t earn a lot of money if you are in it for the money you are in the wrong profession because no one is able to reward a cycw for what he is worth.”*



Maluccio (1988) agrees that although child and youth care workers play the most important role in the lives of children they are in some way oppressed by low wages, excessive demands, high rate of burnout and high staff turn over.

The dichotomy is that even though the participants provide life space therapeutic caring in all its dimensions for no financial gain and can barely eke out an existence, they report that they enjoy their work. It gives them a sense of fulfillment and the fact that many feel *“a calling”* to childcare is satisfying for them.

The participants in the study explicitly expressed their passion for childcare, specifically life space therapeutic care and the sense of *“calling”* on their lives and their love for children and youth *“ I love it” “Ek het my werk lief”(I love my work); “ for the love of kids” and “I love working with children and just to make a difference.”*


There are still many challenges child and youth care workers face on a daily basis in life space therapeutic caring that are not specifically covered, given the focus in this study.

3.2.4.1.1 Working Conditions

It is a known fact that child and youth care workers work long hours, 12- hour shifts in the life space of children. Child and youth care is the most difficult job in the world; they are very special people (Lodge: 2001:9).

De Kock (2002) says that the child and youth care work is distinctive from other helping professions because they work long hours and are in the “life space of children.”

The following narrative, illustrates the feelings of one of the participants.

- 
- *“It is not like any other job that starts and ends at a certain time, there is no cut of time, there is no time to switch off, there is no time to distance yourself, it is tiring, exhausting you have to think and eat on your feet all the time.”*

This excerpt demonstrates the participant’s perceptions and feelings of the complexity of life space therapeutic caring.

According to Krueger (1986:8) there is little doubt that life space therapeutic caring requires physical energy and stamina more than any other human service profession. To manage difficult groups of troubled youth for extended periods of time is an extremely challenging task. It should therefore never be a substitute for relationships outside of work. The excerpt, suggests that the participants are aware of the physical demands and energy that the job requires.

Powell (1990:181) endorses this view and states that the public have regard for child and youth care work as being physically demanding and requiring tremendous stamina.

In addition to the extended work hours and the physically draining task, the low salary, minimal or no fringe benefits and limited career ladder make it difficult to sustain good workers (Powell: 1990:178 -179). These conditions are causing serious problems in terms of recruitment and retention of staff, as well as overall morale. Despite these conditions, the participants earlier remarked that they would continue working in the life spaces of children because of their love for the work and children in general.

3.2.4.1.2 Family and Social life

It was pointed out in the previous theme that existential presence and the personal relationship are necessary conditions for life space work. However, the study indicated that this dimension has a negative impact on the lives of child and youth care workers.



The following narratives, express the participant's' feelings regarding the impact that life space therapeutic caring has on their familial and personal life:

- *“When it comes to your own family you are too tired to deal with them.”*
- *“You can lose a lot of other things that are important for you.”*
- *“It impacts in the way you engage with your family, when you come off duty you have nothing left to give to them, you are too tired to listen to you spouse, too tired to help your children with their school work because it is draining. It takes all your energy and emotional strength.”*

- In the event of life space therapeutic caring *“you forget about yourself and put yourself on hold because you concentrate on the needs of the child all the time.” You have to set aside your personal problems because there is little space to deal with it, you are busy all the time.”*
- *“It is hectic, psychologically it works on you as a person... It messes you up because of the awkward working hours and conditions, you cannot do what you want to do”. There is no private and personal space with a result you become angry and frustrated.”*
- *“You are isolated from your family, extended family, friends and community. And you do not have a social life because the focus is always on the children and even when you are off duty you readily assist because you are there on the premises”.*

The participants emphasise the strain life space therapeutic care places on their relationships with their families and how it encroaches on their social life. It indicates that they have little time and energy at their disposal.

Life space therapeutic caring is the kind of human service where there may easily be a blurred distinction between cycw, life and private life. They may become deeply involved in the lives and problems of their clients, which results in them becoming overwhelmed, resentful and stressed (Beukes & Gannon: 1999:26). The study hints, from the participants' quotes, that there is already no separation for them between their work and their private and personal life as a result of the emotional involvement and physical and mental closeness.

Relations with youth may cross the dividing lines between primary and secondary relationships; between professional or work relationships and friendship (Mordecai: 1997:14). In the preceding theme the participants indicated the kind of close relationships they form with children in their effort to understand and help them. The author similarly maintains that it is a challenge when both the child and child and youth care worker operate in the

same living environment; to draw a line between formal, bureaucratic work relations and friendship, and whether it is appropriate for a staff member to convene a staff meeting at his home, which is also the life space of the child. This in effect means an invasion of the privacy of the child and youth care worker and does not allow them to lead their lives as a normal family would.

The excerpts suggest that in the light of the strains of life space therapeutic caring, the participants are perceived to relinquish that which is personally important for them, for the sake of the child. Mordecai (1997) states that it is “distressful” for child and youth care workers to give up their ideals. He asserts that “it is not a question of giving up a material ambition to attain something outside oneself, it is giving up something that was at least initially a significant part of their being.” For these people giving up their ideals means giving up an important part of their “selves.”

He further asserts that the reason for the cycw's continuing under these circumstances is because their work involves investing in the life of the child and sacrificing of themselves. This, he says, in itself strengthens their commitment (Mordecai: 1997:100). On the one hand they want to leave and on the other hand they do not want lose what they have invested. The daily life of residential care robs them of their illusions.

The participants' views are that they do not regard their giving of themselves as a sacrifice but rather a love for children. Their commitment is strengthened by intrinsic rewards and the satisfaction of a child restored. Even though they experience feelings of frustration, they thrive on the success of the child.

3.2.4.2 Rewards and Disappointments

The participants in the study identified their rewards and disappointments despite the challenges and the demanding task of life space therapeutic caring.

- *“You are going to become a emotional wreck, you blame yourself, you will ask if you are in the right field, did I do the right thing, a lot of mixed feelings.”*
- *“ When a child follow the same pattern before he came into the centre and go to prison and that put you off and sometimes feels as if you did not do your job and wants me to give up and feel like a failure and failed the child and the system...”*

The participants express the emotional effects of their disappointments on their lives and the way they subsequently view themselves, although in an earlier discussion they were confident about their value as child and youth care workers.

In a study conducted by Gannon (1987) in Natal it was indicated that most of the child and youth care workers plan to stay in child care irrespective of the working conditions, their discouragement in the high child and staff ratio, salaries, time and space for privacy, and promotional opportunities. The greatest rewards were seeing progress and growth in the children and receiving affection from children.

The following narratives indicate the participants' perceptions of rewarding experiences.

- *“It is very rewarding,.. The recognition I receive from the boys, the connection is lasting. They still remember me.. It makes me feel that its worth it, it is a confirmation that I need to carry on.. When you understand the process, when you get positive results.”*
- *“The results were rewarding.. That’s a trophy, its rewarding, I did not give up, I did not leave it there.. I was a part of the boy’s life...whatever happens I can see fruit, when I do this it comes back to me positively, when you are off duty they will recognize you and come*

to you openly and open up to me.. When there is restoration, gives me great joy and satisfaction.”

- *“You forget about the demands and stress and the stress of child care if you see you have made a difference in the child’s life.. To see a child heal, opening up a place of trusting you.... Getting a compliment from a child being a role model, made me feel good, ”*

The participants associate their rewards to feelings of satisfaction, the sense of appreciation and achievement.

According to Powell (1991: 183) the source of job satisfaction are intrinsic rewards and not financial benefits. The benevolent spirit of the profession of self-sacrifice, as alluded to earlier, for the good of society, makes it difficult to talk about money.

Anglin et al. (1990:168) has a similar view that rewards are intrinsic only and power, prestige, or money have not been a concern. It seems from the extracts that the participants embrace the intrinsic satisfaction, which is attained when they see children growing and developing. The participants already affirmed their lack of appeal for monetary value.

Krueger (1986:15) argues that they get pleasure and confidence from being able to share their observations in an understandable and useful fashion. It becomes a life long endeavour. The participants maintain that success with children is an indicator of their commitment to remain in life space therapeutic caring.

Success is never easy, guaranteed or easily measured in life space therapeutic caring because of the unpredictability of human behaviour and being in an environment where facts cannot be accurately recorded (Gannon 2004:2). The participants spend long hours trying to teach better behaviours and “just when we think the child has got it, something happens to show us

that we have a long way to go” (1996:16), reader’s comment in the Child and Youth Care journal.

The findings of Ruthbun (1983) in James (1991) showed that rewards of childcare workers were friendship and affection given by children followed by personal enjoyment and observing improvement and success. The participants’ extracts seem to suggest similar patterns.

On the other hand Anglin et al. (1991) states that children are often positive and sensible about the value of the staff that work with them. This argument is acceptable as the previous theme of existential presence pointed out that the development of a personal relationship is mutual in life space caring, both to the benefit of the child and the child and youth care worker. Those children will form attachments to those with whom they feel comfortable and at ease (as indicated by the participants).

Several authors (Powell 1990; Anglin et al. 1991) say that the status of work with young children is directly related to the history of women in culture, has been seen as a women’s work, and is socially acceptable as a refined job, historically viewed as a calling. It has been confirmed by the study that the participants still view life space therapeutic caring as a calling.

Similarly, the participants experience disappointments in life space caring.

The following quotes indicate how the participants experience disappointments in life space therapeutic caring.

- *“It makes me very hearts sore really confused and make me ask myself what have I done wrong, why is this child like this, where have I gone wrong, did I use my work properly to the benefit of the child or just to benefit myself and sometimes I do sit down and think what I did wrong, why did that child not accomplish and even though you taught the child, did you just stop there or should you have continued. It is*

really heart sore... maybe you should have worked more intense with family rather than the child."

- *"When you don't experience success I come home empty and try and hold it together."*
- *"I felt down hearted, I felt as if I failed them and wonder if there is something more we could do. It is a major disappointment."*
- *"I felt hurt that we failed the child because we did not do a proper job. My heart is sore, I know you can't save /help every body, you kind of ask what went wrong, what did I not do come into your mind."*

The participants related their unhappy feelings to the disappointments experienced in life space caring.

According to Fox (1989:8) life space therapeutic caring is an emotional profession and it demands personal involvement. The participants alluded that they inevitably become emotionally involved in life space caring because they become close to the child in their attempts to help the child. It is clear from the excerpts that the participants view their tasks seriously and to the point of questioning their credibility and effectiveness.

3.2.4.3 Burnout

Johnson and Stone (1987) in Lewis et al. (2001:143) define burnout as "a state of physical, emotional and mental exhaustion resulting from involvement with people in emotionally demanding situations."

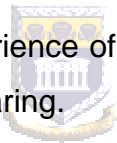
The study indicates that it is inevitable that burnout will occur in the face of existential presence, the boundary confusion of the professional relationship and the demands of supportive and developmental care.

- *"We all get drained and burdened with everything that is happening with the child. It is tough on yourself, to energize because there is no*

support around you where you go to a support group so you have to create your own manners and ways to deal with emotions.. What I do I go to the gym, I need to do something that physically tires me out to take my mind totally off my work space, creating a new environment..”

- *“I carry not just one world on my shoulder but two worlds, mine and theirs.”*
- *“It is not always possible to be professional, you will just burst one day and want to attack a child. there are times that I want to just strangle a child , then I am reminded of my profession and that is why you have to do something to distract you from your work. . that is why I do gym to hit and kick to release my anger....anger about my work, not able to do my own thing, children wanting to do their own thing and not listen... ”*

The participants linked their experience of frustration and exhaustion to their overwhelming task of life space caring.



Barret and McKelvy's (1980:278) definition of stress finds application in this study: “any event in which the external or internal demands, or both, tax or exceed the adaptive resources of the individual.” It has been confirmed by the participants that their stress relates to both internal and external demands. The external demands relate to the expectations of professionalism and the reality of life space caring.

The internal demands pertain to their personal struggles in life space therapeutic caring. Although the participants indicated that existential presence is essential in life space caring, it nonetheless, as they pointed out, affects their physical and mental condition.

Similarly, James (1991:6) states that it is difficult for child and youth care workers to be spontaneous and resourceful when they are physically and emotionally tired. The possible factors influencing this are internal factors,

child and youth care workers' own physical and mental condition; and external factors such as unreasonable organizational demands, high child-staff ratios and working conditions.

Veeran and Moodley (1994) conducted a study regarding factors influencing stress and burn-out among child and youth care workers at a children's home in Kwa Zulu Natal. They assert that the extreme response to job related stress is burnout. Kahn (1978) in Veeran & Moodley states that burnout is often associated with uncomfortable physical and emotional symptoms, including exhaustion. The physical symptoms that the participants reported were exhaustion, a feeling of being burdened and drained, frustration and emotional tiredness.

Stress and burnout in human services such as children's homes, may occur at different levels: job related stressors and organisational related stressors. Organisational factors can be identified as contributory factors to the incidence of stress. Role conflict, work overload, role ambiguity, lack of opportunity to participate in decision making, job dissatisfaction and lack of job clarity are some aspects that fall within the parameters of organisational stress. This study did not explore the participants' view on organisational issues, however, they did not ascribe their burn out to job dissatisfaction but to life space caring, which negatively impacts on their lives.

Maslach (1980) and Robertson & Cooper (1983) in Veeran & Moodley point out that long hours of work and taking on too much work are the main causes of stress among people. Although the authors' definition is a general opinion, it has relevance to life space therapeutic caring. There is no doubt as the study indicated, that the participants work long hours which are at most times extended because they live in the life space of the child. This was highlighted as a contributing factor to their feelings of burnout.

3.2.4.4 Summary

The consequences and challenges of life space therapeutic caring are unique yet it is a matter of concern for the child and youth care worker. However, despite the negative influence on the family life, their social life, the participants seem to persevere in their “calling” to the profession. Small & Dodge (1998) argue as that, “many questions remain as to practice realities in child care settings.”

3.3 SUMMARY OF THE CHAPTER

The purpose of this chapter was to discuss the meanings of the themes extracted from the research and to explore the perceptions and experiences of child and youth care workers of life space therapeutic caring in a residential setting.

The study pointed out that participants' are physically and mentally in the presence of children during working hours and sometimes beyond that. This inevitably results in them having intimate knowledge of the child.

As a result of this intimate knowledge a mutual close and personal relationship develops, which in turn help the child and youth care worker to understand the child. The participants' indicated that due to this personal relationship with the child they find it difficult to maintain a distance from the child and ultimately become emotionally involved.

The participants' battle with the notion of relationship and time boundaries, which are relevant in the professional relationship. This is ascribed to the aforementioned concept of existential presence and the unpredictability of the child's stay in a residential setting.

Despite the fact that the profession dictates that professional relationships are for the benefit of the child only, the study revealed that there are mutual

gratification and disappointments experienced by the child and the participants in the relationship between them.

Due to the lack of clear theoretical guidance regarding boundaries and separation of roles, the participants experienced ambivalence in role expectation. The participants regard themselves as professional but experience conflict with professional expectations.

The study indicated that the participants' view of therapeutic care is linked to the concept of "on the spot intervention." The participants pointed out that, in terms of their training, they regard supportive and developmental care to the child as care interventions.

The research illustrated that the child and youth care worker as a person is used as an important intervention (Brendtro et al. 1998), by virtue of the mental and physical closeness, the personal relationship and the emotional involvement.



Various challenges were identified pertaining to professional expectations, which could lead to burnout. Irrespective of their challenges, the participants reported that the rewards override their disappointments and they persevere in their "calling" to this profession.

CHAPTER 4

SUMMARY OF FINDINGS AND RECOMMENDATIONS

4.1. INTRODUCTION

The goal of the research was to explore and describe child and youth care workers' lived experiences of life space therapeutic care in a residential setting.

The qualitative approach was selected with a phenomenological strategy of inquiry. The researcher used in depth interviews as a data gathering method. It was based on a central question following probing questions.

Meanings were clustered into clusters of themes with sub-categories that were common to all of the participants' descriptions. The identified themes were discussed and presented in a form of a flowchart.



This final chapter reports a summary of the findings of the study.

4.2 SUMMARY OF FINDINGS

4.2.1 Findings related to the first theme: Existential presence

Existential presence was defined as “a form of existential inter subjective relating, expressed in the being and doing with the other who is regarded as a presence as opposed to an object” [Paterson and Zderad (1976) and quoted by Creswell (1998:275)] and this theme was selected to cluster the following meanings that derived from the responses:

- Physical and mental closeness and availability for children
- Intimate knowledge of life and experience of children
- Developing personal and close relationships

- Emotional Involvement.

The responses of the participants indicated that they experienced **physical and mental closeness** in the realities of living with and working with children, and part of their caring experience is to be available to children at all times.

The participants embraced the concepts of “being with” as identified by the developmental strengths based approach in child and youth care and unanimously agreed that child and youth care work in a residential setting cannot take place otherwise.

Their quest to understand children and to help them to overcome their difficulties and develop competencies it has to happen in the confines of life space caring. The participants’ view that, they live, eat, play and do many activities “with” the child and not “to” the child. This explains their level of physical closeness. The fact that child and youth care workers is in the living environment (Wood & Long: 1991:14) of the child they become subjectively involved.



Subsequently child and youth care workers become participants in the life of the child and do not just observe them from an authoritative position. They ultimately become involved.

The physical and mental closeness allows the child and youth care workers to note the child’s growth and development, at all times from all angles. Whether it is while they engage in play, chores or any other activities and also how they interact with other children.

As a consequence of the extended period of time they spend together children develop an openness to engage freely with the child and youth care worker, to a point where intimate details are disclosed.

The participants asserted that the negative impact of physical and mental closeness in life space caring, is that it extends beyond their off time as they

live in the life space of children. This implies that they are always physically in contact with children. However, this intensifies the physical and mental closeness between them.

Participants undoubtedly expressed that by reason of them being in the life space and the physical and mental closeness to the children they have **intimate knowledge of the life and experiences of children.**

They are in close proximity to children and through their daily interaction and the powerful tool of observation, they gather information and knowledge of the child's behaviour, likes, dislikes, interest, strengths and shortcomings. The fact that they are in their life space they get to know their behaviour from all angles, they are able to pick up strengths and weaknesses. The participants view this as a necessary process in order to intervene in a developmental way.

This intimate kind of interaction between the child and the child and youth care worker is as a result of existential presence. Harris (2002:9) states that "we only get to know them when we spend time with them." And it is confirmed that cycw spend a lot of time with them and are guaranteed to develop intimate knowledge of the children.

Literature, (Brendtro et al. 1998:76) points out that sharing of knowledge emerges in life space caring as personal and close relationship develop and grow. The participants assert that they gain an intimate knowledge of the child through involvement in practical activities such as washing dishes and helping in the kitchen they discover more things about the child. The participants experienced that it is in this context where the child eventually opens up and share his heart.

The participant's perception is that because of the existential presence and intimate knowledge of the child they understand the child and is in a better position, than any other discipline to draft a developmental plan for the child and his family and strengthen his competency.

The conclusion is that child and youth care workers are the key people to help achieve the developmental goals of children and youth in residential care. They are in the physical and mental presence of children and have intimate knowledge of these children.

Personal and close relationships develop between the cycw and children because they are in each other's presence every day.

Life space caring is a favourable condition for deeper attachments to develop because much time is spent together.

The study revealed that **transference** occurs in the personal relationship between the child and the cycw, as the worker become the substitute parent to the child. The child transfers a mental picture of the worker as his parents, which causes the child to transfer knowledge of him and is willing to form a partnership in this close relationship.



It has been found from the participants' responses that the child and youth care worker forms **attachment with certain children** particularly those with special needs.

The development of close and personal relationship is viewed positively by the participants irrespective of their struggle with the notion of professional relationships. The participants regard the close relationships as enabling, as it influences children positively.

According to Fewster (1990:39) we come to know ourselves and the world we live in through personal relationships. Just as the cycw, through a close relationship develop knowledge of the child it is equally so that the children get to know the worker and therefore opens up more to one than the other. Fewster (1990) refers to the residential setting as a "dynamic personalized environment" where both cycw and child recognize their relatedness, the child develops mastery skills, which are strongly influenced and facilitated by the cycw.

In contrast to Watson's (2002) study that children have a negative opinion of child and youth care workers, the participants are certain that children open up to them, trust them and are comfortable with them. The child is not bound to one worker, the study indicated that the child has a variety of workers to form attachments and build relationships (Lefrancois: 1993:291).

The professional relationship dictates emotional detachment from the client but the participants revealed that they become **emotionally involved** in the situation of the child and his life. They explicitly stated that they could not distance themselves from the child.

There are several literature sources (Fox: 1989; Buber: 1958; Krueger: 1986) that align with the participants' difficulty to distance themselves from children. Their difficulty does not stem from the "cannot" because of lack of experience, skill or knowledge, but they are coerced due to the existential presence.

There is unwillingness by the participants to get emotionally involved with children, but because they themselves are human, with emotions and working with human life, they experience difficulty to switch off from them. This is exacerbated by the fact that they are in their life space.

The participants' extent of emotional involvement is evident in the range of emotions they experience, anger towards parents, who they perceive to be the cause of children's problems, hurt and pain because it is visible in the child's demeanour and several other unpleasant emotions. Children's traumatic life experiences evoke emotional responses from the participants. The thoughts of children and their pain linger with the participants long after their shifts.

The participants cognitively embrace the concept of empathy but in reality they become overwhelmed and emotionally involved with the child. Their experiences suggest that they have no other alternative and means of empathizing with children (Krueger 1986:7).

4.2.2 Findings related to the second theme: Redefining professional relationships

The participant's responses imply that they perceive it necessary to redefine professional relationships in life space therapeutic caring.

This theme was selected based on the following meanings that surfaced from the data:

- Perceived professional boundaries
- Mutual gratification and disappointments
- Time boundaries are relevant to the context
- Ambivalence in role expectations.

The study indicated that, child and youth care workers experience difficulty to reconcile the inherent requirement of existential presence in childcare with their perception of the requirements of professional relationships.



In addition to the aforementioned dilemma the participants battle with the nature of professional relationships in the context of life space caring.

They experience **boundary conflict** or perceptions of distorted boundaries as a result of life space realities. The participants concerns about professional relationships are, whether it will influence their creativity, spontaneity and aloofness in life space caring.

Child and youth care workers regard life space therapeutic caring as a calling that extends beyond the perceived requirements of professional relationships.

Michael (2003: 4) argues that cycw need to achieve a balance being a person and being a professional.

Although the participants are aware that the relationship should meet the needs of the child, nonetheless **mutual gratification and disappointments** also developed for the participants.

The professional relationship is time specific yet the unpredictability **of time boundaries** in life space reality causes a further dilemma within their context.

The BQCC Training Manual (2000) provides guiding principles professional relationships in this context.

Together with their experiences relating to professionalism in life space therapeutic caring, the participants also experience **ambivalence in role expectation**, whether they are professional or not.

It is clear from the literature (Powell: 1990; Brickman: 1983; Weezel & Waadijk and others) that the **definition of a professional relationship** in a conventional sense is vastly different to a professional relationship in child and youth care practice.



The traditional model of professional relationship places the professional in a detached position from the client. This model is practiced by associated disciplines of childcare, like social work, psychologist and other family therapists.

From the study it is clear that this model is undesirable for child and youth care workers.

There remains uncertainty, even though participants hold the view that professionalism has its place in life space caring.

There is an insistence from the participants for a clearer, workable definition of professional relationships in child and youth care practice.

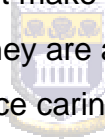
4.2.3 Findings related to the third theme: Profession specific Therapeutic Care in CYCW

This theme was selected based on the following meanings that emerged from the data:

- Continuous on the spot assessment and intervention opportunities
- Supportive and developmental care
- The personal self of the cycw as intervention.

The study attempted to gather child and youth care workers' experience of life space therapeutic care. The participants were not familiar with the concept but their experiences suggest that they practice some kind of therapeutic care.

The participants' understanding of therapeutic care emphasised their individualized way in which they deal with children to bring healing and restoration. The participants did not make reference to therapeutic programmes except the fact that they are aware of the principle of working with children's strengths in life space caring.



The literature (BQCC: 2000: Pratt: 1990:64) refers to therapeutic programmes, developmental programmes and general programming in which treatment and care takes place within these programmes, which meet the developmental needs of children and youth.

The participants' experience dictated that they provided **on the spot assessment and intervention opportunities**: the day to day things they do with children without realizing its therapeutic value like observing and listening to them, teaching them basic skills and developing their strengths.

They are able to provide on the spot assessment and intervention opportunities because they are in their life space and they know the child. They are therefore in a better position to understand children.

In addition to, on the spot assessment they have to assess each child's progress on a daily basis. The participants acknowledge that life space caring is demanding as each child is different to the next and has to be assessed differently.

Guttman (2004:28) refers to immediacy, which implies the concept of on the spot assessment in life space therapeutic caring.

Their experiences are that children divulge more detail, intimate and personal information to them. They are often the agent who makes recommendations to social workers regarding the child's future and they relay more accurate information about the child.

The participants are aware that they are providing **supportive and developmental care** to children and youth.

They describe the supportive role as:

- Being "there" for the child.
- Respecting the child's unwillingness not to disclose.
- Allowing the child to open up and move at his own pace.
- Not to impose their views and judgment onto the child.
- To give the child space to become familiar with his environment and to fit in.
- To always make sure that children are okay.



It is important for cycw to work through issues with children through activities, projects and exercises to develop mastery and competency skills. In this way they identify those things that hamper children's development. At times they become predominantly occupied with these tasks.

The IMC document (1996:58:59) provides guidelines regarding the components of therapeutic programming.

This study has indicated that at times the **cycw as a person** becomes the **therapeutic intervention** tool.

The participants regarded themselves as the key people to help children reach their developmental goals. They also regarded their role as a cycw as important who has the potential and ability to positively influence the child.

The fact that children readily open to child and youth care workers could be regarded as professional therapeutic caring

Small & Dodge (1996:20) state that the cycw is the most important therapeutic agent who provides therapeutic care in the life space of children.

No mention was made of operating in a multi disciplinary team even though a number of references were made with regards to the social workers role in the child's life. Their view is that the child has more confidence in them as cycw as opposed to the social worker, who hardly knows the child.



4.2.4 Findings related to the fourth theme: Consequences for cycw

It was important for the study to look at the earlier discussions of existentialism, professional relationships and the provision of therapeutic care and how these impact on the participants.

This theme was selected based on the following meanings that emerged from the data.

- Challenges in their working conditions and personal and social life
- Rewards and disappointments
- Burnout

There is a realization by the participants that child and youth care is not like a normal job, where production is accounted for and a clear distinction is made between their private and work life.

The impact of life space therapeutic care takes its toll on the participants. They indicated their challenges, relating to their personal and social life and their working conditions. How they deal with disappointments and what constitutes as rewards.

The participants explained that the **challenges** they face on a daily basis are challenges pertaining to their working conditions, family and social life and their personal development.

The challenges regarding their **working conditions** result from long 12-hour shifts. They experience it as exhausting, tiring and demanding. The fact that they work and think on their feet during the entire shift. There are times when they forfeit important tea and lunch breaks because they have to attend to children.

This is intensified when there is only one cycw on duty per shift.

Their frustration stems from always being on duty even though they are officially off duty, especially when there is staff shortage. At these times they are called upon to help out. This interferes with their private time and the time they should be spending with their family.

Their perception is that because they live in the life space of children, that these children have no regard for their off time and constantly barrage them with issues. However, despite this they continue to help the children because of the close relationship with them.

The participants' preferences are to live away from children's life space in order to make a clear separation between work and their home.

The participants indicated that life space caring negatively affects their **family life**. They become deeply involved in their work to the detriment of their family. At the end of their shifts they are too tired to meaningfully communicate with their spouses and children and assert that they have nothing to give to them.

They are aware that their own families are neglected at the expense of other people's children and families

As a consequence of the awkward working hours and the inconsistency thereof, they indicated that they have no **social life**. When they are off duty their time is spent sleeping. There is not much time for anything else, like following their own interest and their hobbies. They perceive it as a sense of loss.

They regard themselves as isolated from the world because their focus is constantly on the children.

Rewards and disappointments are unique in child and youth care. The participants articulated that financial benefits do not act as a reward for their job satisfaction. However they indicated that they are grossly underpaid in terms of the kind of investment they make in the lives of children.



They attribute **rewards** to seeing a child succeed, personal enjoyment and helping a child develop and grow. The recognition they receive from children adds to their feelings of appreciation. The participants indicated the value of intrinsic rewards (Anglin et al: 1990).

The participants perceive their work as a *calling* as a “calling” not merely as a job but something, which is innate; which is part of who they are and which was ordained by a higher power. The participants explained that the sense of calling on their lives into childcare has to an extent shaped their life long commitment to childcare. They regard their commitment, as practitioners as important and serious.

The participants noted that their upbringing and youth has influenced their chosen profession because they identify with most of the young people and therefore are easily drawn into their situation. This could be a possible explanation for their over identification and involvement with children.

Disappointments are experienced when children relapse into negative behaviour, when a child for example ends up in prison after disengagement from their facility. It produces genuine and strong feelings of pain, disappointment and regret.

There was no explicit reference to burnout. The following examples of physical consequences points to burnout symptoms:

- Exhaustion as a result of the overload of their work
- One cycw caring for 16 -20 troubled children in one 12 hour shift,
- The mental fatigue of being bogged down with administrative responsibilities
- Continuous assessments that takes place
- Thinking in the moment, to provide on the spot assessment and intervention opportunities,
- Other therapeutic expectation to be met
- Emotional and personal involvement with children,
- They are required to be mentally alert to observe changes and development in children.

(Maslach: 1980; Roberts & Cooper: 1983) confirms the participant's experiences of burnout.

De Kock (2002) and Lodge (2001:9) admit that life space therapeutic care is demanding and the most difficult job.

The study hinted that cycw do not take good care of themselves at the expense of themselves, their families and the children in their care. Participants indicated a variety of things they do infrequently in their free time, like walks, reading, watching a movie, going off the premises and listening to music or sleep. Their support systems ranged from their colleagues, families, spouse and friends.

4.3 SUMMARY OF CONCLUSIONS OF QUALITATIVE APPROACH

The existentialism in childcare indicated that it encapsulated the physical and mental closeness of the cycw to the child. It demonstrated that it is a precondition for knowing another. It has shown that intimate knowledge is guaranteed when long hours are spent in close proximity to children and youth. It is a given that this is a resulting effect because of the continuous exchange of information and interaction that occurs in the life space of children. Developing close relationships and emotional involvement are difficult to separate as two separate entities but it was shown through the participants' experiences and perceptions that it is unavoidable not to develop a close relationship and not to become emotionally involved.

Redefining the theoretical constructs of a professional relationship and how it impacted the participants in view of their lived experience is significant. It is concluded that there is no or little reconciliation between the theory and the actual lived experiences of the participants as child and youth care workers.



It was necessary to review therapeutic care from the child and youth care worker's perspective. It was revealed that therapeutic care are interactions that child and youth care workers take for granted in their day to day caring of children, even though they were unable to conceptualize the concept.

Existentialism, the professional relationship and provision of therapeutic care have direct consequences on the participants as child and youth care workers and children in their care. The study has shown that the consequences were not always pleasant and affected them adversely in terms of their personal and family life.

It is evident in this study that there needs to be a clearer understanding in terms of what it is that child and youth care workers do in reality, from their perspective, their dilemmas and challenges and how these influence their perceptions and thinking of themselves and their profession.

4.3 RESEARCHER'S EXPERIENCES OF METHODOLOGY OF IN DEPTH INTERVIEWS

The researcher's view is that the in depth interviews yielded knowledge of the child and youth care workers experience and perceptions of life space therapeutic caring. The open-ended questions produced knowledge beyond the expectation of a mini thesis.

Open-ended questioning presented difficulty in the data analysis. It was an exhausting task to extract meanings from the vast amount of data collected. However, the findings are informative and contribute to research based knowledge of life space therapeutic caring in residential settings.

The overall experience of the study in particular the in depth interviews was positive for the researcher.

4.5 RECOMMENDATIONS

Based on the findings and conclusions of the study, it is recommended that:



- Further qualitative research is conducted regarding the lived experience of child and youth care workers in the life space of children and youth in other contexts, to adjust the reality of life space caring with what the literature highlights.
- A comprehensive quantitative study to obtain representivity of the phenomenon is conducted.
- Trainers and managers provide clearer guidelines regarding professional relationships in the life space context.
- A structure is created that affirms and recognizes the efforts and potential of child and youth care workers.

- A platform is provided for child and youth care workers to discuss and make recommendations, regarding pertinent issues that adversely affect their profession.
- A support group for child and youth care workers is established, not only to share ideas and mechanisms of coping but generally to support one another in the field.
- Weekly assessment sessions to discuss intervention strategies and planning.
- Each residential facility build into their basic conditions of employment, a debriefing device that obliges child and youth care workers to open up and discuss personal issues about their experiences in their own setting.
- Regular and fixed supervision to alleviate some of the challenges child and youth care workers experience daily.
- Regular in service training and staff development be implemented for cycw to be abreast of developments in their field and around issues discussed in the study.

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