THE EXPERIENCES OF MALE ADOLESCENTS IN A CHILD AND YOUTH CARE CENTRE AND THEIR RELATIONSHIP WITH PROBLEM BEHAVIOUR DISPLAYED

by

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MINI-DISSERTATION

Submitted in partial fulfilment of the requirements for the

BACCALAUREUS TECHNOLOGIAE DEGREE

in

CHILD AND YOUTH DEVELOPMENT

in the

COLLEGE OF HUMAN SCIENCES

at

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF. D DE KOCK

NOVEMBER 2009

DECLARATION

I, ARIVHADIVHI JOSHUA NETSHIPALE, hereby declare that the dissertation for Baccalaureus Technologiae Degree in Child and Youth Development at the University of South Africa has not been submitted previously at this or any other university, that it is my own work in design and execution and that all reference material contained has been duly acknowledged.

Signature:……………………………………

Date:……………………………………………

DEDICATION

I dedicate this work to my children, Floshua, Hercules and Thendo Netshipale.

ACKNOWLEDGEMENT

I wish to thank God for providing me with light to carry out my work.

Thanks to the following people who made this work possible:

- My supervisor, Prof. D. de Kock for her knowledge and a caring attitude
- The management and staff at Ikhaya Lothando Community Centre
- The language practitioner, Glenda Buncombe, for editing this dissertation
- The children at Ikhaya Lothando Children's Home
- My family, friends and colleagues in the child and youth care field
- Not forgetting the ancestors and the unknown

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ABSTRACT

Many children in South Africa have been removed from the care of their parents and live with relatives, are in foster care, or placed in child and youth care centres. Various factors including the HIV/AIDS pandemic and domestic violence contribute to the placement of children in alternate care.

This study on the experiences of male adolescents in a child and youth care centre and the relationship between these experiences and problem behaviour displayed was undertaken with the purpose of gaining insight into how male adolescents view their stay at a child and youth care centre. This study was conducted at Ikhaya Lothando Children's Home in Tembisa, Gauteng, South Africa, between May and September 2009. The aim was also to determine whether these experiences contribute to the behaviour shown during the adolescents' stay.

The study found that several factors, including relationship building, trust, the admission process, as well as the duration of stay, create an experience for the child and determine how male adolescents choose to handle themselves. These experiences also include the child and youth care environment, the resources in and around the community and interaction with families and friends.

CHAPTER 1

INTRODUCTION TO AND BACKGROUND OF THE STUDY

1.1   INTRODUCTION

Child and youth care centres or residential care exist for the care and protection of children who are vulnerable and whose lives are presumed to be in need of care in terms of the Child Care Act 74 of 1983. According to Du Toit (2002:2), young persons find themselves in residential care after a traumatic event and go through stages of loss or a traumatic experience, with each stage accompanied by a particular behaviour. Graeff, Elder and Booth (1993) indicate that a person in a residential setting makes a choice of his or her own behaviour based on the vulnerability to care and treatment. The feasibility of care the person is receiving also accounts for the behaviour.

Brendtro, Brokenleg and Van Bockern (1990:64) mention that trust develops over a period of three predictable stages, which are the casing stage, limit testing and predictability. Durrant as cited by Molepo (2004:10) explains that a young person's behaviour occurs in the context of what that person has been undergoing during the casing and the limit testing. Our role as child care workers then becomes to counter their previous sense of hopelessness. We become the driving agents to stimulate the development of young people in a way that will help them to experience residential care treatment as rewarding and with minimal behaviour challenges.

1.2   PROBLEM STATEMENT

The problem to be investigated is the problem behaviour that adolescent males are likely to present during placement in child and youth care centres and the effect of a long stay in these centres. Child and youth care centres exist for the care and protection of children, and the young person's experience during the confinement determines the developmental and/or therapeutic

needs that they will have. They will display a particular behaviour as a way of addressing these particular needs and such behaviour could be good or problematic.

If problem behaviour and long-term placements are not managed and minimized effectively, children placed in child and youth care centres will continue to display challenging behaviour that will deter their future development. Development takes place through the experience in the environment where the young people found themselves and the resources to aid their growth. This research therefore also examines the nature and facilities of child and youth care centres, day-to-day activities, the relationship between children and personnel and the effect of these factors on the young person's behaviour.

Due to the nature and scope of investigation this study was limited to the sample population of young males at Ikhaya Lothando Children's Home in Tembisa (Gauteng). This was important to determine the experiences of young male persons to improve service delivery to young people.

1.3 THE AIMS AND OBJECTIVES OF THE STUDY

1.3.1 The aims

The aims of this study were:

i) Understand how male adolescents view their stay at child and youth care centres.
ii) Determine if these experiences contribute to problem behaviour shown in the centre.

1.3.2 The research objectives

The research objectives of this study were:

i) Describe the male adolescents' experience of child and youth care centres.
ii) Identify the developmental and therapeutic needs of the young people.

iii) Establish the relationship between problem behaviour and the young people's experience of child and youth care centres.

iv) Explore the admission process, residential environment and relationship with peers and caregivers.

v) Make recommendations to those rendering services to young people.

1.3.3   The key theoretical questions

To meet the objectives of this study the following questions were asked:

i) How do male adolescents in child and youth care centres experience the situation?

ii) How do the male adolescents relate to peers and child and youth care workers?

iii) What are their developmental needs and strengths?

iv) How do male adolescents react to separation from family and friends?

v) What do male adolescents feel about loss and trust?

vi) What is the male adolescents' understanding of the admission process?

vii) What is the male adolescents' involvement in day-to-day activities, and what are their attitudes towards the future?

viii) What is the male adolescents' attitude towards discipline, control and management?

ix) How are the male adolescents involved in personal care?

x) What are the male adolescents' views of prolonged confinement?

1.4   LITERATURE REVIEW AND KEY CONCEPTS

1.4.1   Literature review

The focus of this study was on the experiences of male adolescents in a child and youth care centre and the relationship between these experiences and behaviour problems displayed. The researcher consulted different literature pertaining to the study such as books, journal articles and relevant legislature.

Edmond, as cited by Brendtro, Brokenleg and Van Bockern (2002:71), in the article entitled "The improbable relationship" explores the experiences of an adult client who deliberately seeks out the services of a helping professional and who both wants the relationship and understands having to pay for it. However, the young people in this study can be seen as not having asked for the relationship. This special relationship forms the basis for the future and our demonstrated trust should be visible even in the first stages of engagement with the young person.

An adult can create a perfect behavioural influence on a young person when an attachment has been established. The absence of dependence support creates greater havoc in a child's development (Brendtro et al., 2002:74). A young person's behaviour results from the absence of belonging as such children encounter challenges in social and emotional adjustment with their lives being surrounded by mental illness, delinquency, depression and defeat. Brendtro et al. (2002) further explore the fact that lack of attachment with immediate care providers can lead the young people to be relationship resistant. This is likely to encourage them to act out protective behaviours that were learned in their initial contacts with uncaring people. These authors give an illustration of Richard Cardinal to highlight the importance of acting out a caring relationship. Richard, though intelligent and thoughtful, was seen withdrawing and started to feel lonely every day. As a result "he finally, cut off from human bonds, failing in school, powerless to control his life, overwhelmed with feelings of worthlessness; at the age of seventeen, hanged himself from a board suspended between two birch trees at his last foster home" (Brendtro et al., 2002:12). This illustration helps us to understand the importance of relationship when working with young people, as behaviour resembles acting out of some kind of discomfort felt by the child and hence their needs for belonging are not being met.

Adults contribute to young people's behaviour and exploit children. As a result young people act out delinquently, become addicted to substances and dependent on welfare, their family dissolves, they become parents out of wedlock and fail at school. Brendtro et al. (2002:13) stress the importance of role models for a stable lifestyle so that young people are not raised and socialized by child-parents and their peers.

Coping with the residential care process and being placed into residential care can be a traumatic experience. Corly (2004:25) states that "a response to trauma is normal. Children respond to extreme stress in various ways. They express feelings of fear, fear of darkness, fear of being alone, sleeping problems, over sensitivity to ordinary family stress, regressive behaviors, increased irritability and health problems. These feelings and behaviors are normal when a child is dealing with a traumatic situation. With time for most children these decrease with intensity and frequency".

When coping mechanisms fail to deal with traumatic situations, a family cluster of symptoms could result, such as blunted emotions, sleep disturbances and nightmares, overwhelming feelings of helplessness, feelings of guilt, increased alcohol and drug use, aggressive behaviour and anger, taking on more work, loss of ideas, despair about society, lowered belief in the value of one's work and relationship problems (Patterson & Batya, 2004:12).

Brendtro et al. (2002:123) also speak of the absence of problem behaviour by the young person as an indication of a complete circle of courage, that the child has experienced that he or she belongs, has mastered some skills, can act independently and can show generosity to others. In their curriculum for caring Brendtro et al. propose the following as goals for the youth of the 21st century: "that the young person will embrace many virtues like, courage, acceptance of responsibility, honesty, tolerance, appreciation of individual differences, and caring about others".

1.4.2   Key concepts

1.4.2.1 Male adolescent

This means a male person under the age of 18 years in terms of the Child Care Act (South Africa, 1983:).

1.4.2.2 Child and youth care centre

The Children's amendment Act, this means any building or premises maintained or

used, whether for profit or otherwise, for the reception, protection and temporary or partial care of more than six children apart from their parent (South Africa, 2005: 10).

1.4.2.3 Problem behaviour

For the purpose of this study problem behaviour is determined as any conduct which is inappropriate that could either be expressed emotionally or relationally by the young person such as agitation, wandering, confusion, aggression, loneliness, suspiciousness, fearfulness and hope.

1.5   RESEARCH METHODOLOGY AND DESIGN

1.5.1   Research methodology

Terre Blanche, Durrheim and Painter (2007:276) are of the opinion that "the commitment to understand human phenomenon in context, as they are lived, using context derived terms and categories, is at the heart of interpretive research, and the development of methodologies for understanding human phenomenon in context is arguably the central achievement of qualitative methodology".

Welman and Kruger (2003:2) note that "research involves the various methods and techniques in order to create scientifically obtained knowledge by using objective methods and procedures". Research methods or techniques entail specific things that researchers use to sample, measure, collect and analyze information; and this is about the consideration and explanation of the logic behind the research methods used.

Creswell (1994:71) views qualitative research as being based on five traditions which are biography, phenomenology, grounded theory, ethnography and case study. The phenomenology tradition involves in-depth interviews as the primary means of data collection and the experiences of small numbers of individuals who experience a phenomenon are recorded.

This research study focused on gaining more knowledge about the experiences of male adolescents living in a child and youth care centre and the relationship between these experiences and problem behaviour. To achieve the objectives of the study the researcher used qualitative research methods. This assisted him to understand the value or the meaning of life of the young people by means of phenomenological approaches as they are concerned with understanding human behaviour from the people involved (Welman & Kruger, 2003:8). The researcher found the qualitative method to be most appropriate for this study.

1.5.2 Target population and sampling

According to Welman and Kruger (2003:53-54), research is conducted to investigate a research hypothesis or a research question, and data is collected from the objects of enquiry in order to solve the problem concerned. A research design is the plan according to which researchers obtain research participants and collect information from them; in which the researchers describe what they are going to do with the participants. Non-probability sampling was used in this study as it enabled the researcher to indicate which sample results deviated in differing degrees from the corresponding population values.

Terre Blanche et al. (2007:293) indicate that if the study is to describe personal experiences of a phenomenon, the following characteristics are important in relation to an ideal respondent:

i) Personal experience of what is being researched.
ii) Good communicative skills (ability to describe experience in detail).
iii) Openness and un defensiveness.
iv) Interest in participating, as well as the perception that it may in some way be of value to participate.

To arrive at a working population for this study the researcher considered the purpose of the study for selecting a particular population that related directly to the relevant problem area and defined it explicitly. It was also ensured that the population could be identified, was accessible and that the level of response to the data collection was high enough to draw valid conclusions

from the data. The research was conducted among young males aged between 12 and 18 years and residing at Ikhaya Lothando Children's Home. The participants had been accommodated for a period more than two weeks at the time of the interview. The researcher used purposive sampling; hence only those who met the purpose were selected so that the calculated variances would allow yielding of valid sentiments. There were 17 children who met the selection criteria. The researcher anticipated that five volunteers from the three dormitories would be interviewed and that two more could be added if further confirmation of data was needed.

1.5.3   Data collection method

McKendrick (1990:270) considers data collection as the most difficult and time-consuming phase of the research process. The use of interviews allowed the researcher flexibility to probe for more specific answers and enabled him to observe non-verbal behaviour. Questions were posed in sequence and completeness of the questions was assured. Control was maintained over the environment to ensure privacy (Bailey, 1987:174).

For the purposes of this study the researcher used a semi-structured interview schedule to gather the data. This gave him the opportunity to probe for more information wherever necessary, to make observations of body language and to ensure that the questions asked were clear and completed on time with sufficient answers. It was decided that only those children who met the criteria and who were present during the period of the interviews would be selected. The data was therefore drawn from seven participants. The seven participants were interviewed and to accommodate children who could not read or write, the researcher encouraged them to tell stories of their personal experiences and studied their backgrounds to gain more information. Interviews were conducted until the data was saturated. The researcher jotted down notes during the interviews and also taped them.

1.5.4   Data analysis

Terre Blanche et al. (2007:322) describe data analysis as involving reading through the data repeatedly and engaging in activities of breaking the data down (thematizing and categorizing)

and building it up again in novel ways (elaborating and interpreting). Their steps of interpreting data are as follows:

i) Familiarization and immersion

ii) Including theme

iii) Coding

iv) Elaboration

v) Interpretation and checking

The researcher was able to analyze the information from the participants using the eight steps of the qualitative method as described by Tesch (1990:142-145) as follows:

i)   Reading through all interviews and writing down ideas as they came to mind.

ii) Picking one interview and determining the underlying meaning.

iii) Creating a list of topics that emerged from informants that were similar.

iv) Abbreviating the list of topics with codes next to the appropriate segments of the text to enable the researcher to see whenever new categories and codes emerged.

v)   Establishing the most descriptive word for text and then categorizing them. Those that related to one another were grouped together.

vi) Making a final decision on the abbreviation of each category and recording codes alphabetically.

vii) Conducting preliminary analysis by assembling the data material that belonged to each category in one place.

viii) Recording the existing data whenever necessary.

1.5.5 Validity and trustworthiness

Creswell (1994:71) states that the researcher can ensure trustworthiness and authenticity by carrying out triangulation and member checking. These involve the integrity of the conclusions drawn from the gathered information. The researcher gathered information from the participants, and probed for more details. Feedback from participants was obtained through member checking where findings of the study were taken back to the respondents to get their opinions on their

accuracy. The researcher interviewed the seven participants until the data was saturated and this was done to ensure trustworthiness.

1.6   ETHICAL CONSIDERATIONS

Terre Blanche et al. (2007:69-77) present an argument that "qualitative research is not exempt from ethical considerations or review"; hence this method is conventional. They further conclude that the "data analysis attempts to preserve the integrity of the data collected" and that participants in qualitative research are entitled to the same protection and respect as those in quantitative research. These authors mention the following ethical concepts:

i)   An ethical framework should be accessible to research and structured to deal with various stages of implementing a research project.

ii)   The researcher and the research methods should be sensitive to the values, cultural traditions and practices of the community.

iii)   Poor research design is an ethical issue because it can lead to invalid results and an unnecessary waste of resources and participants' time.

iv)   Possible harm or risks to research participants should be identified.

v)   Payments of money to research participants are not considered a benefit to offset risks.

vi)   The researcher should at the very least consider making research results available to the study population in some appropriate format.

vii)   Focus groups may involve problems with confidentiality as the researcher cannot guarantee that participants will maintain confidentiality.

viii)   There should be explicit early agreement between the supervisors and students about possible publication and authorship.

ix)   The researcher enjoys considerable power to sway public and professional opinion, and these powers must be exercised responsibly and within the rights of research participants.

The research interviews were conducted in this study only with the informed consent of the participants, explicit confidentiality agreements and the application of a rigorous analytical process to ensure that valid and supportable conclusions were drawn. The researcher showed

respect to each participant and assured them of confidentiality regarding the information they provided. They were informed about the importance of the study and that participation was with their own consent and at their voluntary request. Respect for their time was considered and interviews were conducted during their free time to avoid disrupting their programmes. Access was gained through the supervisor and child and youth care worker on duty on the day to secure an appointment with the participants. This helped the researcher to meet the participants at an appropriate time without disturbing their daily activities.

1.7 IMPORTANCE/SIGNIFICANCE OF THE STUDY

The intention of this study was to address the challenges that the youth of today are faced with in our residential care facilities and to gain an understanding of how the child and youth care centres function and the significance of what young people experience during their stay in youth centres. Lack of such understanding may lead to often blaming them for acting out differently, but this happens because their individual developmental needs are not recognized. This study intends to bring change to those living and working in the child and youth care field. The results of this study will create awareness of challenges faced by young male adolescents at Ikhaya Lothando, and the surrounding children's homes.

1.8 DELIMITATIONS OF THE STUDY

The researcher has the responsibility for making certain that enough data is presented, also bearing in mind that the study had boundaries. The researcher in this case bore in mind that the study was qualitative in nature and participants were therefore given enough time to express their views on the topic being studied.

In this study those who qualified as participants met the following criteria:
i) They were residents of Ikhaya Lothando Children's Home.
ii) They had been in care for a period of more than six months.
iii) They were aged between 12 and 18 years.
iv) They were male.

1.9   PROBLEMS ENCOUNTERED IN THE RESEARCH

The first problem encountered was delays. Some participants did not honour the appointments, as most of them returned from school late and often they relied on the child and youth care worker to remind them of the time of the appointment. The other problem was that the researcher did not have a computer and relied on a typist, and this caused some delays in completing the study as per the researcher's time frames.

1.10   LAYOUT OF THE RESEARCH REPORT

This research report consists of four chapters. Chapter 1 includes the background of the study, the statement of the problem, research aims and objectives. It also illustrates the key theoretical questions and the definition of terms used, delimitations and problems encountered in the research.

The details of the methods of research that were used to gather the information, the instrument used, detailed procedures followed when selecting the population, and the possible shortfalls of the method are described. The gathered information and the findings of the research are documented in chapter 2.

Chapter 3 covers the review of literature on residential care facilities, the admission process, relationships, attachment, trauma, trust and behavioural problems in long-term care as well as behaviour management with relation to young adolescents in residential care settings. Previous information on challenges facing young adolescents and human behaviour in institutional settings with a detailed focus on relationships is presented.

Finally, in chapter 4 the outcomes of the gathered information are discussed in relation to the research topic. The implications of the findings on future research, the overall conclusions drawn from the recommendations and the overall findings are presented in chapter 4.

CHAPTER 2

THE RESEARCH METHODOLOGY AND FINDINGS

2.1   INTRODUCTION

This chapter outlines the means that were employed to gather information for the study. The type of research the researcher chose is justified. Details are given of the type of research, the process undertaken to select the study population, the population size, the data collection tool and analysis. Issues with regard to validity, trustworthiness and ethical considerations are also discussed, and the chapter ends with a conclusion.

2.2   RESEARCH METHODOLOGY

A qualitative approach emphasizes meanings, experiences (often verbally described) and descriptions of what has been observed. Qualitative research wants to make sense of feelings, experiences, social situations or phenomena as they occur in the real world, and therefore wants to study them in their natural setting (Terre Blanche et al., 2007:287). This study intended to explore the experiences of male adolescents in a child and youth care centre and to establish the relationship between such experiences and the problem behaviour displayed. Qualitative research methods were found to be suitable for this study.

2.2.1   Target population

One way of judging the likely number of cases required is to consider the degree of theoretical development in the field being studied. In a field where there is a strong base of existing theory, the researcher should have fairly specific research questions and particular cases can be identified to verify or challenge certain ideas. In this instance a few cases may be enough. When conducting relatively brief semi-structured interviews on issues such as attitudes, the researcher is interested in the range of opinion across a larger number of cases. Enough cases would then be needed to ensure that the range of attitudes likely to be encountered in the population is covered.

"Experience has shown that six to eight data sources or sampling units will often suffice for a homogeneous sample" (Terre Blanche et al., 2007:289).

The researcher selected Ikhaya Lothando Children's Home, which works with male adolescents (this was influenced by the researcher's past involvement with the organization). The researcher made contact with the supervisor working in the organization and found that the home had young people who met the criteria that the researcher considered for selection (male children born between 1992 and 1997, in care for more than six months). A written request to conduct the interview was made by the researcher to the management of the organization.

2.2.2   Sampling procedure

The researcher used non-probability sampling as it is useful in a study that seeks to explore undeveloped ideas. While being aware that there was a clear reason to select a specific type of respondent, in this regard the researcher used purposive sampling, allowing only children who were present during the period of the interview to have an equal chance of being selected. A total of seven participants were selected to participate in the study. The convenience type of purposive sampling was used with a view to saving time, money and effort while ensuring that information was gathered accurately and consistently.

2.2.3   Data collection method

Terre Blanche et al. (2007:287) indicate that the researcher should not disturb the context unduly, but attempt to become a natural part of the context in which the phenomenon occurs. This is achieved by "entering the research setting with the necessary care and engaging with research participants in an open and empathetic manner".

Whenever a researcher intends to get people to talk to him or her in depth about their feelings or experiences, he or she should plan for an unstructured interview. A semi-structured interview allows the researcher to develop an interview schedule (or list of key topics and perhaps subtopics in advance). This should be piloted it a couple of times to ensure that the researcher

asks them in the right way. Recording should be done with consent and it allows the researcher to keep a full record of the interview without having to be distracted by detailed note keeping. This shows the participants that the researcher takes what they say seriously (Terre Blanche et al., 2007:298).

An interview is a conversation, not a question and answer session. An interviewer should do the following (Terre Blanche et al., 2007:299):

i) Listen more, talk less.

ii) Follow up on what the participant says.

iii) Ask questions when you do not understand.

iv) Ask to hear more about the subject.

v) Explore, do not probe.

vi) Avoid leading questions.

vii) Ask open-ended questions which do not presume an answer.

viii) Follow up and do not interrupt.

ix) Keep participants focused and ask for concrete details.

x) Do not reinforce the participant's response.

xi) Tolerate silence and allow the interviewee to be thoughtful.

xii) It is also good to keep process notes during an interview where you can quickly jot down things that happen that may not be obvious from listening to the tape recorder.

xiii) Ask the participant towards the end of an interview if there is anything they have to say.

xiv) Speak your observation into a mini tape recorder other than try to write and observe simultaneously.

xv) It is useful to draw a map of how people were positioned in the situation or follow their movements.

In this study the researcher used a semi-structured interview to collect data from the seven participants.

The following questions were posed to the participants and the researcher probed for further clarification:

i) Tell me about your experiences as a young adolescent residing at Ikhaya Lothando Children's Home.
ii) Tell me about your expectations with regard to the children's home setup, your first month of arrival, the welcome and the staff attitude.
iii) In your own point of view, what would you refer as difficult times during your stay?
iv) Tell me about your feelings towards the stay, how you behaved and general conduct.
v) Tell me about relationship with other children.
vi) Tell me about your behaviour during your stay in the child and youth care centre.

Participants were allowed to relate stories of how they arrived at the children's home and were also encouraged to share some moments of significance during their stay. The researcher made observations of body language and silences and had an opportunity to review background reports of all seven children who formed part of the study. The information gathered from the seven participants was enough to reach data saturation.

2.2.4 Ethical considerations

Having found potential research participants, consent has to be negotiated. Often consent is negotiated with a gatekeeper and this is regarded by the gatekeeper as sufficient. However, this is not good enough as informed consent has to be established with the participant themselves to avoid participants associating the researcher with the vested interests of the gatekeeper (Terre Blanche et al., 2007:292). The researcher negotiated consent with the participants individually and also made it clear that the information gathered was for study purposes and recording was done with the participants' consent. The researcher ensured that he did not use a poor research design as this could have led to invalid results and an unnecessary waste of resources and participants' time. He also ensured that the population selected for the study were those to whom the research questions applied and also tried to identify possible harm or risks to the research participants.

2.2.5   Data analysis

The following steps of Terre Blanche et al. (2007:322) were used:

i) Familiarization and immersion

This involves already having a preliminary understanding of the meaning of the data, and reading the text many times, making notes, drawing diagrams and brainstorming. The researcher should then know the data well enough to know what kinds of things can be found where, as well as what kinds of interpretations are likely to be supported by the data and what are not.

ii) Including themes

Themes should ideally emerge from the data but at the same time should also relate to the research questions. Process, functions, tension and contradictions are listed by Terre Blanche et al. (2007) as important.

iii) Coding

Coding means breaking down the data analytically. "This entails marking different sections of the data as being instances of or relevant to one or more of your themes. The context of the theme might refer to a discrete idea, explanation or event, and any factual bit might be labeled with more than one code if it refers to more than one thing" (Terre Blanche et al., 2007).

iv) Elaboration

This allows the researcher to carefully compare sections of the text that seem to belong together and exploring themes more closely. "The purpose here is to capture the finer nuances of meaning not captured by your original possibly quite crude coding system" (Terre Blanche et al., 2007).

v) Interpretation and checking

Checking is done through discussing interpretations with other people, ensuring that these people know a lot about the topic. As Terre Blanche et al. (2007) put it, "[w]hen you put together your interpretation, it becomes a written account of the phenomenon you studied using the thematic categories from your analysis and sub heading".

These steps were found to be relevant to the analysis of the data in this research. However, the researcher analyzed the information from the participants using Tech's eight steps of the qualitative method described in 1.5.4.

The researcher, after following these steps of analyzing data, was confident that the findings could be applied beyond the study being conducted. All the themes that emerged were captured; the sections that were not relevant to the study were excluded. The researcher spent some time cross-referencing the notes and the recorded interviews, and categorizing information and identifying contradictions. The findings that emerged were categorized for presentation. The researcher read through the notes, compared all the interviews, revisited the recorded interviews and analyzed the themes that emerged. Verification was done through member checking where categories that emerged from findings were brought back to members in order to verify the accuracy of the conclusions. Checking was done with the supervisor of the organization where the study was undertaken, and the findings were found to be within the organization's limits of their experiences of adolescent males in their care.

2.3 RESEARCH FINDINGS

The profiles of the participants were as follows:

Table 2.1: Profile of the participants

Participant	Age	Duration of stay	School grade	Gender
1	13	2 years	6	Male
2	14	2 years	7	Male
3	16	1 year	8	Male
4	13	3 years	5	Male
5	10	2 years	3	Male
6	15	2 years	6	Male
7	17	1 year	11	male

After exploring and analyzing the data, the following themes emerged:

i) The cause of problem behaviour.

ii) The experience of a residential setting.

iii) Visits during school holidays and weekends.

iv) Admission and placement option.

v) Whatever is "cool" in the relationship.

vi) Individual involvement.

vii) Rules.

viii) Discipline.

ix) Routines.

Throughout the interview participants often verbalized what had been going on in their lives during their stay in the children's home. The researcher identified behaviour challenges that they faced, which included worries about staff, being sad, wandering behaviour, theft or stealing, experimenting with alcohol and drugs, being angry, denial, lying, making demands, seeking

attention, running away, pretending to be sick, bunking classes, causing problems at school, speaking loudly, agitation, confusion, suspiciousness, fear, hope, bullying, insecurity, being teased or ridiculed, fighting, inferiority, stealing, swearing and neglect of personal care.

The researcher noted that these were indications of the problem behaviour experienced and that they did not necessarily mean that acceptable behaviour was absent.

2.3.1   The cause of problem behaviour

The researcher focused on the data that related to specific issues that would have improved the young people's happiness and factors that made them unhappy. A range of factors were identified including the staff members not caring enough, not being listened to or given a shoulder to cry on, being denied visits by friends, not being sure if they were in the right place, lack of trust by adults, not having anyone to trust, special treatment and preference given to certain children, "big boys", the absence of privileges, sports and recreational facilities, attitudes and behaviour of staff, influence by peer group, breaking up of relationships, cultural insensitivity and being excluded from a group for not taking part in negative activities.

2.3.2   The experience of a residential setting

The residential programme was seen as a home away from home, a good place for children that allowed them to experience positive emotions, where they felt safe and secure. As one respondent said: "my being here helped me to return to school, now I have good friends and I go to church." It was seen as being characterized by blocks of huge buildings with more than ten beds in a room which involved overcrowding and noise before and during sleep. The respondents cited concerns such as lack of preparation for a move to residential care, being separated from family and friends, lack of privacy, and a place where they were given new parents to look after them. Others valued the positive relationship of caring by staff, with some degree of concern with regard to insensitivity towards their culture and language, and being negative and inconsistent.

2.3.3   Visits during school holidays and weekends

Children have a right to visit and be visited by their families and friends during their stay in residential care and youth and care workers ought to give them some freedom and increased home visits. The respondents indicated that it was a sad time when they did not go home during the school holidays. The researcher probed further and realized that children just want to be home regardless of whether their home circumstances had improved or not, or their situation had acclimatized or not. Thus they seemed not to take any responsibility for how and why they were removed from their families, as the following verbatim quote suggests: "they just removed me and brought me here". The participants further cited issues of loneliness and feeling neglected, that social workers were not doing their work as fast as possible and had therefore dumped them, and most likely had forgotten about their situation. This was supported by children who said they often sat alone at a distance.

2.3.4   Admission and placement option

The researcher realized that the children were confused about being informed of what lay ahead before being placed, or simply being dumped there or not knowing their own destination. Some participants felt that they had very little say as the decision was made for them. Families were seen as relying very much on the social worker's information and so they trusted or believed that they could no longer do anything to the child. One participant indicated that he was aware of the placement: "I took some things that I love most with me like soccer boots and Christmas clothes".

2.3.5   Whatever is "cool" in the relationship

The participants indicated varying degrees of belonging and togetherness. They saw other children in the institution as their friends that supported them and stood together. They regarded other forms of belonging as being provided with some basic needs, having their own bed, bedding and locker, cooperation in group tasks, the monthly pocket money "gaviscus", being

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introduced to other boys by a child and youth care worker and getting an opportunity to introduce themselves, outings and interaction with visitors from other schools and children's homes, having a soccer team and playing tournaments, good times like birthdays and special events ("it was my first time celebrating my birthday and getting a present"), and being the room leader.

2.3.6   Individual involvement

Independence is promoted by the children's ability to do things that they have mastered or have learned by themselves. Children in residential care have different potential and they need to be given a chance to exploit it. The respondents indicated that they had learned to make their own beds, buy their own train ticket, find their way to and from home during visits, speak in public, and make it all the way to Grade 12.

2.3.7   Rules

The participants revealed some mixed feelings about rules with the main concern being that rules were used to monitor them to do wrong and were not equally applied by staff. They also had problems with the gate being locked at 17:00. The researcher observed that participants were not concerned about issues of safety and security. Rules were also seen as being useful as they were communicated to them, and they had a say in them.

2.3.8   Discipline

The participants regarded discipline as a punishment rather than an opportunity for learning. They had mixed feelings regarding discipline, and felt that child and youth care workers enjoyed disciplining them. The researcher realized that there was a thin degree of differentiation amongst the participants between discipline and punishment. However, it is essential that children be warned for negative behaviour, and there must be consistency of care and consequences of discipline.

2.3.9   Routines

The participants revealed that routines were enjoyed as tasks were specified. The routines were seen as guiding their day as they knew when it was their turn to do a particular chore. The routines were seen as helpful as they created lots of activities that gave the participants an opportunity to learn to do things by themselves, including participating in activities such as youth mentoring and peer culture. Some revealed that routines assisted them to wake up by themselves.

2.4   CONCLUSION

This chapter is an illustration of the methodology that the researcher followed when gathering data in order to supplement the literature review. The chances of errors and the manner in which they were countered were pointed out. The researcher can conclude that there were findings that he regarded as most important. It was evident in this research that behaviour of young people can be triggered by many different factors. Most importantly, the child and youth care worker's response to a particular situation of the child was seen as determining how the child would react to that person in the future. This is in effect a way of establishing a likely behaviour by the child being either favourable or not. Siegel and Hartzell as cited by Potgieter (2006:12) indicate that how a person makes sense of their childhood experiences has a profound effect on how they parent their own children. When a person becomes a parent they bring with them issues from their own past that influence the way they parent their children; experiences that are not fully processed may create unresolved and leftovers issues that influence how they react to their children. The television programme Special Assignment (SABC3, 2007) highlighted that children come into care after having failed to get an opportunity to explore their childhood and are lured into adult behaviours that may be inappropriate for their ages. This should be considered when trying to change their behaviour patterns, and by treating them as young people.

The experience of residential care, visits during school holidays and individual involvement were also seen as carrying some significance. Whenever chosen as a treatment option for children, these elements need to be therapeutic and developmental so that young people can experience

themselves as whole, with the total experience from admission to disengagement allowing them time to strengthen their development and to heal where the circle has broken. Du Toit (2002:29) views the total experience of residential care as one including all interactions and relationships, the noise and silence, the spoken and unspoken messages, every tiny activity that takes place in the daily life of the child from waking up to going to bed, the physical environment and how it is nurtured and taken care of, sport, education and safety, special treatment programmes, individual development plans, individual therapy sessions, behaviour management, group activities, the involvement of parents, family and community, and visits to and from friends and family.

Special Assignment (SABC3, 2007) also confirmed that individual involvement helps children to restore their dignity. Meal times were cited as a good example of reflecting on the gift of food, and taking responsibility for tiding up their rooms, some specific rules and routines such as cleaning up were seen as improving the young person's sense of ownership. The television programme further commented that it is important to keep the family together and to consider that when children are in places of care it is vital to ensure that supervised family visits are maintained regularly to promote family and community involvement; if the family does not take part in the change, the good work done may become undone.

This chapter provided a discussion of the findings of the study highlighting the important findings and their relevance to literature. The next chapter is the literature review of the study as specified in chapter 1.

CHAPTER 3

RESIDENTIAL CARE AND FACTORS CONTRIBUTING TO PROBLEM BEHAVIOUR: A LITERATURE REVIEW

3.1   INTRODUCTION

A literature review provides existing information about the subject being studied. The context of residential care, attachment, relationship building, trauma and the stages of trust are discussed in this chapter. The effects of prolonged confinement, programmes and activities as tools of behaviour management, and the aspect of behaviour management with relation to child and youth care work are also explained.

3.2   THE CONTEXT OF A RESIDENTIAL CARE FACILITY AND THE INFLUENCE OF BEHAVIOUR

A child and youth care centre is a facility for the provision of residential care to more than six children outside the child's family environment in accordance with the residential care programmes suited for the children in the facility (South Africa, 2005). It is also important to note that this facility excludes a partial care facility, drop-in centre, a boarding school, a prison, or a school hostel and any other facility establishment maintained mainly for the tuition or training of children.

Residential care is seen as placement away from home of young people who encounter emotional and/or behavioural problems and they need strengthening before returning to their family and community. Such placements are done through court order or private placement. The residential care facility should uphold the minimum standards of child care by rendering services that are therapeutic and developmental in nature, thus making sure that the young person who enters the residential facility experiences wholeness and healing. This is made possible by ensuring that the programme includes individual development programmes, recreation, routine, household chores, behaviour management, visits to and by the family and friends and by young people, team

functioning and staffing practices. The activities going on in the facility make the experience of young people more therapeutic (Du Toit, 2002:8-11).

Therapeutic residential care is not a place; it is "a therapeutic milieu with a constellation of programmes based on a specific philosophy and designed to achieve particular goals" (Du Toit, 2002:54). It should consistently promote the healthy development and meet the therapeutic needs of individual children and youth. Du Toit (2002:54) regards residential care as serving the goals of facilitating development, assisting change to increase competence and wholeness, using care routines and behaviour management to empower them, and having a focus on milieu therapy, care strategies, programmes and special therapy.

The focus of the residential programme should be on the whole context. Du Toit (2002:3) indicates that in dealing with young people, care workers need to focus on their strengths and problems, with the developmental context focusing on belonging, mastery, independence, generosity, and cognitive, social, emotional, physical and psychological aspects of their being. This is done within their full ecology, i.e. their family, neighbours, extended family, community, school, religion, town, city, government and country. The problem is seen as a developmental challenge for the child, family and all structures around him or her.

According to Brendtro et al. (2002:14), relationships are more central to our everyday life and young people are often undermined by those professionals and parents who are required to "time share" responsibility for youth at risk; but genuine partnerships are rare. Research shows that parents place responsibility for the child first with the school, second with the child, and third with themselves. Adults working with young people who lack relationships are likely to lure such youth into substance abuse, theft or sexual activity. Brendtro et al. (2002:18) note that adults distance themselves from young people and see them as "abusive, destructive, unpredictable, irresponsible, jealous, bossy, quarrelsome, irritable, defiant - anything but unpleasant to be with".

Durrant (1993:11) emphasizes the aspect of behaviour as being influenced by the context in which it occurs and the context thus provides a particular meaning to the behaviour. The context

can provide young people with chances to make sense of things in a particular way, their behaviour, or to react differently in response, to make new meaning and to experience them selves differently. This can encourage those working with children to focus less on why things happen and more on how they might assist them to make sense of things differently. This can allow programmes for young people to help them experience new possibilities, and to find ways of seeing themselves in a manner that will provide new options for relationships and behaviour.

The total residential experience is determined by the following four features (Brendtro et al., 1990:33):

i) The experience of belonging in a supportive community which recognizes and respects individual needs, growth and development, and which provides an opportunity for healthy relationships and attachment.

ii) The experience of mastery where new skills and knowledge are learned in an environment of joy, experimentation and encouragement.

iii) The experience of being respected for individual strength and capacity. Where there is recognition, every child wants and needs to develop self-control, responsibility and competency in relation to behaviour, attitudes and feelings.

iv) The experience of self-worth and confidence which arises from knowing that the children have something significant to offer to both peers and adults and want to give rather than only receive.

3.2.1 The admission process into residential care

Therapeutic residential care is about context and milieu. The admission process of a child can be seen as a transition and the context plays a role in influencing behaviour. For whatever reason, young people are admitted to residential care facilities around the country and the central role of child care workers is to prepare them for such a move. Durrant (1993:16) describes a total therapeutic experience for a child from admission till disengagement from residential care. He writes about change-curing a problem or transition between statuses.

3.2.2   Stages in residential treatment

Residential treatment is seen as a rite of passage occurring in the following three stages, i.e. separation, luminal or transitional, and re-aggregation or reincorporation (Durrant 1993:11).

3.2.2.1   The separation stage

During the separation stage the young person is separated from the old status that no longer applies and undergoes a ritual of reframing the old status. Separation is seen as distancing from the former ways of seeing the situation and it becomes important as parents and children experience validation of their experiences and efforts. It also involves building a different meaning of the placement that will allow it to become a transition. Durrant (1993:16) refers to this as reframing the whole process of transmission.

Through reframing the situation becomes realistic as it is the important part of the preparation for the admission and creation of a context of transition. This process emphasizes family strengths and how prepared are they to focus on the new direction. This helps to establish a way of thinking about the new direction that the family is taking, as well as their future, and this becomes central to this stage.

3.2.2.2   Liminal/transition stage

This is a process of change; all that is happening is seen as practice for change, where new coping mechanisms are attempted (trial and error situation). This is the time for practising and experimenting with new ways of doing things. The change on the part of the family or the child may not be immediate and may not be steady, as this happens through trial and error learning. This goes together with how we think about ourselves and children in a residential programme, as it is perceived that being in safe environment allows them to experiment with ease rather than when they are in the family context.

This may, however, call for failed behaviours. The behaviour causing difficulties to young people must be considered during this stage, ensuring that decisions on such behaviour are made with full consultation with their families. Parents are to be part of the process so that they are able to continue with any changes that the child or family has experienced.

3.2.2.3 Reincorporation/completion stage

The end of the ritual does not necessarily mean that the change has occurred; thus residential treatment does not continue only up until the behaviours are consolidated. It only happens when the child and the family have sufficient practice to help them feel confident about taking on the challenges at home. They should be seeing themselves as empowered, competent and ready to take a journey in the new direction. The child and the family are seen as ready to start the journey of the real work together, as they will have experimented and learned from themselves and each other.

They see chances of things being different and have experienced the chances of seeing themselves as competent. Durrant (1993:26) further emphasizes that residential treatment "does not solve problems. What it does is offer an opportunity to make transition from feeling hopeless and helpless to feeling that they have some skills and ideas about how to go forward".

3.3 ATTACHMENT, RELATIONSHIP BUILDING, TRAUMA AND THE STAGES OF TRUST

3.3.1 Attachment and relationship building

Human relations are based on affectionate bonds between two individuals that endure through space and time and the senses to join them emotionally; and a strong emotional bond to a parent allows a child to develop both trust to others and self-reliance. The bond initiated in early years becomes the foundation of their future psychological, physical and cognitive development and shapes their future relationships with others (Levy and Orlans, 1998:11).

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Attachment is defined by Levy and Orlans (1998:12) as a deep and enduring connection established between a child and caregiver in the first several years of life. It profoundly influences every component of the human condition, including the mind, body, emotions, relations and values. It is about what children and parents create together in an ongoing, reciprocal relationship.

Attachments are made through the process of bonding. This starts before birth when a parent forms the mental images of the newborn and begins to form some expectations of its future. After birth bonding proceeds as a consequence of a mutually reinforcing cycle of events that are part of many routines of the parent and child interaction. There are reasons why bonding may not be initiated or may be dysfunctional; care may not be given to the child for reasons relating to the nature of the pregnancy or how the child was conceived. Levy and Orlans (1998:14) cited Fahlberg, who notes some effects of lack of attachment which include poor development of conscience, poor impulse control and lack of foresight, low self-esteem, poor interpersonal skills and relationships, lack of emotional awareness and sensitivity, reduced cognitive ability and some general developmental problems such as poor verbal skills and difficulty in aural comprehension.

The importance of primary caretaker and the child's developing senses of autonomy is central to the concept of attachment. Levy and Orlans (1998:15) refer to attachment disorder as a transmitted intergenerational disorder. Children lacking secure attachment with a caregiver commonly grow up to be parents who are incapable of establishing this crucial foundation with their own children. Instead of following the instinct to protect, nurture and care for their children, they tend to abuse, abandon and neglect. There is a pyramid effect with each generation; a multi-load increase in the number of children with attachment disorder.

Attachment is seen as a more basic life requirement than the more traditionally cited food, shelter and clothing. Attachment behaviours as contrasted to feelings of attachment are a young person's really frantic efforts to obtain close attachment. Those behaviours could be appropriate and at times awkward or even unpleasant. "They reflect urgent relationship enhancement efforts as they

are neither deviant nor totally undesirable. They can be seen in such proximity seeking or attention getting acts such as clinging or running away, asking self evident questions or demonstratively ignoring a person" (Maier, 1987:22).

Attachment development occurs in a cyclical way and the attachment behaviours are the strong indicators of fear that the attachment will be interrupted. At this point a young person may place unusual demands on the caregiver and act as if trust is absent. Child and youth care workers need to be aware of attachment-seeking behaviours and should focus on enriching children's attachment experiences rather than merely struggling with their attachment behaviours. "Attachment denotes the effective bonding experience, the feeling of mutual dependence that is felt by the individual that is not necessarily expressed behaviourally, thus attachment behaviours are intrinsic and natural human reactions and are not merely peculiarities of children in group care settings" (Maier, 1987:50-51).

3.3.1.1   Separation from the family

When children are separated from their families a wide range of difficult feelings are experienced by all family members. Some of these feelings include being worried, sad, angry, scared, anxious, hopeless, discouraged, helpless, powerless, embarrassed, stressed, humiliated, responsible, useless, unhappy, cheated, overwhelmed, alone, defiant, lost, confused, afraid, withdrawn and nervous (Brendtro et al., 1990).

Separation does happen for a number of reasons, and when children are separated from the people they are attached to they can make strong complaints and attempts to go and find the absent caregiver. The child despairs of recovering the care; but continues to be watchful. He or she may appear preoccupied and depressed during this phase but when a car drives up or there is a voice at the door the child may become alert, hoping that the absent caregiver is returning. The child may become emotionally detached and appears to lose interest in the absent caregiver (Fahlberg as cited in Levy and Orlans, 1998:15).

These behaviours depend on the nature of the child's attachment to the primary caregiver, the nature of the primary caregiver's bonding to the child, the child's past experience of separation, the child's perception of the reason for the separation, and whether they view themselves as responsible for the circumstances of the move itself, the environment from and to which the child is moved. Children that have not been looked after will have had less opportunity in the past to form strong attachments, particularly if their childhood was characterized by family breakdown or successive moves within the care system. The importance of the separation experience to the subsequent process and outcomes of intervention cannot be underestimated.

3.3.1.2 Attachment disorder

According to Levy and Orlans (1998), attachment disorder develops when a child, for a number of reasons, does not form a trusting bond in infancy and early childhood. A lack of trust generates feelings of aloneness, being different, pervasive anger and an inordinate need for control. A trusting bond is essential for continued personality and conscience development, and serves as the foundation for future intimate relationships.

In our day-to-day life children are seen as being at risk of the following:
i) Neglect.
ii) Physical, sexual and emotional abuse.
iii) Painful or undiagnosed illness or injury.
iv) Sudden separation from primary caregiver.
v) Parental abuse, including alcohol and/or drug abuse and poor nutrition.
vi) Frequent foster placements and failed adoptions.
vii) Physical or psychological abandonment by mother and/or father, and premature birth.

Potgieter (2006:17) lists the following as attachment disorder symptoms: superficially engaging or charming, lack of eye contact on parental terms, indiscriminately affectionate with strangers, not affectionate on parents' terms (not cuddly), destructive to self, others and material things (accident prone), cruel to animals, stealing, lying about the obvious, no impulse control

(frequent hyper activeness), learning lags, lack of cause and effect thinking, lack of consciousness, abnormal eating patterns, poor peer relationships, preoccupation with fire, persistent nonsense questions and incessant chatter, inappropriate demanding and clinging, abnormal speech patterns and sexual acting.

Kagan (2002:66) indicates that function attachment forms the child's foundation for future relationships, learning and expectations. The strengths of the child's attachment shapes his or her emotional regulatory system and fosters exploration and mastery, feelings of self-confidence, empathy, language development, reasoning process and the ability to manage and resolve conflicts. The consistency of care, empathy and commitment allows a child to progress steadily through the developmental stages, and to build vital skills of self-regulation, understanding and competence. The absence of this function can lead to results such as frequent moves in foster care, frustrated caregivers, caregivers demanding help on a continuous basis, a history of failed therapeutic interventions, multiple diagnoses, unruly, defiant behaviour and multiple problems in the school environment and exclusions.

3.3.2   Trauma and stages of trust

Schaer (2005) defines trauma as an experience that involves a threat to life while the victim is in a state of relative helplessness. Van der Kolk (2005) indicates that 80% of trauma begins at home; the vast majority of people (about 80%) responsible for child maltreatment are children's own parents. Children exposed to alcoholic parents or domestic violence rarely have a secure childhood; their symptoms tend to be pervasive and multifaceted and are likely to include depression, medical illness and a variety of impulsive and destructive behaviours.

It is also evident that multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma, e.g. abandonment, betrayal, assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death, may lead to developmental trauma disorder in children. For trauma to heal, the person who was traumatized needs to be enabled to do what he or she was unable to do during the moment of trauma.

3.3.2.1   Surviving trauma

Potgieter (2006:49) explains that recovering unfolds in three stages. The main task of the first stage is to establish safety. The second stage focuses on remembrance of mourning. The third stage focuses on reconnection with ordinary life.

Trusting is difficult even for adults. For troubled children and youth, child and youth care workers need to create a perception of themselves as being trustworthy. It takes a great deal of time and effort to build trust and it is essential if these workers are to build effective relationships with young people.

Brendtro et al. (1990:64) describe how relationships develop in three stages:

i) Casing (the honeymoon period)

This is the first encounter where the young person experiences anxiety and insecurity and needs to check the adult out. Young people observe how adults respond and communicate in order to determine if they are worth trusting. It is important to demonstrate consistent and unconditional caring and quite often young people behave well during this stage.

ii) Limit testing

With sufficient observation the young person makes conclusions about the usual response and tries interactions personally; they may distrust the adult's friendly manner. Unusual behaviours may be displayed in order to provoke as a way of determining if the adult person that they are interacting with is different from those who caused physical harm or emotional pain to them. Child and youth care workers have to maintain a calm, but firm manner to avoid giving in to the young person or confirming their perception that they are no different from those experienced previously.

iii) Predictability

The casing and limit testing stages provide a foundation for a more secure and predictable relationship. This might be a trusting relationship or not with both the young person and the adult knowing what to expect from one another.

3.3.2.2   Conflict in young people

Young people at risk often demonstrate difficult behaviours which result in conflict. Such behaviour includes being defiant, rude, stealing, lying, manipulating, sulking, threatening, ganging up, disobedience, withdrawing, being abusive and aggressive. This behaviour can result in the child and youth care worker feeling anxious, frightened, angry, hostile, vengeful, avoiding, aggressive, bewildered, fearful, controlling, helpless, frustrated, disappointed and cautious (National Association of Child Care Workers, 2000).

Conflict is inevitable, it is part of life, and it is based on perceptions, thoughts and feelings. Strong feelings often produce irrational and inappropriate behaviour which causes problems in relationships and learning. During conflict young people are at their worst and they can deny, defend and blame others and such behaviour often causes more anger and difficult behaviour. This can produce similar feelings in the child and youth care worker and can lead to a power struggle.

3.3.2.3   Stress in young people

Young people are exposed to multitudes of stress factors in their everyday life and at times they have minimal skills to manage stress. Stress is a state that occurs when people are faced with demands from an environment that requires them to change in some way (Veitch & Arkkelin, 1995:118). Unmanaged or poorly managed stress may result in overwhelming feelings of being unable to cope and eventually to burn out.

Stress can be manifested by lack of sleep, inappropriate diet, noise, heat, crowding, loss, fear and change. Troubled children have past and present experiences that are often traumatic and can result in high levels of stress. It is important for child and youth care workers to be able to manage their own stress so they can help young people to manage theirs. Stress is a subjective experience of tension and all people feel stress but stress is not necessarily negative as at times it can motivate the person to maximize performance (Veitch & Arkkelin, 1995:119).

Baseline behaviour is the normal everyday behaviour of a person and it can differ from one individual to another. Child and youth care workers need to have a sound knowledge of young people as individuals, as opposite behaviours may represent baseline behaviours of different children. Looking at physiological and mental functioning, one finds that physiological arousal increases (stress) and this leads to a diminishing of the young person's capacity to perceive accurately, think clearly, make good decisions and exercise self-control. The blood goes to the fight and flight organs (legs and hands) and the brain does not get sufficient blood. Stress occurs in five phases (Veitch & Arkkelin, 1995:141-143).

i) Phase 1: The triggering event

This is an event perceived as a serious threat to the young person's wellbeing. The worker needs to assist the young person to manage the situation so that they can have self-control to avoid going to the next phase.

ii) Phase 2: Escalation

Tension is increased as the young person prepares for battle. Stress behaviours such as pacing, shouting, drumming fingers, clenching fists, throwing objects and shortness of breath are displayed. Escalation can be prevented by the use of short simple statements like "Hercules, leave it".

iii) Phase 3: Crisis

The physiological arousal reaches its peak. Adrenalin support is more and the young person loses control and may become violent. As child and youth care workers we need to continue giving firm direction. This phase is likely to last for a short period as much energy is used.

iv) Phase 4: Recovery

The muscles become relaxed as the arousal begins to diminish. Movement towards baseline becomes visible.

v) Phase 5: Post-crisis depression

This involves the sense of having expended so much energy. Physical signs of fatigue and depression are manifested. Behaviours such as crying, sleeping, withdrawal, curling up, continuous apologies and self-blame may be visible. As child and youth care workers we need to understand what is going on with the child and that the child is likely to be processing their actions and blaming themselves. This phase may be tragic as young people may commit suicide. We need to engage in lengthy communications with young people, who may require close supervision. Their stress level and their behaviour in any phase of the stress cycle can influence other children's behaviour and this may result in difficult behaviour spreading from one child to another.

3.4   THE EFFECTS OF PROLONGED RESIDENTIAL CARE.

Du Toit (2002:12) points out that therapeutic residential care should seldom involve a placement of more than six months and that 18 months should be considered only with justification. A period longer than 18 months is seen as more of an alternative to family care or placement options.

Millham as cited by Anglin (2002:13) reports that "many children experience long stays in residential care which, whatever its considerable and usually unrecognized strengths, finds it difficult to replicate family life. Consequently, substitute parenting and an enduring relationship are not easily constructed for a child. As a result the advisability of maintaining parental and wider family contact should be self evident".

Pain-based behaviour or acting out behaviour and internalized processes such as depression are very frequently the result of a triggering of this internalized pain arising during a long stay in residential care. Research done in the Mountain View group care facility (Anglin, 2002:83) revealed that the majority of youth residents had been removed from their families owing to neglect or abuse by their parents. During their stay the most common behavioural problems noted included aggressive or violent behaviour, criminal activities (usually breaking and entering, or theft), substance abuse, sexual activities, intrusiveness, depression, attention and hyperactivity disorder, and chronic running away. The behaviour profile of residents of nine other group care homes studied included frequent foul language, taunting and insulting exchanges to occasional pokes, roughhousing, breaking windows, aggression towards staff, unauthorized absence, and drug and alcohol abuse. It was further observed that on an ongoing basis there were periodic incidents of crisis like psychotic episodes, suicidal behaviour and physical violence.

The lack of acknowledgement, incorporation and inclusion of young people's cultural differences in youth care programmes can make a young person feel excluded. To be noticed they might involve themselves in risky behaviours such as drug taking, crime, giving into negative peer pressure, keeping opinions to themselves, showing off, nagging, clinging, asking endless questions, not challenging negative leaders, compromising values, joining gangs or cults, and bullying in order to obtain acceptance (Brendtro et al., 1990:80).

3.5   PROGRAMMES AND ACTIVITIES AS TOOLS FOR BEHAVIOUR MANAGEMENT

A programme is defined by Anglin (2002:95) as a set of activities organized for a purpose. In group care a programme consists of the planned activities arranged by the staff within the daily functioning of a home. In residential settings there is a need to create a well-planned environment that addresses the needs of the residents individually and collectively. It is important to note that activities undertaken spontaneously on an ad hoc basis do not constitute a programme.

A programme's expectations, fairness and appropriateness should be clarified, and this can help young people to be less confrontational to staff and they can also demonstrate a greater sense of responsibility for their own actions and their consequences. This can lead to few power struggles as residents learn by making choices. The absence of a programme can influence young people to organize their own forms of activities, often negative in order to fill the perceived vacuum.

It was also found in the research among staff who did not involve themselves actively in the lives of children at Park Street Home, which had no visible programme (except for a half-day work experience opportunity outside of the home for few residents) that there were full-blown riots during the time that the research was conducted (Anglin, 2002:97). Thus a programme can also be seen as a way of behaviour management, and the use of control strategies correlate, creating the extra familial living environment - the overall task of a group home.

Du Toit (2001:58) stipulates that programmes should be looked at as a resource to children, youth and families and they need to meet the developmental needs of all three parties. Programmes are seen as:
i) Sophisticated and complex, e.g. positive peer culture.
ii) Clinically oriented, e.g. grief counselling.
iii) Completely developmental, e.g. sewing classes.
iv) Simple everyday activities, e.g. buying a bus ticket.

3.6   BEHAVIOUR MANAGEMENT

Behaviour management is a process of enabling young people and their families to gain inner control of themselves and behave with dignity. It involves the elements of influence, relationship, respect, support, guidance and behaviour management strategies combined with a purpose of developing the strength of the young person and the family (Du Toit, 2001:35).

There are three ways of intervention in circular behaviour management, i.e. prevention, support and correction. Prevention involves creating a milieu in which there is increased possibility that the young person will display appropriate positive behaviour. It is about preventing undesirable behaviour from occurring. Support involves providing encouragement for changing feelings and behaviours. It involves identification, acknowledgement and building on strengths. Correction focuses on the provision of logical consequences for inappropriate behaviour. These ways of intervention, if used consistently and appropriately, can contribute to breaking circular patterns in young people. They can assist young people to take control of their own behaviour with the purpose of developing in them self-control and the ability to function independently and responsibly (Du Toit, 2002:55).

3.6.1   Proactive and active management

Proactive management deals with prevention and is used before difficult behaviour emerges. It involves planning ahead and behaviour is stopped before the problem emanates. The inappropriate is prevented from occurring. Active management deals with difficult behaviour that has already occurred and looks similar to the focus of supportive and corrective interventions.

3.6.2   The use of rules

A set of rules can be used to help young people to know what is expected of them. Rules needs to be clear, specific and enforceable. They should not be too many. They should define acceptable and unacceptable behaviour and be stated simply and demonstrated so that all can

understand. When rules are used with individuals or groups of children, they are most effective when they are negotiated, and when broken they are followed by natural or logical consequences rather than punishment (Du Toit, 2002:66).

3.6.3 The use of routines

Routines assist young people to develop independence and manage their own behaviour. They are important aspects of everyone's life. They reduce the number of decisions which a person needs to make on a daily basis. Routines create a structure and predictability and reduce anxiety as the young person will know what to expect. When used effectively, they can help to prevent many difficult behaviours.

3.6.4 Discipline

As child and youth care workers, we can use discipline to help children and youth to develop independence and to take responsibility for their actions. Conflict situations with children can be prevented by effective use of discipline. Discipline is about teaching and has a proactive focus on preventing problems; the natural and logical consequences are discussed with young people. Through discipline the respect for social responsibility is taught and control is acquired through inner values or independence. Psychological and physical punishment is not acceptable.

3.6.5 Principles of behaviour management

Efforts to manage behaviour need to be based on the following principles (National Association of Child Care Workers, 2000):
i) Check your attitude, have a general liking for young people and an attitude of acceptance and hopefulness.
ii) Long-term behaviour vs. short-term quick fixes. Behaviour management is about facilitation of the development of more appropriate behaviour and requires a process of teaching and learning.

iii) Stop doing ineffective things. Avoid using the same interventions over and over again if they are ineffective.

iv) Be fair, do not always treat everyone the same. Respond to the needs of the individual.

v) Rules must make sense, they exist to facilitate functioning when large groups of people are together and young people must understand the reasons for the rules.

vi) Model what you expect. We need to set an example to the children by the way we behave.

vii) Responsibility is more important than obedience and it is not helpful to give order to others as this remove their independence and freedom of choice.

viii) Always treat young people with respect and dignity and demonstrate acceptance and uphold their rights.

ix) Proactive makes perfect as management of difficult behaviour, like any skill, takes time and practice.

3.7   CONCLUSION

This chapter is a review of literature on the experiences of male adolescents in a child and youth care centre and their relationship with behaviour displayed. The researcher realized that various factors such as attachment, trauma, trust and the child and youth care setup play a role in what children encounter during their stay in residential care.

Literature has shown that the majority of young people find themselves in care because of traumatic experiences and the situation becomes unbearable to them. In other instances, families regard themselves as having failed to bring up the child themselves and give the child up to care. T he child undergoes a transition from a family to a residential setting while they do not actually know what went wrong.

It is important for child and youth care workers to help young people to understand the entire situation and to ensure that the transition is experienced completely by involving them in programmes that will bring about change while allowing them to be returned to their families in the shortest time possible.

Relationships are central in determining the degree of interaction amongst the young people themselves, those around them and the environment. Trust between young people and the child and youth care workers is a central icon in building a rewarding relationship. Broken trust is seen as resulting in undesirable behaviour.

One should realize that young people are traumatized before they come in to care; thus difficult behaviours are probable and may result from lack of attachment figures, as the young people are separated from their loved ones and often stay in care for longer periods. This can result in conflict, stress and problem behaviour. As child and youth care workers, we need to assist them to manage such behaviours through their engagement in programmes and activities that will influence and promote building relationships, respect, guidance and behaviour management strategies. The purpose should be to develop their strength and coping strategies so that they can be returned to their families in the shortest time possible.

The next chapter will present conclusions and recommendations for this study.

CHAPTER 4
CONCLUSIONS AND RECOMMENDATIONS

4.1   INTRODUCTION

This chapter focuses on conclusions drawn from the literature review and findings of the study. The researcher also makes recommendations from the literature and identifies opportunities for future research.

4.2   CONCLUSIONS

This study was conducted to develop an understanding of how male adolescents view their stay at child and youth care centres with a view to determining how these experiences contribute to problem behaviour shown in the centre. The researcher was able to describe the experiences of male adolescents of a child and youth care centre while identifying the therapeutic needs of young people. The research questions allowed the researcher an opportunity to explore the admission process, residential environment, relationships with peers and caregivers and how problem behaviour relates to the young person's experiences at a child and youth care centre.

A male adolescent who has not attained the healthy developmental attachment patterns that are appropriate for his age may well need to be encouraged to regress as if he were considerably younger than his actual age. Such regression simply acknowledges that he lacks the body sense, affective integration, behavioural control and cognitive reflective skills that he would have developed if he had progressed with healthy developmental patterns.

Such regression also enables his caregiver to provide him with a greater degree of nurturance, involvement, supervision and teaching. This is similar to how a young child is usually treated. Since he needs this more intense involvement if his caregiver is to effectively direct his healthy developmental movement, regression is often indicated in raising the poorly attached child.

Potgieter R (2006) highlighted the fact that a securely attached child who is calm and self-confident will grow up with a brain that is designed to process experience. Early positive experiences have built in the capacity to integrate modality specific information. In contrast an abused or neglected child is more apt to get stuck in one mode like negative emotions, sensations, or self-destructive patterns of behaviour. This happens because the fear and helplessness caused by abuse blocks the collaboration in the brain system.

There is a need to free the child, but there is lack of training and knowledge of problem behaviour amongst those working with children. Issues of counter transference, unsolved personal baggage, professional ignorance and lack of knowledge and training on attachment, trauma and relationship building hamper work with children. Staff need to demonstrate good behaviour, respect children's culture, dignity, privacy as well as confidentiality, as this can promote a trusting relationship.

We need to consider that the negative behaviour of children has a great impact on other children in a residential care facility. Troubled children have both positive and negative experiences and we need to focus on both their strengths and weaknesses. We need to create an environment which is empowering to children and in which problem behaviour is condemned. We also need to understand that children in residential care need to be loved and accepted regardless of the circumstances that they found themselves in without blaming them, as they have deep rooted, unresolved emotions that need to be resolved.

We also need to consider that a wide range of people are involved in the child's placement, and we need to involve everyone connected to the child in multiple meetings. Decisions should not be forced on the child; the child should have a say in the placement options. If they are not involved, a wide range of rejection and acting out behaviours may be visible. We need to try and attend and listen to the child and also give feedback of the assessment.

4.3   RECOMMENDATIONS FROM THE LITERATURE AND RESEARCH FINDINGS

4.3.1   Recommendations from the literature review

Knutsson, as cited by Du Toit (2001:10-11), makes the point that "if we wish to learn from the changes surrounding the child, we have several choices. We can choose to look at the child's immediate environment, neighbourhood, or community; we can choose to examine the social category and class in which the child grows. However, we must also understand what is happening in the world at large. The child is usually associated with smaller circles of family, home and neighbourhood. Yet, these are increasingly being moulded by outside processes. Children are living and acting locally, but are being influenced or manipulated more and more by global forces. The child is embedded in his or her environment and is affected by every aspect of human life. When we attempt to examine specific aspects or problems in children's lives, we must keep in mind the important features of the total environment of the child and the many phases through which she migrates within the temporal space of her childhood".

Durrant (1993:21-23) indicates that how we think about residential treatment, how we handle matters of discipline, how we deal with issues of deferent behaviours and what we say to the parents all affect therapy. These processes can help develop a new view of the self, which allows an ongoing discovery of more helpful, acceptable and successful behaviour. They are aimed at making the young person and his or her family to experience them selves as competent and successful. Durrant summarizes major concepts as follows:

i) People are engaged in a constant process of "making sense" of themselves, their relationships and what happens to them. The view of self (or constructs) is what determines how people think and behave. Therefore a residential programme must take into consideration how young people and their families make sense of the treatment - that is, a focus on meaning of everything that happens.

ii) When people in families have problems it is a reflection of getting "stuck". Their view of self means that they often do not see the possibility of things being deferent and so feel powerless and defeated, and may get caught up in continuing problem behaviour.

iii) People have resources and are capable of behaving differently, but their way of thinking about themselves and their behaviour often means that they do not see these strengths and views that residential staff have about their clients and about their own roles, and also often means that they do not see the clients' strengths either.

iv) A residential programme based on modifying problem behaviour or curing psychological or emotional problems will easily promote a context that makes residents and families feel more incompetent or disempowered, even if the treatment is apparently successful, and may work against any changes continuing once the family is reunited.

v) Residential placement may be framed as a transition from one way of viewing self to another - from a status of failure and problem to one of success and solution. As a time of transition it will be marked by practice and experimenting with inevitable "ups and downs" rather than an expectation of constant progress.

vi) Everything that happens as part of treatment will either promote or work against this transition. The way the placement is framed can provide a "theme" that gives some consistency to every aspect of the programme and provides for planning and responding during the admission.

vii) Our aim is to work with children, adolescents and families rather than to work on them.

Therapeutic residential treatment placement of a child and family needs to produce a total experience. Du Toit (2002:29) suggests the following referring to the total experience of a residential care:

i) All interactions and relationships.

ii) The noise and silence, the spoken and unspoken messages.

iii) Every tiny activity that takes place in the daily life of the child from waking up to going to bed.

iv) The physical environment and how it is nurtured and taken care of.

v) Sport, education and safety.

vi) Special treatment programme.

vii) Individual development plan.

viii) Individual therapy sessions.

ix) Behaviour management.

x) Group activities.

xi) The involvement of parents, family and community.

xii) Visits to and from friends and family.

The ultimate goal of residential care is to make it possible for young people to succeed, to experience themselves and their world differently. To increase hope and build courage, the focus should be on making each young person realize that the activities in which they will be engaged will be directly beneficial to them, and they should be able to predict a positive outcome from the activity or programme. Du Toit (2001:34) suggests the following to genuinely enable young people to participate:

i) Showing respect regardless of the young person's behaviour.

ii) Ensuring that young people and their families know their rights and express them; while we ensure that we also know and respect them.

iii) We prepare young people and their families for the assessment process while providing support.

iv) We are non-judgmental.

v) We listen with empathy and compassion, and with deep intent to hear their viewpoint.

vi) We look for strength.

vii) We decide with them and not for them.

viii) We do not manipulate them for any reason.

ix) We give them every reason to trust.

x) We have integrity and never promise what we cannot deliver and we give them all the relevant information.

xi) We facilitate.

Watson (2009:29-30), after investigating children's experiences in residential child and youth care, came up with the following recommendations:

i) The voices of the "non-professionals" such as children and child and youth care workers need to be listened to.

ii) Children's voices need to be listened to and active steps should be taken to change practice in residential care.

iii) A needs perspective is imperative.

iv) The gap between what is needed and what is offered should be addressed.

v) Anti-bullying strategies should be established.

vi) The focus on stigma and prejudice towards young children in residential care should be addressed.

Young people come into care at different times bearing individual challenges and as a result their degree of attachment differs from one individual to the other. The researcher therefore makes the following recommendations based on this study:

i) More efforts need to be focused on keeping the family together whenever possible; placement into child and youth care centres should be a last resort and the child should be fully involved before arriving at such a decision.

ii) Young people should be given ample time to understand the placement process and the type of a setting where they will be placed, the rules, restriction issues and the general expectations about the place.

iii) Whenever possible young people should be placed within their magisterial district in order to facilitate visits by family and friends, in case they do not have family or friends; efforts to find host families should be a matter of urgency.

iv) Young people are still part of the larger community and they should still form part of the larger community through interaction in schools, churches, clinics and the public at large.

v) A particular behaviour of young people should be seen as an effort to address an unmet need; it is our duty as professionals to identify the particular developmental challenge and assist them to meet it appropriately.

vi) Young people in care need not be deprived of care and development; protection as well as routines and day-to-day activities should be central.

vii) Our services should move from the concepts of good parenting and looked after children and our work should be shaped in a more developmental and therapeutic form of intervention.

viii) Our work should always strive for the recognition, respect and upholding of the rights and responsibilities of young people.

4.3.2   Recommendations for future research

The following issues need to be considered by those working in child and youth care centres and these issues also form areas for future research:

i) Child and youth care workers should continuously discuss issues pertaining to relationships and behaviour among young people.

ii) Child and youth care workers should undertake to orientate, give information, expectations, rules, routines and the issues of young people's duration of stay in a residential centre.

iii) Reunification services should be strengthened to avoid children returning to the same situation prior to admission.

iv) There needs to be consideration of and appreciation for each child as an individual regardless of race, culture, values and ethnic background.

v) Child and youth care workers need to be empowered to work towards creating a positive empowering environment which encourages learning and growth.

vi) Behaviour management must be focused on learning and taking responsibilities for consequences.

vii) Our work with young people should be guided by the principles of child and youth care as outlined by the National Association of Child Care Workers.

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APPENDICES

APPENDIX A: PERMISSION LETTER TO THE ORGANIZATION

<div align="right">
1925 Morula Street
Klipfontein View
Extension 2
Midrand
1683

17 May 2009
</div>

The Center Manager
Ikhaya Lothando Community Centre
P.O.Box 361
Tembisa
1628

Dear Sir

PERMISSION TO CONDUCT RESEARCH AT YOUR ORGANISATION

I am currently enrolled for a Baccalaureus Technologiae Degree in Child and Youth Development with UNISA. As part of my curriculum I have to complete a research project.

This study seeks to explore the experiences of male adolescents in a child and youth care centre and its relationship with problem behavior displayed.

Permission is requested to conduct face to face structured interview with about seven to ten young persons in the children's home. If permission is granted the student will be responsible for making arrangements to identify participants and to set appointments for interviews with the supervisor or child and youth care workers in the children's home.

Hoping that my request will be favourably considered.

Yours Sincerely

Netshipale Arivhadivhi Joshua

Signature:……………………………

Student No: 37021621

Cell: 073 452 4712

APPENDIX B: APPROVAL LETTER

| REG: 006 825 NPO
REG:930011706 PBO
REG:4030222535 VAT
Tel No.: 011 924-3782
Fax: 011 924-3775
E-mail:
ikhayal@telkomsa.net | | P O Box 361
Tembisa
1628
South Africa
Thami Mnyele Drive West/Erf 457/09
K opanong, Tembisa
1632
South Africa |

ENQ: MR. P.S. MAMIZE
OUR REF: LETTER 17/05/09

DATE: 27 MAY 2009

ATT: NETSHIPALE A.J
1925 MOURLA STREET
KIPFONTEIN VIEW X2
MIDRAND
1683

DEAR SIR

RE: CONDUCTING RESEARCH IN OUR ORGANIZATION

This serves as an acknowledgement of your latter dated17 May 2009, of a request to conduct a research project at Ikhaya Lothando community centre.

A permission is here by granted to Mr. Netshipale A.J (St no: 37021621) to conduct the said research at the children's home with the following conditions:
i)That liaison is done with the supervisor prior to any engagement with the children.
ii)That interviews shall only be conducted during leisure times without conflicting with the program of the day.
iii) The children's identity should be protected at all times.

Hoping you will find this in order.

Yours sincerely

MR. P.S MAMIZE

CENTER MANAGER

SIGNATUER…………………………………

Board Members: Mr. C Madopi (chairperson), Mr.S Mashibi (Treasurer), Mr. H Letsie (Vice-Chairperson), Mr. P S Mamize (Centre Manager), Mrs. C Mohlakoane, Mr. J Netshipale, Mrs. A Maribana, Mr. A. Bekoe, Mr. T Mahlaba, Mr. S Phukubye, Ms. R Mputing, Ms N. Mdluli, and Mr. B. Nkanyane

APPENDIX C: THE SEMI-STRUCTURED INTERVIEW

i) Tell me about your experiences as a young adolescent residing at Ikhaya Lothando children's home?

ii) Tell me about your expectations with regard to the children's home set up, your first month of arrival, the welcome, and the staff attitude?

iii) In your own point of view, what would you refer as difficult times during your stay?

iv) Tell me about your feelings towards the stay, how you behaved, and general conduct?

v) Tell me about relationship with other children?

vi) Tell me about your behaviour during your stay in the child and youth care centre?

APPENDIX D: A WRITTEN TRANSCRIPT INTERVIEW

DATE: MONDAY 29 JUNE 2009

STARTING TIME: 15:00

Interview process record

The researcher captured the information using a tape recorder, and he wrote down observable body language traits in the notebook, while making notes throughout the interview.

Researcher (R):
> I would like to take this opportunity to welcome you (name not included) to participate in this research interview. I will be asking you some questions about your stat here at Ikhaya Lothando children's home and the answers that you will provide will assist me in the compiling of a research report. Feel free to ask me for clarification if you do not understand the question.

R: Tell me about your experiences as a young adolescent residing at Ikhaya Lothando children`s home?

Participant (P):
Here at home every thing is "ok".

R: Would you mind sharing with me thing that seems "ok" with you?

P: We do go to school and after school we have activities that we do with other boys as well as afternoon programs.

Note: Considering the age and the level of understanding of the child the researcher conducted this interview in IsiZulu; several times the researcher had to clarify the question in order to get the participant to understand clearly what was asked.

R: So, you seem to be enjoying staying here?

P: Yes because here I feel safe and I do get things that I need. "there was some silence" Quite different from the time when I was staying with brothers and sisters as they were always in quarrels over me.

R: Tell me about your expectations with regard to the children`s home set up, your first month of arrival, the welcome, and the staff attitude?

P: I did not know where I was going , they fetched me at school .We went to court and they told me that the following day they are going to fetch me , they will be taking me to a children's home.

R: So, you did not know where they where going to take you to?

P: Yes.

R: Can you share with me about how did you arrive to the children's home?

P: They took me back to school and said to the teacher I won't be coming back to school the following day as I will be changing the school; my arrival here, they set down with me in a meeting and I was told about things that are not allowed and the time that they close the gate.

R: Would you mind sharing with me any other thing that was discussed with you in that meeting?

P: They asked me about things that I like in life and in sports; they further asked me about any thing that I am allergic to or things I do not eat or make me seek.

R: So you did get a chance to speak for you self?

P: Yes, even though I was afraid as there were people I did not know.

R: I would like you to share with me about how did they welcomed you in the home?

P: The lady who was working wrote down all the clothes that I have brought with me and when the other one came she called me and introduced me to her; latter that day at about 18H00; they called other boys and the lady told them who I am , We shacked hands and they each told me their names.

R: Is there any thing more you can say about your welcome?

P: The boys showed me that they were happy with me even though I was afraid as other boys were older.

R: In your own point of view, what would you refer as difficult times during your stay?

P: I stayed almost the whole year without visiting home and my family was also not coming to see me.

R: Any other difficulty that you experienced?

P: During my arrival I did not have friends and I stayed about two weeks without going to school.

R: Tell me, where you given any explanation as to why were you not going to school?

P: They always said they are still arranging with the teachers of the school that I will be going to.

R: How about not visiting?

P: They always said my outside social worker said the situation at home has not changed.

R: So it was indeed difficult time for you?

P: Eeh! Because always when the school closes others do go home for visits and when you remain they tease and laugh at you.

R: Tell me about your feelings towards the stay, how you behaved, and general conduct?

P: I am not a trouble some person but at times the big boys push us around and there is a young boy who likes staring quarrels with older boys.

R: Any moments that you can share with me where you didn't behave like a good boy?

P: (while laughing) I used to find my self crossed with the workers by the time while I was not visiting and I used to stay alone sitting by the sun.

R: Tell me about your general conduct in the home?

P: I behave very well and I do look after my belongings; even the worker knows that I am trust worthy.

R: Any thing you can share with me about workers trusting you?

P: They can send me to the shop and I always bring the change and the slips, even if they left me to guard something they always find everything in order.

R: Tell me about relationship with other children?

P: I don't hold grudges with other boys because here they do teach us to respect one another and the fact that why are we here.

R: Tell me about your behavior during your stay in the child and youth care centre?

P: Staying her is cool because you learn a lot of different things; they do teach us what is it that we can do to shape our future and staying away from drugs, things like those.

R: So in short, do you want to tell me that your stay here was good?

P: Really, I would be glad if I can stay here until I finish school.

Note: The participant showed some zeal to continue with the interview, but the researcher had to remind him about the purpose of the interview and also the time. The researcher thanked the participant for his time and for having participated in the research interview.

FINISH TIME: **16:19**