CHILD AND YOUTH CARE INTERVENTIONS WHICH CONTRIBUTES TOWARDS SUSTAINED RECOVERY FROM SUBSTANCE ABUSE/DEPENDENCY

by

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DECLARATION

I declare that **CHILD AND YOUTH CARE INTERVENTIONS WHICH CONTRIBUTES TOWARDS SUSTAINED RECOVERY FROM SUBSTANCE ABUSE/DEPENDENCY** is my work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Mrs G. Somasundram DATE

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ABSTRACT

The abuse of substances by South African young people has led to the development of specialised residential treatment programmes. This qualitative and phenomenological study sought to explore child and youth care interventions which contributes towards children's recovery from substance abuse/dependency. Data was collected through purposive sampling, with face -to -face interviews with a broad interview guide and it's analysis was influenced by Patton and Creswell's eight steps for qualitative data analysis and interpretation.

The study confirmed the involvement of South African child and youth care workers in substance abuse programmes for young people. Specific interventions such as an existence of a therapeutic relationship between child and youth care workers, the use of the relationship as a model for other relationships, the availability and presence of the child and youth care worker, the adolescent development programme and young people's involvement in their individual development programme that contributed to recovery from substance dependency were identified.

Key concepts - Substance abuse/dependency, children, young people, child and youth care worker and child and youth care intervention.

CHAPTER 1

BACKGROUND AND INTRODUCTION

1.1. INTRODUCTION

Like many other countries, South Africa is experiencing an overwhelming increase in substance abuse amongst adults and children. Mwamwenda (as quoted in Van Niekerk & Prins, 2001: 326) explains that previously substance abuse was seen as a British and American challenge but has presently become an African challenge. He attributes this change to globalisation and the opening of South Africa to the world economy. Lucas, of the UN Office for Drugs and Crime, as quoted by Lekotjolo (2009: 1) indicates that South Africa has some of the highest income levels in Africa and is therefore regarded as a lucrative market by international traffickers. These factors has resulted in South African youth having an easier access to drugs and providing a thriving market for local and international drug dealers. Further within the South African context, Van Zyl, Malan, Marais, Olivier and Riordan (as quoted in Bezuidenhout & Joubert, 2003: 6) presented the view that many South African children have been disempowered by the previous apartheid regime and the repercussions has been reflected in crime, substance abuse, diseases, violence, homelessness and other forms of social pathology.

Irrespective, of the context surrounding drug usage in South Africa, substance abuse prohibits children from reaching their true potential as adults. It hampers their normal physical growth, their social relationships with significant adults and the community, their academic progress, their involvement in sporting and recreational programmes, their emotional development and their spiritual development. This has consequences not only for the child that is substance dependent but also for the family, community and society as a whole. Substance dependency/abuse is seen as a major factor linked to criminal activity, poverty, reduced productivity, strained family relations, tuberculosis, AIDS, injury and pre-mature death (The National Drug Master Plan, 1999: 1).

In an opening of Parliament Address in 1994 the then South African President Nelson Mandela, singled out substance abuse as a social pathology, which required urgent attention (The National Drug Master Plan, 1998: 1). It is against this background that a National Drug Master Plan was drawn up in 1998 as part of the government's intervention to stem the increasing tide of substance abuse in the country. One major area of focus of this plan was services to youth. Non-governmental and governmental organisations were challenged to create innovative, strengths-based programmes to deal with substance dependency in youth (The National Drug Master Plan, 1998: 7). Further, it is noted that on 16/6/1995 South Africa ratified the Convention on the Rights of the Child and the Declaration arising from the World Summit for Children in December 1993 and thereby committed itself to the principle of the "First Call for Children". In practice this means specific programmes needed to be provided for young people (The National Drug Master Plan, 1998: 7).

The present South African National Drug Master Plan 2006 – 2011 focuses on an "intensification of the anti–drug campaign, national and provincial departments' inclusion of measures to counter substance abuse in their programmes", (The National Drug Master Plan, 2006a: 1). The National Drug Master Plan The, then National Deputy Minister of Social Development – Dr Jean Swanson–Jacobs as quoted by a national newspaper said that drug abuse has reached epidemic proportions in South Africa (Ngcobo, 2008: 1). The present Minister of Social Development – Ms Edna Molewa at the International Day and Illicit Trafficking in Limpopo on the 26 June 2009 reiterated this concern. She expressed her concern that South Africa is facing a national crisis over the increasing number of youngsters dependent on drugs and alcohol (South Africa Government Information: 2009).

According to another national newspaper most treatment programmes for substance dependency has been geared towards adults, which provided limited options to families and young people regarding treatment options (Don't do drugs, 2006: 1). Goble (2007: 16) confirms that there has been a lack of adequate and relevant in-patient treatment programmes for young people in South Africa. The researcher noted that most

treatment programmes on substance dependency for South African young people were generally provided on an outpatient basis and staffed by other helping professionals for example social workers, psychologists, medical practitioners and religious personnel aside from child and youth care workers.

A mind shift has been observed regarding attitudes towards substance dependency. According to the newspaper article in the Star (2006: 1) a person dependant on substances was viewed as someone who had a lack of self – interest and care for others and was “weak willed”. The article further states that the present conception of addiction is that it is a primary disease and if left untreated the person may experience significant impairment in functioning of the physiological, psychological, spiritual and social spheres of their lives. Hence, treatment programmes that do not incorporate these critical aspects do not adequately treat the young person holistically. Child and youth care based intervention programmes have as a primary aim the holistic development of young people (Anglin, 2006: 11).

The child and youth care worker works within the multi– disciplinary setting and works in the life space of the child. Anglin (2006: 10) indicated that child and youth care workers do not operate on a single setting or on an interview or sessional basis. They are available at most times. Their presence in the children’s’ life space allows them to intervene at times when most some professionals are unavailable. They work shifts, which may involve evening work and interventions may occur during such times as bedtimes. Fahlberg (1990: 10) views residential treatment programmes as providing a range of services under one roof and which may include: individual therapy, family therapy, peer group socialization skills, which is provided in an environment that promotes the development of close interpersonal relationships that resemble family life. The young peoples’ daily living environment becomes the milieu for treatment. This also relates to treatment for substance dependency. Maier (1987: 15) said that child and youth care workers provide nurturing care experiences. They develop caring relationships, set norms for group living and serve as a representative of larger societal norms. The child then develop competency in his other relationships and other tasks.

Hence, the researcher opines that child and youth care based residential treatment programmes provide a model of treatment where clients reside at the programme.

There appears to be limited research available on the service delivery of child and youth care workers and their interventions within multi-disciplinary teams in treatment programmes for substance dependent young people "The aim of residential treatment is that young people and their families should be able to experience themselves as competent and successful. It is through this process that they may develop a new view of self, which may allow for ongoing discovery of more helpful, acceptable and successful behaviour" (Durrant, 1993: 28). The question therefore arises as to how this new view of self and changes in behaviour (discontinuation of the use of substances) can be maintained. This study is geared specifically at an identification of child and youth care interventions that contribute towards children's recovery from substance abuse and hence preventing the cycle of admission, treatment, relapse and re-admission to treatment centres.

1.2. PROBLEM STATEMENT

Many South Africa young people are experimenting, abusing and are dependent on substances. From the researchers own experiences treatment programmes for substance dependent young people in South Africa are limited. Adult in-patient treatment programmes and outpatient treatment programmes were used as a model of treatment for children that abused substances. This incorporated the use of professionals for e.g. social workers, psychologists, nurses and medical doctors and other staff like spiritual counsellors. In-patient treatment programmes for young people who are substance dependent and the use of child and youth care workers in such programmes is a new development in South Africa. The methodology of child and youth care work is different from other professions as the child and youth care worker works in the daily living environment of young people. The methodologies that that are central to child and youth care work are attachment and individual and group activity. Life space work entails the use of daily living activities, experiences and living environments of

children to provide quality care and developmental opportunities to maximize the competences of young people. In respect of attachment, the child and youth care workers forms deliberate relationships with young people, which are used to empower them and foster their holistic development. Individual and activity programmes refer to any planned involvement with children incorporating a range of activities to achieve identified goals and enhance their total functioning (Media Briefing, 2005: 11- 12). The focus of this research is to identify the nature of child and youth care service delivery that contributed towards children's recovery from substance abuse. Further, identifications of the specific roles of the child and youth care worker would assist in identifying the uniqueness from other professions that they are members of multi–disciplinary teams for programmes for young people that are substance dependent. It would also contribute to the body of knowledge and recognition of child and youth care being a distinct profession and their contribution to helping children to recover from substance abuse and dependency.

1.3. RESEARCH AIM AND OBJECTIVES

1.3.1. Research aim

The aim of the study was to describe and explore child and youth care interventions which contribute towards children's recovery from substance abuse/dependency.

1.3.2. Research objectives

To reach the aim of the study the following objectives were formulated:

- To identify, explore and describe child and youth interventions contributing towards children's/young people's recovery from substance abuse/dependence.
- To explore and describe young people's perceptions about the services rendered by child and youth care workers, which contributed towards their recovery from substance abuse/dependence.

1.3.3. Key theoretical questions

The research aim was guided by the following research questions:

- Are child and youth care workers involved with substance abuse programmes for children?
- What types of services do child and youth care workers provide during the treatment of children/young people who are substance dependent?
- How do children experience the work of child and youth care workers during their treatment for substance dependency?
- How have the child and youth care services contributed towards children's recovery from substance dependency?

1.4. LITERATURE AND KEY CONCEPTS

1.4.1. Literature

The literature review provides an overview on the nature and extent of substance dependency amongst young people in South Africa. The literature review included ecological theories; resilience and strengths based theories; theories of child rearing and restorative justice theories. Ecological theories present the view that the environment in the form of risk and protective factors influence children use of substances and can serve as a strong mechanism for the protection of children. The family, peers, schools, the places of worship, the residential treatment programme and the wider society all impact on the recovery from substance abuse. The theories on risk, resiliency and strengths propagate the idea that children that are substance dependent have strengths and can recover from stressful experiences and situations associated with substance dependency. The Native American theories of child rearing have been incorporated as the child and youth care service delivery in South Africa is based on the said model and is similar to South African child rearing practices. Child and youth care workers service delivery would need to include the restorative justice theories as young people that are substance dependent often engage in behaviour that disrupts societal harmony. Further

children that are substance dependent will need to be taught alternate ways of managing wrongdoing. The researcher opines that the use of these models provide a reclaiming environment to young people that are substance dependent.

The literature review was not limited to books only but included reports, journal articles, Internet sources and legislation, which are central to children, substance abuse and child and youth care work.

1.4.2. Key concepts

1.4.2.1. Substance dependency/addiction

Substance dependency is “a health condition, involving physical and psychological addiction to a psychoactive substance. The resultant effects include: a major disruption and distress in a person’s life and functioning (including family and caregivers); a persistent desire to take a substance; the use of a great deal of time in trying to obtain the substance (including high risk and illegal activities); the continued use of the substance despite an awareness of the damages caused; a marked increase in the amount of substance required to obtain a desired effect and the presence of withdrawal symptoms if the substance is withdrawn or reduced. Substance abuse therefore affects a person’s, emotional, psychological, interpersonal and spiritual life and lifestyle”, (as quoted in White in Service Standards for inpatient treatment centres, 2004:13).

The Mondofacto dictionary (2008) describes substance dependency as a “pattern of behavioural, physiologic and cognitive symptoms that develop due to substance use or abuse, usually indicated by tolerance to the effects of substance and withdrawal symptoms that develop when the use of the substance is terminated.”
The American Psychological Association in their Diagnostic and Statistical Manual of Mental Disorders (DSM-V- TR – text revision of 2002) defines of substance abuse is as follows. ‘There must be the presence of one or more of the following criteria: failure to fulfil major obligations, use of the drug when physically hazardous, recurrent legal

problems and recurrent social and interpersonal problems. With substance abuse the user has a choice as a person uses inspite of the legal and unsafe consequences or inappropriateness of the drinking/drugging experience. In respect of substance dependence (addiction/alcoholism) there must be the presence of three or more of the following criteria: 'tolerance, withdrawal, large amounts over a long period, unsuccessful efforts to cut down, time spent in obtaining the substance replaces social, occupational or recreational activities and continued use despite adverse circumstances. The relationship with the drug is primary and there is impaired control over the drug use'.

For the purposes of the research study the definition by White (Service Standards for Inpatient Treatment Centres, 2004:13) is applicable because it is also adopted in the Minimum Norms and Standards for Inpatient Treatment Centres, which currently prescribes norms, standards and programme practices for inpatient treatment centres in South Africa.

1.4.2.2. Children

The South African Children's Act 38 of 2005 refers to children and youth under the age of eighteen years and to youth who are in the child and youth care system when they turn eighteen years as children (The Children's Act, 2005: 20).

1.4.2.3. Young people

The South African Children's Act 38 of 2005 refers to young people under the age of eighteen years and to young people who are in the child and youth care system when they turn eighteen years and who remain until twenty one (The Children's Act, 2005: 15). In this research study the term children, youth and young people are used synonymously.

1.4.2.4. Child and youth care intervention

Garfat and McElwee (2004: 57) describe child and youth care interventions at occurring at three levels: global interventions, prolonged interventions and immediate interventions. Global interventions are those interventions that facilitate change in the general life situation of a young person for example placing a young person at a treatment programme. Prolonged interventions are those interventions, which span over a period of time and aimed at the development of different skills, knowledge and attitudes. Immediate interventions are seen as the core of child and youth care work. It involves an immediate action in the moment aimed at facilitating change in a way that young people are interacting, to change direction of an immediate interaction, to reinforce a point in learning, to connect a moment to a general goal, to develop insight and to change a way of thinking.

Garfat (1998: 168) in his phenomenological inquiry into the effectiveness of a child and youth care intervention concluded that an effective intervention is “an intentional caring act, taken into one of the daily life systems of which the youth is part of, which facilitates change in that system such that a context is created for the youth to have a different experiencing of herself and of the meaning she gives to that experiencing.

Eisikovits, Beker and Guttman (as quoted in Beker & Eisikovits, 1991: 10) outlay a seven - step process orientated knowledge utilization model for residential child and youth care practice. They suggest that these seven steps need to be followed to ensure effective child and youth care practice. These include: identifying an experience, grasping, identifying and weighing options for actions, choosing a theory, hypothesizing from theory, confronting options for action with test hypothesis and acting as doing conceptual practice. The rationale behind this model is that whilst often child and youth care demands an immediate response and acting intuitively, a focus on a process of utilizing theoretical knowledge would aid in the effectiveness of child and youth care practice.

For, the purposes of the research study the definition proposed by Garfat and McElwee (2004: 57) would be utilised. This definition appears to be comprehensive as child and youth care workers are involved in interventions that are global, prolonged and immediate.

1.5. RESEARCH METHODOLOGY AND DESIGN

1.5.1. Research methodology

The research methodology and design ensures that the research is designed and planned according to scientific parameters. Terre Blanche and Durrheim (1999: 29) suggest that a research design is a strategic plan of action that serves as a bridge between research questions and the implementation of the research. Terre Blanche, Durrheim and Painter (2006: 34) recommend a five-step process between the research question and effecting of the research. The process includes a definition of the research question, designing the research, data collection, analysis of data and writing up of the research report. This planned process would ensure that the final report answers the research question. The proposed research question necessitates that the research design be qualitative in nature. Qualitative research is seen as appropriate in this study as it is used to describe, illustrate and identify with the meanings of human actions.

Sarantakos (1993: 45) views qualitative research as having the following characteristic elements which bears meaning in the research study:

- It tries to understand and capture the meanings of social action.
- It studies a small number of participants.
- It attempts to approach reality without preconceived ideas and past hypotheses.
- It perceives the researcher and participant as two equally important elements of the same situation.
- The purpose is to interpret meaningful human action and the interpretations people give of themselves to situations.

- The research procedures that are employed produce descriptive data and presents them in the participants own words, views and experiences.

Within the qualitative research paradigm the research was exploratory in nature and has elements of the phenomenological strategy of enquiry. Exploratory research is viewed by Bless and Higson–Smith (2000: 41) as generally used to gain insight into a situation, phenomenon, person and community. The need for the study stemmed from a lack of information on child and youth care service delivery that contributed to recovery from substance dependency and the introduction of child and youth care workers in specialised treatment programmes for young people that are substance dependent.

Kvale (1996: 38) informs that a phenomenological strategy of enquiry incorporates a focus on the life world of the participants, openness to the experiences of participants, a primacy of accurate descriptions, an attempt to bracket the researchers' previous knowledge and a quest for the essential meanings of the participant's descriptions of situations. The exploratory and phenomenological inquiry would ensure a balanced view of the participants' experiences as experienced by the participants themselves.

1.5.2. Target population and sampling

Qualitative inquiry involves making a decision regarding the elements of the population that would be considered for the study. Brink (2003: 213) indicates that a population is a group of persons that belong to a group which has more characteristics in common and which interests the researcher. The target population for the present study was the young people from the Siyakula Life Centre who have completed the treatment programme and were disengaged from the programme.

The Centre, an initiative of the Durban Children's Home is a programme that focuses on recovery from substance dependency. The programme targets youth from different ethnic and cultural backgrounds whose substance addiction has led to risk-taking behaviours including theft, rape, gangsterism, satanism, assault, irregular school attendance and car hijacking. This behaviour may have led to alienation from families

and communities. The Siyakula Life Centre, which opened on 19/08/1999, admits an average of 24 young people a year. The Centre utilises the circle of courage model to empower youth and restore their rightful place in their communities (Hlengwa, 2003: 3).

It is necessary to utilize a sample from the population under study. Patton (2002: 244) notes that there are no rules for sample size in qualitative studies. It is governed by the goal of the study, what the researcher wants to achieve, whether sufficient rich data is obtained and the availability of time and resources. In the present study, the intake registers from 1999 - 2005 serves as the primary sampling frame. Candidates were selected using predefined criteria according to the purposive sampling method. Liamputtong and Ezzy (2005: 46) inform that this method permits the researcher to intentionally select the element rich cases relevant for in - depth study to examine meanings and interpretations. The selection were dependent on

- availability of participants.
- participants where sobriety has been maintained or been a challenge. According to the researcher a challenge is seen as a young person that may have relapsed but at the interviews was experiencing sobriety.
- participants that understand English as a spoken language.
- young people who have completed the programme and have disengaged from the program for at least six months.
- the participants must be male.
- the participants ages at the time of the interviews to be 21 and below.

1.5.3. Data collection method

The data collection phase began when the research has been planned. The plan became operationalised through data collection. Sarantakos (1993: 329) views the stage of data collection as one of action and is completed at the end of the planning stage. De Vos, Strydom, Fouche and Delport (2002: 292) inform that interviewing is a predominant mode of data collection in qualitative research. Creswell (1998: 111) stipulate that in phenomenological studies, the process of data collection is predominantly in-depth

interviews. The method utilized for the purposes of the study was face-to-face interviews with a broad interview guide, which comprised of semi-structured questions. Patton (1990: 283) notes that an interview guide is a list of topics that are to be explored during the course of the interview. Tolich and Davidson (1999: 109) on the other hand viewed the interview guide as having three aspects of: introductory questions to create talk with the participants; a list of recurrent themes to represent the researchers' interest and generic prompts (to prompt communication). These aspects are intended to elicit as much knowledge from the participants and create an effective interview guide as possible. This would allow for data saturation i.e. themes in the data become repetitive and redundant to ensure that no further information can be obtained from further data collection (Polit & Hungler, 1998: 48). This ensures that the researcher is content with the information obtained. The interview guide would help create some uniformity on the themes to be explored and allow for the optimum use of time. Marshall and Rossman (1999: 113) inform that the primary advantage of phenomenological interviews is that it allows a focus on the researcher's personal experiences together with that of the participant. This type of research demands a reflective ability on the part of the researcher. All of the mentioned aspects applied to this study too.

1.5.4. Data analysis

Data analysis methods, according to Struwig and Stead (2001: 169) allow the researcher to "organise and bring meaning to large amounts of data." Qualitative researchers need to ensure appropriate documentation of records. The researcher would keep a complete record of the oral interviews in the form of jotted, mental and personal notes, which would be written up as expanded field notes.

The researcher was guided by Patton (1990: 407 – 411) understanding of analysizing and interpreting data.

- The researcher engaged in a process of "epoche". This allowed the researcher to becomes aware of, remove personal bias and eliminate personal involvement with the subject material. This allowed the researcher

to investigate the phenomenon without preconceived judgements. This process was ongoing in the research.

- The second step was phenomenological reduction. The researcher bracketed out preconceptions and any standard meanings given to it by existing literature. The data was then "inspected" in pure form.

Creswell's (2003: 190 -198) understanding of analysis and interpretation of data also guided the research study. This involves the transcribing and typing of data. Tesch's (as quoted in Creswell, 2003:1992) method of data analysis was used. All the transcripts were read. One transcript was selected for in-depth perusal. The researcher then recorded topics in the margin. This process was then repeated for all the other transcripts. Similar topics were clustered and reflected as themes. An interpretation of the themes was then made.

1.5.5. Validity and trustworthiness

Qualitative researchers have different viewpoints on the definitions and criteria for qualitative research. Rubin and Babbie (2008**:** 199) noted that qualitative researchers have no consensus on addressing issues in respect of validity and reliability in qualitative studies. They attribute these differences to the different 'epistemological assumptions about the nature of reality and objectivity'. Qualitative researchers prefer the term trustworthiness instead of reliability. Lincoln and Guba (as quoted in De Vos et al, 2005: 345-347) describe a model of trustworthiness, which comprises of concepts of credibility, transferability, dependability and confirmability to determine the "truth value" of the research study. Marshall and Rossman (as quoted in De Vos et al, 2005: 345-347) note that the soundness of qualitative research can be validated against the following four paraphrased questions, that is aligned to the model of trustworthiness proposed by Lincoln and Guba:

- How credible are the findings of the study and by what criteria can they be judged against?
- How transferable and applicable are the findings to another context?

- How can we reasonably certain that the findings would be replicated if the study were conducted with the same participants in the same context?
- How can we be sure that the findings are reflective of the subjects and the inquiry itself rather than the creation of the researchers' biasness?

Creswell (2003: 196) suggests eight techniques critical to the model of trustworthiness. These techniques are prolonged engagement in the field, member checks, thick rich descriptions, clarifying researcher bias, triangulation, peer review, clarifying researcher bias and audits by external consultant. Three techniques of the suggested eight that would be used in this study are member checks, thick rich descriptions and clarifying researcher bias. The researcher opines that these techniques are most suited to the present study. The thick rich descriptions on the context, research methods, interview settings, interview process and the emergence of themes will ensure that others will be able to conduct similar studies. Member checks will confirm the meanings as experienced by the participants and minimize a subjective interpretation of events. Clarifying the researchers' bias will allow for the "bracketing" of the researchers' own experiences and an awareness of own values, beliefs and bias to ensure that it does not influence the study. This is aligned to Creswell's (2003: 196) recommendation that the use of one or more techniques to ensure of the accuracy of findings.

1.5.6. Ethical considerations

Miles and Huberman (1994: 288) stipulate that the quality of data that is being produced should not only be a focus but we should consider the "righteousness and wrongness of our actions to the people whose lives we are studying and to our colleagues". This statement highlight the ethical considerations that would guide the research study as ethical issues may arise at any stage of the research process. The following guidelines as located in Tolich and Davidson (1999), Mouton (2001) and Struwig and Stead (2001) were taken into consideration: doing no harm, voluntary participation and informed consent, confidentiality, anonymity, falsification of data and deception. Miles and Huberman (1994: 297) indicate that these ethical standards have succinct implications for the analysis of information and the quality of the results. These ethical guidelines

would ensure respectful treatment of participants whose involvement in critical for the answering of the research question.

1.6. DEMARCATION OF THE STUDY

It was not feasible from a financial and time frame point of view to conduct a country or professional wide study. Therefore this study had the following limitations:

- The study was limited to one non–governmental facility for young people that are substance dependent in Kwa–ZuluNatal.
- The nature of the study does not allow for the generalisation of findings.
- The study was a contextual one. The perceptions and experiences of the participants are related to their own specific contexts.
- Only males were used in the study.
- The study was limited to young people who have completed the programme.
- Child and youth care workers were not included in the study.
- The study did not include other professionals working within the multi-disciplinary team.

1.7. PROBLEMS ENCOUNTERED IN THE RESEARCH

The following problems had been anticipated and methods used to address them:

- Problems with locating participants that may not easily be accessible – the researcher checked with the staff members at Siyakula Life Centre for current addresses or any current contact with young people. The researcher tried to make telephonic contact with many participants to ensure that a suitable number of applicants could be found.
- Obtaining an adequate sample of English – speaking participants. Young people, parents and other significant others not wanting to participate in the study – a discussion with parents, young people and significant others on the merits of such a study was held. They were also informed that they would receive feedback on the findings of the study.

- Participants not providing accurate information on their experiences – the researcher discussed the importance of providing accurate information with participants as this could impact on the findings of the study. The researcher also discussed the ethics governing the study.
- The researchers own experiences in working with young people in the substance dependency field may lead to prejudices and or biasness and possible subjective interpretation of the data – the researcher engaged in a self – awareness of these biasness and consulted with peers in the substance dependency and child and youth care field for debriefing.
- Questions and themes planned in the unstructured interviews may not elicit the desired responses from the participants – the researcher attempted to establish rapport with the participants and allow for a free flow of their experiences.
- The possibility of the participants not recalling experiences related to the research questions and themes – the researcher ensured that there was a large sample.
- The researcher had used literature that is older than ten years old. The researcher is of opinion that the works was relevant to the research process. The researcher also tried to validate the use of such works.
- The first appointed supervisor could not continue with the supervision and the research had to change supervisors which also influenced the research process.

1.8. THE OUTLINE OF THE RESEARCH REPORT

The dissertation of limited scope consists of five chapters:

Chapter one aims to present an introduction and background to the study, an overview of the research aims and objectives, themes covered in the literature review, definitions of key concepts, the research methodology and design underpinning the study, the delimitations of the study and problems encountered in the study.

Chapter two provides a literature review and overview on the extent of substance dependency in South Africa as well as theoretical frameworks related to the study.

Chapter three describes the research methodology utilized in the study, the data collection method, data analysis processes and a reflection of the research process.

Chapter four reports on the empirical findings of the study.

Chapter five highlights the summations of the findings, conclusions and recommendations of the study.

CHAPTER 2

THE NATURE AND EXTENT OF SUBSTANCE ABUSE/DEPENDENCY AND THEORIES OF SUBSTANCE DEPENDENCY

2.1. INTRODUCTION

The literature review in this chapter provides an overview of the literature with specific reference to the nature and extent of substance dependency in South Africa; a discussion of theories of substance dependency including ecological theories; theories of risk, resiliency and strengths; Native American theories of child rearing, African child rearing practices and restorative justice theories.

Literature reviews fulfil a critical purpose in research studies. Rubin and Babbie (1989: 89) inform that literature reviews demonstrate a familiarity with a body of knowledge and establish the credibility of the researcher's knowledge base on the research topic and question. An effective review is seen as identifying areas where prior studies have agreed, disagreed and provides the direction of future research. Generally literature reviews can be seen as providing the framework for establishing the context and importance of the study.

2.2. THE NATURE AND EXTENT OF SUBSTANCE DEPENDENCY AMONGST YOUNG PEOPLE IN SOUTH AFRICA

The issue of drug usage in South Africa is not a new phenomenon. However, drug usage is increasing in South Africa with a greater variety of drugs being utilised, according to reports by South African Community Epidemiology Network on Drug Use, (SACENDU, 2002: 4). According to the UN Office for Drugs and Crime and South Africa's Central Drug Authority, the abuse of cocaine and dagga in South Africa has

increased significantly between 2006 and 2008. The world average for the use of dagga and cocaine is 4 and 0.3 percent as compared to that of South Africa, which is 9 and 0.8 percent during this period (Lekotjolo, 2009: 1).

There appears to be new drugs entering the drug market. Gounden (2006: 1) informs that a new deadly drug known as “sugars” (a combination of cocaine, heroin, rat poison and household substances) is spreading rapidly throughout Kwa–Zulu Natal. Caelers (2008: 5) informs that a drug known as “tik” is widespread in the Western Cape and there is scientific evidence to show that teenagers’ using this drug could end up with shrunken brains.

Bayever, the Central Drug Authority’s Deputy Chairperson reports that his organisation believes that half of South Africa’s school children have experimented with drugs (Lekotjolo, 2009: 1). The ages of experimentation of drug use appears to becoming younger. A survey by the Department of Criminology at the University of South Africa in August 2000, which involved learners from Grade 7, 10 & 11 in a Pretoria school district, Neser, Ovens, Lodikos, and Olivier as quoted by Bezuidenhout and Joubert (2003: 38), revealed the following results: one quarter of the respondents indicated that they could obtain dagga within an hour; one quarter revealed that LSD, ecstasy, cocaine and heroine could be obtained within a day; one third admitted to having smoked dagga, with twenty-four percent being under the age of twelve and thirty-four percent being fifteen and sixteen years old; one quarter indicated that they had inhaled glue, petrol and thinners and twenty seven percent had taken mandrax, LSD and ecstasy.

Serrao (2008: 5) informs that in 2001 the average age of drug use was 19 and in 2008 it has dropped to 10 and this has led to experts expressing concern as to the extent of drug abuse in schools. Research, as quoted in Chetty (2005: 7) by the Medical Research Council in 2002, noted that 49,1 % of school learners nationally in South Africa had drunk one or more units of alcohol and that one of eight learners had experimented with their first unit of alcohol before the age of thirteen. Research, as

quoted in an article in the Star indicated that alcohol is one of the gateway drugs, leading the way for continued experimenting of other drugs, (Star, 2002: 2).

There have been an increasing number of young people seeking access to treatment at inpatient treatment centres and outpatient treatment Centres. Pluddemann (as quoted by Kahn & Benjamin, 2003:1) noted that that research by SACENDU revealed that a quarter of the client inpatient population at treatment centres were under the age of 20 in all provinces in South Africa with the exception of one (Mpumlanga) and that cannibas, mandrax combination was the most commonly used drug by young people attending inpatient treatment facilities. Pluddemann, Dada, Parry, Bhana, Perreira, Carelson, Kiteli, Gerber, Rosslee and Fourie (2008: 3) reported that research by SACENDU showed that the percentage of young people under the age of 20 at inpatient treatment centres continues to remain high. In Kwa -ZuluNatal, 27 percent of the inpatient population in treatment centres belonged to this age category. They also reported that a large number of young people are presenting for assistance in an out-patient type of community centre in one of the suburbs most affected by “sugars” in Kwa-ZuluNatal.

Pluddermann (as quoted by Kahn & Benjamin, 2003:1) attributes the increase in drug abuse and increased admissions of young people in inpatient treatment centres to be as a result of “aggressive marketing” of drugs on the city streets, the accessibility of treatment centres and young people approaching treatment centres. Newman (2003) stated that experts within the child and youth care field believe that the disintegrating family system has resulted in young people frequenting nightclubs where they seek social comfort and provides an easy access to drugs. South African authors such as Searle (1989: 55) and De Miranda (1996: 4) note that young people take substances for a variety of reasons which includes: boredom, peer pressure, experimentation and curiosity, excitement, escape from family problems, as a form of escapism from poverty or affluence, rebellion and poor self esteem.

Young people struggle to support their drug habits and become involved in criminal activity. People under the influence of drugs often behave in a reckless manner and

may commit crimes. A study by the Medical Research Council as quoted by Tjia and Khoo (2003:5) noted that 45% of people arrested for crimes tested positive for consuming at least one drug (during the time of arrest.

Research by Dr Chiliza, a specialist psychiatrist from the University of Stellenbosch psychiatry department revealed that the impact of certain drugs like “tik” could lead to brain shrinkage and adolescents ending up with mental illness (Caelers, 2008: 5).

It has been further noted that there is a link between substance abuse and high-risk sexual behaviour. Olive Shishana, the Head of The Human Sciences Research Council for the HIV/AIDS Programme in an article in the Star newspaper indicated that substance abuse has accounted for five percent of new HIV/AIDS infections in the country as it lowered inhibitions and promotes high-risk behaviour (2004: 5).

In the preceding paragraphs, there are clear indicators that there is a correlation between substance dependency and crime, HIV and mental illness. A person becomes prone to criminal activity, high - risk sexual behaviour and impaired mental functioning due their dependency to substances.

Within the South African context, the Prevention of and Treatment of Substance Abuse Act 70 0f 2008 which was passed on 19 April 2009 aims to provide for:

- a comprehensive national response to combat substance abuse.
- to provide for the committal of persons to and from treatment centres and for the treatment, rehabilitation and skills development in such treatment Centres.
- to provide mechanisms aimed at demand and harm reduction related to the early intervention, treatment and re-integration programmes
- the establishment of a Central Drug Authority that will oversee the implementation of the revised Drug Master Plan (Prevention of and Treatment of Substance Abuse Act 70 of 2008, 2009: 3).

The above-mentioned Act makes provision for treatment programmes for substance dependent children. It is within this context that a study to determine what child and youth care interventions/experiences would support children to maintain their sobriety becomes increasingly relevant. The research study is guided by ecological theories, theories of resilience and strengths, theories of child rearing and restorative justice theories.

2.3 THEORIES OF SUBSTANCE DEPENDENCY

2.3.1. Ecological theories

Ecological theories note that the person must be viewed in terms of his context i.e. the person and the environments are not distinct concepts and reciprocally influence each other. The interaction between the individual and the environment (including the wider family and social system) is the foundation of ecological theories. An examination of substance dependency within children lends itself to an ecological approach. An entire family and extended family is affected by a young person's substance dependency. Other systems, for example the school also experiences the impact of addiction as the child might present with acting out behaviour or non – attendance at school. On a larger societal level, the child may become involved in criminal activity to support his drug habit, which may lead to his further alienation from society.

Egertson, Fox, and Leshner (1997: 19) quoted research studies by Hawkins et al Kumpher and the Office of Technology Assistance and making the following conclusions in respect of drug use in individuals, family, peers, schools and neighbourhood are:

- *Individuals* – they present with anti-social behaviour, low self-esteem, low social conformity, psychiatric symptomology and genetic loading
- *Family* – there is ineffective management and discipline, low warmth, high conflict and parental drug abuse
- *Peer* – there is affiliation with drug abusing peer groups
- *School* – low intelligence and commitment to achievement
- *Neighbourhood* – this is disorganised and has a prevalence of high crime

Bronfenbrenner's theory of ecological development suggest that children are located within a variety of different environmental contexts which either steers their development by providing opportunities or serving as risk factors. Each environmental setting is "nested" within a number of other environmental settings and each setting has a reciprocal influence over each other (Gabarino, 1982: 21).

Gabarino (1982: 21) makes reference to Bronfenbrenners' conceptualisation of the ecological model of human development, which has relevance to children's recovery from substance dependency. According to this model the most immediate influence on the functioning of a child is the micro system. Microsystems encompass the relationship between the young person and the immediate environment (home, family, school and community). Microsytems include family members, all who have a direct influence on the child and serve as co – participants in the young person's holistic development.

Winnicott (as quoted by Muisener, 1994: 75) regards the family as a "holding environment" in supporting the child's interpersonal development and hence will play a significant role in the prevention and recovery from substance dependency. Barnes and Windle (as quoted by Muisener, 1994: 77) suggest that a strong parental nurturance with low coercive punishment and clear guidelines for adolescent behaviour appear to be salient factors in the prevention of substance abuse.

Muisener (1994: 48) notes that peer relationships serve as a secondary holding environment to adolescents. Family, peers and the environment could then either serve as a positive influence in promoting recovery or pose a challenge in encouraging continued substance dependency. They could co – protect the child from having a problem with drugs, co influence the child's drug problem or be in conflict with each other regarding a young person's desire to take drugs. Cognisance is taken of Gabarino (1999: 24) on the influence of "socially toxic" environments which influence the well being of young people and undermine their self confidence and self esteem, for e.g. the lack the access to basic resources, family instability, violence and the impact of drugs available in the neighbourhood.

The young person's relationship with family, peers and his environment form an integral aspect of his recovery environment. Gabarino (1982: 22) further notes that a well functioning microsystem can have a positive influence on a child's future development. There have been various research studies on the role of relationships in the lives of humans. Berschied (as quoted in Aspinwall & Staudinger, 2003: 38 – 39) point out that it is within relationships that people find meaning, a sense of direction and the ability to overcome challenges.

The next level, mesosystem refers to reciprocal relations between the microenvironments for e.g. the family and the church. The connections between these systems can either pose as support structures or expose a child to stress and risk. Gabarino (1982: 23) notes that the closer the value systems between the microsystems the more powerful the influence of the mesosystems on the young persons functioning. Fuller quoted in Field (2002: 48) asserts that an inability of a community to monitor the behaviour of a child and provide strong social networks the greater the possibility of the child presenting with acting out behaviour.

Garbarino (1982: 23-24) makes reference to the next level known as exosystems, which refers to systems that the young person may not play an active role in but nevertheless influence their development or impact on the functioning of the microsystems. This includes the parent's place of work, local education and government bodies and the media. The media for e.g. may promote the taking of alcohol as a relaxant from stress and young people may be influenced to utilize alcohol as a coping mechanism to ensure a stress free life or the media could highlight the harmful consequences of imbibing alcohol as a stress reliever. These systems can influence a young person's attitudes towards substance use.

The fourth system which is that of macro systems include: dominant social structures, laws, ideologies, beliefs and values and behavioural patterns of a particular society that influences the child. This system sets standards of practise and influences the society as a whole, for example laws prohibiting the sale of liquor to young people (Gabarino,

1982: 24). Bezuidenhout and Joubert (2003: 54) note that risk factors within a macro level include economic deprivation, community disorganisation, the availability of substances, pro criminal attitudes and climates of violence.

The four systems described change over a period of time. Bronfenbrenner described this time component as the chronosystems. The chronosystems can change the functioning of all the systems. The child and the environment can experience change. Change can originate within the child for e.g. going to secondary school or in the external world. An understanding of both these changes are crucial as they impact on the developing child (Gabarino, 1982: 25).

Whittaker and Maluccio (1989: 96) propagate the view that within the ecological perspective, the residential environment is a complex interplay of different elements within and outside of the formal service context. These include the quality of linkages between the residential programme, the neighbourhood and the peer group. They suggest that professionals should enhance support networks and create them where they are not present. They quote research by Dumas and Wahler that caution against the over reliance of interpersonal skills training as a sole form of intervention in working with children (1989: 96).

The theory demonstrates the impact of the different systems on the individual. We cannot understand the dynamics of the relationships between young people and their families without understanding how the mesosytems and microsystems influence that situation. Influences can be both negative and positive. The theory demonstrates the critical role of relationships within the child's microsystems. An absence of a well - balanced microsystem can lead to child seeking attention in other aspects of the environment that might not be conducive to his development. However, Bronfenbrenner's ideal is that mesosystems for e.g. schools and educators should provide a safety net for children in the absence of close connections between the child and his family. The defining principles of a macrosystem can have a rippling effect on other lower systems. The cultural beliefs of a particular society for example in societies

where raising children is a collective responsibility of the community, then that society would ensure the provision of community resources to protect children.

Ecological theories have significance to child and youth care work as it allows for a greater understanding of the context of human development. A young person recovering from substance dependency is influenced by his immediate context and the larger environmental settings that he is indirectly involved in. Ecological theories emphasise that interventions should not be directed only at the child but at his family, peers, community, the society that the child belong to, the educational, political and economic systems. Hence the theory focuses on wholeness, interdependency and the complementary nature of the different systems.

Maluccio (as quoted by Bekker & Eisikovits, 1991: 49) provides a similar understanding of ecological theories known as the competence – centred ecological perspective, which has relevance to child and youth care intervention. Anglin (2006: 21) regards a primary task of child and youth care workers as developing social competence. Maluccio (as quoted by Beker & Eisikovits, 1991: 50) views competence as a "network of skills, knowledge and talents, which enable young people to interact effectively with the environment". They stress that direct care workers roles in the lives of young people in residential settings can be maximized in child and youth care work if they function from a competency–centered ecological perspective. The use of this perspective allows the workers to recognize each young person's striving towards their growth, promote effective functioning by focusing on the young person's unique coping patterns, mobilizing actual and potential strengths, removing obstacles and providing support in the person's environment.

Bekker and Eisikovits (1991: 51) propose the notion of ecological competence. Competence is not a fixed entity in a young person but as a product of a young person's skills, capacities and motivation and the environmental qualities of social networks, social supports and obstacles, for example how competent a young person becomes in managing his addiction may not only be dependent on his skills, capacities and his

motivation but on the external supports and opportunities provide for by his environment. Bekker and Eisikovits (1991: 175-176) warn that cognisance needs to be taken of the fact that young people have different temperaments and characteristics, which contribute to their own course of development. This aspect prevents a sole focus on the crises experienced by young people as being caused by their families.

The researcher is of the view that the use of a competency centred ecological perspective has many merits. It allows child and youth care workers to focus on normal development instead of deficits. A child is viewed as having strengths and potential. Children should be provided with the opportunity to develop and master new skills. The perspective allows child and youth care workers to understand the impact of the environment on the child's development.

2.3.2. Theories on risk, resiliency and strengths

Theories on risk, resiliency and strengths propagate the view that young people that are substance dependant have strengths and are capable of recovery from stressful experiences. An exposure to stressful experiences can lead to the development of new coping skills and behaviour. Resiliency theories provide an optimistic explanation of human resistance and recovery from stressful circumstances. According to Rirken and Hoopman (as quoted by Henderson & Milstein (1996: 7) resiliency is a term used to describe a person's capacity to recover successfully from adversity and to develop social, emotional and vocational competence despite exposure to severe stress or stresses inherent in society. Resiliency therefore describes the process of recovery and the development of competencies in dealing with adverse circumstances and events, for example recovering from substance abuse and traumatic life situations. Resiliency theories are also based on the rationale that children are exposed to both risk and protective factors in their environment. Risk factors are generally regarded as environmental stresses that exacerbate a young person experiencing negative outcomes in life (Braverman, 2001: 1). It would then appear that the more risk factors presented the greater the degree of potential risk to young people. Bullock and

Fitzsimons-Lovett (1996: 34) quoted Dryfoos and Hawkins, Catalano and Millar who reveal that risk factors occur in five major domains in a person's life. These include family, school, community, peer group and within the individuals themselves. These domains should be seen as areas requiring intervention in minimizing risk factors.

Padayachee (as quoted in Bezuidenhout & Joubert, 2003: 75) noted that the following risk factors affect youth in South Africa:

- Home factors such as family structure and background, limited provision in respect of meeting basic needs, abandonment and negligence, low socio-economic status and over-crowding;
- School factors include the curriculum, low expectations of academic achievements, lack of discipline, lack of role models, poor learner-educator relationships, lack of parental involvement;
- Environmental factors include socio economic conditions with specific reference to the lack of decision making power between sexes and race, high illiteracy rate, low self-esteem, peer pressure, violence, lack of community involvement, HIV/AIDS, the knowledge of rights and not the responsibilities, child prostitution and a lack of spirituality.

Research about resiliency also suggests that young people are able to transcend their high-risk circumstances, develop competence, turn adversity into success and lead productive lives. This is as a result of protective factors in the environment, which serves as a buffer against exposure to multiple risk factors (Braverman, 2001: 2).

Hawkins, Catalano and Millar (quoted in Bullock & Fitzsimons-Lovett, 1992: 35) highlight the following protective factors, including individual factors and processes, which are essential for the healthy development of children.

Individual protective factors:

- Gender – girls appear to less likely develop health and behavioural problems.

- Resilient temperament – young people who can adjust to and recover from disruption in their lives e.g. moving home.
- Positive social orientation – young people who are able to enjoy being in the company of others.
- Intelligence and the presence of social and cognitive skills – young people with well-developed problem - solving and communication skills.

The processes include:

- Young people experiencing bonding and significant attachments to families, friends and community.
- Exposure to healthy beliefs and standards. Families, schools and communities should have clear expectations for their young people and which are constantly enforced.
- Opportunities for involvement in extra- curricular activities
- A supportive milieu and extended family support.

Braverman (2001: 4) indicated that protective factors could reduce the effects of risks by strengthening the young person's internal psychological characteristics. For e.g. the adolescents self-esteem may be developed and he may not need to take substances to experience self worth or join a gang. Protective factors can also provide the young person with the ability to cope directly with the risks for e.g. by learning new skills and by reducing exposure to risks for e.g. by ensuring adult supervision and involvement with youth to minimize their engagement in high risk behaviour.

Research about resiliency has led to a renewed focus on positive child and youth development. Researchers such as Benson, Gailbraith and Espeland (1998: 3-6) noted that young people that lead healthy productive lives are influenced by the presence of developmental assets. They highlight twenty internal assets and twenty external assets, which are seen as building blocks to healthy youth development. Internal assets include: commitment to learning e.g. achievement motivation; positive values e.g. caring; social competence e.g. cultural competence and positive identity e.g. self-esteem. External

assets include: the support of family, friends and the community empowerment; boundaries and expectations e.g. family boundaries and the constructive use of time for e.g. involvement in youth programmes. Scales, Benson, Leffert and Blyth (as quoted in Braverman, 2001: 5) notes that the presence of these developmental assets leads to developmental thriving in young people; i.e. success in school, leadership, helping others, maintenance of physical health, delay of gratification, valuing diversity and overcoming adversity. Wolin and Wolin (as quoted by Henderson & Milstein (1996: 10) commented that individuals' also develop internal resilience, which can serve as a lifeline for resilient overcoming of any adversity. These resiliencies are initiative, independence, insight, relationship, humour, creativity and morality. They note that the presence of one of these characteristics can propel the person to overcome the challenge of stressful situations.

Seita, Mitchell and Tobin (as quoted in Brendtro, Ness & Mitchell, 2001: 86–87) presented a resilience model, which has significance to working with substance dependent youth. The model has four principles of: connection, continuity, dignity and opportunity. These serve to create conducive environments for the healthy growth and development of children. Adolescents experience care and social control through positive bonding to family, peers, schools and community. Strong connections allow for harmonious living in society and prevent a wide variety of high - risk behaviours for e.g. delinquency and drug abuse. If an aspect of a child's ecology is broken for e.g. family, the other systems help the child to cope with adversity and provide support. The model predicts that the schools would serve as partners to a child's growth and development. It also assumes that youth will struggle to develop their full potential without establishing close interpersonal connections.

The principle of connection is closely linked to the principle of belonging in the circle of courage model. Some young people often experience broken relationships and traumatic life events. They become fixed in the past by their previous experiences and failures. Adults can provide effective support to young people by assisting in the clarification and solving of problems that they may experience. This allows the adults to

understand young people's thinking, feelings and actions and be in a position to guide them. This would allow young people to deal with past events in their lives and be equipped to deal with the present. Young people need to be raised in environments that are respectful of their dignity. Children experiencing a sense of feeling devalued and disrespected have a belief system that they are worthless. Coopersmith (as quoted in Seita, Mitchell & Tobin 2003: 93) indicated that youth measure their self worth against the following yardsticks:

- Significance – Am I important to somebody.
- Competence – Am I good at something.
- Power – Can I influence my world?
- Virtue – Am I a worthy person.

Coopermith as quoted in Seita, Mitchell and Tobin (2003: 93) demonstrated that adults can increase the self – esteem of children by: providing attention, affection and disciplining within a context of love and not alienation; providing opportunities for achievement, encouraging trial and error learning, limit setting and setting expected standards of behaviour for youth to internalise.

Chambers' (1999: 37–38) present a model of positive youth development that has significance to substance dependent youth. The model indicates that youth are searching for power, presence, compassion and pardon and the absence of these dimensions result in substance abuse. Young people lacking power (the ability to make decisions and accept the positive influence of others) seek power in pseudo-independence by becoming embroiled in conflictual relationships with adults, power struggles and counter aggression. Such youth are at risk of developing a core addiction and require access to real power through recovery information relevant to their needs and to learn from people at their level through sharing of knowledge and stories.

The next dimension of presence is seen as having a strong bond with God and another person who is available and involved in the young person's life. This is similar to Seita, Mitchell and Tobin's concept of connection. Youth also need to experience the process

of pardon i.e. forgiveness. Main (as quoted in Chambers, 1999: 37) explains that young people that have experienced inner pain have an intuitive reaction to seek revenge and counter aggression. They may not have the skill to manage strong emotions and often present with acting out behaviour to draw punishment or inflict self-punishment. Young people require significant others to help develop insight into their actions and behaviour, teach and support the process of forgiveness.

Chambers (1999: 38) last dimension is that of compassion which is congruent to Seita, Mitchell and Tobin's concept of dignity. Compassion is defined as the ability to nurture strong deep feelings towards another person based on an understanding of their pain and circumstances. Young people are often confused between "friendships" and "drugships". The confusion often arises as young people equate relationships with drug users as friendships. They display a deep loyalty towards other drug users. Young people need to develop compassion, to understand how to develop and maintain friendships, receive comfort and help to deal with their own challenges.

The models of Seita, Mitchell and Tobin and Chambers highlight the need for young people to experience both respectful and value - laden environments that foster growth and development and adults who serve as competent role models. Closely linked to theories of resilience is the concept that young people have strengths and which can be utilized in therapeutic interventions. Strengths based practices emphasise the capabilities of individuals rather than a focus on their weaknesses and labelling of them and their behaviour. They are based on the assumption that that a focus on strengths allows for the exploitation of potential and existing resources to address challenges that a person is experiencing. It is seen as a move away from pathology and abnormalities in a person.

This approach alludes to the identification of strengths in individuals as a form of intervention. Saleeby (2006: 82) notes that 'almost anything could be considered a strength under certain conditions'. Strengths can be found in the following:

- What people have learned about themselves and from others? People can learn both from their challenges and accomplishments.
- Personal qualities, traits and virtues. – When people experience adversity they become aware of resources and assets or develop new strengths and resources to meet these challenges.
- When people know about the world around them. Knowledge is obtained from different resources and whilst learning about the world further skills and abilities is gained.
- Talents people have. Talents provide more resources and tools to assist individuals to fulfil aspirations and reach goals.
- Cultural and personal stories. They are a source of stability and create a sense of belonging in individuals. Cultural stories can be a source of identity and inspiration in managing adversity.
- Pride – when people overcome adversity they develop a sense of pride in their achievements.
- The community – people have physical, interpersonal and institutional strengths, which they contribute to and receive from the community. This enhances their membership and empowerment.
- Spirituality - This is a strong source of strength and resiliency, which conveys hope and belief in the possibility of a hopeful future.

Saleeby's work assist practitioners in identifying strengths that possibly may not been uncovered. A focus on identifying strengths allows the practitioner to work together with the young person to build on existing competencies. Durrant (1993: IX – XI) explains this aptly by writing that child and youth care practice is not about "fixing" young people but on finding ways to build on their existing strengths and resources.

Saleeby (as quoted in Ball, 2003: 49) informs that strengths based practices promote the concept of empowerment. Empowerment is seen as the practice of allowing young people to participate in decisions that impact on them and with a full knowledge of the

consequences of their intended course of actions. This allows for ownership of control over one's life, choices and actions.

Seligman and Peterson (as quoted in Aspinwall & Staudiger, 2003: 307) suggest that certain strengths can buffer against the development of certain disorders. They note that optimism can buffer against depression and involvement in sporting activities against substance abuse. They also note further that one can change one's life stories from the viewpoints of survivor hood rather than victim hood. Wolin and Wolin (as quoted in Henderstein & Milstein, 1996: 10) stipulate that it is important to reframe behaviour as often behaviour that is seen as unacceptable for e.g. absconding from the facility can be seen as incorporating elements of resiliency for e.g. independence. This reframing of behaviour can enhance the resiliency process. Strengths can be seen as the ability to persevere, survive adversity and create renewed confidence in ones self. It provides a sense of hope to professionals and young people that challenges can be overcome. Research has also centred on the quality of relationships in helping environments. Laurson (as quoted in Ball, 2003: 50) indicates that the quality of relationships that the helper has with the client is a stronger indicator of successful outcomes in treatment.

Maintaining a balance between risks that young people are exposed to and the protective factors that are supportive of young people creates resilience. Research has indicated that key protective factors are present in the following domains: personal characteristics, characteristics in a child's family and characteristics in a community that are critical to the development of resiliency. The personal characteristics can include the identification of strengths, which could be used to develop successful treatment outcomes. Young people require resilient contexts (reclaiming environments) to enable their healthy development and successful interaction with their environment.

2.4. THEORIES OF CHILD REARING

2.4.1. Native American theories of child rearing

Brendtro, Brokenleg and Van Bockern (1990: 6) developed the Circle of Courage Model, which is based on traditional Native American patterns of child rearing. This model has relevance to working with substance dependent young people. Brendtro et al (1990: 6-7) describe four ecological hazards present in the life of young people at risk and leads to a stunting of growth**:**

- Destructive relationships – which are experienced by rejected young people that having been wanting of love but are unable to trust as they have expectations of further hurt
- Climates of futility – as experienced by young people that are insecure and exacerbated by feelings of inadequacy and fear of failure. They are unable to develop their full potential.
- Learned irresponsibility as displayed by young people who feel powerlessness but display defiance and rebellious behaviour as a facade.
- Loss of purpose – as seen by self – centred young people to search for their values and a purpose of life.

The model propagated embraces 4 universal values of self - esteem: belonging, mastery, independence and generosity, which ensure the developmental growth and empowerment of children. The pillars are linked and influence each other and respond to the ecological hazards. Brendtro et al (1990: 6) note that in responding to the needs of young people, clarity on the nature of alienation and the locus in the life space of the young person is required.

Elk (1993: 57) informs that children in Native American communities were loved and cared for within a circle of caring adults. They were provided with opportunities for success and encouraged to observe the wise ways of adults. Adults served as competent role models. The elders taught children responsible decision making, taking

into consideration the impact of behaviour on others. Discipline was based on guidance. Children were taught that true respect was achieved by reciprocal care and concern for the needs of others. Children were taught to give magnanimously.

Broken circles result in a host of challenges to children. Brendtro, Ness and Mitchell (2001:101) indicate that children will display personal and social maladjustment. They indicate that children who do not experience a sense of belonging display alienation from positive adults and peers. Children that don't experience mastery become easily frustrated by failure and feel incapable of achieving their full potential and lack decision - making skills. A lack of independence results in children that display irresponsible tendencies and children who struggle with generosity become self – centred and purposeless. However, when their needs are met, children experience a sense of wholeness and well–being.

The American theories of child rearing have been included as it is similar to the South African theories of child rearing. Child and youth care workers using this model in treatment with children that are substance dependent have clear indicators of the importance of children experiencing a sense of belonging, mastery over their environment, a well defined sense of independence and the need for generosity towards others. Children that are substance dependent need to heal in areas where their circles are broken to enable a well defined sense of self and successful interactions with their community.

2.4.2. African theories of child rearing

The Circle of courage of model is closely linked to South African patterns of child rearing. Vilakazi (1993: 37) notes, "a child is an embodiment and expression of beauty in itself". Through having children one extends his connection with humanity. Within the African culture, children were also regarded as sacred beings. Mbambo (2001: 5 –6) notes that within the Zulu culture the importance of the potential of children was

recognized. She quotes a Zulu idiom " Umthente uhlaba usamile" which means that children have the capacity to do great things and learn good practices from an early age.

The raising of children was seen as the collective responsibility of the community. Mkhize (1991:1) describes that a person is defined in reference to the community. In the African culture, there are sayings such as through others that one attains self hood. A person is linked because of his existence to others. There was a sense of community responsibility for each other rather than the focus of individuals assuming responsibility for themselves only. This concept known as ubuntu as explained by Archbishop Desmond Tutu in Mbambo (2002: 7) is one of being caring, considerate and compassionate and going the extra mile towards others. This concept of ubuntu stresses the importance of relationships and peaceful and harmonious living.

There are commonalties between the Native American patterns of child rearing and African patterns of child rearing. Both communities placed children at the fulcrum of the community. Raising children was the task of adults in the community who had a non–negotiable responsibility of caring and protecting children. The potential and capacity of children to learn new skills was acknowledged. Children achieved a sense of identity and a meaningful existence through learning acceptable values from adults. Both communities taught children about collective responsibility as opposed to self-interest. Children were encouraged to be of service to others. The challenge for professionals, families and communities is to offer reclaiming environments to children. The above theoretical explanations highlight the significant roles the families and communities play in the recovery environment of young people recovering from substance dependency.

2.5. RESTORATIVE JUSTICE THEORIES

Young people that are substance dependant often experience broken relationships with society as a result of the behaviours that they engage in. They need to learn alternate ways of rebuilding their connection with society. The restorative approach has been propagated in South Africa in the realm of youth justice. Restorative justice is one of the

principles underlying the child and youth care system in South Africa. The focus is on 'restoring social harmony, righting wrongs and where possible making amends to the victims' (South Africa, 1996:17).

Restorative justice theories are a non–violent principled approach to right living aimed at creating peaceful communities. It recognises three important role players to crime, the offender, victim and the community. A restorative approach to the criminal justice system focuses on restoration, healing, responsibility and prevention (Cavanagh, 1998: 24).

Zehr and Mika (as quoted in Cavanagh, 1998: 2) identify the following critical component of a restorative approach:

- Focussing on harms suffered rather than the laws broken.
- A balanced involvement of the victim and offender in the criminal justice process.
- Heal what has been broken.
- Recognition of the offender's need to accept responsibility and accountability to fulfil obligations, which are achievable.
- Strengthening the community to prevent further harm.
- The provision of opportunities for direct and indirect victim offender dialogue.
- Showing respect for the dignity of victims, offenders and colleagues.

Mccold and Watchel (2003:1-3) theory of restorative justice focuses on the concept of the Social Discipline Window, stakeholders' roles and restorative practise typology.

According to the social discipline window, punishment was seen as an effective method of managing wrongdoing. The social discipline window applies two concepts of control and support to manage wrongdoing. Control is defined as directing influence over others (through limit setting and discipline) whist support entailed providing encouragement or nurturance. The two concepts of control and support also operate within a continuum of "high" and "low". Clear limit setting constitutes high social control. Non – existent or limited boundaries characterize low social control. A lack of encouragement and meeting emotional needs characterize low support. A strong concern for well – being characterize high social support. A high or low level of support

can be combined with high or low level of control. This leads to the constitution of four approaches to social discipline: punitive, permissive, neglectful and restorative. The restorative approach has a high level of support and control. This approach allows for joint involvement of the offenders and adults, confronts wrongdoing whilst validating the intrinsic worth of the offender. It allows for the offender to make amends and shed the offender label, (Mccold & Watchel, 2003: 1).

Various stakeholders are affected by wrongdoing. The primary stakeholders are identified as the victim and offender who have been directly affected. This may also include close, emotional connections with parents, family who are also directly involved in the incident. They need to express their feelings and voice their opinions on how amends can be made. The offender needs to restore their rightful place in the community and be empowered to take responsibility for their wrongdoing. The primary stakeholders ensure that wrongfulness is acknowledged and steps taken to prevent re offending and the re – integration of the victim and offender to their respective communities. Secondary stakeholders are those that live nearby the victim/ offender or those that belong to religious, social or business organisations that have some connection to those affected by the incident. The secondary stakeholders role is to support processes, which re – integrate both the victim and offender (Mccold & Watchel, 2003: 1).

Restorative practice typologies, demonstrates that the participation of victims, offenders and communities of care are vital for the repair of harm and achieve re – integration to communities. The process demands the full participation of all members to be fully effective.

Restorative justice theories are applicable to young people that are substance dependent. Young people often become involved in criminal activity and have become alienated from their families and communities and hence a restorative approach can restore their rightful places in the community. It is a respectful approach that teaches young people to be accountable for their actions, a recognition of wrong doing of the

offender and an affirmation of the self worth of the offender. It is an approach that allows them to learn non – violent means of resolving conflicts and creating harmony in relationships and peaceful communities. Child and youth care workers working from a restorative approach will ensure that young people learn skills to amend family relationships, accept responsibility for their actions and thereby experiencing societal harmony. It is a critical component to working with substance dependant children.

2.6. CONCLUSION

The researcher has presented an overview of the extent of substance abuse amongst South African children. The conclusions of the research studies were:

- Young people take drugs for a variety of reasons including boredom, peer pressure, experimentation, interpersonal issues and as a method of problem solving.
- Children are having an easier access to a variety of different drugs. New drugs are entering the market.
- The age of experimentation and drug abuse has lowered in recent years.
- There is a link between substance dependency, crime, HIV infections and brain damage.

Within the South African context, the Prevention and Treatment of Substance Abuse Bill is being debated in parliament and would provide the framework for all interventions in substance abuse in the country. The Bill focuses strongly on early intervention, treatment and re - integration programmes for vulnerable persons.

An overview of theories connected to substance dependency was presented. The ecological theories, the theories of American patterns of Child – Rearing, the African patterns of Child rearing, the Resilience models propagated by Seita, Tobin and Mitchell and the Restorative Justice theories have certain commonalties:

- All emphasise the importance of children experiencing strong social networks to family and community.

- Adults to serve as effective role models in setting expectations for children, teaching new behaviour and promoting social competence, providing opportunities and support systems for trial and error learning of new skills.
- The promotion of the value of community involvement, care, compassion and generosity towards the community. Restorative Justice theories highlight the need for accountability of action, amendment of wrong doing and validation of the self – worth of people in restoring harmony to society.

The residential environment becomes the milieu for the child's treatment and development from substance dependency. The research studies have indicated that if child and youth care workers operate from an ecological competence (combination of a person's skills, abilities, motivation, environmental qualities of social networks and support systems), this would increase the young persons' chances of successful treatment outcomes.

The studies connected to resiliency, strengths and asset development operate from the premise that children have universal strengths and innate potential to survive insurmountable challenges. These theories also highlight the fact communities have both protective and risk factors that aid or stunt the development of children. Resiliency models have succinct implications for working with substance dependent children. A child's microsystems, mesosystems, and exosystems provide the necessary external support and resources to promote resilience by creating strong connections between children and significant adults, exposure to healthy beliefs and standards and opportunities for participation in pro – social activities. Children can also be encouraged to identify their personal strengths, building on their own social competencies and academic skills, participation in sporting, cultural, leisure and recreational activities and setting of high expectations. The interaction between a child' microsystems, mesosystems and exosystems and own internal factors ultimately creates the processes for resilient behaviour. These resilience theories provide a renewed sense of hope and optimism to substance dependent children to manage their dependency to substances.

The next chapter focuses on the rationale for the use of qualitative inquiry, the data collection method, the data analysis process and a reflection of the research process.

CHAPTER 3

RESEARCH METHODOLOGY AND PROCESS

3.1. INTRODUCTION

The research study focussed on child and youth care interventions contributing towards children's recovery from substance abuse. It has been documented within chapter one that South African youth are having easier access to drugs, providing a lucrative market to local and international drug dealers and drug abuse has reached epidemic proportions. This has resulted in a need to provide programmes for substance dependent youth. The introduction of child and youth care workers to substance abuse treatment programmes is a new development. The introduction in chapter one presents a position that child and youth care practice is fundamentally different from the work of other professionals as child and youth care workers work in the life spaces of children. VanderVen (2008:14) said that no other profession "embraces the nature of its' spaces that contain it's clients, work to adapt these spaces to the clients needs and uses the spaces to empower." The methodology of child and youth care is different to other professions as the child and youth care workers uses opportunities presented daily to in the children's' life space develop competence in children.

An exploration of child and youth care interventions that contribute towards recovery from substance dependency requires an approach that can uncover thick and rich descriptions of young peoples' subjective experiences. For this purposes a qualitative approach using a phenomenological study of inquiry was selected. In this chapter, the researcher focussed on the rationale for the use of a qualitative research method, the target population, choice of sample, data collection methods, issues in respect of trustworthiness and validity, ethics governing the study and a reflection of the research process.

3.2. RESEARCH METHODOLOGY AND PROCESS

3.2.1. Qualitative research

Denzin and Lincoln (1994: 44) define of qualitative research as a “multi perspective approach (using different qualitative techniques and data collection methods) to study social interaction aimed at describing, interpreting, making sense of, or reconstructing the social interaction in terms of the meanings that the subjects attach to it”. This definition encompasses a study of human beings from their own viewpoints (an insider’s perspective) rather than that of an expert making assessments of the participant’s experience. This method is naturalistic, holistic and inductive (Terre Blanche, Durrheim & Painter, 2006:47).

Qualitative research is generally aimed at examining issues through the lenses of the participants even though the researcher and participants are involved in interpreting the data. According to Silverman (1997: 100) the key issue in qualitative research is the generation of data that provides an authentic and genuine insight into people’s experiences. Human beings construct their own meanings to situations and researchers hope to capture and interpret these situations accurately. The aim is on understanding human behaviour and a description of what people have to say in their own words.

Cohen, Manion and Morrison (2000: 137) noted that qualitative research is concerned with the social contexts of participants. Researchers need to understand that behaviour is “ socially situated, context related, context dependant and context rich” hence the researcher will ensure that situations are not viewed in isolation but within the mesosystems, microsystems, exosystems and macro systems within which the identified participants find themselves.

According to Struwig and Stead (2001:12) the researcher explores the research question with an open mind and is not dependant on theories to provide a framework for what to research. The researcher did not enter the study with preconceived

assumptions. Data was analysed inductively. Any theory that emerges will be generated from the data collected. Leedy (1997:163) indicates that " the theory is " grounded" in that it is developed from the data, as opposed to being suggested by the literature". The researcher is working in the field of substance dependency and attempted to keep an open mind. According to Strauss and Corbin (1990: 24) qualitative research is generally appropriate for uncovering information of a phenomenon or people's experiences when there is limited information. There appears limited information on the said research question. The qualitative approach helps researchers to generate new data or revise conceptual frameworks. Due to the fact that the there is limited information on the topic, the qualitative research methodology is relevant.

Denzin and Lincoln (2000: 386) point out that in qualitative research the researcher becomes the research instrument. The researcher must have the necessary skills to manage the research process. They note further that this form of research allows for the inclusion of the description of the role of the researcher and a presentation of the researchers' own prejudices and "ideological preference".

The research was exploratory in nature. Creswell (1998: 225) informs that exploratory research is generally used to build a foundation from ideas and tentative theories. Neuman (1997: 20) notes that exploratory research asks the question "what?". The need for exploratory study arose after the researcher became aware that there is a high relapse rate of young people who have sought treatment for substance dependency. The researcher also works at an inpatient centre for drug dependency and many of the clientele had sought treatment as young people but were unable to maintain their sobriety. This resulted in many admissions to various treatment facilities. Exploratory research would assist in obtaining a clearer picture and understanding of the role of child and youth care service delivery that could contribute to helping young people maintain sobriety after residential treatment.

Qualitative research is closely aligned with phenomenology. According to Patton (1990: 69) phenomenological research seeks to answer the following question "What is the

structure and essence of experiences of this phenomenon for these people"? Phenomenologists focus on "how we put together the phenomenon we experience in such a way to make sense of the world and thus developing a worldview." A phenomenon may be an emotion, a relationship, an organisation or a culture. Van Maanen (as quoted in Patton, 2002: 106) point out that phenomenologists are less concerned with facts about whether something happened, statistics and cause and effect theories. They endeavour to describe lived experiences and the perceptions emanating from that experience. Typically the researcher uses semi-structured interviews and the researcher and participant were full partners in the research process. Hence the researcher attempted to understand the rich and diverse lived experience of those young peoples understanding of child and youth care interventions in maintaining their sobriety after receiving residential treatment.

3.2.2. Target population and sampling

Sampling is a vital part of any credible research. Neuman (1997:195) makes a special reference to defining sampling by pointing out that sampling is a process that involves the systematic selection of cases for inclusion in a research project. The writer goes on to state that a sample makes sense from a cost and efficiency point of view because the researcher selects a set number of cases, from a larger pool of the population. The target population for this study was young people who have completed their treatment at the Siyakula Life Centre.

The current research employed purposive sampling. The rationale behind the choice of sampling lied in the fact that, according to Neuman (1997: 198) it has the following benefits:

- It is a sampling technique which is used for particular situations,
- It involves the judgment of the "expert" to hand pick cases which are to be included in the sample,
- This type of sampling is convenient in that it allows for the so-called "difficult to reach" members,

- The main purpose is not to generalize to the population, but instead the primary purpose is to obtain an in-depth understanding of the dynamics at hand.

The warning of Bless and Higson–Smith (2000: 95) that the use of this method often relies on the subjective reflection of the researcher than on scientific criteria is heeded.

In the present study a purposive sample was selected from the existing intake register, from the Siyakula Life Centre. The Centre has attempted to contact all previous young people in their programme. They have a list of young people who have participated in their program. The researcher was given a list of 151 names. The researcher also attended a meeting, which was aimed at providing support to young people that had successfully completed treatment in the programme and hand picked participants that met the sampling criteria. These included:

- Availability of participants.
- Participants where sobriety has been maintained or been a challenge. A challenge has been described as young people that have had a relapse but are now maintaining sobriety.
- Participants who understand English as a spoken language.
- Participants who are male.
- Young people who have completed the programme and have been out of the program for at least six months.

Hence qualitative purposive sampling is aimed at the intentional selection of a small number of participants from a particular social setting for in-depth study, gathering of information rich data and to make the population as homogenous as possible. The study involved the use of ten participants as it was envisaged that data saturation would be achieved.

3.2.3. Data collection

Creswell (1994: 110) indicates that data collection is a compilation of interrelated activities geared towards gathering information to answer emerging research questions. The research approach and the nature of the research question dictated the method of data collection. The primary method of data collection was the use of interviews. Qualitative interviewing is based on the perspective that interviewing gathers the story of the participants. Silverman (1997: 100) points out that researchers' who aim to understand and document other's experiences chose qualitative interviewing because it provides us with a means of exploring our participant's points of view, whilst granting their point's of view the culturally honored status of reality. Interviews enable participants to discuss their interpretations of their world and to express their own points of views.

For the purposes of the research study, face-to-face interviews were conducted with a broad interview schedule to guide the interview. The researcher was influenced by the following key characteristics of qualitative research as identified by Kvale (1996: 13):

- The interview seeks to discern the meanings of central themes in the life world of the participants through interpersonal interviews.
- The interview intends to discern open descriptions of different aspects of the participants' life world. The interview aims to obtain descriptions of specific situations in the life world of the participants.
- The interviewer is open to new and unexpected phenomena.
- The process of being interviewed may result in increased insight development and may result in the participant changing descriptions and the subsequent meanings.

Cognizance was taken of one of Neuman's (1997) characteristic of conducting qualitative interview i.e. the interviewer adjusting to the participant's norms and language use. Silverman (1997: 101) cautions that when involved in research studies with adolescents, researchers must be aware, that their (adolescents) meaning systems

differ from that of adults. Researchers must exercise caution in assuming that they have an understanding of adolescent culture because they have been adolescents or are professionals working with adolescents.

3.2.3.1 Social context of the participants

Ten participants were used in the study. Of the ten participants two dropped out of the study due to the fact that they had began to use drugs and did not want to participate in the study. They had initially agreed to participate in the study. For the eight participants that were interviewed, the Siyakula Life Centre was their first experience of placement in a residential care programme. At the time of the interviews the participants had been disengaged from the programme for a period of six months to forty – two months. Of the eight participants, three were in either tertiary or secondary education, two were seeking employment, two were in a treatment centre for adults that were substance dependent and one was awaiting placement for a child and youth care programme with a more restrictive programme, which would have led him to be drawn deeper into the child and youth care system.

Once a young person agreed to participate in the study, they were given a brief description of the aims and objectives of the study, their role in the study, and that they would be notified about the results of the study. The families of the participants that were below eighteen years of age were contacted for consent to participate in the study. This was to ensure that any misconceptions that the participants may have regarding the research study are corrected and the necessary ethical procedures are in place.

3.2.3.2. The interview setting

The researcher acknowledges the work of Bailey and Becker (as quoted in Sarantakos, 1993: 287) who indicates that the more convenient and favourable the interview arrangements are for the participants, the greater the likelihood of the interview being completed. The interviews were conducted at a time, date and venue that was suitable

to the participants. The interview venue was at the Siyakula Life Centre, the participant's place of abode and one mutually agreed venue. The interview venues were quiet, generally free of distraction and conducive to conducting the interview.

3.2.3.3. Piloting of the interview

Pilot studies are intended to monitor the effectiveness of the research design. The researcher conducted a pilot interview to ensure that the interview topics planned and questions would obtain rich information that would meet the goal of the research. According to Rothman and Thomas (as quoted in De Vos, 1998: 396) pilot studies help to determine the effectiveness of instruments as well as to identify, which elements of prototype will need to be reviewed. In the research study the researcher observed that recording the interview verbatim as described by the participants would be lengthy and would require the use of short hand skills. The researcher still considered recording the interview verbally instead of the use of a tape – recorder. The researcher noted that the tape recorder maybe a hindrance to the free flow of conversation and receiving information rich data. The participants may have felt intimidated by having the interview recorded. The researcher recognized that the use of shorthand and other abbreviations was required to facilitate the process of note taking. The overall purpose of the pilot study was achieved as it allowed the researcher to determine whether the interview questions would elicit information rich data and meet the goals of the study. The formulation of the questions was changed to ensure that it was in a more simple language.

3.2.3.4. The context of the interview

The interview began with an attempt to develop rapport with the participants. The interview began with small talk to ensure that the participants were comfortable and relaxed. Blumer (as quoted by Silverman, 1997:106) said that rapport is more than the provision of confidentiality and a non – judgemental response. It entails allowing the participants to feel comfortable and capable to "talk back". Talking back allows for

greater insight to the “narratives” that they used to describe the social world. The researcher tried to create rapport to show respect for and create the emotional context of the interview.

The researcher also discussed the approximate time that would be required for the study, which was about forty-five to ninety minutes. Terre Blanche and Durrheim (2002: 130) allude that the participants find it difficult to concentrate for more than ninety minutes. They were informed of their rights of participants that they could stop the research interview at any given time. They were also informed that the researcher would make notes during the course of the interview and would confirm the information with them after the interview. The researcher had decided that a tape recorder to audio tape the interview would not be used as the participants may appear to be intimidated.

The interview there after began with checking out the young person’s understanding of the concept of intervention. “What do you understand by the word “intervention”? An explanation was then provided based on the definition provided for the purpose of the interview. Thereafter, the main questions were asked:

- What were the circumstances that led to your placement at Siyakula?
- Who was involved in your programme at Siyakula?
- Were the child and youth care workers involved in your programme at Siyakula? Explain what services did child and youth care workers provide at Siyakula?
- How have the child and youth care workers helped you to stop taking drugs and alcohol?
- Please share with me any special memories/ moments of your involvement with child and youth care workers at Siyakula that was meaningful to you?

The questions were reframed and asked in simpler ways to ensure that the participants understood the questions. In respect of the question, “What were the circumstances that led to your placement at Siyakula?” the question was reframed to “What had happened that you were placed at Siyakula?”

The researcher took cognisance of Seidman (as quoted by Tolich & Davidson, 1999: 130) techniques of interviewing which included:

- Listening more and talking less.
- Asking questions when you don't understand.
- Avoiding leading questions.
- Following up on responses and not interrupting the flow of the participants' thoughts.
- Tolerating silences and allowing the participant to be reflective.
- The use of open – ended questions and encouragement to elicit more information.

Tolich and Davidson (1999: 300–301) note that it is important to conclude the interview with questions directed at asking the participants if they would like to provide any further information. The researcher asked the participants if they would like to add anything or ask a question or make a comment. The researcher then used the notes to recall the interview to ascertain from the participants if it was a true reflection of their thoughts, feelings and experiences. The notes were then amended and new information was added to the note – taking in two cases.

During the interview, with seven of the eight participants there appeared to be a connection between the researcher and participant. The participants became the co – enquirer which Tolich and Davidson (1999: 130) noted that this allows for a conversation of their own lived experience rather than a question and answer session. The sessions were interactive. Two of the participants became very emotional as they recounted their journey from the throes of their addiction to recovery and their subsequent achievements. Their recovery had resulted in the restoration of family relationships. Patton (2002: 405) notes that interviews are interventions. It allows for ventilation of thought, feelings, knowledge, and experiences of the participant. The interview has an element of reflection and may result in the participants becoming aware of or an increasing awareness of aspects of themselves that they had not previously recognized prior to the interview. For some of the participants it was their first experience of

debriefing their experiences after disengagement from the Siyakula Life Centre. One participant terminated the interview earlier than anticipated by informing the researcher that he had other commitments. He constantly looked at his watch, sat at the edge of his chair and shuffled in his seat. His right to an early termination of the interview was respected. The researcher thanked the participants for their willingness to participate in the study.

3.2.4. Data analysis

Data analysis methods, according to Struwig and Stead (2001: 169) allow the researcher to "organise and bring meaning to large amounts of data." The researcher supports Sarantakos's (1993) view that in qualitative research, analysis and interpretation begin at the start of the research process and is not limited to the formal analysis stage. This process of data analysis is ongoing. The researcher also acknowledges Rubin and Rubins' view as cited by Mouton (2001: 198) that whilst the interviews are being conducted, a preliminary analysis occurs, which will inform the researcher on redesigning questions to focus on the central themes. The researcher becomes the research instrument and would play a significant role in the analysis of data. Qualitative analysis is dependent on the analytical and intellectual style of the researcher.

Qualitative researchers need to ensure appropriate documentation of records. It becomes vital to record the raw data of the interviews i.e. the actual words spoken of the participants. The researcher kept a complete record of the oral interviews. Patton (2002: 380) stresses the need to record the actual quotations as this captures what people have to say in their own words. During the course of the interviews, verbatim notes were taken. According to Neuman (1997) they serve as memory joggers for more comprehensive notes. The researcher also utilized mental notes. Immediately after the interview, these jotted and mental notes were discussed with the participants to ensure that appropriate meanings were captured. These notes were then written up as expanded field notes in the same day. The researcher also kept personal notes to

record own personal feelings and subjective impression of events. Tolich and Davidson (1999: 118) recognize the need to capture non–verbal communication during the note – taking of the interviews. The participants' body language was recorded. This was included in the researcher's personal notes. Patton (2002: 437) notes that the "overlapping" of data collection and analysis improves the quality of the data being collected and the quality of analysis on condition that the researcher does not allow the preliminary examinations of data to override analytical possibilities. The researcher was now in a position to consider the initial research questions and the insights derived from the data collection to begin the formal analysis of the data.

Creswell's (2003: 190-198) and Patton (1990: 407 – 411) understanding of analysis and interpretation of data has guided the research study. The following process of data analysis and interpretation of data was used:

- The researcher took cognizance of Patton's (1990: 409-411) concept of "epoche" and phenomenological reduction. This was done to ensure that the researcher investigated the phenomenon without preconceived judgments. This occurred during the process of interviewing of the participants, preparation of the raw data and during the analysis of the data.

Creswell's (2003:190-411) steps to analysise and interpret data was then followed.

- The raw data was organized and prepared for analysis. This entailed the transcribing and typing of the interviews. It also involved the typing of personal notes and the researchers personal perception of the interviews.
- The researcher familiarized and began to immerse herself in the data. The data was then read in it's entirety on several occasions in an attempt to develop a general idea of the information and it' meaning.
- A process of coding then occurred. Tesch (as quoted in Creswell (2003: 192) provides steps to follow in this process. All the transcripts are read to obtain a sense of the wholeness. The researcher then selected one interview transcript, perused through it and recorded thoughts (topics) in the margin. This task was then completed for all the interview transcripts and a list of topics was then made.

The researcher then clustered together similar topics and topics that appeared to have no relevance to the study. The researcher also analyzed data vertically (within the interview) and horizontally (across the participants) to show the interrelationship between clusters. The clusters were then coded using descriptive words that best described the clusters.

- Themes emerged from these clusters.
- An interpretation of the themes was then made.

3.2.5. Validity and trustworthiness

Validity and trustworthiness are critical components to the quality of research. The methods to ensure validity and trustworthiness were member checking, thick rich descriptions and an awareness of biasness of the researcher. The researcher used member checks to ensure that the interpretation of the meanings of the participants experiences were a true reflection of the participants experiences. Member checking prevents a misinterpretation of meanings. The researcher spent sufficient time with the participants in the interview probing, clarifying and summarizing the real meaning of the participants' experiences (Creswell, 2003: 1996). According to Babbie and Mouton (2006: 277) an further advantage of member checks is that it provides a forum to make a "summary of what the first steps of data analysis should be and to assess the overall adequacy of the data." The researcher constantly engaged in self – reflection of her own biasness, values and beliefs to ensure that her experiences don't influence the study (Creswell, 2003:1996).

The researcher is also presently working in a residential environment for adults and young people that are substance dependent and was involved in bracketing" to minimize researcher bias. Bracketing according to Terre Blanche and Durrheim (2002: 146) is a process of simply temporarily forgetting about everything we know and feel about a phenomenon and simply listening to what the person is telling. Bracketing also ensured that a non–threatening environment was created for participants during the interviews and that they were free to express their own opinions and thoughts.

Marshall and Rossman (as quoted in De Vos et al, 2005: 345-347) recommend that the researcher needs to show how transferability and applicability of the findings to another context. The researcher ensured that there were thick, rich descriptions of the research process, the research methods, the selection of the participants, the semi–structured questions, themes and the social context of the participants. This allowed for the process of transferability to other settings and allow for similar studies to be conducted, Creswell (2003: 1996). Marshall and Rossman (as quoted in De Vos et al, 2005: 345-347) advocate that the researcher needs to reflect on how credible the particular findings of the study are. The researcher made use of an interview schedule comprising of semi-structured questions. This enabled the same questions to be asked of all the participants. The participants responses were verified with them at the close of the interviews .to ensure the accuracy of the data. A perusal through the verbatim transcripts would yield that the same questions was asked of the participants. Marshall and Rossman (1995: 196) recommend that the research design and methods should be detailed to ensure that those reading the research can make a judgement whether it adequate and makes sense. In response to another question to determine the validity of the research, Marshall and Rossman (as quoted in De Vos et al, 2005: 345-347) argue that the research must demonstrate how the findings can be replicated if conducted with the same participants in the same situation. The researcher attempted to establish dependability by describing the data collection and analysis in detail. The criterion for the choice of sample was clearly outlined.

In respect of phemenological studies Moustakes (1994: 57-58) advise that the following questions would need to be answered:

- Has the researcher influenced the participants' descriptions that it does not reflect their own experience?
- Has the transcriptions aptly conveyed the meanings of the participants' oral presentations in the interview?
- Has the researcher identified alternative conclusions during the analysis of the transcriptions, which are different from that of the participants?

- Is it possible to go from the general structural descriptions to the transcriptions and to account for the specific content in examples of the participants' original transcriptions?
- Is the structural description particular to a specific situation or is it applicable to other situations?

The above questions are also similar to Marshall and Rossman (as quoted in De Vos et al, 2005: 345-347) question of how can the researcher be certain that the findings are reflective of the participants and the inquiry and not a creation of the researchers biasness. The answering of these questions ensured that the researcher does not make own interpretations and influence the analysis of the data. This entailed reading the transcripts on several occasions to ensure that they convey the meanings of the participants' own experiences. During the analysis phase the researcher was cognizant of not deriving at her personal conclusions but based on the data at hand. The data coding was checked on several occasions to ensure that the codes were correctly reflective of the transcripts. The research transcripts were also given to the research supervisor for perusal to ensure that the themes that emerged were in accordance with the transcripts. The researcher supervisor confirmed that the themes were in accordance to the transcripts.

Patton (as quoted in Polit & Hungler, 1996: 306) focuses on the concept researchers credibility. Within qualitative research, the researcher is the data collecting instrument and the creator of the analytical process and hence the researchers training, qualification, and experience are important aspects to establishing confidence in the information. The researcher is a trained social worker and is skilled in the conducting of interviews. The researcher has also engaged in research in her undergraduate studies.

3.2.6. Ethical considerations

Ethical standards serve as guidelines from the conceptualization of the research question, to data collection, data analysis and the reporting of research findings.

3.2.5.1. *Doing no harm*

The researcher ensured that participants do not experience any psychological and emotional harm during the research study. "Sensitivity" during the process was maintained, as information that was disclosed was intensely personal, as young person may not have maintained their sobriety. The researcher acknowledged any emotional stress and attempted to understand that experience within the participant's own emotional, social and cultural contexts (Struwig & Stead, 2001: 61).

3.2.5.2. *Informed consent and voluntary participation*

The participant's right to a full disclosure about the research was respected. They were informed that their participation in this study was voluntary, given information on the aims and objectives, any possible risks for their participation and a choice in respect of their participation. Struwig and Stead (2001: 68) noted that participants must also be informed that there would be no negative consequences for their non-participation. They were requested to sign consent forms agreeing to the participation in the study. For young people under the age of 18, parental consent was requested to engage in the study. A letter was sent to the Siyakula Life Centre for identifying details of young people who have received treatment for substance dependency. A telephonic interview was also held with the program director regarding the purpose and nature of the research study. Permission to be involved in this study was granted in writing. The program director was also informed that withdrawal from this study could occur at any point in time. (See appendix for attached copies of consent forms). Young people were requested to sign the consent form before participation in the study.

3.2.5.3. *Anonymity and confidentiality*

Frankfort–Nachmais and Nachmais (1992: 89) noted that the participants should be given clear and accurate statements about the meaning and limits of confidentiality. The participants were informed of their rights to confidentiality during the data collection, analyzing and reporting phase. They were informed that the research data collected would only be used for the stated purpose of the research. The information provided will not be matched to the respondent. Their names would not be disclosed in any reports or interview transcripts and their anonymity would be preserved.

3.2.5.4. *Deception*

Deception involves misleading or keeping participants ignorant about the purpose and nature of the research study. Participants were informed of the purpose of the study prior to their consent to involvement in the study Struwig and Stead (2001: 69). A copy of the research findings would be available to the participants upon their requests.

3.2.5.5. *Falsification of data*

Mouton (2001: 260) makes reference to the researcher adhering to high standards of research practice. The researcher disclosed all findings and results were not misinterpreted. The researcher would not falsify any observations and disclose the research method, design, data collection and procedures to analyse the data. Ultimately, research ethics ensures that the protection of the rights of all the participants.

3.3 REFLECTIONS OF THE RESEARCH PROCESS

Most of the participants that were contacted to be included in the sample were happy to participate in the research process. Parents, guardians and significant others provided permission readily for the participants to participate in the study. The participants and researcher mutually agreed upon the venues for the interviews. The venues were

conducive to interviews. Face to face interviews with a semi-structured questions were a data collection method. The interviews were recorded verbatim as the researcher felt that the tape recorder would be a hindrance to the free flow of data and that the participants may be uncomfortable with the tape recorder. In retrospect, the participants should have been asked for their decision in respect of the use of the tape recorder and the interview taped. The taped interview would have allowed for the capturing of all information to ensure that there was no possibility of data being lost. The process of recording the data was tedious and not all the nuances like coughs and sighs were captured adequately. Whilst the researcher shared the note–taking with the participants at the end of the research interview, there was probability that information could have been lost.

The researcher could have also been less directive in her questioning and allow for a much more free flow of communication. Some of the questions asked led itself to a “yes” or “no” response. Some of these questions included “Did the Child and youth care workers encourage you to attend an aftercare programme?” and “Have the child and youth care workers helped you to give up drugs?” Whilst a sample was selected based on the purposive sampling method, it would have been advisable if more than one interview was held to help facilitate recall of information. Further, one criteria for selection of participants was that the participants should be able to speak English. There were a few participants that were bilingual and the possibility could have existed that they would have preferred to express themselves more eloquently in their own language of choice.

There was also a time delay between the stage of data collection and data analysis. This could have impacted on the analysis of the data. The researcher provided a copy of all the transcripts to the research supervisor to determine whether the themes were a true reflection of the research transcripts. The researcher should have planned for the services of an independent coder to strengthen the validity and trustworthiness of the research.

All the above factors have influenced the research process.

3.4 CONCLUSION

This chapter presented an in-depth outline of the research methodology. The research design was qualitative and exploratory in nature and included a phenomenological orientation. The aim of the study was to explore child and youth care interventions that facilitate sustained recovery from substance abuse/dependency. The achievement of this aim required that a purposive sampling technique be utilized. Data was gathered through the use of face-to-face interviews with a broad interview schedule comprising of semi-structured questions. The method of qualitative data analysis and interpretation was described and measures to ensure validity and trustworthiness was outlined. In particular the researcher engaged in bracketing to ensure that preconceived assumptions and biasness was minimized. The ethical considerations that embraced the study were put forward. The researcher also critically reflected on factors that impacted on the research process.

The next chapter reports on the research findings as the main intention of qualitative data analysis is to establish themes that emerge from the research process.

CHAPTER 4

CHILD AND YOUTH CARE INTERVENTIONS CONTRIBUTING TOWARDS RECOVERY FROM SUSTANCE DEPENDENCY/ABUSE: EMPIRICAL FINDINGS

4.1. INTRODUCTION

The primary focus of this study was to explore child and youth care interventions that contribute towards children's recovery from substance abuse. According to Van Maanen (1988: 20) a critical task of a qualitative researcher is to 'communicate understanding of the textual work that communicates understanding to the reader'. The intention of this chapter is to communicate understanding of the essential meanings of those child and youth care interventions that contribute towards sustained recovery from substance dependency. This chapter highlights the empirical findings of the research based on the thematic content analysis of the verbatim transcripts of the interviews. The reader is presented with several themes and sub themes, which were extracted across the interviews. The direct quotes from the participants are included to provide the qualitative description of the themes.

4.2. BIOGRAPHICAL PROFILE OF PARTICIPANTS

Based on the selection criteria the biographical profile of the participants, are as follows:

- All the participants were males.
- The age range of the participants was from seventeen to twenty one years old: one was seventeen years old, two were eighteen years, three were twenty years old and two were twenty one years old. The ages were reflective of the age range of the participants whilst the interviews were being conducted.

- Five of the participants home language was Zulu and the remaining 3 were English speaking.
- The participants were interviewed between six months and forty-two months since their disengagement from the programme. Three were interviewed after six months, two were interviewed after forty two months, one was interviewed after twenty four months and two were interviewed twelve months after disengagement
- Of the eight participants that received treatment, two of the participants had begun to reuse drugs. At the time of the interview, two of the participants had enrolled themselves in another treatment programme for their substance dependency.

4.3. RESEARCH FINDINGS

The analysis of the data collected through the interviews indicated similar views from the children. The following themes and sub-themes were identified:

- Child and youth care workers are actively involved in substance abuse programmes for young people. Within this theme the following sub themes emerged:
    - Involvement in activities
    - Child and youth care workers have assisted young people to maintain their sobriety,
    - Therapeutic relationship between the young people and child and youth care workers
    - Young people experiencing a visible connection with a child and youth care worker
- Young people change their perceptions of child and youth care workers.
- The use of the relationship between young people and child and youth care workers as a model for other relationships.
- The availability and presence of the child and youth care worker
- The adolescent development programme.
- Young people's involvement in their individual development programme.

4.3.1. THEME 1: Child and youth care workers are actively involved in substance abuse programmes for young people

4.3.1.1. Subtheme 1: Involvement in activities

The participants were unilateral in their agreement that child and youth care workers were involved in the substance abuse treatment programmes for young people. The following narratives illustrate the experiences of children of child and youth care involvement in their substance abuse programmes:

"*Aunty M. got me up in the morning". I had to learn to get up on time."*

"She would get me up twice in the morning as she knew I liked to sleep."

"We played soccer, watched T.V. together and sometimes played indoor games"

"We cooked lunch together"

"Aunty M in the ADP taught me about goals – how to set my own goals"

"Aunty M talked to me to make my relationship with my parent's right. I stopped feeling guilty for "stealing" from my parents. I apologised to them".

"Aunty showed me how to wash my clothes". I stopped washing my clothes when I was drugging. I learnt to wear clean clothes again. I also began to bath again."

"Uncle checked that I had to bath."

"*Uncle J. spent time with me before bedtime. I spoke to him about my problems"*

"We had fun. I learnt new things at the Wilderness camp. I faced my fears with Uncle's help."

"Aunty M taught me about the circle of courage. I knew what I had to change. My I.D.P. was to learn to make my own decisions and not be influenced by my friends"

"Uncle corrected me when I am wrong. He called me alone and spoke about my behaviour. I knew what I had to change – work on my anger".

"I was scared. I was worried. How would they care for me. I have never lived anywhere but my own home". They helped to live at Siyakula. They treated me nicely. They watched over me and all the boys that we did not misbehave and get into fights and bring cigarettes to Siyakula."

"We all began to argue. Aunty stopped the game and we went over the rules".

The research analysis indicated that child and youth care workers were involved in the following tasks:

- Routine activity tasks for example waking young people up, assisting in the preparation of meals and encouraging the personal self – care of young people.
- Facilitating the adolescent development programmes.
- Formulation of their individual development programmes.
- Facilitation and involvement in sport, recreational and leisure activities.
- General supervision of young people.
- Accompanying the young people to the wilderness programmes.
- Helping young people to deal with their developmental areas. Teaching them ways of dealing with conflict and anger.
- Restoring relationship with parents and community.
- Life space counselling with individual young people.

The child and youth care involvement in the structured programme in the form of facilitation of routine activities assisted young people to regain aspects of their lives that they had stopped engaging in for e.g. chores. Many young people learnt to wake up again at set times and have set times for meals and spend time with their personal

grooming. Planned daily activities are an intentional aspect of child and youth care programmes and can be seen as a global intervention. Krueger (1986: 55) informs that planned involvement in self-care, academic, vocational and leisure activities are integral aspects of successful programmes. Young people require close involvement with peers and adults in activities that promote their mastery and skills. This also allows children that are substance dependent to begin the process of normalisation into daily routines to enable their reintegration into their families. Within the programme, the young people noted that they experienced a feeling of safety. They had concerns of how they would live with other youth whom they had no previous contact with. They felt "watched over" and which also left very little room to engage in activities that were contrary to the programme expectation. Brendtro (2004: 7) informs that children thrive in contexts that are free from physical threat and harm. They require physical protection and nurturance.

Having someone to relate to was important to their recovery. Having the child and youth care worker to depend on after their attempts to assert their own independence prior to their entry into the programme was essential. Maier (1990:49) notes that young people require secure dependence upon reliable adults in order to develop into dependent adults themselves. Fahlberg (1990: 56) said that a young person with a healthy ability to attach has found the healthy balance, which allows for self – reliance and dependency on adults.

4.3.1.2. Subtheme 2: Child and youth care workers have assisted young people to maintain their sobriety

The research study revealed that all the participants felt that the child and youth care workers had helped them to maintain their sobriety. The following verbatim quotes support the above findings

"The aunties and uncles knew a lot about drugs. They taught me how drugs changed me."

"They knew about life in the township. They understood the problems that I was facing. I knew then that I would listen to them." " I could rely on their advice

"They taught me about goals. I needed to have goals and dreams." Even when I got angry, I knew aunty will be there to help me. She taught me to respond and not react. This has helped me in the outside."

"Aunty told me I could make it. I was not so sure. I tried very hard then."

"Uncle taught me to deal with my problems and not with drugs." The aunty and uncle helped me get back to my family. I saw how I was hurting them by my drugs."

The child and youth care workers had a strong knowledge base on addiction and were able to provide updated knowledge on the effects of drugs. Searll (1989: 120) assert that it is essential that all people (professional and communities) need to be armed with information on drugs to make a real contribution to the fight against drugs. The child and youth care workers also understood the circumstances and environments (context) that the young people lived in and hence were able to ensure that any interactions and intervention were based on an understanding of context. This ensured that skills learnt were portable. Lodge (2003: 5) argues that for successful child and youth care interventions child and youth care workers must have empathic insight, the ability to respond clinically and have developmental knowledge on the child.

The child and youth care workers provided external motivation and encouraged young people to use their innate potential. They were able to change their perceptions the young people had of themselves of powerlessness to hope in their ability to stop taking drugs. They helped young people to identify their strengths. Copans (1993: 33) draws attention to the experiences of one of the treatment programmes Osgood Three, which was deemed successful in the United States but is no longer presently in existence. The programme was successful as adolescents experienced a feeling of being cared for,

responded to and nurtured. They felt worthy as they could make a contribution to the community and they could also have fun, play and enjoy themselves.

The child and youth care workers also helped them to re – establish their lives by setting goals, make choices and helped in restoring relationships with significant others. Bath (1998: 15) argues that for effective discipline to take place, it has to occur within the context of a relationship based on caring actions and words. Chambers and Henrickson (2002:7) indicate that often young people's drugging make sense to them and it is important to teach young people to recognize the specific thoughts and feelings that drives their inappropriate behaviour. This would ensure that they identify self – defeating patterns. They regard the first level of decoding as reflecting on emotions behind the youth's words and behaviour. It is then important to connect feelings to specific actions and identify denial and distortions in thinking. They further assert that in helping youth to search for the meaning of behaviour strengthens trust between the adult and youth and assists them to be detangled from "drugships".

4.3.1.3. Subtheme 3: Existence of a therapeutic relationship between the young person and child and youth care worker

The following verbatim quotes support the above findings:

"I spent a lot of time with Uncle J. I liked talking with him the most. I went to him when I had a problem".

"Uncle T and I seemed to understand each other. I did not expect to get along so well with uncle".

"I had a good relationship with Aunty M. I went to her when I needed to talk even though I got along with the other aunties and uncles".

"I got along with Uncle J the most. I could talk to him about anything. I told him about the bad stuff I did when I took drugs. I did not think I would get so close to him. I liked him very much."

"I thought they would be angry with me for my drugging and treat me badly".
I was not sure whether I would make it to be drug free. Nobody in my family was sure to. I had disappointed them so many times. They were good to me".

"Aunty M spoke nicely to me. She was never cruel to me even when I was angry. She knew me." "She understood that I was missing my mum. She comforted me and said that it was okay to cry".

"Even when I was angry, he did not say anything then. He kept quiet and spoke to me later. He told me that we had to work on my anger. "I liked spending with Uncle T. He taught me to think before I speak, He was happy with me. I learnt what to say without hurting others."

I wanted to show uncle J that I had changed. I did not get cross for small things. He told me that I'm trying. I then wanted to try harder."

"Aunty A still came back to me, even when I swore her".

The child and youth care profession is centred around the power of relationships and attachments as a key to the development of young people (Brendtro & Ness, 2001; Brendtro, Brokenleg & Van Brockern, 2002 and Fahlberg,1990). The young people that were interviewed spoke with fondness on the relationship that they had shared with the child and youth care workers in the programme. They tended to attach themselves to at least one child and youth care worker. The bond was based on the fact that they felt understood by that person and or just felt a natural liking for that person. The young people in the programme had no expectation that they were going to develop strong relationships with the child and youth care workers. They had entered the programme

with the expectation that they were going to get help to be drug free through talks and discussions. They did not experience any pressure to attach to other child and youth care workers or share their life stories to them. They were able to establish cordial relationships with all child and youth care workers. The young people noted that they were initially apprehensive of their entry into the programme and how they were going to be treated at the centre. Some felt a feeling of hopelessness and ambivalence at their situation as their previous attempts to give up drugs on their own had not had favourable results. There was a general lack of confidence in their own ability to be drug free and this sentiment was echoed by most of the other significant adults in their lives. There appeared to be a close attachment with one key worker. Fahlberg (1990: 56/57) notes that children with a healthy ability to attach are able to transfer these attachments to other people. It becomes the foundation of all other critical relationships. A child with poor attachments may experience superficial relationship. Fahlberg (1990:56) further notes that strong emotional bonds will continue in the absence of the person. Strong attachment is seen as important in achieving their full academic potential, develop a sense of right and wrong, delay gratification and to cope with frustration.

4.3.1.4. *Subtheme 4*: *Young people experiencing a visible connection with a child and youth care worker*

The young people interviewed were able to develop attachments with the child and youth care workers. The attachment served as a form of intervention. The following quotes reflect the young people's experiences of attachment with the child and youth care workers:

"Aunty M looked like she really wanted to help me. She seemed to really enjoy spending time with me. When I was in my room. Aunty would come and look for me and ask me if I was okay. That was nice"

"She always was kind to me, she smiled and touched my shoulders. She cared."

"Aunty was kind. She understood my feelings. Even when I said nothing I knew she knew how I felt." *"Nobody understood me before."* "*I did not understand why uncle liked me but he did. I was not a well – liked somebody. There were times that I would get mad at uncle. That did not change him. He stayed the same."*

"*It is hard to change. It is easy to go back to the old ways. Uncle reminded me of what I was doing. It was hard to understand why as I was not his child. He told me that I'm a child in God's eyes." I had no answer." "I knew he understood me."*

Children experienced the visible willingness of a child and youth care worker to assist them in their transition to being drug free. The child and youth care workers treated them with respect, showed love and care. This was demonstrated by the way that they had communicated with them. They had expected to be scolded and admonished for their behaviour. Their previous and existing relationships with adults had been fraught with conflict, as the adults had tried all methods to help them to stop drugging. The adults had experienced a lack of trust in them and were disappointed in their behaviour. Phelan (2003: 2) states that when engaging with young people, child and youth care workers must desire the relationship more than the person does. There must be a visible willingness to connect with the young person and a genuine desire to be in that relationship. Brendtro et al (2002: 71) call this aspect "relate to the reluctant".

The young people commented that the child and youth care workers were very kind to them. They made attempts to seek out the company of the young people. The child and youth care workers appeared to understand their feelings that they had experienced and readily did acts of kindness. Long (2007: 4) defines kindness as any behaviour that brings inner relief and comfort to a young person in their present state of distress. For the young people kindness equated a feeling that their emotions were understood. Higgens as quoted in Brendtro (2004: 6) affirms that acts of kindness like a pat on the shoulder, a smile, a greeting are a powerful source of "corrective impact".

Brendtro et al (1990: 61) views the relationship as one of action and not a feeling. They discuss four elements of successful relationships, which include care, knowledge, respect and responsibility and a willingness and readiness to meet the visible and hidden needs of young people. Shaw (2003:11) notes that child and youth care workers "need to detach from the person's behaviour without detaching from the person". This will ensure that young people experience a sense of safety and make decisions that enhance feelings of personal power and competence. Long (1995: 14) notes that often when young people appear to be benefiting from this relationship they soon become wary of the child and youth care worker's intention in the relationship, they may become unpredictable and may question the motives and genuineness of the child and youth care worker. They may question the progress that they had made and whether it a reality or a chance occurrence According to Long (1995:14) the young people are experiencing an "intra psychic battle". He states that the young people crave the attention and the closeness of that relationship but also remember vividly their own past experiences of being hurt and rejected by adults. The child and youth care workers awareness and level of insight into his responses will determine whether the young person will negotiate this period and return to the safety of that relationship (Long, 1995). The young people were valued as persons.

The young people often wondered how long the niceties between them and the child and youth care workers would last and viewed their caring with disbelief or "what they are trained to do". They noted that they continued to be treated in the same manner even when they were moody and unapproachable. It is evident that the child and youth care workers' acknowledgement and understanding that emotions often drive behaviour assisted in the formation of trusting relationships.

4.3.2. THEME 2: Change of perception of child and youth care workers by children.

There was consensus that they initially experienced the child and youth care workers as trained staff members and later as a parent or and older relative. There was an element

of closeness to that relationship or intimacy that was generally shared with people who were significant in their life. This close relationship enabled them to accept instructions and look at aspects of themselves that required change. They stopped their challenging behaviours as they were taught new ways of responding and they developed insight into the impact of drugging in their lives. The researcher noted that the young people who were interviewed just being accepted and having a trusting and caring relationship with an adult was therapeutic in itself.

The following quotes indicated the young people's e assessments of the child and youth care workers:

"*I knew that the aunties and uncle went to learn to do the job. I knew they were doing their job by teaching us about drugs. After, a while I stopped seeing them as staff but like my own "real aunty".*

"I knew uncle T was studying. I was close to him and I wanted to study too. He was like a big brother."
"Aunty M was like my mother. She treated me like I was her child. I tried to behave as I wanted her to be proud of me. She was not a staff.

"Uncle J was like a father. I had a lot of respect for him. He was not just any uncle".

Ward and McMohan (1998:15) inform that young people have a range of transference feelings based on their previous relationships with other significant adults in their lives. These feelings of transference appear to have been managed by the child and youth care workers. Ward and Mc Mohan (1998: 46) also note that young people have advanced ability to assess other's emotions and to know to a large extent whether the child and youth workers were in touch with their feelings.

Trust is an essential component of the re – education of young people, Hobbs (1982: 23). Pre–interventive relationships are seen as important for interventions but the pre – interventive relationship can have value in itself.

4.3.3. THEME 3: Use of relationship between children and child and youth care workers as a model for other relationships

The young people interviewed noted that their close bond of attachment made it easier for them to re - establish relationships with other significant adults in their lives. Many experienced guilt feelings at their behaviour towards their parents as their parents were hurt and disappointed at their drugging. The child and youth care workers encouraged them to re – establish these relationships, to deal with their guilt and seek forgiveness. They are able to influence behaviour and encourage them to learn new skills. These are reflected in the following quotes:

"*I watched how Aunty solved the problem. I was somebody that did not fight. I would keep quiet in a fight. I am now able to handle a fight without keeping quiet."*

"Even today, when I am making a choice and if I am stuck, I ask myself "What would Aunty M say to this problem".

"When I had a problem, I often ask myself what would uncle J say to me if I went with this problem to him. I knew that I could rely on his advice."

"I also treat others with respect, like I was treated. I realised how important respect is ---- how manners can make a difference to my relationship with teachers." "I was so embarrassed for having treated my parents badly. Aunty said that I can change that. She helped me to apologise to my parents when they visited me at Siyakula."

The relationship continued to be a foundation for other relationships and as a measure for their interactions with others. The young persons noted that when faced with a problem in a relationship they would ask themselves the following question, "What would aunty X or uncle Y advise me to do? This would often assist them in making of choices. The child and youth care workers previous communications and interventions became a

yardstick in which young people would test available responses before making a final decision. Fahlberg (1990: 96) indicates that it is important for child and youth care workers to transfer attachments to children and their significant others. Maier (1987) suggests that children learn instantaneously from those that are meaningful to them.

Child and youth care literature often state that the quality of helping relationships are important. Bions (as quoted in Ward & McMohan, 1998: 15) work has relevance. He indicates that as the relationship develops between the young person and child and youth care worker the young person becomes more emotionally resilient in managing emotions and is less likely to project them. The strength of the relationship helps in the containment of feelings and behaviour. Mendler (1995: 10) makes an interesting comment that to make a difference to the relationship the young person the child and youth care worker must be tougher at refusing at refusing to reject the young person who is challenging them to reject them.

Gannon (2004: 6) states that the relationship between the young person and child and child and youth care worker is a prototype of a special and personal relationship that young people would establish and live through with other people in their lives. This transferability is essential for young people that have experienced broken relationships in their lives.

4.3.4. THEME 4: Availability and presence of the child and youth care workers

The children communicated the availability and presence of the child and youth care workers as follows:

"Aunty was always there. I could speak to her at any time. I liked to talk when the others played in the grounds. I sat with aunty on the grounds and we talked. I told her that I was not sure I could stop taking drugs as my uncle sold drugs"

"I liked speaking to uncle J just before bedtime. It was then that I told him about my problem".

"I could not sleep. It was late at night. I went downstairs. Aunty was there. We talked. I was scared to go back to my home as my friends were still drugging and I stole from my neighbours. Aunty said that we could arrange a meeting with them to sort it out. I felt better and I went to sleep"

"When I washed dishes, we talked about my grandmother that died. She looked after me. I began to drug after she died as I did not want to live with my step mother."
"I spoke to aunty before I went to sleep. It was my time. We sat in the couches."

All the participants interviewed maintained that the child and youth care workers were available throughout the programme to discuss concerns and to help them to deal with their issues. This could have been at 6.p.m. or 6. a.m. The attention and discussion was immediate. There was a sense that they could discuss anything without the fear of being judged and blamed. Being in a relationship with the young person demands the availability and presence of the worker during stressful and calm periods in the young person's lives as alluded to by Trieshman, Whittaker and Brendtro (1969: 73-74). They further noted that there has been the view that interactions with the young person are not therapeutic unless discussions/ interventions are directed at "conflict" in the young person's lives. However, many opportunities present themselves during the course of the day for such intervention and interestingly enough most of the participants felt that at bedtime provided the opportunity for such interventions.

Child and youth care workers are available during wake times, adolescent development programmes, sport programmes and in the evenings. Krueger (2004: 6) notes that for troubled children to trust and grow they require dependable connections with caregivers that they can count on and be available when they are ready to talk to and be there when they are neither motivated nor interested in a helping hand. Having caregivers that were available and having such qualities helped them to trust and begin the growth

process of change of attitude and behaviour. Garfat (2003:16) explains that child and youth care work focuses on working in the moment and such an approach has many strengths which include: any intervention is connected to the young person's current state of functioning or present experiencing, addressing the immediate experience means that the experience does not need to be recreated and is not distorted by time and the child and youth care worker observes the sequence of events directly and become part of the experiencing of the intervention with the child.

Maier (1996:11-12) notes that hanging out can occur in many common places inhabited by young people for example in their bedrooms whilst setting cupboards, in the lounges while watching television or in the playgrounds. The child and youth care workers in the study were available in these spaces. Hanging out provides the opportunity for the child and youth care worker to model communication skills. Noddings (as quoted in De Bord and Gore: (1987:12- 13) presents a model of caring that have the components of modelling, opportunities for dialogue and confirmation. The component opportunities for dialogue are relevant to the availability and presence of the child and youth care worker. Hanging out provides the opportunity for dialogue. Dialogue can result in their thought processes being challenged or new attitudes being developed. It is an opportunity to tap into the young person's feelings, which may not necessarily be revealed under any other circumstances. Dialogue is seen as an opportunity to question issues which young people struggle with. It ultimately leads to a connection between all those involved in that interaction. It allows for sharing of information and trial and error learning of new ideas within a safe and caring context. Maier (1987: 121) notes that hanging out can be a "vital moment for nourishing human connection". Spending time with young people results in the formation of bonds and close attachments and involvement in each other. It is an opportunity for the worker to demonstrate relationship skills. The respect, involvement, attachment experience and genuine understanding that we have to offer to young people are critical to help youth develop a different view of them and experience themselves as capable. (Maier, 1987; Durrant, 1993).

4.3.5. THEME 5: Critical aspects of the adolescent development programme which contributed towards children's recovery from substance abuse/dependency

The young people singled out the adolescent developmental programme facilitated by the child and youth care workers as a major child and youth care intervention that facilitated their growth and development. The young people noted that the programme taught them to believe in themselves. The young people noted that they had learnt skills that they had not been previously exposed to. They cited learning conflict management skills, anger management skills and dealing with peer pressure as critical skills to stay sober. For many taking drugs become a way of life of solving their problems or being part of the adolescent sub culture. Taking drugs and alcohol also gave them an "edge" over other adolescent who also envied them and wanted to be like them. The adolescent developmental programme provided them with the opportunity to review aspects about their life, become more goal directed and helped them to make more informed decisions.

With reference to the Adolescent Development programme (ADP) the children responded as follows:

"The ADP taught me that I could be whatever I want to be. I can achieve my goals. I must have a vision. I still look at my own motto in my file. I go back to it sometimes to see how I have changed and when I think of taking alcohol."

"I learnt about conflict, cultural diversity and sexually transmitted diseases."

"The ADP taught me so many things that I did not know, how to solve problems without fighting, how to apologise, saying sorry does not mean that you are lower than that person. I learnt how to talk to your parents about anything."

"I learnt how important it is to learn and live according to personal values. I did not know about personal values. All the information in my file is important. I kept it and read it now and again especially when I want to sort out something."
"The facilitators taught me about the effects of drugs. I was taught to make decisions and to prepare for alternatives. It made me realize that I was living my life without goals."

"The ADP taught me about self – esteem, I learned to love and believe in myself. I had a big problem with anger. When I got angry I throw things and broke windows. I learned to control my anger. I still get angry but I don't throw things or break windows."

"The ADP was helpful. I thought that I had high self- esteem. I wanted to be a gangster – drive fast cars, have lots of money, lot of girl friends and expensive clothes. Everybody loved me. I learnt that I could still have those same goals but I needed to work for it and believe in myself. I learnt that everybody loved me for my money and free drugs." I changed my goals.

"I thought that I was better than my friends that went to school. They liked it when I caused trouble with my teachers. They knew I was on drugs and thought that I was cool. I also liked being cool. I felt good fighting with my teachers and pleasing my friends. I realised that in the ADP that they were still at school and I was suspended."

"The ADP taught me to remember things about myself that I forgot. I forgot that I could draw well. I learned new things about myself. I learned about self- esteem. I look at my file to remind me of how I changed."

Chambers & Henrickson (2007) indicate that young people caught in the web of a drugship often retort in conduct that confirm their beliefs that the "drug trance" is better than the painful relationship problems that triggered their addiction. Extricating the power of drugships, often involves changing ingrained patterns of thinking, feeling, and behaviour.

According to Goble (2007: 15) the adolescent development programmes provides a developmental curriculum to young people. It forms the heart of the programme with substance abuse being the central theme, which pervades all the topics. The curriculum covers broad themes including: anger management, communication, sexuality, cultural diversity, spirituality, restorative justice, health and hygiene, values, beliefs, human immunodeficiency virus and acquired immune deficiency syndrome and cultural history.

Goble further notes that the child and youth care workers are trained to manage emotions that may manifest through inappropriate behaviour. Incidents are used as a learning tool for the group. The young person is also challenged to explore the content of the session and the resultant thoughts, feelings and emotions, which may block the young person's growth and development.

Most of the participants noted that their files in which contained their personal work compiled during the programme was kept by them. It was used during periods of self–reflection and was an important transitional document reflecting their experiences form addiction to recovery. Becoming self confident, liking themselves and more awareness of their own needs as opposed to that of their peers was a major benefit derived from their involvement in the adolescent developmental programme.

4.3.6. THEME 6: The individual development programme (IDP) contribution towards children's recovery from their substance abuse/dependency.

The young people in the study cited that the child and youth care workers were very clear in their expectations that they had to take responsibility for their own recovery and that the choices that they made had to be in the best interest of their recovery.

The young people in the study were involved as active participants in the treatment process. They were a resource to their own development. The participant's in the study were familiar with the circle of courage model that was used as a basis of the treatment

programme. They were aware of aspects of their lives, which fitted the four components of the model. They were aware of the concept of broken circle and the areas that they would have to strengthen to mend their broken circle. There was an awareness of the results of their developmental assessment and areas of strengths and developmental possibilities. There was a sense that the responsibility to strengthen their broken circle was theirs with the assistance of the child and youth care workers. Many had managed to work on most areas of their individual development before their exit from the programme. This is supported by the following verbatim responses:

"I knew about the circle of courage. I knew where I had to work on my circle."

"My IDP was to make my own decisions and go back to school."

"My IDP was to set my goals as I did not want to go back to school and work on my relationship with my father- he stopped talking to me."

" I knew where my circle had to be worked on. I had to work on making decisions, peer pressure and gaining control on my anger."

Seita (1995: 3) focuses on his experiences in care and highlights the role of the child and youth care worker in challenging him to achieve greatness which enabled him to set goals for his life. He notes further that the youth needs to be provided with the opportunity to meet their interests and talents in respect of career, education and sports.

4.4. CONCLUSION

The participants' experiences have been delineated in six themes. Themes were identified from the data and reflect the essential meanings as described by the participants. The direct quotes from the participants were included to provide the qualitative description of the themes

The research findings showed that the child and youth care workers are actively involved in substance abuse programmes for young people. They are involved in activities including routine activity tasks e.g. waking children up, facilitating the adolescent development programme and formulation of the individual development programme, life space counselling, general supervision and restoring relationships between children and their parents and communities. This allowed young people the opportunity to regain aspects of their lives that they had stopped previously engaging in.

The young people identified having someone to relate important to their recovery. They also experienced a sense of safety being in the programme after being separated from the families and living with others that they were not familiar with.

The child and youth care workers assisted children to maintain their sobriety by having a strong knowledge base on addiction, understanding the children's family environment, providing external motivation, encouraging children to identify their strengths and reminding them of their innate potential. The children were able to set goals to strengthen their own development through positive partnerships with child and youth care workers.

A therapeutic relationship existed between the children and child and youth care workers. This strong attachment served as a form on intervention as children experienced a visible willingness of child and youth care workers in assisting them to be drug free. The child and youth care workers sought out the company of children, understood their experiences and did acts of kindness. The relationship and visible willingness continued despite the "acting out" behaviour of children. The children indicated that they eventually experienced the child and youth care workers as members of their own families and not staff members. The children further indicated that this relationship became a foundation for the development of other relationships.

The child and youth care workers was available and present in their life space throughout the programme. The children singled out the adolescent development

programme facilitated by child and youth care workers as an intervention that fostered their growth and development. The adolescent development programme provided them with an opportunity to learn new skills, be reflective and make informed choices.

The next and last chapter focuses on conclusions drawn from the research process and findings of the semi-structured interviews as well as the literature review. Recommendations are also based on the research study and findings.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

The study was a qualitative, phenomenological study on child and youth care interventions that successfully contribute towards sustained recovery from substance abuse/ dependency. The research aim, objectives, key theoretical questions were outlined in chapter one. The research was guided by the following objectives: To reach the aim of the study the following objectives were formulated:

- To identify, explore and describe child and youth interventions contributing towards children's/young people's recovery from substance abuse/dependence.
- To explore and describe young people's perceptions about the services rendered by child and youth care workers, which led towards their recovery from substance abuse/dependence.

Terre Blanche et al. (2006: 355) note that in their checklist for criteria for evaluating research one must consider the following which has relevance for this research: whether it gives rise to problem solving action and opens up areas of understanding. The research objectives were met as the research has opened up areas of understanding the child and youth care interventions that led to sustained recovery from substance dependency were identified and the children's perceptions on the child and youth care interventions were recorded.

This chapter highlights the conclusions and recommendations, which were made from the insights gained from the research study.

5.2. CONCLUSIONS

The study concluded that child and youth care workers have contributed to the recovery from substance abuse/dependency. From this study it is clear that child and youth care workers are involved in the following aspects of service delivery in working with children:

- *The creation of an ecologically competence - centred environment.* The child and youth care workers provided external motivation, increased capacity building of strengths, developed strong partnerships with the young people and prepared them for re - integration in their own communities.
- *The creation of a safe and nurturing environment, which included the setting of and implementation of routines.* This also included a respectful environment, clear rules and discipline, which facilitated their emotional and physical safety at a time when they were most vulnerable and the need to defend their sense of self was strong.
- There was a *visible willingness to engage with the children* and be part of the joint process of facilitating their recovery from their dependence of substances. This was achieved by developing a therapeutic relationship with the young people to enable them to experience healthy attachments, and facilitate the interventions that were necessary. There was a sense of empathy displayed by the child and youth care worker.
- The *empowerment of young people* to take control of their lives, the continued reinforcement of their ability to overcome their challenges and lead productive lives.
- *Being available and present in their life space to deal with critical issues that confronted them in their daily lives.* There was immediacy in dealing with situations that confronted young people and assist in reframing their experiences and experiencing moments differently. The child and youth care worker was present in most interactions with young people. This included being available and participating in leisure, recreational and sporting activities, facilitating routine activities (mealtimes and wake up times) and other treatment components. This assisted in developing attachments, teaching young people to experience fun and to enjoy the presence of adults.

- *Facilitating the adolescent development programme.* This programme allowed for young people to develop their own internal assets for e.g. developing a sense of their own personal identity and uniqueness, learning skills to manage their own emotions, make informed decisions and improving their self confidence.
- *The involvement in setting up and implementing the individual development programmes of children.* This allowed for each young person to develop his own individual development programme and allow for an individuality of approach.

Garfat (as quoted in Lodge, 2003:5) argued that an intervention is only meaningful if the child and youth experience it as meaningful. The young people perceived the following child and youth care interventions to be important and meaningful for their recovery:

- *Experiencing dependability on a child and youth care worker* - Having a child and youth care worker to depend on especially during the initial stages of their placement. Having a caring person to connect with and journey daily with them in their joys and challenges of living in the residential treatment programme.
- *The existence of a strong, nurturing and caring relationship with the child and youth care worker.* This was achieved through the refusal of the child and youth worker to become involved in power struggles and counter aggression incidents with the young people. Many young people experienced the relationship as similar to those shared with significant people in their lives. This sense of belonging, connectedness and trust was essential in aiding their recovery.
- *The child and youth care worker creating an environment that was restorative and free from threat and punishment.* The environment was respectful, without judgement of their' past behaviour and actions as clear expectations were set regarding interactions and behaviour.
- *The child and youth care worker had a strong knowledge base on alcohol, drugs, on the developmental needs and the challenges experienced by young people in general.* They were familiar with the socio-economic conditions that children experienced in their own communities. The young people felt "understood" by and experienced the sensitive handling by the child and youth care workers.

- *The child and youth care worker involving them in routine tasks.* These tasks involved the setting up of times to wake up and sleep, to regular meal times, conducting of their own personal chores and involvement in sport, recreational and leisure activities to enable them to live the lives of young people. During this period the child and youth care worker was available and committed to helping them deal with any issue, concern that they experienced. These moments generally occurred during preparation for “bedtimes”.
- *The child and youth care workers facilitating the adolescent development programmes.* This provided the opportunity to learn many skills, develop insight into their own actions, learn to make choices and also record their thoughts in their own journals.
- *The child and youth care worker encouraging the use of a journal to record the tasks in the sessions, their thoughts, achievements, joys, trials and tribulations.* This provided an opportunity to concretely visualize and document their experiences. This was an important transitional document of self –reflection of their experiences from addiction to recovery.
- *The child and youth care worker actively involving young people in the treatment programme.* This included educating young people on the model of treatment used at the centre, facilitating their active participation in the drawing up of their own individual development programmes and in empowering them to achieve their identified goals and tasks. The child and youth care worker had helped children to deal with their developmental areas for e.g. alternate ways of dealing with conflict and anger.

5.3. RECOMMENDATIONS

5.3.1. RECOMMENDATIONS PERTAINING TO PRACTICE

Based on the research findings and realities in South Africa the following are recommended:

- The use of the child and youth care residential treatment as a model for intervention for young people that are substance dependent be continued. This ensures that the establishment of structures/ routines to recreate a sense of stability in the lives of young people and allow for the process of reclaiming aspects of their lives prior to their addiction. Durrant (1993: 28) views the residential period as one of transition where young people move from a status of "failure and problem" to "success and solution". The young people that are substance dependent would have the opportunity to learn new skills and practice those skills in a protected empowering environment.
- Child and youth care workers should be involved in substance abuse programmes for children. They should become an integral team member of multi–disciplinary teams for young people that are substance dependent. Their role as life space interventionists should be reinforced within multi disciplinary teams. The involvement in forming deliberate attachments as a medium to allow young people to experience dependability, creating a living environment that encourages acceptable societal norms, engaging in routine activities, caring for children, managing challenging behaviour, planning and implementation of recreational and activity based programmes is life space treatment.
- Within the life space of children, the child and youth care workers need to create environments of protection and emotional safety. This would allow for the opportunity to deal with their addiction within a secure and predictable environment. This can be accomplished through a willingness to connect with the young person, setting up of routines and structure, physical and emotional presence and limit setting.
- The role of relationships is entrenched as a critical aspect to facilitate change in young people. Coupled with this the knowledge that any moment with a child is a potential developmental and therapeutic opportunity. The involvement in routines tasks like making beds and putting children to bed is seen as an "equal opportunity" for the development of a child and that clinical intervention is possible during such time. The immediacy of dealing with situations often allows

for dealing with heightened emotions and an improved understanding and insight of said situations.

- The adolescent development programmed facilitated by child and youth care workers should be an ongoing feature. The use of child and youth care workers is highlighted as they are involved in the children/s life space and are in a preferred position to help children translate their knowledge into actual practice. They are in a position to model skills.
- The use of a journal to record their journey through the treatment programme should be reinforced as it is often used as a transitional and reference document after disengagement from the programme.
- The child and youth care workers continue to operate strengths based interventions with young people through their presence, and identifying of strengths, reframing of behaviour, involvement in decision making and involvement in life space work.
- The involvement of children in their individual development plans should be continued. This allows for their sense of ownership and control over decisions in their future and a utilization of potential.

5.3.2. RECOMMENDATIONS FOR FURTHER RESEARCH

- The role of the child and youth care worker in respect of their in - depth clinical interventions to children that are substance dependent be explored further. The study would need to involve child and youth care workers themselves and other professionals within the child and youth care team and family and significant others of young people that are involved in inpatient treatment for substance dependency.
- Further research should be conducted on child and youth care interventions that successfully facilitate sustained recovery from substance dependency. This research should focus more specifically on immediate interventions in the life space as the child and youth care worker is primarily based in the life space of children. The research should involve a sample of child and youth care workers

and children from more residential programmes for children that are substance dependent.

- Further research relating to joint efforts from social workers, child and youth care workers and other members of the multi-disciplinary teams in successfully facilitating sustained recovery from substance dependency should be undertaken.

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7. APPENDICES

7.1. APPENDIX A

LETTER TO THE ORGANISATION TO REQUEST PERMISSION FOR THE RESEARCH

Mrs. G. Somasundram
27 Tulip Place
Asherville
4091

The Principal
Durban Children's Home
Manning Road
Glenwood

Attention: Mrs M. Goble

REQUEST FOR PERMISSION TO UNDERTAKE RESEARCH AT SIYAKULA LIFE CENTRE

1. I am presently undertaking a Masters Programme in Child and Youth Development with the University of South Africa.

2. A requirement of the degree is that I undertake research and compile a mini-thesis based on the research.

3. My focus is on child and youth care interventions that facilitated recovery from substance abuse/ dependency. I would like to utilize a sample from Siyakula. This would entail me having access to contact details of young people that have

been at your facility for the period August 1999 to December 2003. I would require the information during the latter part of April 2005.

4. I am prepared to provide a copy of my research to Siyakula and be available for a discussion on my findings.

5. It is envisaged that this research would assist professionals in programme development and evaluation in the substance dependency field.

6. I understand that all information provided would be confidential and that withdrawal from the study could occur at any given time.

It would be appreciated if a response to my request could be given in writing.

Yours faithfully

Mrs G. Somasundram

LETTER WAS FORWARDED ON 18/3/2005 AND APPROVAL RECEIVED.

7.2. APPENDIX B

COVERING LETTER TO ALL PARTICIPANTS IN THE STUDY

Mrs. G. Somasundram
27 Tulip Place
Asherville
4091

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Attention:

RESEARCH TOPIC: CHILD AND YOUTH CARE INTERVENTIONS THAT FACILATATED RECOVERY FROM SUBSTANCE ABUSE/DEPENDENCY

I am completing a Masters Programme in Child and Youth Development at U.N.I.S.A. and am keen to explore the experiences of child and youth care interventions that promote the recovery of young people that have received treatment for their substance dependency.

The researcher would like to interview young people that have received treatment at the Siyakula Life Centre. This information would assist in the identification of child and youth care intervention strategies.

It would be appreciated if you could be involved in the study. Please find enclosed a copy of an informed consent form for your perusal and consent.
Yours faithfully

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GEETA SOMASUNDRAM
MASTERS PROGRAMME CHILD AND YOUTH DEVELOPMENT STUDENT

7.3. APPENDIX C

INFORMED CONSENT FORM

RESEARCHERS DETAILS

A. Name of researcher : Geeta Somasundram
Address : 27 Tulip Place
Asherville
4091
University : University of South Africa
Degree : Masters Programme in Child and Youth Development

B. CONSENT DETAILS

1) Your participation in this study is voluntary. As a participant you are free to withdraw from this study at any given time.
2) The researcher would treat all information provided as confidential. There would be no identification details recorded in any interview transcript and research report by your identifying details (name and surname).
3) The research findings would be available to you, should you request a copy.
4) Any queries related to the research can be directed to the researcher.

I understand the contents of this document and agree to participate in the research study.

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SIGNATURE OF PARTICIPANT

_____

SIGNATURE OF PARENT/SIGNIFICANT OTHER
(IF YOUNG PERSON IS UNDER THE AGE OF 18)
DATE: _____

7.4. APPENDIX D

TRANSCRIPTION OF THE RESEARCH INTERVIEW
INTERVIEW FIVE : P
DATE OF INTERVIEW: 5/7/2006
TIME: 10 A.M.

AGE: 21
PLACEMENT AT SIYAKULA: 9/2002.
LENGTH OF INTERVIEW: 90 MINUTES.
VENUE: PARTICIPANT'S HOUSE

INTRODUCTION

The participant was thanked for agreeing to participate in the interview. He was given information on the purpose of the research study and the ethics. He signed the consent form. The participant understood the term intervention as being any moment that assisted him to be sober.

HOW DID YOU COME TO BE AT SIYAKULA?

"I began to smoke cigarettes at the age of 13. In Standard 7, I began to smoke dagga and mandrax with friends. I then smoked drugs to cope with any form of stress. I became hooked on drugs. It became a habit. I supported my habit by stealing from home. I stole C.D.'s, videos, jackets and tools. The teachers at school informed my parents that I am drugging and truanting from school. I did not go to school for 3 months. My parents gave me a choice, get help for your drug problem or leave the home. I lost weight, was not eating, not attending school and had no more money to buy drugs. I knew I needed help and I went with my parents to see a social worker. That was how I came to Siyakula."

WHO WAS INVOLVED IN YOUR PROGRAMME AT SIYAKULA?

- The staff **(**Who were they) child and youth care workers.

- My social worker
- The social worker at Siyakula.

PLEASE TELL ME WHAT SERVICES DID THE CHILD AND YOUTH CARE WORKERS PROVIDE AT SIYAKULA. WHAT WORK DID THEY DO WITH THE CHILDREN?

- "They cared for me". **How did they do that?**
- The aunties spent time talking to me, about my drugging and giving me advice. The aunty and uncle knew a lot about drugs. They taught me about how drugs changed me.
- Aunty got me up in the morning, prepared breakfast and taught me to do my chores.
- The aunties and uncle played sport with us. They played indoor games. They taught me to dance. This was new and I did not do this before.
- Aunty taught me to take care of myself, bath daily and dress neatly.
- Aunty was always there. I could speak to her at any time. I liked to talk when the others played in the ground. I sat with aunty in the grounds and we talked. I told her that I was not sure that I would stop talking drugs as a lot of people in my area sold drugs.

HAVE THE CHILD AND YOUTH CARE WORKERS HELPED YOU TO GIVE UP DRUGS?

Yes.

HOW DID THE CHILD AND YOUTH CARE WORKERS HELP YOU TO GIVE UP DRUGS?

When I first went to Siyakula, I was scared. I was worried. How would they care for me? I have never lived anywhere but my own home. They helped me to live at Siyakula. They treated me nicely. They watched over me and all the boys that we did not misbehave and get into fights and bring cigarettes to Siyakula.

HOW DID THE CHILD AND YOUTH CARE WORKERS HELP YOU TO GIVE UP DRUGS?

- By the ADP – the ADP was a source of great information to me. The facilitators taught me about the effects of drugs. I was taught to make decisions and prepare for alternatives. It made me realize that I was living my life without goals.
- The staff were there all the time. We would watch television together, play ball and have meals together. They were there all the time. They watched us to see that we did not get into trouble or hurt each other. I felt safe at Siyakula.
- The staff was available to speak to me all the time. I could not cope with the withdrawals, the staff helped me deal with my cravings by talking to me. I sometimes that I would go crazy without cigarettes. Aunty told me that I could make it. I was not so sure. I tried very hard then.
- They were very caring and understood when I needed space. I did not see them as false. They did not treat like a drug addict. They taught me to be myself and not pretend to be some one else. I did not expect them to be nice to me. Everyone around me was unhappy with me. They told my parents to send me to a school of industries. I was not sure how to react to the boys as they all seemed cool and I wanted to impress them. I learnt from the staff and the ADP that I had to be myself.
- I experienced the facilitators as parents. I could talk to them about anything. They did not seem like the, the other adults in my life. They were not detached from me and were really keen on helping me to deal with my addiction. I was especially relaxed with aunt M. I had a good relationship with aunty M. I went to her when I needed to talk to her when I needed to talk even though I got along with the other aunties and uncles. She was from another race group from me and I must admit that I had some misgivings about whether we would understand each other. We got along like a house on fire. I would seek her out for any advice or share my feelings. She understood that I was missing my mum. We would talk about her a lot. She comforted me and said that it was okay to cry. She treated me like her child with a lot of respect and she heard my opinions. It mattered to her. I discovered something through my talks with her that I was

always pretending to be cool, to be with my group of friends that drugged and not be a nerd. In actual fact I was intelligent and had always did well at school. I realized that I had to be myself. I stopped pretending to be some one else that I was not. I changed my attitude and behaviour. I stopped the attitude to staff. I was doing actually the same thing I did before Siyakula. I became me and discovered the person I was before drugging. I felt that the staff had a lot of respect for me and treated me like an equal. I spoke to aunty all the time. I spoke to aunty before I went to sleep. It was my time. We sat on the couches.

- Aunty M was like my mother. She treated me like I was her child. I tried to behave as I wanted her to be proud of me. She was not staff.

WERE THERE ANY OTHER EXPERIENCES IN RESPECT OF THE CHILD AND YOUTH CARE WORKER THAT WERE SIGNIFICANT OR IMPORTANT TO YOU?

- The aunty taught me how to rebuild my relationship with my parents and teachers. I was so embarrassed for treating my parents badly. Aunty said that I could change that. She helped me to apologise to my parents when they visited me at Siyakula. My parents worked very hard for all that they had. Aunty taught me to focus on the present and on showing my parents and teachers that I changed.

- The aunty gave me sound advice, what she taught me and what I used seemed to work for me. Even today when I am making a choice and if I am stuck, I ask myself. What would aunty M say about this problem. That experience of Siyakula is still present in my life and has still influences my decisions today.
- The experiences at Siyakula, has helped me to treat others with respect. My teachers were very happy with me. I used the same communication skills that I learnt. I was able to ask questions related to my schoolwork. The school had taken me on a trial basis and saw that I was motivated and stopped taking drugs. They took me on permanently.

- I also treat others with respect, like I was treated. I realized how important respect is, and how manners can make a difference to my relationship with my teachers.

TELL ME ABOUT THE CHILD AND YOUTH CARE WORKERS AND THE INVOLVEMENT IN THE IDP?

- I knew the areas that I needed to work on. I needed to work on improving my relationship with my parents and not being influenced by peer pressure. These were my own areas that I had to strengthen and nobody could do it for me. I was able to use the skills that I learnt as I faced the same peer pressure when I left Siyakula because nothing had changed in my community. It was not easy being different from my old friends but I knew what I had been through. I wanted to achieve my goals.

TELL ME ABOUT THE CHILD AND YOUTH CARE WORKERS INVOLVEMENT IN TEACHING YOU LIFE SKILLS?

- Being at Siyakula exposed to me to new experiences. I watched how Aunty solved a fight. I was somebody that did not fight. I would keep quiet in a fight. I am now able to handle a fight without keeping quiet. I can handle a fight assertively.
- I have regained my respect with my family. I have learned to follow through with my actions. Previously I would make agreements and not honour them. I now make statements and agreements and follow through with it. My family knows that I can be trusted. My two younger brothers look up to me. They role – model me, I am very involved in their schoolwork, we all keep house for our parents as they both go to work. I am now studying at the university for a B. COMM degree.

TELL ME ABOUT THE CHILD AND YOUTH CARE WORKER AND AFTERCARE PROGRAMMES

- I maintained contact with my social worker if I had problems. I did not use Siyakula. I went to my social worker.

WOULD YOU TO DISCUSS ANYTHING FURTHER?

- My self – esteem improved by being in the programme. I became more self – confident. I started taking responsibility for my own behaviour.
- I was encouraged to become closer to God. I learnt to pray again and believe in God. I am a regular church goer. I take part in all the church activities. My minister often asks me to speak to the younger children that are taking drugs.

The participant was thanked for his participation in the study. The notes were read to the participant. There were no changes to the notes.

7.5. ADDENDUM E

PERSONAL NOTES OF INTERVIEW FIVE

The researcher was punctual for the interview at 10. a.m. The participant was eager and welcomed the researcher warmly. He remarked that he hoped that he could be of assistance as the Siyakula programme has helped him so much. His parents had also approved of the interview. The researcher had telephoned his parents for his telephone number and they were overjoyed at the changes in their son. They expressed their thanks to all the people that helped him. He informed that he was completing his Bachelor of Commerce degree.

The participant offered cool drink to the researcher. The researcher requested a glass of water. The interview was conducted in the lounge. The family members were not at home and the interview setting allowed for privacy and confidentiality and free from distractions. Five minutes prior to the completion of the interview, the participant received a call on his cellular telephone from a friend. He took the call and informed the caller that he would return the call at a later time. The participant's body language throughout the interview was relaxed. He sat comfortably in a couch.

The interview was completed at 11.30 a.m. He was willing to be contacted if further information was required.