

**CHILD AND YOUTH CARE WORKERS' KNOWLEDGE AND PERCEPTIONS OF
AND CHALLENGES RELATED TO ATTACHMENT DIFFICULTIES EXPERIENCED
BY CHILDREN RESIDING IN CHILD AND YOUTH CARE CENTRES: SUGGESTIONS
FOR SOCIAL WORK SUPPORT**

by

ROPAFADZAI MHIZHA

submitted in accordance with the requirements
for the degree of

MASTER OF SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

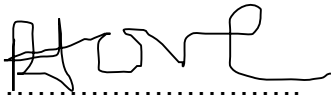
SUPERVISOR: PROFESSOR PETRO BOTHA

January 2020

DECLARATION

Student number: 58548955

I declare that "Child and youth care workers' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in child and youth care centres: Suggestions for social work support" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



.....

Ms Ropafadzai Mhizha

29/1/2020

.....

Date

DEDICATION

This study is dedicated to my father, Gwabuya Alison Hove and my sister Farai Hove who did not live to witness this testimony. May your souls continue to rest in peace.

I, further dedicate this research to all the girls around the world who were denied or are still denied an equal chance of education.

ACKNOWLEDGEMENTS

The Almighty God for His provision of strength, wisdom, understanding, patience and perseverance throughout my studies.

I, for being focused, resilient and remained determined to complete my studies when faced with many challenges.

My good friend, Doctor Ayshey Nhedzi and her wife and former colleague Felistas Nhedzi, for their unwavering support, guidance and encouragement. If it were not for their support, I would not have completed this study.

My loving and caring supervisor, Professor Petro Botha, for your professional guidance, support and patience throughout my studies, deeply humbled by your great sense of humour, and I say thank you for all you have done.

Doctor Sello Mokoena – Deputy Director General from the Department of Social Development, who granted me permission to have access to child and youth care centres in the Ekurhuleni Region; The Head of Department from the Mary Moodley Child and Youth Care Centre and the Don Mattero Child and Youth Care Centre, for granting me the permission to interview child and youth care workers.

All the child and youth care workers who participated in this study.

My previous Director, Moira Simpson, my former supervisor Thiru Govender and all of my former colleagues from Kids Haven, for their support, encouraging words and inspiration.

My beloved husband Tinashe Mhizha, for financing my studies, parenting the children, and supporting me.

My three children Takudzwa T. Mhizha, Tadiwanashe Mhizha and Tinenyasha Mhizha for allowing me to follow my dream and who never complained.

My family members, brothers and sisters for seeing the best in me and believing in me. Especially Kundai Hove, Unotidashe Hove, Tendai Hove, Zivaishe Hove and Idaishe

Hove, and all of my in-laws family for all your support and prayers and words of encouragement.

My good friend, Priscila Watungwa, for your inspiration, honest opinion and encouragement,

The UNISA Department of Social Work and its leadership for giving me an opportunity to study.

ABSTRACT

Child and youth care workers (CYCWs) provide intervention and support to children and youth in child and youth care centres (CYCCs) The purpose of this study was to investigate CYCWs' knowledge and perceptions of attachment difficulties of children residing in CYCCs and to provide suggestions for social work support. The study adopted the Attachment Theory and Circle of Courage Theory.

Drawing on qualitative methodology, 16 participants employed in CYCCs in the Ekurhuleni Metropolitan region, South Africa were purposively selected for in-depth, qualitative interviews. The eight-step data analysis method by Tesch (in Creswell, 2014:198) was used. To ensure trustworthiness of the findings, the researcher mainly used Guba's model cited in Krefting (1990:214–222).The researcher adhered to prescribed ethical considerations.

The study recommended that child and youth care as a profession should be recognised and supported to ensure quality services to children with attachment difficulties living in CYCCs.

Key words: Attachment; Attachment difficulties; Child and youth care workers; Child and youth care centres; Social workers; Social work support; Knowledge; Perception

| TABLE OF CONTENTS | Pages |
|--|--------------|
| DECLARATION | 1 |
| DEDICATION | 2 |
| ACKNOWLEDGEMENTS | 3 |
| ABSTRACT | 5 |
| TABLE OF CONTENT | 6 |
| LIST OF TABLES | 13 |
| LIST OF ACRONYMS | 14 |
| CHAPTER 1: GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY | |
| 1.1 GENERAL INTRODUCTION, PROBLEM FORMULATION AND RATIONALE FOR THE STUDY | 16 |
| 1.1.1 General introduction | 16 |
| 1.1.2 Attachment: Definition, process of development and outcomes | 16 |
| 1.1.3 Factors influencing attachment | 20 |
| 1.1.4 Problems related to attachment presented by children in CYCCs | 23 |
| 1.1.5 The role of CYCWs and social workers in CYCCs | 24 |
| 1.2 PROBLEM STATEMENT | 28 |
| 1.3 RATIONALE FOR THE STUDY | 30 |
| 1.4 RESEARCH QUESTIONS, GOALS AND OBJECTIVES | 32 |
| 1.4.1 Research questions | 32 |
| 1.4.2 Research goals | 32 |
| 1.4.3 Research objectives | 33 |
| 1.5 THEORETICAL FRAMEWORK | 34 |
| 1.5.1 Attachment theory | 35 |

| | |
|---|-----------|
| 1.5.1.1 Secure attachment | 37 |
| 1.5.1.2 Insecure-ambivalent attachment | 37 |
| 1.5.1.3 Insecure-avoidant attachment | 38 |
| 1.5.1.4 Insecure-disorganised attachment | 87 |
| 1.5.2 Circle of Courage | 40 |
| 1.6 RESEARCH METHODOLOGY | 42 |
| 1.6.1 Research approach | 42 |
| 1.6.2 Research design | 43 |
| 1.6.2.1 The exploratory research design | 44 |
| 1.6.2.2 The descriptive research design | 45 |
| 1.6.2.3 The contextual research design | 45 |
| 1.7 RESEARCH METHODS | 45 |
| 1.7.1 Population | 46 |
| 1.7.2 Sampling | 46 |
| 1.7.3 Data collection | 49 |
| 1.7.3.1 Preparation for data collection | 50 |
| 1.7.3.2 Methods of data collection | 51 |
| 1.7.4 Pilot testing | 54 |
| 1.7.5 Method of data analysis | 54 |
| 1.7.6 Methods of data verification | 55 |
| 1.7.6.1 Truth-value of research findings | 56 |
| 1.7.6.2 Applicability of research findings | 56 |
| 1.7.6.3 Consistency of research findings | 57 |
| 1.7.6.4 Neutrality of research findings | 58 |

| | |
|---|-----------|
| 1.8 ETHICAL CONSIDERATIONS | 58 |
| 1.8.1 Informed consent | 58 |
| 1.8.2 Confidentiality and anonymity | 59 |
| 1.8.3 Management of information | 59 |
| 1.8.4 Beneficence | 60 |
| 1.8.5 Debriefing of participants | 60 |
| 1.9 DEFINITION OF KEY CONCEPTS | 61 |
| 1.10 LIMITATIONS OF THE STUDY | 65 |
| 1.11 SUMMARY OF THE CHAPTER | 65 |
| CHAPTER 2: A DESCRIPTION OF THE IMPLEMENTATION OF THE RESEARCH METHODOLOGY | |
| 2.1 INTRODUCTION | 66 |
| 2.2 Research approach | 66 |
| 2.3 Research design | 69 |
| 2.4 RESEARCH METHODS | 70 |
| 2.4.1 Population and sampling | 71 |
| 2.4.2 Data collection | 73 |
| 2.4.3 Data analysis | 77 |
| 2.4.4 Data verification | 78 |
| 2.5 ETHICAL CONSIDERATIONS | 82 |
| 2.5.1 Informed consent | 83 |
| 2.5.2 Confidentiality and anonymity | 84 |
| 2.5.3 Management of information | 85 |
| 2.5.4 Beneficence | 86 |

| | |
|--|------------|
| 2.5.5 Debriefing of participants | 86 |
| 2.5 SUMMARY OF THE CHAPTER | 86 |
| CHAPTER 3: RESEARCH FINDINGS AND LITERATURE REVIEW | |
| 3.1 INTRODUCTION | 88 |
| 3.2 DEMOGRAPHIC PROFILE OF PARTICIPANTS | 88 |
| 3.3 THEME 1 – CYCWs’ UNDERSTANDING OF THE CONCEPT ATTACHMENT AND KNOWLEDGE OF THE SUBJECT | 94 |
| 3.3.1 Sub-theme – Connection and bonding between the child and mother | 96 |
| 3.3.2 Sub-theme – Physical contact, feeding and communication | 97 |
| 3.3.3 Sub-theme – Attention-giving and availability | 99 |
| 3.3.4 Sub-theme – Trusting relationships | 97 |
| 3.3.5 Sub-theme – Love and care | 100 |
| 3.3.6 Sub-theme – Child sensing mother’s emotions | 101 |
| 3.3.7 Sub-theme – Attachment and bonding to the CYCWs with children in the CYCC | 102 |
| 3.3.8 Sub-theme – Attachment developing at an early stage of life | 103 |
| 3.4 THEME 2 – ATTACHMENT DIFFICULTIES EXPERIENCED BY CHILDREN IN CYCC | 105 |
| 3.4.1 Sub-theme – Emotional problems | 106 |
| 3.4.1.1 Category – <i>Children feeling withdrawn and lonely</i> | 106 |
| 3.4.1.2 Category – <i>“Distorted Circle of Courage”</i> | 108 |
| 3.4.1.3 Category – <i>Children presenting with anger issues</i> | 109 |
| 3.4.1.4 Category – <i>Children feeling rejected and unloved</i> | 110 |
| 3.4.2 Sub-theme – Behavioural problems | 110 |
| 3.4.2.1 Category – <i>Violence towards other children</i> | 111 |

| | |
|--|------------|
| 3.4.2.2 Category – Substance abuse and absconding from the institution | 113 |
| 3.4.2.3 Category – Children behaving defensively and disrespecting CYCWs | 114 |
| 3.4.3 Sub-theme – Relational problems | 115 |
| 3.4.3.1 Category – Isolation and resisting relationships | 115 |
| 3.4.3.2 Category – Clinging for attention seeking | 116 |
| 3.4.3.3 Category – Lack of trust | 118 |
| 3.4.3.4 Category – Loss of sense of belonging | 119 |
| 3.5 THEME 3 – EXISTING INTERVENTION METHODS TO ASSIST CHILDREN WITH DIFFICULT BEHAVIOUR ROOTED TO ATTACHMENT DIFFICULTIES | 120 |
| 3.5.1 Sub-theme – Relationship building | 121 |
| 3.5.1.1 Category – Building of trusting relationship | 121 |
| 3.5.1.2 Category – Communication with children | 122 |
| 3.5.1.3 Category – Being lenient and loving to children | 123 |
| 3.5.1.4 Category – Being non-judgemental or showing no discrimination towards children | 124 |
| 3.5.2 Sub-theme – Team work | 125 |
| 3.5.3 Sub-theme – Educational programmes and life skills sessions | 127 |
| 3.5.4 Sub-theme – Groups, one-on-one sessions and observations | 129 |
| 3.5.5 Sub-theme – Arts, playing and recreational activities with children | 130 |
| 3.5.6 Sub-theme – No programmes or not sure of programmes | 131 |
| 3.6 THEME 4 – CHALLENGES EXPERIENCED BY CYCCS IN WORKING WITH CHILDREN WITH ATTACHMENT DIFFICULTIES | 132 |
| 3.6.1 Sub-theme – Lack of collaborative work with social workers and CYCWs | 134 |

| | |
|--|------------|
| 3.6.1.1 Category – Poor communication between social workers and CYCWs | 134 |
| 3.6.1.2 Category – Confidentiality and sharing of children’s information | 137 |
| 3.6.1.3 Category – Impact of a lack of information on CYCWs’ work | 135 |
| 3.6.1.4 Category – Social workers having limited contact with children | 140 |
| 3.6.1.5 Category – Not preparing children for foster care or reunification | 141 |
| 3.6.2 Sub-theme – Lack of caring and support of CYCWs | 142 |
| 3.6.3 Sub-theme – Challenges with shifts and personal problems | 144 |
| 3.6.4 Sub-themes – Delayed feedback from management | 145 |
| 3.6.5 Sub-themes – Lack of tangible immediate results | 146 |
| 3.7 THEME 5 – SUGGESTIONS FROM CYCWs IN DEALING WITH BEHAVIOUR GROUNDED IN ATTACHMENT DIFFICULTIES, INCLUDING SOCIAL WORK SUPPORT | 147 |
| 3.7.1 Sub-theme – Working with children | 149 |
| 3.7.1.1 Category – Better relationships, care and support for children | 149 |
| 3.7.1.2 Category – Preparing children for life after care and providing continued support | 151 |
| 3.7.2 Sub-theme – Multidisciplinary settings with social workers | 152 |
| 3.7.2.1 Category – Better working relationship with social workers | 153 |
| 3.7.2.2 Category – Sharing of information by social workers | 154 |
| 3.7.2.3 Category – Social workers engaging more with children | 157 |
| 3.7.3 Sub-theme – Care and Support for CYCWs | 158 |
| 3.7.3.1 Category – Listening to and recognising CYC as a profession | 159 |
| 3.7.3.2 Category - Debriefing and emotional support for CYCWs | 160 |
| 3.7.3.3 Category – Team building | 163 |

| | |
|---|------------|
| 3.7.3.4 Category – Better salaries | 164 |
| 3.7.4 Sub-theme – Training of CYCWs | 165 |
| 3.7.5 Sub-theme – Amending of social work ethics (confidentiality) | 166 |
| 3.7.6 Sub-theme – Committed personnel – CYCWs | 167 |
| 3.7.7 Office space | 167 |
| 3.8 SUMMARY OF THE CHAPTER | 169 |
| CHAPTER 4: SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS | |
| 4.1 INTRODUCTION | 170 |
| 4.2 SUMMARY AND CONCLUSIONS RELATING TO THE QUALITATIVE RESEARCH PROCESS | 170 |
| 4.3 SUMMARY AND CONCLUSIONS RELATING TO THE RESEARCH FINDINGS | 176 |
| 4.4 LIMITATIONS OF THE STUDY | 193 |
| 4.5 RECOMMENDATIONS | 194 |
| 4.5.1 Recommendations for the child and youth care profession | 196 |
| 4.5.2 Recommendation for managers and supervisors of CYCWs who work with children with attachment difficulties | 196 |
| 4.5.3 Recommendation for CYCCs working with children with attachment difficulties | 197 |
| 4.5.4 Recommendation for social workers to support children with attachment difficulties and CYCWs working with these children | 198 |
| 4.5.5 Recommendations for future research | 199 |
| 4.6 CONCLUSION | 200 |
| REFERENCES | 202 |
| ADDENDA | 233 |

| | |
|--|------------|
| ADDENDUM A: LETTER TO THE DEPARTMENT OF SOCIAL DEVELOPMENT REQUESTING PERMISSION TO CONDUCT RESEARCH AT THE ORGANISATIONS | 233 |
| ADDENDUM B: LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH TO THE ORGANISATIONS | 235 |
| ADDENDUM C: A LETTER REQUESTING THE INDIVIDUAL'S PARTICIPATION IN THIS RESEARCH PROJECT | 237 |
| ADDENDUM D: DECLARATION BY THE PARTICIPANT | 240 |
| ADDENDUM E: STATEMENTS AND DECLARATIONS | 243 |
| ADDENDUM F: LETTER FOM THE DEBRIEFER | 244 |
| ADDENDUM G: CERTIFICATE OF EDITING | 245 |
| ADDENDUM H: PERMISSION TO CONDUCT RESEARCH FROM DSD | 246 |

| LIST OF TABLES | Pages |
|---|--------------|
| Table 1.1: Four styles of attachment, linked to the relationship between children in CYCCs and CYCWs | 39 |
| Table 2.1: Criteria of trustworthiness and strategies used to ensure it | 79 |
| Table 3.1: Demographic profile of participants | 87 |
| Table 3.2: Summary of themes, sub-themes and categories | 91 |
| Table 3.3: CYCWs' understanding of the concept attachment and knowledge of the subject | 95 |
| Table 3.4: Attachment difficulties experienced by children in CYCC | 105 |
| Table 3.5: Existing intervention methods to assist children with difficult behaviour rooted to attachment difficulties | 120 |
| Table 3.6: Challenges experienced by CYCCs in working with children with attachment difficulties | 133 |
| Table 3.7: Suggestions from CYCWs in dealing with behaviour grounded in attachment difficulties, including social work support | 148 |

LIST OF ACRONYMS

| | |
|---------------|--|
| BQCC | Basic Qualification in Child Care |
| BSW | Bachelor of Social Work |
| CYC | Child and youth care |
| CYCW | Child and youth care worker |
| CYCC | Child and youth care centre |
| DSD | Department of Social Development |
| HODs | Heads of the Departments |
| NQF | The National Qualifications Framework |
| SACSSP | South African Council for Social Service Professions |
| SWREC | The Social Work Research Ethics Committee |
| UNISA | University of South Africa |

CHAPTER 1

GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

“Child and youth care workers focus on the whole child”.

(Jim Anglin 2015:7)

1.1 INTRODUCTION, PROBLEM FORMULATION AND RATIONALE OF THE STUDY

Chapter 1 provides a summary of all the elements of this research study. This chapter commences with the introduction to the study, the problem statement and the rationale for the study. The theoretical framework utilised for the study, research questions, aims and objectives of the research study are explicated. A description of the research methodology used to gather and analyse the appropriate data results is provided. The ethical considerations and limitations of the study are put forward and the concepts used in the study are defined. This chapter concludes with a summary of the remaining chapters of this research study.

1.1.1 General introduction

As an introduction to the research topic, attachment will be defined, the process of attachment between a parent or a caregiver and a child will be discussed, as well as the possible outcomes of attachment patterns. Factors influencing attachment, problems linked to attachment experienced by children in Child and Youth Care Centres (CYCCs), the role of Child Youth Care Workers (CYCWs) as alternative caregivers in CYCCs and the role of social workers in support of CYCWs will be deliberated.

1.1.2 Attachment: Definition, process of development and outcomes

Attachment is defined as emotional bonds that a child develops with a parent or primary caregiver (Oates 2007:4). The tendency of a child to form an attachment relationship is

considered to be shaped from birth and is biological in nature (Whittingham & Coyne 2019:39). Teague, Newman, Tonge and Gray (2018:2642) argue that attachment is the inborn neurobiological system underlying the development of close relationships between children and caregivers to ensure the child's ongoing safety. Children exhibit attachment behaviour based on their experience of caregivers' responding to their physical and emotional needs." McLean, Riggs, Kettler and Delfabbro (2013:243) posit that the term attachment appears to be used interchangeably to describe either the attachment (bond) or attachment behaviour and/or to refer to the organisation of the attachment behavioural system (incorporating the organisation of behavioural, cognitive and affective elements), depending on the user or context. The emphasis is that children need to develop in a context of love (Whittingham & Coyne 2019:38).

Breastfeeding is a parenting factor that has been associated with a child's emotional development – specifically the attachment between children and their mothers (Gibbs, Forste & Lybbert 2018:579). Through breastfeeding, the mother forms an important attachment with the child which then benefits the child's socio-emotional development. Other feeding methods which do not demand as much mother/child time, can limit the mother's ability to actively respond to the child's feeding cues (Gibbs et al. 2018:580). According to Whittingham and Coyne (2019:39-40), "Children need to develop in the context of emotional connections - psychological presence including affective signalling and attuned interactions - with others." The parent-child relationship influences and is being influenced by the parent's and the child's behaviour. The parent takes the first step to use parenting behaviours to signal safety and security, or inconsistency and incoherence to the child (Whittingham & Coyne 2019:40). Ideally, the infant comes to expect that their parent or caregiver will be available when needed, and learns that they are able, through their actions, to control their needs being met e.g. through attachment behaviours such as crying or holding out their arms (McLean 2016:1). Attunement occurs when the parent and child are sharing an experience, when they are emotionally in sync (Whittingham & Coyne 2019:47). Parent-child interactions in the first three years are likely to play a fundamental role in the child's social-emotional development, as well as in

reducing or preventing behaviour problems (Colonnesi, Zeegers, Majdandžić, Van Steensel & Bögels 2019:1421). Thus, this attention to the first three years of a child's development has become prominent in the current child welfare policy which had turned to attachment theory (Smith, Cameron & Reime 2017:1608).

To the child, the parent- or caregiver-child relationship is the first relationship which forms the basis for further development of other relationships the child will have in future. This transactional process of attachment is essential in the development of social competence and psychological well-being (Hornor 2019:612; Whittingham & Coyne 2019:40). The basis for self-concept, self-esteem, and emotional, social and cognitive development is based on attachment experiences which become internalised as the child grows (McLean 2016:1; Quiroga & Hamilton-Giachritsis 2016:626). Whittingham and Coyne (2019:39-40) suggest that attachment has a number of functions including:

- maintaining physical proximity between parent and child and hence maintaining the child's safety;
- maintaining psychological proximity between parent and child through attuned interactions – contingent interactions in which the parent mirrors the child's psychological state and hence provides the learning needed for the development of intersubjectivity and later, language;
- a 'validity check' that the child is learning from a trusted source;
- supporting the facilitation of optimal child development through exploration of the world and learning from others, including play;
- supporting the child's developing ability to track their experiences and developing a template for adaptive social behaviour;
- supporting entry into the symbolic world including learning language; and
- supporting the child's psychological well-being.

Many authors credit the contributions of Bowlby, Ainsworth and Main (in Whittingham & Coyne 2019:42-43) as key to bringing a greater understanding of attachment. According

to the work of these authors, the environment of the child, specifically the emotional quality of the mother-child relationship, affects the child's psychological health and later adjustment (Whittingham & Coyne 2019:42). Bowlby's theory stipulates that the child has an innate need to bond to an attachment figure (Whittingham & Coyne 2019:42). Four attachment styles are described, namely the secure attachment style, insecure-ambivalent attachment style, the insecure-avoidant attachment style and the insecure-disorganised attachment style (Fresno, Spencer & Espinoza 2018:422; Harder, Knorth & Kalverboer 2013:306). These styles will be discussed in more detail under the theoretical framework.

The attachment theory holds that if children lack the ability to form and maintain loving and warm relationships, they grow up with an impaired ability to trust that the world is a safe place and that adults can take good care of them (Howe 2011:14). They become exceptionally demanding and controlling in response to their fear (Zaccagnino, Cussino, Preziosa, Veglia & Carassa 2014:173). Above all, children who fail to develop healthy relationships with caregivers during the early stages of development find it difficult to form attachments to and trust adults in future (Zaccagnino et al 2014:173).

According to Mclean, Kettler, Delfabbro and Riggs (2012:76), from the attachment perspective, the characteristics of the infant and primary parent or caregiver(s) interact, and, over time, unique patterns of behaviour emerge reflecting underlying beliefs about self and other caregivers. Thus, challenging behaviours were seen to arise out of a lack of continuity in the child's life. A secure attachment relationship is protective against the development of disruptive, antisocial behaviour in young children (Joseph, O'Connor, Briskman, Maughan & Scott 2014:67), while attachment problems including aggression, wandering, repetitive actions, vocalising, mood swings, agitation, attention-seeking, manipulative or clinging behaviour are identified in the absence of secure attachments (McCarthy 2017:250). Llorca-Mestre, Samper-García, Malonda-Vidal and Cortés-Tomás (2017:678) explain these phenomena by a twofold classification of children's behaviour:

the first being known as 'organised' where the child demonstrates a clear strategy for responding to distress; the second one where the child fails to demonstrate a cohesive strategy to distress and behaviour is known as 'disorganised'. Emotional instability has been associated with high levels of aggression, addictive behaviours, behavioural problems, and borderline personality (Llorca-Mestre et al 2017:678).

Although early attachment does have a huge influence on the development of a child, McLean (2016:3) as well as Shemmings and Shemmings (2011:9) are of the view that early attachment experience is no longer considered to 'determine' later development. Music (2019:121) argues that "one of Bowlby's mistakes was to assume that humans are like other primates where the mother is the all-important and often only caregiver, separation or absence from whom gives rise to all manner of mental health issues later". Evolutionary biology points to the inclusion of various people other than mothers who have shared in the task of childcare (Music 2019:123). Guyon-Harris, Humphreys, Degnan, Fox, Nelson and Zeanah (2019:96) also argue that in early childhood, patterns of attachment do not map directly onto attachment disorders. Developmental patterns of attachment in early and middle childhood, as well as in adolescence, define qualitative differences in how a child regulates and expresses needs for comfort and closeness and emotions associated with these needs. However, children with disorganised attachment problems have the potential to improve and develop secure attachment (Guyon-Harris et al 2019:96).

1.1.3 Factors influencing attachment

The nature of a child's attachment experience is shaped by how consistently and reliably a caregiver responds to the child's distress signals. Consistent, reliable and responsive caregiving is associated with an optimal attachment experience (Cassidy 2008:8). Perry (2013:2) is of the view that infants are defenceless and must depend upon a caregiving adult for survival. A healthy caregiver or attachment figure will feel a physical longing to smell, cuddle, rock, coo and gaze at her infant (Perry 2013:3). In turn the infant will

respond with snuggling, babbling, smiling, sucking, crying and clinging (Wilcox & Baim 2016:288). In most cases, the mother's behaviours bring pleasure, soothing and nourishment to the infant and the infant's behaviours bring pleasure and satisfaction to the mother. This 'reciprocal positive feedback loop' or 'maternal-infant dance', is where attachment develops (Cowan, Cowan, Pruett & Pruett 2019:532; Teague et al 2018:2642). Factors that affect the quality of attachment include caregivers' sensitivity, insightfulness, and their own attachment quality.

Secure attachment is linked to functional families as international research has consistently shown that functional families offer the most natural environment for the growth, protection, support and socialisation of children (Hall & Mokomane 2018:32). However, family definition and structure are globally recognised as dynamic and complex (Hall & Mokomane 2018:33). Children live with one or two parents while many children are cared for by their relatives. Moreover, biological father absenteeism is customary for many children who are cared for by their mothers, grandmother and female relatives (Patel et al 2019:13). A study by Sandstrom and Huerta (2013:4) identified five domains of families which can contribute to instability: family income, parental employment, family structure, housing, and the out-of-home contexts of school and childcare. According to these authors "instability is best conceptualized as the experience of change in individual or family circumstances where the change is abrupt, involuntary, and/or in a negative direction, and thus is more likely to have adverse implications for child development" (Sandstrom & Huerta 2013:5). The assumption is that changes do not occur in isolation because a disruption in one domain (e.g., parent employment) often triggers a disruption in another domain (e.g. childcare) in a 'domino effect' fashion (Sandstrom & Huerta, 2013:5). In most cases, the causality of child instability is not one-dimensional but the result of a complicated series of events that compound over time. Changes in infants' care arrangements can lead to poor attachment with providers (Sandstrom & Huerta, 2013:7).

Millions of children in the world are in danger of abuse, neglect, trafficking, exploitation, and violence at home, in schools and communities, or due to unforeseen circumstances (Child Helpline International (CHI), 2014:6; Grugel 2013:22–25). Various factors such as socio-economic inequality is blamed for children’s challenges around the world. In South Africa, four broad factors affect early childhood development, linked to secure attachment, namely, social factors (such as violence, substance abuse), psychosocial risk factors (such as low stimulation and responsiveness), poverty (such as food insecurity, hygiene and sanitation) and biological risk factors (such as stunting and low birth weight) (Hall, Sambu, Almeleh, Mabaso, Giese & Proudlock 2019:7). In addition, the South African context of dysfunctional family systems is highly linked to the apartheid regime history. Families were separated by migrant labour and influx control policies, which, among other forms of institutionalised separation of families, resulted in severe disruption of family life and changing family structures (Malatji & Dube 2017:109; Patel, Hochfield, Ross, Chiba & Luck 2019:14). Children were likely to live with conditions imposed by the apartheid era which forced black (African) parents to live apart without the resources to create a favourable home environment for their children.

Due to adverse circumstances, children are sometimes officially removed from their parents and placed in alternative care of which CYCCs, known as ‘children’s homes’ or ‘residential care’, are one option (Hope & Van Wyk 2018:421). In these CYCCs, children are allocated to new caregivers the CYCWs who become substitute attachment figures. However, when the experience of inadequate substitute caregiving – as routinely found in CYCCs or institutional settings – follows an early family history of adversity, the risk of compromised development could be amplified (Corval, Belsky, Baptista, Oliveira, Mesquita & Soares 2017:599). Corval et al (2017:599) argue that institutionalisation is prone to be a risk condition for the development of attachment difficulties, because their structural and functional characteristics are likely to constrain opportunities for the development of a selective attachment to a particular caregiver. Previous findings have shown that poor caregiver-child ratios, frequently changing caregivers, lack of

individualised care, and insensitive caregiving are associated with increased risk of problematic development (Corval et al 2017:600).

1.1.4 Problems related to attachment presented by children in CYCCs

The Children's Amendment Act 41 of 2007 (South Africa 2008: section 191(1)) describes a child and youth care centre (CYCC) as a "facility that provides residential care to more than six children outside their family environment in accordance with a residential care programme suitable for the children in the facility". CYCCs must offer a therapeutic programme – this could be a programme for children with behavioural, psychological and emotional difficulties, or a programme for children who have been abused (Children's Amendment Act 41 of 2007 (South Africa 2008: section 191 (2); (3))

Many researchers agree that attachment-related problems are highly prevalent in institutions like CYCCs because children placed in residential care have experienced care in environments that were problem-focused, where warm, reciprocal relationships were not prioritised (Callaghan, Fellin & Alexander 2015:3; Ferguson, Follan, Macinnes, Furnivall & Minnis 2011:107; Graham 2006:1). This is confirmed by Maneiroa, Gómez-Fraguelaa, López-Romeroa, Cutrína & Sobral (2019:278) describing children and youth placed in care centres as one of the most vulnerable groups. A substantial number of adolescents with significant and unmanageable emotional and behavioural problems are taken to care safety centres like CYCYs. Children who end up in alternative care have been exposed to multiple traumas, pain and rejection due to different forms of violence and other unforeseen events (Quiroga & Hamilton-Giachritsis 2016:625). Thesen (2014:89) indicates that behaviours displayed by children in residential care range from physical and verbal violence, to aggression, truancy, swearing and stealing. Literature also shows that youth formerly in care share a heightened risk of inadequate access to healthcare, involvement with the criminal justice system, becoming incarcerated, living in poverty, becoming pregnant unexpectedly, experiencing homelessness, or having difficulty obtaining employment (Thompson, Wojciak & Cooley 2018:17).

Out-of-home alternatives such as CYCCs are used as the appropriate avenue for rehabilitation, reintegration, and the provision of essential services, including education (Hansungule 2018:2). CYCCs serve as home-like environment to address diverse issues facing children as a result of the breakdown of the family system (Malatji & Dube 2017:101).

Hence, residential CYCWs are likely to come into contact with children with attachment difficulties (Ferguson et al. 2011:102).

1.1.5 The role of CYCWs and social workers in CYCCs

Jamieson (2013:3) defines a CYCW as “a person who works in the life space of children and adolescents with both normal and special development needs to promote and facilitate optimum development growth through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts.”

The CYC profession and skills are very broad. CYC practice focuses on child development, equitable daily life engagement and relationships with children and youth; and valuing individuals as capable agents of their own desired and positive change (Yakhnich, Grupper & Romi 2018:46). CYC practice integrates perspectives and knowledge from disciplines such as developmental and social psychology, social work, sociology, anthropology, education, criminology, law and economics. Across the globe, CYCWs are practitioners who have come to be recognised as possessing a specific expertise and a unique approach to working with children, youth and families (Garfat & Fulcher 2012:6).

Moses (2000:474) reports that in residential facilities, CYCWs are a crucial link to emotionally disturbed children. Research on caregivers in registered CYCCs indicates that CYCWs are “front line workers, who engage with the young children and youth at all times” (Thesen 2014:98). Primarily, CYCWs are expected to demonstrate and foster quality relationships with children through creating a conducive and predictable

environment that is flexible enough to address their needs (Bastiaanssen, Delsing, Gerjzen, Kroes, Veerman & Engels 2014:228; Jones 2006:120). CYCWs thus fulfil the role of being the “object of attachment” in children living out of home (McLean 2016:2). In addition to that, CYCWs spend the most time with children and, as such, they are likely to encounter manifestations of behaviours that are related to attachment difficulties (Ferguson et al. 2011:102). As a result, it is important for CYCWs to gain knowledge through improved training related to attachment difficulties or disorders. With that knowledge, CYCWs are more likely to recognise behaviours that are related to attachment difficulties at early stages and refer such children to relevant professionals (Ferguson et al. 2011:107).

CYCWs play a crucial role within CYCCs and work within a multidisciplinary team of psychologists and social workers (Gharabaghi 2010:137). Hornby (2010, sv “multidisciplinary”) defines multidisciplinary, “as a principle that involves different people in an approach to a problem”. In a CYCC, the most applicable and common places in which CYCWs can collaborate and contribute to the development and well-being of children and youth are during organisational case conferences, daily internal case consultations and individual development programme (IDP) meetings (Jamieson 2013:70; Molepo 2014:166). In such meetings, CYCWs have the platform to generate and convey useful information that represents not only the children or themselves, but their profession (Gharabaghi 2010:106). Effective collaboration between CYCWs and other professionals such as social workers would enable children and youth to identify their personal needs, heal from their traumatic past experiences and move from being dependent to independent in the community (Mattingly, Stuart & VanderVen 2010:18).

However, CYCWs experience higher rates of vicarious trauma, workplace stress, and compassion fatigue, when compared to other social service workers (Miller, Donohue-Dioh, Niu & Shalash 2018:137). The study by Smith, Colletta and Bender (2017:18) showed that participants in this study reported that client violence against CYCWs was

common and expected. Client violence related to a number of negative consequences in their work and personal lives, including anxiety, depression, sleep disturbance, memory loss and substance abuse (Smith et al 2017:18). Social workers can play an important role to support CYCWs and prepare them for their tasks (Glover 2017:70). Forrester, Westlake, Killian, Antonopolou, McCann, Thurnham, Thomas, Waits, Whittaker & Hutchison (2019:2160) postulate that good social work also comprises effective collaboration with “other agencies, as well as skills in assessment and decision making”. Literature argues that social work should focus more on maintaining and building effective and collaborative relationships (Forrester et al 2019:2149). The development of a more collaborative culture within the child welfare workforce is a process that can lead to better outcomes for children and families (Morley & Myhill 2018:7).

In many CYCCs, the duties of the social worker and psychologist are clear and well-defined (Molepo 2014:166). However, the roles of CYCWs are not well elaborated as they engage in various activities, from nursing the sick to disciplining children, counselling and engaging in physical activities (Garfat & Fulcher 2012:9–15; Molepo 2014:166). The uniqueness of the CYCW’s role, in comparison to other professionals, lies in their direct engagement for long hours in the life space of children and youth where their life unfolds (Gharabaghi & Stuart 2013:1; Steckley 2013:23–29). Life space work is described as a therapeutic intervention in which CYCWs engage effectively with young people, physically, socially and emotionally, experience their feelings and emotions, and are supportive to them in times of distress (Garfat & Fulcher 2012:9; Gharabaghi, 2013:12; Phelan 2014:18; Steckley 2013:23–29; Winfield 2012:31). As a result, CYCWs get to experience and understand the children’s joy, growth, life setbacks and crises (Garfat & Fulcher 2012:9). The child-CYCW relationship is recognised as an important aspect causative to results of child and youth care. Particularly in CYCCs, in which children with mainly externalising behaviour problems are often placed coercively, the child-caregiver relationship seems to be important for the attainment of positive outcomes (Teague et al 2018:2643).

Child and youth care work developed to become a unique profession focusing on developmental needs of the children, youth, families within their life space or environment and time (Mattingly et al. 2010:16). The Children's Amendment Act 41 of 2007 (South Africa 2008: section 191(1)-(3)) provides CYCWs with an opportunity to get involved in various intervention programmes to protect vulnerable children and youth from abuse, neglect and ill-treatment within their families and communities (Allsopp & Mahery 2010:25). In 2014, the South African Council for Social Service Professions (SACSSP) drafted regulations and rules relating to the registration of CYCWs in terms of the Social Service Professions Act 110 of 1978 as amended. The CYCWs had to register with the SACSSP during 2015. It is now compulsory for CYCWs to be registered with the Council (Regulations relating to the registration of child and youth care 2014).

According to the feedback provided by SACSSP in November 2019 through a communication email, 8 636 child and youth care workers are currently registered. From July to September 2019, 509 registration applications were received, and 159 applications have been processed (SACSSP 2019). The Professional Board for Child and Youth Care Work (PBCYCW) held its 38th meeting from 16 to 17 October 2019 in Pretoria, the South African capital city. This meeting announced several developments influencing CYC as an emerging profession. The University of the Western Cape was planning to offer a bachelor's degree qualification in child and youth care from 2021. Also, the professional board approved the Durban University of Technology's application to provide a master's degree in child and youth care. Although the SACSSP board was in receipt of feedback about continuing professional development (CPD) policy to further the Education, Training and Development Committee (ETD) of the CYCWs, the recruitment of CPD panel members who will be responsible for CPD assessments was ongoing at the time when the research was conducted. As an emerging profession, the draft document on the "Practice Manual for Child and Youth Care Workers" was discussed on 27 September 2019 by the Professional Conduct task team. The revised draft Policy Guideline for Course of Conduct, Code of Ethics and the Rules for Child and Youth Care Workers, Auxiliary Child and Youth Care Workers and Student Child and Youth Care

Workers was being reviewed by the Professional Board and would be submitted to the Council for approval (SACSSP 2019).

The next section focuses on problem formulation of the study.

1.2 PROBLEM FORMULATION

Problem formulation is the first step in field research including a literature review and conceptual development (Hilton, Fawson, Sullivan & DeJong 2020:268). The problem statement is the basis of the research as it offers the foundation of the research study and channels the researcher through all the procedures to be followed (Kumar 2011:44–45; Monette, Sullivan & De Jong 2011:77). It articulates the focus of the research, helping the reader to understand the issue at the centre of the researcher’s investigation (Efron & Ravid 2019:246) and includes identifying a difficulty in the context of the working environment, personal life experience or practical situations (Creswell 2009:98; Rubin & Babbie 2011:133). As such, a problem statement is influenced by personal experiences and observation or a knowledge gap in literature.

With an increased interest in attachment theory, several studies have explored attachment-related concerns in institutionalised children, but from the child’s point of view (Bowlby 1952; Callaghan, Fellin & Alexander 2015; Woolgar & Baldock 2015; Zeanah, Smyke, Koga & Carlson 2005) and social workers’ perspective (Botes 2008:5). A research study done by a children’s advocate and inclusive of children in residential care shows that behaviours of children experiencing attachment difficulties range from intensely aggressive behaviour towards other children and personnel, series of placement breakdowns, regularly absconding from home or the institution, low self-esteem and abuse of drugs and alcohol (Burnside 2012:5). Leloux-Opmeer, Kuiper, Swab and Scholte (2016:2368) indicate that before coming to residential care, children may have gone through at least four different placements. As such, these children in care exhibit severe

emotional and behavioural difficulties. The researcher concluded that attachment-related difficulties may be highly prevalent in children staying in CYCCs as a lot of research has been done to demonstrate the importance of secure attachment between the child and the mother or caregiver, and of fostering attachment relationships with children residing in residential care (Callaghan et al. 2015:3; Zeanah et al. 2005:1015).

It is important to note that few studies have been undertaken on the topic of child and youth care workers' knowledge and perception of attachment difficulties experienced by children residing in CYCCs, despite the outcry of challenges experienced by CYCWs working with children in CYCCs. Internationally, Ferguson et al (2011) focus their research on the residential care workers' knowledge of reactive attachment disorder. These authors note a limited knowledge and understanding of attachment difficulties and subsequent challenges among residential care workers. The researchers further state that the inability of CYCWs to accurately identify attachment-related difficulties among children may lead to vulnerabilities in these children in the later stages of their lives. Ferguson et al. (2011:102) concur that childcare workers' knowledge of attachment difficulties or disorders influences their ability to form healthy and secure attachments with vulnerable children in residential care because "the link between attachment disorders and institutionally raised infants has been firmly established" (Honor 2019:616).

Even though a number of researchers have explored the challenges experienced by CYCWs in South Africa (Glover 2017:70; Molepo 2014:186; Thesen 2014:89), Koursaris (2009:8) held that no studies were found which explored caregivers' understanding of attachment in institutionalised children. Koursaris (2009:40) stresses the importance of effective caring by providing children with an opportunity to form secure attachments with their caregivers. Fourie (2014:118), who did research on the training needs of caregivers in institutions, concludes that not all caregivers are adequately trained and equipped on what attachment and attachment difficulties entail. This research recommends that CYCWs should be equipped with knowledge of attachment styles for effective service

delivery. A number of authors agree that a critical role of CYCWs is to enhance effective attachment styles among the children in their care as they work in the life space of children (Berk 2013:434; Winfield 2012:31; Koursaris 2009:40; Glover 2017:70).

With the history of the development of child and youth care, it seems that many of the CYCWs employed in CYCCs do not have adequate knowledge about attachment. The researcher wanted to establish the knowledge and perceptions of CYCWs regarding children's attachment problems to develop guidelines on how social workers, as part of the multidisciplinary team in CCYCs, can support CYCWs in dealing with children's behaviour grounded in attachment problems.

The problem statement of this study is that there seems to be a lack of understanding of CYCW's knowledge and perceptions of attachment difficulties of children residing in CYCCs. Clarity on this will result in recommendations on social work interventions, which could enable CYCWs to better cope with the behaviour of children with attachment problems and to build effective attachments with these children.

1.3 RATIONALE FOR THE STUDY

As a social worker with over eight years' experience of working in a CYCC, the researcher has witnessed CYCWs leaving their jobs without notice, indicating that they feel threatened by the behaviour displayed by children. This was confirmed during weekly social service meetings conducted at the Kids Haven Child and Youth Care Centre, CYCCs in the Ekurhuleni metropolitan region where the researcher was employed. During the meetings, CYCWs identified and enlisted a certain group of children who were uncontrollable, defiant and experienced difficulties in forming relationships with adults (Kids Haven CYCC social service meeting 2013a). They reported that such children constantly break house rules, do not respond to intervention programmes, do not trust

adults and show less empathic behaviour towards other children, find it difficult to adjust in the institution and misuse substances such as marijuana and Nyaope (Kids Haven CYCC social service meeting 2013b). The researcher's role as a social worker was to compile the list of cases brought forward during the meeting and do a thorough background investigation. The researcher established that a significant number of children were not raised by their biological parents and experienced a series of foster care placement breakdowns. As a result, such children become confused, uncontrollable and unable to form relationships with adults, most likely because they were rejected by the adults who were supposed to love and nurture them.

In addition to the above, the researcher interviewed the human resources manager of Kids Haven CYCC (2016) on the numbers of registered CYCWs. The human resource manager reported that there were 40 CYCWs in service of Kids Haven and registered with SACSSP. Only 20% of these were registered as professional CYCWs and 80% of the CYCWs were registered as auxiliary, meaning that they do not have a four-year qualification. This information served as an indication that CYCWs come from a variety of training backgrounds and could have different understandings and perceptions of attachment and attachment difficulties of children in CYCCs.

The focal point of this research study is anticipated to establish CYCWs knowledge and perceptions of attachment difficulties experienced by children and to provide vital information to develop effective strategies to assist CYCWs in providing services to children residing in CYCCs.

The next section focuses on the research questions, goals and objectives of the study.

1.4 RESEARCH QUESTIONS, GOALS AND OBJECTIVES

Research questions are discussed next.

1.4.1 Research questions

A research question is “a clear, focused and debatable question around which the researcher plans to centre the research study” (Desere 2014:11; Kelly 2011:18). Research questions refer to “the central questions that guide a research project” (Leavy 2017:71). Creswell and Poth (2018:154) define a research question as the main question that seeks to explore the central phenomenon. Flick (2009:103) describes a research question as an entrance to the research field under study to alleviate the problem statement. In other words, a research question is associated with a problem statement and can be answered directly by the analysis of data. The researcher asked questions to come up with answers that would alleviate the problem statement. As a result, the researcher formulated questions that the study will focus on. The research questions in this study were:

- What are CYCWs’ knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCCs?
- What suggestions can be made on how social workers can support CYCWs in dealing with attachment difficulties and related challenges experienced by children residing in CYCCs?

1.4.2 Research goals

Lunenburg (2011:2) defines a research goal as a dream that a researcher is carefully trying to accomplish. According to Locke and Lathan (2006:265) a research goal is a valued outcome towards which effort is directed during the research process. Asiamah, Mensah and Oteng-Abayie (2017:1608) state that “the description of experiences in ample depth by participants form the basis of addressing qualitative research goals”. Likewise, De Vos, Strydom, Fouche and Delpont (2011:108) refer to the research goal as

the main force of the study. The researcher sees the research goal as the final outcome that they want to attain.

The goals of this research study were:

- To develop an in-depth understanding of CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCC's.
- To proffer suggestions on how social workers can support CYCWs in dealing with attachment difficulties and related challenges of children residing in CYCCs.

1.4.3 Research objectives

According to Locke and Lathan (2006:265) research objectives are strategies to be taken accurately at grassroots level with a certain outlined time frame to attain a specific goal. De Vos et al. (2011:94) describe research objectives as a practical action followed to attain the expected outcomes of the research. Creswell (2014:112) adds that formulating the objectives of a study is similar to drafting the research plan. Aboujaoude, Feghali and Kfoury (2018:27) state that research objectives refer to "the specific accomplishments the researcher hopes to achieve by conducting the study". The researcher believes that research objectives are specific guidelines that the researcher will utilise to achieve the desired goal.

The following objectives were formulated to enable the researcher to attain the goal of this study:

- To explore CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCCs.
- To describe CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCCs.
- To draw conclusions and make recommendations about CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in child and youth care.

- To proffer suggestions on how social workers can support CYCWs in dealing with attachment difficulties and related challenges of children residing in CYCCs.

The theoretical framework is discussed in the following section.

1.5 THEORETICAL FRAMEWORK

According to Creswell (2014:86), a theory “is an interrelated set of constructs or variables formed into propositions or hypotheses that specify a relationship among variables”. Collins and Stockton (2018:2) define a theory as a “big idea that organises many other ideas with a high degree of explanatory power.” A theory can also be defined as “a set of interrelated, abstract propositions or statements that offers an explanation of some phenomenon” (Hilton et al 2020:32). It is the foundation or grounding base from which all knowledge is constructed for the research study. Grant and Osanloo (2014:13) describe a theoretical framework as a “blueprint” or guide on which the research study is built and supported. Different researchers base their work on certain philosophical perspectives; it may be based on one or more paradigms, depending on the research being conducted (Thomas 2010:301). The underlying philosophical perspective of this study comes mainly from post-modernism and constructivism. According to Thomas (2010:301), post-modernism is a philosophy that believes that truth does not exist or is unknowable. Constructivism is a theoretical perspective that is based on the idea that individuals construct their own knowledge and truth within the environment they live in (Van Niekerk 2005:62).

In this research study, the researcher established knowledge by engaging with the participants in their environment and requesting them to describe and express their unique knowledge and perceptions of working with children experiencing attachment difficulties. There are many theories applicable in social sciences research, but

considering the focus of this study, the Attachment theory and the Circle of Courage were utilised as theoretical base for the study.

1.5.1 Attachment theory

In the introduction an overview has already been provided on attachment (Section 1.1.2). In this section the focus will be on a short description of the attachment theory and the four styles of attachment. Attachment theory describes “bonding and interaction foundations of a caregiver-child relationship, as well as how the attachment style of the child influences the child’s behaviour and development” (Bowman 2019:2). The attachment style that develops can influence an individual’s future relationships, self-worth, emotional regulation and coping strategies (Schuitmaker 2018:1). Attachment implies any form of behaviour that results when a person attains proximity to a preferred individual who is perceived as a better caregiver or parent (Bowlby 1988:26; Barbara 2010:6). For sound affectional bonds or attachment to develop, the primary caregiver needs to remain reliable, responsive and accessible, thus meeting the child’s need to feel safe and secure around the caregiver (Bowlby 1988:26; Howe 2011:9). Bowlby (2005:154) distinguished between the following features of the attachment theory:

- **Specific:** Attachment behaviour is aimed at one or a couple of people in particular, usually in clear order of preference.
- **Duration:** Early attachments are not easy to end, and they normally continue for a long period of time. Although during adolescence early attachments may attenuate and become supplemented by new ones, and in some cases be replaced by them, early attachments are not easily abandoned, and they usually persist.
- **Engagement of emotion:** Intense feelings emerge amid the establishment, the maintenance, the interruption, and the reestablishment of attachment relationships.
- **Ontogeny:** Infants’ attachment behaviour develops during the first nine months of life.

- Learning: Figuring out how to recognise the commonplace and strange is a key process in the development of attachment, the conventional rewards and punishments used by experimental psychologists play only a small part. Indeed, an attachment can develop despite repeated punishment from the attachment figure.
- Organisation: Initially, attachment behaviour is mediated by responses organised on fairly simple lines. From the end of the primary year or first year, it moves toward becoming encouraged by progressively refined behavioural frameworks or mediated by increasingly sophisticated behavioural systems organised cybernetically and incorporating representational models of the environment and self.
- Biological function: The mother is the preferred attachment figure and persists throughout a child's adult life which makes her function of attachment behaviour protection.

A number of authors agree that the child develops a high level of attachment towards a caregiver if the caregiver is emotionally available to protect, soothe and comfort the child in distressing situations from the time of birth (Cyr, Dubois-Comtois, Michel, Paulin, Pasuzzok, Losier, Dumais, St Luearant & Moss 2012:64; Hornor 2019:612; Ubbi & Cahill, 2014:273).

Ainsworth (1993:105) developed a hypothesis on babies who were 12 months old and identified three attachment styles, namely: secure, insecure-avoidant and insecure-ambivalent attachment. Main and Solomon (in Golding 2008:24) extended Ainsworth's work and identified a fourth attachment style, called insecure-disorganised attachment. Ainsworth's hypothesis was that the degree of maternal sensitivity displayed by caregivers is directly related to the attachment behaviours displayed by children (Bretherton 1991:30).

The four styles of attachment are described in the next section.

1.5.1.1 Secure attachment

Secure attachment develops in a person who has a primary caregiver who provides consistent, reliable and appropriate responses when needed (Howe 2011:43). Such people approach their caregivers directly and positively, knowing that their distress and upset will be recognised and responded to with love, comfort and understanding (Van Rosmalen, Van Der Veer & Van Der Horst 2015:270; Cyr et al. 2012:63). Influenced by object relations, Bowlby (2005:154) developed the concept of internal working models (IWM) to describe the representational models of self and others stemming from the quality of early bonding experiences. Children learn from a very early age to rely upon caregivers and develop an IWM of the “self that feels loved, lovable and loving” (Fourie 2014:21; Howe 2011:43; Levy, Johnson, Clouthier, Scala & Themes 2015:198;). The IWM influences the child’s behaviour, development and future relationships as an adult (Brisch 2011:13). Adolescent studies have shown that emotional instability is the strongest predictor of aggressive behaviour. Conversely, empathy, prosocial behaviour, and self-control of rage inhibit aggression (Llorca-Mestre et al 2017:677).

1.5.1.2 Insecure-ambivalent attachment

Insecure-ambivalent attachment originates from the infant’s experience of inconsistent and unpredictable parenting. This style of attachment occurs when the caregivers display behaviours that express unfavourable attitudes towards the children’s needs (Malekpour 2007:87). Belsky and Simpson (2016:98) described this “...demanding nature as an ecologically contingent strategy designed to obtain, retain, or improve greater parental attention and care”. Children of primary caregivers portraying conflicting parenting behaviours, experience feelings of anxiety during separation. They are not easily comforted or soothed upon the return of the caregiver (Golding 2008:26; Howe 2011:124).

1.5.1.3 Insecure-avoidant attachment

The insecure-avoidant attachment style is formed when the caregiver displays behaviour that discourages obvious signs of either affection or distress (Malekpour 2007:87). These caregivers would rather ignore their children when they experience a moment of distress than provide sympathy and comfort to the child (Koursaris 2009:14). Because of this, these children learn that adults are not readily available to give comfort, hence they learn to internalise their feelings (Howe 2011:44). During separation episodes, such children rarely cry and avoid proximity and contact with the primary caregivers during reunion episodes (Malekpour 2007:87).

1.5.1.4 Insecure-disorganised attachment

Insecure-disorganised attachment characterises a child who exhibits behavioural disorganisation in the form of confused expressions, fear without solution, freezing, or unorganised patterns of interactions with the caregiver (Howe 2011:157, Liotti 2004:427). Insecure disorganised attachment develops when parents are also confused, dangerous, abusive, and emotionally unavailable and fail to protect their children in times of danger or traumatic situations (Howe 2011:103; Malekpour 2007:88). In such incidents, children show signs of confusion, extreme anger and behavioural disorientation, and in severe traumatic situations children may freeze physically and psychologically (Golding 2008:55; Howe 2011:45; Malekpour 2007:86; Zaccagnino et al 2014:277). Individuals with such an unhealthy attachment style tend to feel rejected and abandonment that makes them to be very jealous (Akdogan, Aydın & Eken 2018:98).

Within CYCCs settings, the vitality of a strong CYCWs-child relationship cannot be overstated because without such relationships effective childcare cannot take place. Understanding children's attachment styles may enhance positive childcare support encounters and practices and, in turn, improve treatment outcomes (Cassidy, Jones & Shaver 2014:1418).

The different styles of attachment, the assumed experiences of children and assumed relationships with CYCWs as described by Cassidy, Jones & Shaver (2014:1418) are summarised in Table 1.1.

Table 1.1: Four styles of attachment, linked to the relationship between children in CYCCs and CYCWs

| Style of attachment | Assumed experiences of children | Assumed relationships with CYCWs |
|--------------------------------|---|---|
| Secure attachment | The availability of support is trusted. Development of a sense of self-worth, emotional safety, self-confidence, and self-reliance. | Child likely to develop the most effective and beneficial relationships with CYCWs. Secure mental representations of attachment act as stimulants for confident interactions with CYCWs. |
| Insecure-ambivalent attachment | Ambivalent behavioural style towards their attachment figure due to unmet feelings of security caused by unpredictability of the caregiver. With no capacity to regulate emotions, children become out of control with overwhelming emotions. | Separation from primary caregivers makes children elicit extreme feelings of distress and anxiety and intolerance to CYCWs. In fear of losing CYCWs as attachment figures, they present extremely needy, impulsive, anxious, fragile behaviour, and cling to attachment figures for fear of losing them. |
| Insecure-avoidant attachment | Representative of unemotional and unresponsive behaviour displayed by infants towards their primary caregivers, despite short periods of separation. Children are resistant to support even during times of distress because mistrust occurs because of unreliable care, often associated with | Children resolve to overcome deficiencies in caregiving depicted by high distress and hostility towards CYCWs. In spite of CYCWs attempting to render care, the children often present as rejecting, cold, and distant. |

| | | |
|----------------------------------|--|---|
| | physical or emotional abuse. | |
| Insecure-disorganised attachment | Overt displays of fear, misdirected or jerky movements, and freezing with apparent dissociation. Maltreatment that is erratically caused by primary caregiver. | Children tend to behave inconsistently, and engage in contradictory behaviours with caregivers or CYCWs due to an internal working model that is insufficiently organised to provide reliable strategies to cope and react effectively. |

The theory of attachment is applicable to this study as it provides links between early childhood experiences of undesirable attachment relationships and their consequent social, emotional and health challenges among children and youth (Bowlby 2009:120). Disorganised children and young people often present as difficult, unorganized, confused, and “hard to sort out” (Solomon & George 2016:369). This is especially relevant to children in CYCCs who often show poor attachment to their biological parents and experience challenges in building trusting relationships with adult caregivers.

1.5.2 Circle of Courage

According to Brendtro, Brokenleg and Van Bockern (2005:130) the Circle of Courage is a theory that promotes the empowerment of youth and children, and it is mainly used in residential facilities and in some schools. This model originated from Native Americans and it holds that resilience in children and youth in any culture can be nourished by attending to their four basic needs: belonging, mastery, independence and generosity (Kwang & Tang 2011:2). When these needs are met, children thrive. When neglected, children present a host of social, emotional, learning, and behaviour problems (Brendtro 2014:6). This theory values a universal need that is “a sense of belonging”, which is obtained through trusting relationships with significant people in life, such as close family members, friends and community members (Kwang & Tang 2011:4; Brendtro 2019:6). Secondly, the theory promotes learning new things in life to gain new knowledge,

experience and skill, which is referred to as “mastery” (Grover 2007:1; Kwang & Tang 2011:3; Peterson & Taylor, 2009:26). Mastery is fostered through careful observation and listening to significant people with more experience about life (Ashworth 2012:29). Strongly related to mastery is the value of “independence”, and this need promotes efficacy, power, self–actualisation, personal discipline and responsibility (Brendtro 2010:7). The theory promotes the value of generosity and this is strongly linked to respect, altruism and kindness (Ashworth 2012:33). This value is inherited from the parents or caregivers, whereby children observe and learn from their parents when they show kindness to other people in need (Grover 2007:2; Peterson & Taylor 2009:26).

The Circle of Courage theory is relevant to this study because it addresses the importance of attachment and stresses that children can only succeed in life when they feel attached to someone (Peterson & Taylor 2009:31). This model recognises the strengths of youth and children and the positive connections between children, youth and caring CYCWs (Jackson 2014:14). If a child’s need for belonging is met, the next need – mastery – comes into play, followed by independence and generosity. If the first need (belonging) is not met, the child cannot master or demonstrate generosity later in life. Most likely, they will struggle to cope effectively in the world (Grover 2007:2). The aspect of belonging correlates with the concept of attachment theory because the focus is on the experience of the relationship with primary caregivers, close friends and the community (Kwang & Tang 2011:14). Attachment theory points out that consistent and predictable relationships with significant people influences the children’s ability to engage effectively in different learning activities that promote kindness, socialisation and positive thinking (Peterson & Taylor 2009:31).

These two approaches were suitable for this study as they both postulate that a sense of belonging is very important for children’s growth and wellbeing.

Research methodology is discussed next.

1.6 RESEARCH METHODOLOGY

This section focuses on research methodology, identifying the appropriate methodology to accomplish the goals and objectives of this study. This includes a discussion of the research approach and design.

1.6.1 Research approach

According to Carey (2012:83), the research approach is a “philosophy that holds a research project together”. The research approach is a plan that needs to be followed in detail and spans method of data collection, analysis and interpretation (Kumar 2014:20). The quantitative, qualitative and mixed methods are the most used approaches in the social sciences. Quantitative research is a method for analysing hypotheses by examining the connections between variables (Creswell 2014:32). These variables can be measured and evaluated through statistical procedures with direct numerical interpretation (Creswell 2014:32; Relmer & Van Ryzin 2011:57). Qualitative research is a technique that explores the meaning that individuals and groups assign to a social or human phenomenon. This approach is interpretive in nature as it focuses on interpreting the meaning of words, pictures, descriptions and observations of the study. Case studies, grounded theory, biographies and phenomenological studies are examples of methods used to collect data in qualitative research (Creswell 2014:32; Mohajan 2018:24). Rubin and Babbie (2011:50), as well as Clark and Creswell (2008:165), define a mixed methods approach as a “multi-method research” that involves the integration of both qualitative and quantitative data in the research study. The main assumption of this approach is that integrating both qualitative and quantitative data provides a more comprehensive and precise understanding of the research problem than using one approach would (Creswell 2014:32).

Considering the goals and objectives of the study, the researcher views the qualitative approach as being the appropriate approach for this study. This is because the researcher

seeks to understand the knowledge and perceptions of participants from their point of view (Hennink, Hutter & Bailey 2011:14). Creswell (2013:44) defines, “qualitative research as a process where the researcher includes participants who experience the problem under study”. Vogt, Gardener and Haeffle (2012:37) further state that the qualitative approach is most applicable when it is difficult to develop precise hypotheses, and there is paucity of knowledge on the topic and a few theoretical frameworks. Qualitative research seeks answers to questions; it is particularly successful in gaining an understanding of a problem from the perspective of the population involved in the study (Babbie 2010:319). In addition to the above, the researcher decided to use the qualitative approach as it is most appropriate for exploring research topics that have been under-investigated (Morrow 2007:221). Since the researcher seeks to explore and describe the meaning that CYCWs attribute to attachment difficulties experienced by children in CYCCs and the role social workers can play in support, this approach is most suitable for this study.

The qualitative approach is characterised by being used in a natural setting, the researcher being the key instrument, face-to-face interviews, inductive data analysis and multiple sources of data (Creswell 2014:234; Mohajan 2018:24; Hennink et al 2011:9; Warren & Karner 2015:8–9). Mohajan (2018:29) states that “the qualitative research data are descriptive, in the form of interview notes” which emerged from “real-life situations, natural, non-threatening settings. The researcher is engrossed in the details specifics of settings.” In Chapter 2 the researcher will describe in detail how these characteristics came to the fore during the research process.

1.6.2 Research design

According to Durrheim 2006:34, a research design is the logic, or a strategic framework for action, of the research study (Durrheim 2006:34). Kumar (2014:122) defines a research design as a “road map” one decides to follow during the research. Creswell (2009:5) states that a research design is a foundation of research and thus includes the

different philosophical strategies of inquiry and specific methods of how the research is to be conducted (Mohajan 2018:24). Durrheim (2006:37) further describes a research design as an action plan for getting things done from here and there. A research design contains details about specific objectives of this study and methods that were used to meet the objectives (Jain 2019:15). The researcher used an exploratory, descriptive, contextual research design to collect data on the CYCWs' knowledge and perception of and challenges related to attachment difficulties experienced by children in Ekurhuleni CYCCs, as well as their suggestions for social work support.

1.6.2.1 The exploratory research design

Researchers such as Babbie and Mouton (2010:79), as well as Baxter and Jack (2008:548), agree that an exploratory research design emerges when there is need to undertake a preliminary investigation. This technique is used when the researcher partakes in a relatively unknown area of research or there is little knowledge on the study being investigated. Engel and Schutt (2013:18–19), together with Babbie (2010:93), add that exploratory research includes enquiry into the circumstances of a target population, yielding new insights and in-depth knowledge and perceptions of the research participants.

For this research, an exploratory research design was utilised, as there was little information about the knowledge and perceptions of CYCWs including their challenges related to attachment difficulties experienced by children in CYCCs, as well as ways in which social workers can support CYCWs with children's behaviour grounded in attachment difficulties.

1.6.2.2 The descriptive research design

Qualitative descriptive research is a process of examining, recording and reporting phenomena and not primarily focusing on the causation and the meaning behind the action (Marshall & Rossman 2011:69; Relmer & Van Ryzin 2011:5). In using the

descriptive qualitative research design, the researcher aims to observe and describe a rich and accurate picture of the participants' environments, interactions, meanings and everyday lives (Rubin & Babbie 2011:134). In qualitative research, primarily descriptive questions are used and involve the gathering of facts (Engel & Schutt, 2013:18). The researcher I engaged with CYCWs to be able to accurately describe their knowledge and perceptions on attachment difficulties experienced by children in CYCCs, as well as the support they need in this regard.

1.6.2.3 The contextual research design

Contextual research is a design that focuses on precise events in a "naturalistic setting". This technique involves observing participants in their natural environment (Mamabolo 2009:48). In the same manner, the contextual research design demonstrates the conception that an understanding of human experiences and perceptions occurs when researchers fully grasp the natural settings of the research participants (Monette et al 2011:225). This notion enables the researcher to identify and understand how the context in which the participants' lives shape their knowledge, experiences, behaviours and perceptions (Hennink et al. 2011:9). The researcher embraces the view that the central purpose of a contextual design is for the researcher to engage with participants in their environments, to examine participants' lives and behaviour. In this study, the researcher engaged with CYCWs in the Mary Moodley and Don Mattero CYCCs, to explore their knowledge and perceptions related to attachment difficulties experienced by children residing in CYCCs.

Specific research methods of the study are discussed next.

1.7 RESEARCH METHODS

This section focuses on the population and sampling, preparing participants for data collection, data collection, pilot study, data analysis, data verification and ethical considerations.

1.7.1 Population

The population is the entire group of participants a researcher considered prior to carrying out the research project. A population is a subset of the entire universe (Joshi 2019:90). The population refers to a group of people that fits the research criteria because they share the same characteristics, values and experiences (Asiamah, Mensah & Oteng-Abayie 2017:1607; Strydom 2011:223). Descombe (2010:23) defines the population of a research study as “the members of group being studied”. According to Babbie (2007:111), population refers to a group of people from whom conclusions will be drawn when answering research questions. The researcher considers a population as a group of people who are available and relevant for inclusion in the research study.

The research population of the study are CYCWs working with children experiencing attachment difficulties in CYCCs in the Ekurhuleni metropolitan region. This region was selected as it was easily accessible to the researcher, without incurring extensive costs. In the Ekurhuleni metropolitan region there are three CYCCs, namely Kids Haven, Mary Moodley and Don Mattero. The main mandate of these CYCCs is to admit children who are declared to be in need of care and protection by the Commissioner of the Child Welfare in terms of the Children’s Act 38 of 2005. For the purposes of this study, the researcher selected Mary Moodley and Don Mattero. Kids Haven CYCC was excluded in this study because the researcher worked there when she proposed the research. This CYCC was excluded to minimise bias of information since the researcher provided training on attachment theory to the CYCWs there. Mary Moodley and Don Mattero are owned by the government under the supervision of the Department of Social Development (DSD).

1.7.2 Sampling

Carey (2012:193) defines sampling as the process of choosing a portion of a population or identifying a subgroup from the entire population from which data will be collected.

Rubin and Babbie (2011:349) give a similar definition stating that sampling is the process of selecting a small group of people that would be included in the research study. Jain (2019:102) describes a sample as “a small group of items that are used by researchers to study a phenomenon”. Yegidis, Weinbach and Myerrs (2011:95) describe sampling as the actual list of potential cases from which the sample is drawn. The researcher is of the view that sampling involves selecting relevant participants who are able to answer the research question.

To establish the desired sample from the population of CYCWs, the researcher chose a sampling technique suitable for the research study. Yegidis et al (2011:205), as well as Clark and Creswell (2008:200), refer to two sampling techniques, which are “probability sampling” and “non-probability sampling”. Yegidis et al (2011:200) define “probability sampling” as a sampling technique that uses random selection and is based on statistical theory. Non-probability sampling is a technique that does not involve random selection and the researcher aims to establish an in-depth understanding of the problem (Yegidis et al 2011:206). Thus, the researcher made “a conscious decision to move some items from the sampling frame to the final sample” (Jain 2019:105).

According to Yegidis et al (2011:206–209), as well as Rubin and Babbie (2011:355), the following are types of non-probability sampling:

- “Convenience sampling”: Yegidis et al. (2011: 206) also refers to this as “accidental sampling”. The selection of people primarily occurs because they are readily accessible or available to the researcher (Joshi 2019:97).
- “Purposive sampling”: Rubin and Babbie (2011:355) refer to this method as “judgemental sampling” and describe it as a technique where the participants are picked because they represent the range of the population. The researcher believes they are knowledgeable and have insight into the research topic.
- “Snowball sampling”: According to Yegidis et al. (2011:208), this method is most suitable when it is difficult to locate or find the right participants for the research.

This type of sampling technique is used when the researcher faces the problem of data collection and locating the sample (Joshi 2019:97). The sample is compiled as the research progresses. The method involves identifying one or a few potential participants, then providing the names of participants who meet the necessary criteria, until there are enough participants to take part in the study.

- “Quota sampling”: Quota sampling is used when participants are identified on the basis of pre-established qualities and the total sample will have the same representatives of the population being studied. Joshi (2019:97) states that “the population is split into subgroups and then based on judgments, the samples could be selected.” To yield accurate information, a particular quota must be properly represented (Rubin & Babbie 2011:355).

Since the study is qualitative, the researcher selected a sample that would provide in-depth and accurate information to bring more insight to the problem under investigation (Rubin & Babbie 2011:355; Carey 2012:39). More specifically, the non-probability sampling technique “purposive sampling” was utilised as it allows accurate selection of participants that who can contribute to an in-depth understanding of vital information about the research problem. Furthermore, the researcher opted to use a purposive sampling technique as it saves times, resources and only participants who are well informed about the research topic will be incorporated in this research study (Rubin & Babbie 2011: 355; Mathews & Ross 2010:169). Pre-existing knowledge or expertise will be utilised to select individuals who can best serve the purpose of the study when developing a purposive sampling (Babbie 2010:193). The sample size of the participants was determined by the principle of “data saturation”. As such, the researcher selected a sample size with an excellent chance of reaching data saturation (Fusch & Ness 2015:140).

To obtain the desired information, the researcher was guided by knowledge from personal experiences with CYCW. She selected the CYCWs who fitted the following inclusion criteria:

- CYCWs who have been working with children with attachment difficulties at one of the CYCCs in the Ekurhuleni Metropolitan region over a period of a year;
- CYCWs who are working full-time at these centres;
- The CYCWs who are willing and able to participate;
- Both male and female CYCWs;
- CYCWs who are registered with the South African Council for Social Service Professions (SACSSP); and
- CYCWs who are able to communicate in English.

The following were identified as exclusion criteria:

- CYCW who have been working with children with attachment difficulties at one of the CYCCs in the Ekurhuleni Metropolitan region for less than year;
- CYCWs who are working part-time or are volunteering at these centres;
- CYCWs who are not registered with the South African Council for Social Service Professions (SACSSP);
- CYCWs who are unable to communicate in English.

The next section will focus on data collection.

1.7.3 Data collection

According to Creswell (2013:147) and Kumar (2014:122), data collection is a process with a series of interrelated activities aimed at gathering data from research participants to provide answers to the research question. Rubin and Babbie (2011:455) define data collection as an organised way of obtaining information from different sources to bring accurate and complete representation of the topic of interest. The researcher is of the

view that, in qualitative research, a large amount data is collected while engaging a small sample of participants who share a particular or common phenomenon.

1.7.3.1 Preparation for data collection

The researcher received an ethical clearance letter from the Department of Social Work at the University of South Africa to conduct the research study. When permission was granted, the researcher approached gatekeepers or authorities of the population to get permission to conduct the research study and to identify relevant and potential participants (Hennink et al. 2011:92; Ogletree & Kawulich 2012:64). Since Mary Moodley and Don Mattero are supervised by the DSD, a letter was sent to the Department to request permission to have access to the Centres (see Addendum A). Another letter was sent to the directors or managers of the CYCCs requesting permission for their employees (CYCWs) to participate in the study (see Addendum B). A research plan was then presented to the directors and managers of the Mary Moodley and Don Mattero CYCCs to negotiate access to the relevant participants. The advantage of using gatekeepers or authorities of the community or organisation is their ability to identify participants with a wide variety of experiences, opinions and knowledge of the research (Hennink et al. 2011:91).

When permission was granted by the authorities of the organisation, the researcher requested that the organisation assign an individual who would work hand-in-hand with her. The researcher refers to this individual as the coordinator of the project. The coordinator assisted in the selection of a sample of CYCWs who have been working with children experiencing attachment problems over a period of one year. Once the CYCWs signed consent forms, the coordinator arranged a suitable time and venue where the interviews took place. The consent form included the goals of the study, the research procedures, benefits associated with the study, ethical considerations, potential risk and contact details for more information (Azoury, Kaissi & Attieh 2018:115; Creswell

2013:153; Berg 2009:88). This enabled the researcher to establish a trusting, honest and open relationship with the potential participants (Babbie 2010:317) (see Addendum C).

1.7.3.2 Methods of data collection

Methods of data collection refer to the activities that will be utilised with the aim of gathering information to answer the research question (Creswell 2013:147). Different researchers identify different methods of data collection, namely participant observation, observation, interviewing, focus group and analysing data and material culture (Rubin & Babbie 2011:455; Marshall & Rossman 2011:137; Dilshad & Latif 2013:192). Data collection is thus the gathering of information that will be analysed to obtain clarity on the research question.

The researcher considered methods that will reveal data that produces multi-perspectives and brings more insight to the study as well as meeting the goal of the study (Glense 2011:48). In this study the researcher made use of the in-depth qualitative interviewing method, explained below.

A qualitative interview is an interaction between the researcher and the participants that involves asking, listening and talking with the aim of collecting detailed data and bringing more insight to a specific topic from the participants' point of view (Rubin & Babbie 2011: 61; Hennink et al. 2011:109; Hesse-Biber & Leavy 2011:109). Alshenqeeti (2014:40) states that an interview is "an extendable conversation" between the researcher and the participants aiming to harvest in-depth information about a certain topic or phenomenon. Interviewing is the process of exploring and negotiating meanings in the participants' natural setting. Interviewing enables participants to communicate their own thoughts and to express their feelings and knowledge (Alshenqeeti 2014:39).

Since the researcher wanted to explore and describe CYCWs' knowledge and perceptions of challenges related to attachment difficulties experienced by children residing in child and youth care centres and to develop guidelines for social work support, semi-structured interviews were identified to be suitable. Relmer & Van Ryzin (2011:64) describe a semi-structured interview as less structured than an in-depth interview, which allows for participants to respond in their own words in a meaningful and socially relevant manner unanticipated by the researcher, yet rich and informative.

Before data collection, the researcher prepared an interview guide, entailing a series of open-ended questions that guided the conversation with the participants (Clarke & Braun 2013:60). An interview guide is a list of questions the researcher will ask the participants during the research (Clarke & Braun 2013:60). A well-prepared interview guide enabled the researcher to establish a rapport with the participants and make them feel safe and comfortable to disclose their personal information to the researcher (Hesse-Biber & Leavy 2011:105; Hennink et al. 2011:113). Establishing a good rapport and well-planned questions are important for generating rich and detailed accounts relevant to the research questions (Clarke & Braun 2013:60). To sum up, data was collected by use of semi-structured interviews supported by an interview guide consisting of open-ended questions as listed below:

Biographical information important to this study is as follows:

- How old are you?
- What is your highest qualification in child and youth care?
- How long have you been employed as CYCW/how many years of experience do you have?
- How long have you been employed in your current job?

The biographical questions were closed-ended and simple, non-threatening and sensitive in order to minimise anxiety from the participants.

After gathering the biographical information, the researcher asked open-ended questions about the participants' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in child and youth care centres and to develop guidelines for social work support. Open-ended questions are very important, because they are phrased in such a way that they do not produce a simple 'yes' or 'no' answer but enable the participants to share their perceptions and their stories in detail (Hennink et al. 2011:118–119; Postmus 2013:255). The following open-ended questions will be included in this research:

- Tell me about your experiences in working with children in the CYCC.
- Which behaviour difficulties have you come across in children staying in the CYCC? How do you deal with the children's behaviour?
- From your perspective, what may be the reasons for their behaviour?
- What do you know about the attachment of a baby to his or her parents or caregivers?
- From your perspective, how may the absence of this attachment influence the children's behaviour?
- What can be done to help you deal with these children's difficult or negative behaviour?
- Within the multidisciplinary team, what can social workers do to assist CYCWs to deal with behaviour grounded in attachment difficulties?

To test whether the questions in the interview schedule would render the desired information, pilot testing was undertaken.

1.7.4 Pilot testing

Pilot testing is a qualitative research test or purposeful role play exercise undertaken by the researcher to assess the understanding of the questions in the interview guide with the aim of readjusting, changing questions and interviewing skills (Glense 2011:56; Green & Thorogood 2014:57; Hennink et al. 2011:120). A pilot test or feasibility study aids the researcher in identifying possible problems and gaps in data collection. Therefore, participants that would be selected for pilot testing shared the same characteristics as the actual participants who were included in the study (Turner 2010:75; Hennink et al. 2011:120). The feasibility study was used to assess the practicalities of the main study in respect of its implementation and utility and often includes an assessment of resources, such as time and costs, for the main study (Malmqvist, Hellberg, Mo'illa's, Rose & Shevlin 2019:2). The purposive sampling technique was utilised to select two participants for the pilot study. The same ethical principles applied to participants in the pilot study as within the main study.

1.7.5 Method of data analysis

Qualitative data analysis is described as the process of bringing order, structure and meaning to the participants' points of view and opinions of circumstances, themes, categories and occurrence of similarities from the mass of data collected (De Vos 2007:333; Creswell 2009:75). In short, Royse (2008:276) points out that qualitative data analysis involves coding data into constructs and identifying themes that can describe the central phenomenon. According to Remler and Van Ryzin (2011:75); and Creswell (2014:194), qualitative data analysis includes the organisation and interpretation of research notes, interview transcriptions, video or audio recordings or documents in order to make sense of the material.

A thematic data analysis guided by the eight steps of Tesch found in Creswell (2014:198) was utilised to analyse the data:

- The researcher establishes a clear understanding of the research by reading all of the transcripts sensibly and listing some ideas as they emerge.
- The researcher went through a single transcript trying to get sense of the main idea and jotting down in the margin a thought that come to mind.
- An outline of all topics was created, grouping the same topics, main themes and other unique topics separately.
- The researcher then analysed the list of topics and reflected back to the data. The topics were condensed in the form of a code and the codes were written next to the appropriate sections of the text. This initial sorting scheme was utilised to identify if new categories and codes emerged.
- The most descriptive wording for the topics recognised were turned into categories. Reduction of the total list of categories was done by putting similar topics together to reduce the total list of categories
- The researcher decided on the final topics, codes and categories.
- The data material similar to each category was then grouped in one place, and a preliminary analysis was undertaken.

The researcher then recoded existing data where it was considered necessary.

Attention was also given to data verification, focusing on the trustworthiness of the study, as described in the next section.

1.7.6 Data verification

In a qualitative research study, trustworthiness is as important as reliability. It is important to demonstrate how much rigour was applied, without sacrificing the relevance of the study. A study is considered credible when the data for the study is accurately collected and properly interpreted, and the researcher ensures that the conclusions are true reflections of the real world and the representatives under study (Marshall & Rossman 2011:40). To validate the trustworthiness of the research findings, the researcher used Guba's model cited in Krefting (1990:214–222) together with newer material from authors

such as Shenton (2004); Nicholls (2009); Rubin & Babbie (2011); Thomas and Magilvy (2011); Doyle (2012) and Creswell (2013). Guba's model (in Krefting 1990:214–222) addresses the four components of trustworthiness that are important to qualitative research: “truth-value, applicability, consistency and neutrality”.

1.7.6.1 Truth-value of research findings

Truth-value is established when the research question has been answered and the researcher is confident about the credibility of the research findings. To ensure the truth-value of the study, criteria such as prolonged engagement were maintained during data collection by the researcher (Krefting 1990:217). This calls for enough time to conduct in-depth interviews making use of open-ended questions (Creswell 2013:250; Nicholls 2009:645). For effective credibility, the researcher made use of triangulation, which included the utilisation of multiple sources of information. The researcher therefore interviewed CYCWs from two different centres. By obtaining information from a number of CYCWs, determined by data saturation, the researcher gathered comprehensive information needed to answer the research questions. Peer examination criteria were employed when the thoughts and opinions of colleagues were needed (Krefting 1990:217). To establish if the questions were relevant for the study, the researcher presented them to her colleagues. Apart from that, the researcher made use of the academic supervisor who is knowledgeable in qualitative research.

1.7.6.2 Applicability of research findings

Applicability is the extent to which the research findings of this study can be applied to other different situations (Krefting 1990:217). This means that research findings can correspond to situations or contexts other than those of the research. To ascertain transferability, the researcher will provide a broad and detailed description of the environment or setting, leaving the readers with a feeling of having been in the world of the participants (Rubin & Babbie 2011:89; Nicholls 2009:645). To enable the reader to evaluate the applicability of the findings, the researcher used a sample of participants

who were able to provide rich and in-depth information on the attachment problems experienced by children in the CYCC's.

1.7.6.3 Consistency of research findings

According to Krefting 1991:216, consistency refers to the stability of research findings if the enquiry is repeated with the same people in the same context. Consistency is achieved through the approach of dependability. In qualitative research, the findings of the study should be a true reflection of the experiences of the participants instead of the researcher's own characteristics and preferences (Shenton 2004:72). As a result, the researcher should learn from the participants instead of controlling them, while the setting of quantitative research is controlled. To ensure accurate dependability, the researcher reported the processes within the study in detail, so that another research project could repeat it and follow the same process (Thomas & Magilvy 2011:153; Shenton 2004:71).

1.7.6.4 Neutrality of research findings

Neutrality is the extent to which the research processes and conclusions are free from bias. This means that the research findings are a function completely of the participants and conditions of the research and not of other biases (Krefting 1991:216). To maintain confirmability, the research utilised the concept of reflexivity which includes being aware of and sensitive to the immediate impact of one's own actions and personal values when engaging with participants and interpreting their knowledge and perceptions during data collection (Doyle 2012:252–253; Nicholls 2009:645). To minimise bias, the researcher made use of triangulation to gather data from different sources (Krefting 1991:217; Nicholls 2009:645). This was achieved by interviewing a number of CYCWs from two different centres in order to obtain accurate information.

During the research process ethical principles were taken into consideration.

1.8 ETHICAL CONSIDERATIONS

Hilton et al (2020:61) state that “ethics is the study of what is appropriate and inappropriate behaviour, of acceptable moral obligation. Ethics are moral principles that are acceptable to guide the researcher during the research procedures” (Orb, Eisenhauner & Wynaden 2001:93). These ethics in research speak about the dignity, safety and well-being of participants. Hennink et al. (2011:63–64) assert that ethics are grounded procedures to be followed when conducting research. Ethics in research ensure that there is no violation of human rights and participants are treated with dignity. Qualitative research involves getting more insights into people’s perceptions, beliefs and feelings by word of mouth (Hennink et al. 2011:64). To achieve this, the researcher established a rapport, which is building trust with the participants. Therefore, in this study, the researcher followed the ethics as a guide for her presentation towards protecting the rights of the research participants.

1.8.1 Informed consent

Informed consent is when the researcher ensures that all participants have knowledge of the relevant information, such as the goal, objectives and a summary of the research (Carey 2012:101). The participants need to be informed about all the aspects of the study without being manipulated or deceived by the researcher (Ogletree & Kawulich 2012:64). To fulfil the ethical consideration of informed consent, the researcher ensured that participation is voluntary, the participants were given an opportunity to ask questions, and they were informed of all the consequences of the research study (Rubin & Babbie 2011:76; Ogletree & Kawulich 2012:64). The researcher explained to the participants that the study can be emotionally exhausting, and so withdrawal from the study was acceptable at any time (Ogletree & Kawulich 2012:68). The researcher ensured that the participants signed consent forms after carefully informing them about the research (see Addendum D).

1.8.2 Confidentiality and anonymity

Confidentiality is to ensure that the information collected from the research participants is not made public in a way that can be linked to an individual (Hilton et al. 2020:70). In the same vein, Rubin and Babbie (2011:83) indicate that confidentiality is an agreement either verbal or written, between the researcher and the participant not to disclose the responses even if the researcher could identify the participant's responses. The researcher ensured the participants that information provided by them would only be disclosed when permission was provided by them. As result, the researcher ensured that only the academic supervisor had access to the transcripts. In addition, information provided by the participants was kept confidential in a locked cupboard at the researcher's home.

Anonymity is the process of concealing the identity of the research participants so that the given responses cannot be linked back to a given participant (Rubin & Babbie 2011:82). It refers to the way of protecting the privacy that "accord the participants anonymity, which means that no one, including the researcher, can connect any gathered information to a particular respondent" (Hilton et al. 2020:70). In order to protect the participants' rights and to avoid emotional or psychological harm, the researcher ascertained that collected data was absolutely-anonymous (Alshenqeet 2014:44). Anonymity in this research was ensured by removing all the participants' identifying information and replacing this information with special identification numbers.

1.8.3 Management of information

For successful qualitative research, information management is crucial and vital. Management of information is when the data is transformed in such a way that the research findings are accurately described and intelligently presented to the readers (Strydom 2011:126). This ethical consideration allows the researcher to let the participants have access to the information so that they are able to alter or get rid of information that they want to remain confidential after data collection (Engel & Schutt

2009:64). The researcher is of view that management of information works hand-in-hand with confidentiality and anonymity, and as a result participants' information must be well protected. Therefore, to preserve the participants' confidential information, all transcripts were kept in a locked cupboard at the home of the researcher and no one was permitted access to any of the research information or data and recordings. In addition, the researcher made use of a password for data protection stored in electronic devices.

1.8.4 Beneficence

According to Weinbaum, Landree, Blumenthal, Piquado and Gutierrez (2019:10) beneficence implies that "researchers should have the welfare of the research participant in mind as a goal and strive for the benefits of the research to outweigh the risks". Thus, beneficence requires that research should be designed with an effort to mitigate any risk factors that may cause emotional harm to the research participants (Weinbaum et al 2019:10). By maintaining the principle of beneficence, the researcher outlined the risks and benefits of the study in the consent form. The consent form included the goals of the study, the research procedures, benefits associated with the study, ethical considerations, potential risks and contact details for more information (Clarke & Braun 2013:59; Creswell 2013:153). The researcher understood that it is her moral obligation to ensure that participants understand what is expected of them before signing the consent form (see Addendum D).

1.8.5 Debriefing of participants

Debriefing of participants is when the researcher gives the participants an opportunity to ask questions, vent their emotions and feelings, and provide feedback on the study (Halai 2006:9). Debriefings entail the researcher's thorough, goal-oriented discussion of data with participants immediately after it is collected (McMahon & Winch 2018:1). Babbie (2013:71) describes debriefing as the process of unpacking any problems generated as a result of the research experiences. Debriefing is very important as it allows participants to explore their best and worst moments, as well as the benefits of the study (Halai

2006:9). Debriefing typically occurs at the conclusion of participants' study involvement as researchers debrief research participants to help ensure that the participants are fully restored to the condition in which they were prior to their involvement in the study, are informed of details they may not have known prior to participating in the study (e.g. deception that may have been employed and why), and are provided with appropriate resources and contact information (Clark & McLean 2018:3). The researcher holds that CYCWs might feel emotional about their relationship with the children they work with and the way they are affected by the children's behaviour. As a result, the researcher made use of a qualified professional with relevant experience who was at hand to provide counselling should it become necessary (see Addendum G).

In the next section key concepts for the study are defined.

1.9 DEFINITION OF KEY CONCEPTS

Attachment

Attachment can be defined as a "reciprocal, emotional and physical connection" between a child and a responsive attachment figure such as a parent or caregiver (Malekpour 2007:83). Attachment is described as the in-depth, intimate and long-lasting connection that develops between a child and a mother or responsive caregiver in the early years of life (Barbara 2010:6; Brumariu 2015:33). Literature has proposed that the quality of social and intimate relationships an individual establishes as an adult are founded on the attachment styles experienced and established in the early childhood period (Akdogan et al. 2018:98). In this research study, attachment refers to the relationships that children develop with their parents or their attachment figures.

Attachment difficulties

An attachment difficulty is a condition that originates with infants who experienced inconsistent and unpredictable parenting or the sudden death of a primary caregiver or

parent (Brisch 2011:12–13; Malekpour 2007:87; Akdogan et al 2018:97). As a result, the child will have problems forming a relationship with a primary caregiver. Attachment can be insecure-ambivalent, insecure-avoidant or insecure-disorganised (Malekpour 2007:87; Howe 2011:157). In the context of the study, attachment difficulties refer to all of the different types of attachment difficulties, how attachment difficulties occurred in the child's life and the impact of early child-parent relationships.

Child and youth care (CYC) are based on working with children and youth as whole persons to promote their social competence and healthy development (Anglin 2001:1). De Kock (1999:206) briefly defines CYC work as related to the “physical, emotional and educational wellbeing of the child using the life space in different settings”. Charles and Garfat (2009:20) report that CYC focuses on children and youth in their life space, improving quality of life in that space and ensuring that the space is therapeutic developmentally and producing growth holistically. The focus is on enabling children and youth to function fully within their environments, experiencing their everyday life challenges (Garfat & Fulcer 2012:9). In this context, CYC refers to a profession that seeks to help children and young people in their life space in order to increase their cognitive capacity and ensuring that the space allows them to grow holistically.

Child and youth care worker (CYCW)

A CYCW is someone who works in the life space of children and youth with both normal and special or delayed developmental needs through organised and scheduled daily activities and programmes in different settings (Jamieson 2013:3). Garfat and Fulcer (2012:8) define a CYCW as someone who is present with and participating with children and youth in the everyday moments of their lives, acknowledging their developmental capabilities, challenges, fears and hesitations; celebrating their joys; and appreciating them for who they are in a CYCC. Molepo and Delport (2015:149) concur that the title “child and youth care practitioner” includes different professionals who undertake a range of roles within the CYC fraternity as well as those who use CYC approaches in relating to others. According to Garfat and Grant (2012:5), CYCWs are professionals who are

committed to engage with children, youth or families experiencing life challenges. In this study, a CYCW refers to someone who is placed in a CYCC working with children who may be displaying behaviour which may relate to attachment difficulties.

Child and youth care centre (CYCC)

In terms of the Children's Amendment Act 41 of 2007 (South Africa 2008: section 191), as well as Jamieson (2013:17), a CYCC "is a facility that provides residential care to more than six children outside of the child's family environment". The CYCC must operate in accord with the resident programmes relevant for the children in residential care. This means that a CYCC receives and accommodates children who have been found to be in need of care, protection, safety and which provides therapeutic and development intervention programmes to them (Centre for Child Law 2012:7). In this study, a CYCC refers to residential facilities in the Ekurhuleni Metropolitan region that are registered with the DSD and provide care for children in need of care and placed with a court order.

Social work

According to the International Federation of Social Workers and the International Association of Schools of Social Work (2001:25), "the social work profession that capitalises change, engages with people to solve problems and enhance the empowerment and liberation of people to improve their well-being". SACCSP (2012:18) defines social work as "a professional activity that utilises skills, knowledge, values and process to focus on issues, needs and problems that rises from interaction between individuals, group, families, communities and organisations". Social work utilises relevant theories of human behaviour and social systems and intervenes at the points where people interact with their environments (International Federation of Social Workers and the International Association of Schools of Social Work 2001:1; DuBois & Miley 2011:3). The researcher accepts the international definition for social work. In the context of this study "human" and "people" are taken to mean the children living in a CYCC.

Child

A child is someone who requires care, support, direction and protection due to lack of maturity and understanding to carry out these responsibilities on their own (Berns 2007:15). According to the Children's Act 38 of 2005 (South Africa 2006: section 1), a child means any "person under the age of 18 years". The United Nations Convention on the Rights of the Child defines a "child" as "a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger" (Children's Rights Alliance 2010:9). In this research study, a child refers "to any person between the ages of 0 to 18 years" who is in need of care, guidance and protection and is residing in a CYCC in the Ekurhuleni Metropolitan region.

Knowledge

Knowledge is defined as a belief that is true and can be justified (Hunt 2003:100; Nonaka 2006:4). Barber (2013:964) defines the concept of knowledge as information acquired through accepting what others tell or teach us. Hunt (2003:101) further states that knowledge brings orderliness and organisation to people's lives as it allows people to conceptualise their goals, anticipate and perceive events, and to respond to circumstances in accordance with changing needs, purpose and desires. In this research study, knowledge refers to the knowledge CYCWs have acquired through experience, and formal and informal studies or training about attachment and attachment difficulties that children residing in a CYCC may experience.

Perceptions

Perception is the process by which people think, organise, process and interpret information to evaluate and produce a meaningful experience of the world (Kotler & Keller 2006:185–186; Pickens 2005:52). Demuth (2013:12) describes perceptions as, "substances which form the content and different range of the world, but also the starting-point and source of any intellectual cognition will therefore be subject to our thoughts".

In this study, perceptions refer to the views of CYCWs pertaining to the behaviour of children residing in CYCCs in the Ekurhuleni Metropolitan region and the cause of such behaviour, as well as the views on suggested social work intervention.

The following section focuses on the limitations of the study.

1.10 LIMITATIONS OF THE STUDY

This research study is limited to research participants selected from CYCWs residing in CYCCs in the Ekurhuleni Metropolitan region. The findings obtained are intended to be trustworthy because of the qualitative nature of this study. The sample was selected to obtain contextually relevant and in-depth information from South African CYCWs who work in CYCCs in the Ekurhuleni metropolitan region with children experiencing attachment difficulties. However, the sample may not be representative of CYCWs working in different contexts.

1.11 SUMMARY OF THE CHAPTER

The principal point of this research study was to understand CYCW's knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCCs, and suggestions needed for social work support. The introduction included the goals of the study and provided an outline of the study. A description of the research methodology was also covered. This chapter concluded with a list of key terms and concepts used in the study and a discussion of the limitation of the study.

In Chapter 2 the researcher will describe in more detail how she applied the research methodology.

CHAPTER 2

DESCRIPTION OF THE APPLICATION OF THE RESEARCH METHODOLOGY

2.1 INTRODUCTION

Chapter 1 discussed the research methodology to be used to develop an in-depth understanding of CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCC's, as well as suggestions to social workers to support CYCW's in this regard.

This chapter describes the process utilised in conducting the research study. First, the research approach and design are detailed, followed by a discussion of the population identified and sampling strategy. This is followed by a discussion of the methods and processes for data collection and data analysis that were utilised.

The research approach is discussed next.

2.2 RESEARCH APPROACH

As motivated in Chapter 1 the qualitative research approach was used. Creswell and Creswell (2018:50) define research approaches as "plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation". According to Carey (2012:83), the research approach is a "philosophy that holds a research project together." The research approach is a plan that needs to be followed in detail and spans method of data collection, analysis and interpretation (Kumar 2019:21). Hence, informing this decision should be the philosophical assumptions the researcher brings to the study; procedures of inquiry (called research designs); and specific research methods of data collection, analysis, and interpretation (Creswell & Creswell 2018:51). Qualitative research is a technique that

explores and understands the meaning that individuals and groups assign to a social or human phenomenon. This approach is interpretive in nature as it focuses on interpreting the meaning of words, pictures, descriptions and observations of the study (Pulla & Carter 2018:9).

The paragraphs below describe how some of the important characteristics of the qualitative approach can be identified as part of the study:

- **Natural setting**

Qualitative research takes place in a natural setting (Creswell 2014:234; Hennink et al. 2011:9). This means that the researcher would collect data at the site where the participants experience the problem under study. By going directly to the social phenomenon, the researcher would be able to develop a deep understanding of how the participants' experiences and behaviour are shaped by the context of their lives and the working environment (Hennink et al. 2011:9; Rubin & Babbie 2011:435). In this study, the researcher spoke directly with the CYCWs and observed how they behave and act within their context.

- **Researcher as key instrument**

In qualitative research, the researcher partakes as the instrument of data collection (Creswell 2014:234; Warren & Karner 2015:8). The researcher is the one who gathers the information in the natural settings of the participants. There is no use of questionnaires or instruments developed by other previous researchers (Creswell 2009:175). Therefore, the researcher conducted the interviews herself in the natural setting of CYCWs in Ekurhuleni CYCCs. During interviews there were interactions between the researcher and the participants focusing on the topics and questions that need to be covered (Warren & Karner 2015:8).

- **Face-to-face interview technique**

During data collection in qualitative research, the researcher utilises interviewing as the method of collecting data (Creswell 2013:45; Glense 2011:48; Rubin & Babbie 2011:461). Rubin and Babbie (2011:461) describe a qualitative interview as an engagement between an interviewer and a respondent in which the interviewer has

the overall idea of inquiry but not an exact set of questions that must be asked in a particular pattern or using specific words. The researcher collected data through face-to-face interviews, making use of a semi-structured interview guide consisting of open-ended questions to gain a deep insight into the knowledge and perception of CYCWs related to attachment difficulties experienced by children in Ekurhuleni CYCCs in Gauteng.

- **Inductive data analysis**

When using an inductive approach, the researcher engages collaboratively with the participants in establishing patterns, categories and themes from the data collected (Creswell 2009:175). To establish a comprehensive set of themes, the inductive process needs to be utilised effectively. The researcher collected information in a non-interfering manner, focusing on the real issues as the interviews unfold naturally without predicting situations that could have hindered the progress of the research (Warren & Karner 2015:8–9; Creswell 2014:234).

- **Multiple sources of data**

Instead of depending on one single source of data, the qualitative researcher gathers a large amount of data making use of face-to-face interviews, observations, documents and audio-visual information (Creswell 2014:234). Data gathered qualitatively is mostly written or spoken words or observations that do not have a direct numerical interpretation (Engel & Schutt, 2009:23). The researcher becomes the instrument of data analysis, interpretation and presentation that consists of interpretive and subjective analysis (Hennink et al. 2011:14; Niewenhuis & Smit 2012:126). Data gathered in this study is interpretive and subjective because the researcher sought to understand the meaning that participants attach to their experiences (Hennink et al. 2011:14). The researcher produced a written representation of the social world being studied, which is based on “prior presentations of the field” in the form of interview transcripts (Warren & Karner 2015:8–9).

2.3 RESEARCH DESIGN

A research design is the logic, or a detailed plan of a strategy of conducting research (Gokhale & Srivastava 2017:214). A research design is a logical and systematic plan prepared for directing a research study (Gokhale & Srivastava 2017:215). Kumar (2019:155) states that a research design functions to the identification and/or development of procedures and logistical arrangement required to undertake a study. He further underlines the importance of quality in these procedures to ensure their validity, objectivity and accuracy. The researcher used an exploratory, descriptive and contextual research design to collect data from the CYCWs.

In Chapter 1 the researcher mentioned that she planned to use an explorative, descriptive and contextual design during the study. In the next section additional information will be provided on the design and how it was utilised during the study.

The research design of this study is qualitative in nature. Researchers such as Babbie and Mouton (2010:79), as well as Creswell and Creswell (2018:51), agree that an exploratory research design arises when there is a need to make preliminary investigations. This technique is used when the researcher partakes in a relatively unknown area of research or there is little knowledge on the study being investigated. Engel and Schutt (2013:18–19), together with Babbie (2010:93), add that exploratory research includes enquiry into the circumstances of a target population, yielding new insights and in-depth understanding of the knowledge and perceptions of the research participants. For this research, an exploratory research design was utilised, as there is little information about the knowledge and perceptions of CYCWs relating to attachment difficulties experienced by children in CYCCs, as well as ways in which social workers can support CYCWs in this situation.

Qualitative descriptive research is described as a process of examining, recording and reporting phenomena and not primarily focusing on the causation (Marshall & Rossman 2011:69; Relmer & Van Ryzin 2011:5). In using the descriptive qualitative research

design, the researcher aims to observe and describe a rich and accurate picture of the participants' environments, interactions, meanings and everyday lives (Rubin & Babbie 2011:134). In qualitative research, primarily descriptive questions are used and involve the gathering of facts for example (Engel & Schutt 2015:18). In this study the researcher engaged with CYCWs in order to be able to accurately describe their knowledge and perceptions on attachment difficulties experienced by children in CYCCs, as well as the social work support, they need. The researcher asked descriptive questions in the interview guide for example: Tell be about your experience in working with children experiencing attachment difficulties"; "Which behaviour difficulties have you come across in children staying in the CYCC?" and "How do you deal with the children's behaviour?"; "From your perspective, what may be the reasons for their behaviour?"

As mentioned in Chapter 1, contextual research is a design that focuses on precise events in a "naturalistic setting" and involves observing participants in their natural environment (Merriam & Tisdell 2016:2). The contextual research design demonstrates that an understanding of human experiences and perceptions occurs when researchers fully grasp the natural settings of the research participants (Monetteet al 2011:225). This notion enables the researcher to identify and understand how the context of the participants' lives shapes their knowledge, experiences, behaviours and perceptions (Hennink et al. 2011:9). In this study, the researcher engaged with CYCWs within their daily work contexts of the Mary Moodley and Don Mattero CYCCs in Ekurhuleni, to explore their knowledge and perceptions and challenges related to the topic.

2.4 RESEARCH METHODS

In this section the researcher will compare the research method planned in Chapter 1 with what transpired during the research.

2.4.1 Population and sampling

A population is defined as a group of individuals, with at least one common characteristic which distinguishes that group from other individuals (Asiamah et al 2017:1611). Krysik & Finn (2017:225) state that “a population is the totality of persons, events, organizational units, and so on that the research problem is focused on”. Erba, Ternes, Bobkowski, Logan & Liu (2018:43) define “a sample population refers to the group whom the study’s participants represent”. According to Alvi (2016:10), the target population refers to all the members who meet the particular criterion specified for a research investigation from whom conclusions are drawn when answering research questions. The target population is “the group of individuals or participants with the specific attributes of interest and relevance” (Asiamah et al. 2017:1617).

The target population of the proposed study is CYCWs working with children experiencing attachment difficulties in CYCCs in the Ekurhuleni Metropolitan region. As mentioned in Chapter 1 there are three CYCCs in the Ekurhuleni Metropolitan region, namely Kids Haven, Mary Moodley and Don Mattero. For the purposes of this study, the researcher selected Mary Moodley and Don Mattero. Kids Haven CYCC was excluded in this study because the researcher had previously worked there and provided training on attachment theory to CYCWs employed there.

Both Alvi (2016:11) and Carey (2012:193) define sampling as the process of choosing a portion of a population or identifying a subgroup from the entire population from which data was collected. Rubin and Babbie (2011:349) give a similar definition stating that sampling is the process of selecting a small group of people that would be included in the research study. Yegidis et al. (2011:95) describe sampling as the actual list of potential cases from which the sample is drawn. Leavy (2017:75, 76) postulate that sampling addresses the questions “Who or what is in your study? Where are you getting your data or content? A process of selecting a number of individual cases from a larger population”.

In order to establish the desired sample from the population of CYCWs, the researcher chose non-probability sampling and specifically purposive sampling to establish an in-

depth understanding of the problem and render participants who provided vital information about the research problem (Yegidis et al. 2011:206). Rubin and Babbie (2011:355) refer to purposive sampling as “judgemental sampling” and describe it as a technique where the participants are picked because they represent the range of the population. Furthermore, the researcher opted to use a purposive sampling technique as it saves time, resources and because only participants who are knowledgeable about the research topic were incorporated in this research study (Rubin & Babbie 2011:355; Mathews & Ross 2010:169).

The researcher selected participants who fitted the inclusion and exclusion criteria as discussed in Chapter 1:

Inclusion criteria

- CYCWs who have been working with children with attachment difficulties at one of the CYCCs in the Ekurhuleni Metropolitan region over a period of a year;
- CYCWs who are working full-time at these centres;
- The CYCWs who are willing and able to participate;
- Both male and female CYCWs;
- CYCWs who are registered with the South African Council for Social Service Professions (SACSSP); and
- CYCWs who are able to communicate in English.

Exclusion criteria

- CYCW who have been working with children with attachment difficulties at one of the CYCCs in the Ekurhuleni Metropolitan region for less than year;
- CYCWs who are working part-time or are volunteering at these centres;
- CYCWs who are not registered with the South African Council for Social Service Professions (SACSSP);
- CYCWs who are unable to communicate in English.

The sample size of the participants was determined by the principle of “data saturation” which describes a situation where data tend towards duplication or where data cease to suggest new directions and raise new questions (Fusch & Ness 2015:140; Hammarberg, Kirkman & de Lacey 2016:500). Data saturation was reached after 16 participants were interviewed. The researched confirmed data saturation with her supervisor.

2.4.2 Data collection

As described in Chapter 1, the researcher started the data collection process by approaching the gatekeepers (Hennink et al. 2011:91). She first gained ethical clearance from the university and then requested permission from the Department of Social Development (DSD) to gain access to the CYCCs since both the centres are State-owned. She was requested to provide the ethical clearance letter from the University of South Africa together with a research proposal. The researcher did not experience difficulties in acquiring the permission letter which was granted within two weeks of the request. The researcher drafted a letter to the Heads of the Departments (HODs) of the CYCCs to inform them of the research to be undertaken and the permission obtained from DSD to conduct the research. The researcher made follow-up telephonic contact with the HODs to organise a meeting to further discuss the research study. It was very difficult to meet with the Head of the Institution from Mary Moodley as she was unavailable and unreachable; however, the researcher persevered. During the meeting with the HODs, the researcher introduced herself as a part-time Master’s in Social Work student enrolled at UNISA. Furthermore, the researcher explained the purpose of the study and her reason for approaching the organisation. The researcher explained that participation in the research study is voluntary and participants are within their rights to discontinue at any time during the course of the interview should they experience overwhelming feelings.

The HODs appointed a coordinator to work in collaboration with the researcher, selecting the relevant participants that meet the criteria. The coordinators were a point of contact between the researcher and the participants and all the arrangements, including booking

of the venue, times and dates of the interviews were done through the coordinator. The coordinator's role was to ascertain that the participants are available, are informed of the research study before the day of the interview and informing the researcher if there are any changes in logistics. The coordinators also arranged for the signing of consent forms (see Addendum D). The consent form clarified the goals of the study, the research procedures, benefits associated with the study, ethical considerations, potential risk and contact details for more information (Braun & Clarke 2013:59; Creswell 2013:153; Berg 2009:88).

From the different methods of data collection, namely participant observation, observation, interviewing, focus group and analysing data and material culture (Rubin & Babbie 2011:455; Marshall & Rossman 2016:141; Dilshad & Latif 2013:192), the researcher chose to collect data through semi-structured interviews. A qualitative interview is an interaction between the researcher and the participants that involves asking, listening and talking with the aim of collecting detailed data and bringing more insight to a specific topic from the participants' point of view (Rubin & Babbie 2011:61; Hennink et al. 2011:109; Hesse-Biber & Leavy 2011:109). Alshenqeeti (2014:40) states that an interview is an extendable conversation between the researcher and the participants with the aim of harvesting in-depth information about a certain topic or phenomenon. Interviewing is the process of exploring and negotiating meanings in a natural setting of the participants. Interviewing enables participants to communicate their own thoughts and express their feelings and knowledge (Alshenqeeti 2014:39). Since the researcher wanted to explore and describe CYCW's knowledge and perceptions of and challenges related to attachment difficulties experienced by children and the support needed from social workers, semi-structured interviews were suitable. Relmer and Van Ryzin (2011:64) describe a semi-structured interview as an in-depth interview that is less structured, which allows for participants to respond in their own words in a meaningful and socially relevant manner unanticipated by the researcher, yet rich and informative.

Prior to data collection, the researcher prepared an interview guide, entailing a series of open-ended questions that guided the conversation with the participants (Braun & Clarke 2013:60; Creswell & Poth 2018:165). An interview guide is a list of questions the researcher asked the participants during the research (Clarke & Braun 2013:60). A well-prepared interview guide enabled the researcher to establish a rapport with the participants and made them feel safe and comfortable to disclose their personal information to the researcher (Creswell & Poth 2018:156; Hesse-Biber & Leavy 2011:105; Hennink et al. 2011:113). Establishing a good rapport and well-planned questions were important for generating rich and detailed accounts relevant to the research questions (Clarke & Braun 2013:60; Creswell & Poth 2018:154). For effective data collection, the researcher used the interviewing skills, namely establishing rapport, probing, active listening, reflective and silent skills (Braun & Clarke 2013:96; Carey 2012:115; Edwards & Holland 2013:72; Nieuwenhuis 2014:16; Creswell & Poth 2018:164). Such skills enabled the researcher to gain in-depth knowledge during the research study.

To ensure that the interview guide would provide the information desired, a pilot test was undertaken with four participants, two from each CYCC, selected according to the inclusion and exclusion criteria. A pilot test is a qualitative research test or purposeful role play exercise conducted by the researcher to test if the participants understand the questions in the interview guide with the aim improving methods, questions and interviewing skills (Green & Thorogood 2014:57; Hennink et al. 2011:120; Glense 2011:56). The value of the pilot test was that it provided the researcher with an opportunity to practise interviewing skills, test the questions and rephrase questions that seemed to be very difficult for the participants to comprehend. The researcher learnt that the research questions acted as guide to inform the researcher if all the major research questions have been asked and accurately probed. The researcher attempted to stick to the interview guide in order to avoid gathering and analysing unnecessary data and to ensure that the research questions are in sync with the research topic, the goals and objectives of the research study. The interviews were recorded and transcribed and submitted to the academic supervisor. A follow-up question was added to Question 4: "In

summary, what does attachment mean to you? “This question was put forward to the participants, giving them an opportunity to briefly summarise their understanding of attachment. Furthermore, Question 6 was expanded from “What can be done to help you to deal with children’s difficult or negative behaviour?” to “What can be done to help you to deal with children’s difficult or negative behaviour due to absence of attachment?” The questions were changed to assist the participants to have clearer understanding and to come up with strategies that could be implemented to mitigate difficult behaviours that are rooted in attachment difficulties. The academic research supervisor advised the researcher to formulate a short description of attachment to assist participants, who experience difficulties understanding the word “attachment”.

The data collection process in the study can be summarised according to the following steps:

- **Step 1:** Requested and gained permission from the UNISA and the DSD to do the research and gain access to the institutions;
- **Step 2:** Met with the HODs of each institution to discuss of the research topic, the research goals and relevant participants for the study;
- **Step 3** HODs appointed a coordinator from each institution who acted as a point of contact between the researcher and participants;
- **Step 4:** Did a pilot testing including two of participants from each institution;
- **Step 6:** Submitted the transcribed versions of the four interviews to the supervisor for analysis, and permission was granted to conduct the actual research study;
- **Step 7:** Conducted one-on-one qualitative interviews in Don Mattero CYCC and Mary Moodley CYCC for approximately 60 minutes per interview.

2.4.3 Data analysis

Qualitative data analysis is described as the process of bringing order, structure and meaning to the participants' points of view and opinions of circumstances, themes, categories and occurrence of similarities from the mass of data collected (Creswell & Poth 2018:183). Creswell and Poth (2018:183) point out that qualitative data analysis involves preparing and organising data for analysis, coding and condensing codes to reduce the data into themes, and representing the data in figures, tables and narratives. Mohajan (2018:37) postulates that "data analysis is actually a dynamic process weaving together recognition of emerging themes, identification of key ideas or units of meaning and material acquired from the literature". Marshall and Rossman (2016:214) concur that data analysis is a search for general statements about relationships underlying themes. According to Nowell, Norris, White and Moules (2017:2) "thematic analysis is a method of identifying, analysing, organizing, describing, and reporting themes found within a data set". Hence, thematic analysis was used for this study. It involves the organisation and interpretation of field notes, interview transcriptions, video or audio recordings or documents to make sense of the material (Remler & Van Ryzin 2011:75; Creswell & Poth 2018:183).

The interviews were audio-recorded and then transcribed. The researcher used the eight steps of Tesch (in Creswell 2014:198) as described in Chapter 1. Next, the researcher coded the data by using an Excel spreadsheet with excerpts of participant responses, the corresponding codes, and memos to detail the reasoning for using each code. Eventually, with the assistance of the memos, similar codes throughout the interviews were grouped into distinct themes and sub-themes.

The researcher made use of an independent coder to code the data and the researcher independently coded the same data from the interview transcriptions. A face-to-face meeting was held with the academic supervisor, the independent coder and the researcher to discuss and correlate the independent coder's and the researcher's coding.

Resulting from this discussion, themes, sub-themes and categories were developed, as presented and discussed in Chapter 4.

Attention was given to data verification to ensure trustworthiness of the findings as described in the next section.

2.4.5 Data verification

Data verification is the process of checking data for accuracy throughout the data collection and data analysis exercise. Morse, Barrett, Mayan, Olson and Spiers (2002:17) define verification as “the process of checking, confirming, making sure, and being certain. In qualitative research, verification refers to the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and, thus, the rigor of a study.” Data verification needs to be interwoven into every step of inquiry (Hayashi, Abib & Hoppen 2019:107). Anney (2014:276) is of the view that “a qualitative researcher establishes rigour of the inquiry by adopting the following credibility strategies: prolonged and varied field experience, time sampling, reflexivity (field journal), triangulation, member checking, peer examination, interview technique, establishing authority of researcher and structural coherence.”

Krefting (1991:215), using Guba's model, identifies the four components of trustworthiness that are important to qualitative research: truth-value, applicability, consistency and neutrality (Krefting 1990:214–222). Hammanberg et al (2016:499) propose that credibility, transferability, dependability and confirmability are indicators of good qualitative research, while Mertens (2018:35) uses the concepts of credibility, transferability, dependability, confirmability and authenticity to indicate the same. Of these criteria, authors seem to consider credibility or truth-value to be the most important. Credibility refers to the fact that researchers should portray accurately what the participants convey. It is the confidence that can be placed in the truth of the research

findings (Anney 2014:276). One way to increase this is by means of member checks (Hammarberg et al 2016:500). Consistency, or dependability of the findings, is the criterion for reliability assessment (Hammarberg et al 2016:500). Dependability of the findings is achieved through following a rigorous logical scientific process or well-documented verification by other researchers. Applicability or transferability is the extent to which the research findings of this study can be applied to other different situations while neutrality is the degree to which the research procedures and outcomes are free from bias (Doyle 2012:252–253; Krefting 1990:217).

Table 2.1 refers to criteria of trustworthiness as conceptualised by Krefting (1990), indicating strategies used in the study to ensure trustworthiness.

Table 2.1: Criteria of trustworthiness and strategies used to ensure it

| Criteria of trustworthiness | Strategies | Use of strategies in the study |
|------------------------------------|--|---|
| Truth-value | <ul style="list-style-type: none"> • Rapport, triangulation, member checking and peer examination | <ul style="list-style-type: none"> • Information was obtained from participants who have experience of the topic (CYCWs). The researcher built a relationship with each participant; they were informed that they had opportunities to refuse to participate in this project so as to ensure that the data collection sessions involve only those who are genuinely willing to take part and prepared to offer data freely. • Triangulation was used as participants from two different centres were interviewed. |

| | | |
|----------------------|---|--|
| | | <ul style="list-style-type: none"> • Investigator triangulation was used as the researcher and her supervisor made coding, analysis and interpretation decisions. The researcher also used an independent coder for data analysis after which the interpretations were compared. Interpretations were discussed until the most suitable interpretation was found, which best represented the meaning of the data. • Member checking was carried out by the researcher through feeding back data, analytical categories, interpretations and conclusions to participants from whom the data were originally obtained. |
| <p>Applicability</p> | <ul style="list-style-type: none"> • Thick description | <ul style="list-style-type: none"> • The researcher focused not only on CYCWs' behaviour and experience, but their context as well, so that the behaviour and experiences become meaningful to an outsider. The researcher provided a rich account of the data collection process, such as the context in which the research was carried |

| | | |
|--------------------|---|---|
| | | <p>out, its setting, sample, sample size, sample strategy, CYCCs' and CYCWs' characteristics, inclusion and exclusion criteria, interview procedures and topics, changes in interview questions based on the iterative research process, and excerpts from the interview guide.</p> |
| <p>Consistency</p> | <ul style="list-style-type: none"> • Audit trail, frequent debriefing sessions | <ul style="list-style-type: none"> • The researcher was transparent in describing the research steps taken from the start of the research project to the reporting of the findings. The records of the research path are kept throughout the study. • The researcher and her superior had open and honest discussion about the study. In an open supervisory relationship attention is drawn to flaws in the proposed course of action. The sessions assisted as a sounding board for the researcher to test her developing ideas and interpretations and probing |

| | | |
|------------|--|--|
| | | from others to recognise her own biases and preferences. |
| Neutrality | <ul style="list-style-type: none"> • Diary or memo, reflexivity | <ul style="list-style-type: none"> • Confirmability was the criterion of neutrality, the researcher tried to increase the worth of the findings by being aware of her own bias as a social work professional. She examined her own conceptual lens, mentioned explicit and implicit assumptions, preconceptions and values, and how these affect research decisions in all phases of the study. |

In the next section the researcher will provide more information on how she honoured the ethical considerations discussed in Chapter 1.

2.5 ETHICAL CONSIDERATIONS

Mitchels (2019:7) asserts that “ethical research practice can provide ways to carefully review and identify what is considered beneficial or harmful in generating knowledge. Research ethics evaluate how best to establish the appropriate relationships between the researcher, research participants and society in general, thus protecting the integrity and reliability of the knowledge derived from systematic inquiry for use by professions and society more widely”. Ethical considerations are moral principles that are acceptable to guide the researcher during the research procedures (Cresswell & Poth 2018:54). Morality refers to beliefs or standards about concepts on what is considered good and bad, right and wrong (Vanclay, Baines & Taylor 2013:244).

These ethics in research speak about the dignity, safety and well-being of participants. Hennink et al. (2011:63–64) assert that ethics are grounded procedures to be followed when conducting research. As such, ethics in research ensure that there is no violation of human rights and that participants are treated with dignity. Qualitative research involves getting more insights into people’s perceptions, beliefs and feelings through word of mouth (Hennink et al. 2011:64). In the context of this research, rapport and trust involve “honesty and clarity, and so not ‘faking friendship’ with research participants or exploiting their goodwill or compliance” (Mitchels 2019:49). To achieve this, the researcher established a rapport, which is building trust with the participants. At the beginning of each interview, the researcher reviewed the consent form with participants in order to provide them with detailed information regarding the study. The participants were informed that the interview would be approximately 60 minutes or less and would be audio-recorded. Additionally, respondents were notified that the interview would later be transcribed. The participants were guaranteed that their identity would be kept confidential and that the records would be kept in a secure place for five years and then documents and recordings would be destroyed. Therefore, in this study, the researcher considered the following ethics as a guide for her conduct towards protecting the rights of the participants:

2.5.1 Informed consent

Informed consent (IC) in research is a key element in ensuring the ethical character of any research involving human subjects, either biomedical or psychosocial (Sandu & Frunză 2019:171). IC is when the researcher ensures that all participants are fully aware of the relevant information, such as the goals, objectives and an overview of the research (Carey 2012:101). IC is a necessary requirement for conducting, under ethical conditions, any research involving human subjects (Alexa-Stratulat, Neagu, Neagu, Alexa & Ioan 2018:299). Furthermore, IC entails informing the research participants about the overall purpose of the investigation and the main features of the design, as well as of any possible

risks and benefits from participation in the research project. IC further involves obtaining the voluntary participation of the people involved, and to inform them of their right to withdraw from the study at any time (Brinkmann & Kvale 2017:261). The participants were informed about all the aspects of the study without being manipulated or deceived by the researcher (Ogletree & Kawulich 2012:64). This was done both verbally when the researcher met the participants and by using the informed consent form (see Addendum D). The consent form, which was signed by the participants, referred to specific elements that were included as stated by Creswell and Poth (2018:155), such as:

- The right of participants to voluntarily withdraw from the study at any time;
- The central purpose of the study and the procedures to be used in data collection;
- The protection of the confidentiality of the participants;
- The known risk associated with participation in the study;
- The expected benefits to accrue to the participants in the study.

The participants were given an opportunity to ask questions. One participant wanted to know whether the other parties were going to have access to this research study. The researcher explained that the academic supervisor and the independent coder would have access to the data, but that they would not be able to identify participants.

2.5.2 Confidentiality and anonymity

Confidentiality is about the protection of the participants' personal opinions and views during the research study (Ogletree & Kawulich 2012:64). In other words, confidentiality refers to the ethical standard that protects participants or clients from disclosure of information without their informed consent (Loue 2018:17). In the same vein, Rubin and Babbie (2011:83) indicate that confidentiality is an agreement between the researcher and the participant not to disclose the responses even if the researcher could identify the participant's responses. Confidentiality was confirmed in consent forms which were completed and signed by both the participants and the researcher (Sandu & Frunză 2019:172). The researcher further informed the participants that only the academic supervisor and the independent coder would have access to the transcripts. It was clearly

articulated to the research participants that the information that they share will remain confidential and kept in a locked cupboard at the researcher's home and that passwords will be used on the computer or any other devices the researcher uses during the collecting of data.

Anonymity is the process of concealing the identity of the research participants such that the given responses cannot be linked back to a given participant (Rubin & Babbie 2011:82). To protect the participants' rights and to avoid harm, the researcher ensured that collected data remained strictly anonymous (Alshenqeet 2014:44). Anonymity in this research was ensured by removing all the participants' identifying information and replacing this information with special identification numbers. Instead of using the names of the research participants, the researcher used numbers in combination with different letters of the alphabet in order to conceal the identities of the participants.

2.5.3 Management of information

For successful qualitative research, information management is crucial and vital. Management of information is when the data is transformed in such a way that the research findings are accurately described and intelligently presented to the readers (Strydom 2011:126; Segalo & Molobela 2019:37). This ethical consideration allows the researcher to let the participants have access to the information so that they can identify and destroy information that they want to remain confidential after data collection (Creswell & Poth 2018:175). The researcher is of the view that management of information works hand-in-hand with confidentiality and anonymity, and as a result participants' information must be well protected. Therefore, to preserve the participants' confidential information, all transcripts were kept in a safe place by the researcher and no one was permitted access to any of the research information or data and recordings. In addition, the researcher used a password for data protection stored in electronic devices. Both written and electronic data from this study will safely be stored for five years. However, the interview recordings will be disposed of once the researcher and the

supervisor deem it necessary that they are no longer needed. The researcher was aware that any unexpected adverse event which was caused by this study should be reported to the Social Work Research Ethics Committee (SWREC), health practitioners and the University of South Africa (Segalo & Molobela 2019:36). However, no such incident occurred throughout the study period.

2.5.4 Beneficence

Beneficence is when the researcher provides the participants with detailed outlines of the risks and benefits involved in the study (Vanclay et al 2013:247). Creswell & Poth (2018:149) assert that beneficence is “doing good for others and preventing harm”. According to Saunders, Thornhill and Lewis (2019:259), to promote ethical practice and private or public good or beneficence, codes of ethics are applied in research. By maintaining the principle of beneficence, the researcher outlined the risks and benefits of the study in the consent form (see Addendum D). The consent form included the goals of the study, the research procedures, benefits associated with the study, ethical considerations, potential risks and contact details for more information (Clarke & Braun 2013:59; Creswell 2013:153; Mitchels 2019:58). Saunders et al (2019:266) indicate that informed consent involves ensuring that participants involved in the study receive sufficient information, the opportunity to ask questions, and time to consider without any form of force or coercion, to be able to reach a fully informed, considered and freely given decision about whether or not to participate. The researcher understands that it was her moral obligation to ensure that participants understood what was expected of them, including benefits and risks related to the study, before signing the consent form.

2.5.5 Debriefing of participants

Debriefing of participants is when the researcher gives the participants an opportunity to ask questions, vent their emotions and feelings, and provide feedback on the study (McNallie 2017:1). Babbie (2013:71) describes debriefing as the process of unpacking any problems generated as a result of the research experiences. Debriefing is very

important as it allows participants to explore their best and worst moments, as well as the benefits of the study, which typically occurs at the conclusion of participants' study involvement (McNallie 2017:2). The researcher holds that CYCWs might feel emotional about their relationship with the children they work with and the way they are affected by the children's behaviour. As a result, the researcher made use of a qualified professional with relevant experience who was at hand to provide counselling should it become necessary. For the sake of this study debriefing was not done as no participants were traumatised by the interviews.

2.6 SUMMARY OF THE CHAPTER

In this chapter the researcher described the motivation for the selected research approach, design and methodology. She also reflected in detail on the application of the qualitative research referring to the data collection, data analysis, data verification, as well as ethical considerations followed during the study. The data collection, data analysis, interpretation of the data and writing up the findings was at times done concurrently. While there is no rigid procedure for qualitative data analysis, it nonetheless involves scientifically organised and meticulous processing, as was described in this chapter.

In the following chapter, the research findings are discussed and interpreted by comparing them with literature and the theoretical framework discussed.

CHAPTER 3 RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In this chapter, the findings of the study are presented, interpreted and discussed in comparison with existing literature. The goals of the study were to develop an in-depth understanding of child and youth care workers' knowledge and perception of challenges related to attachment difficulties experienced by children residing in child and youth care centres and to develop guidelines for social work. The biographical profile of participants is presented in the next section, followed by a discussion of emerging themes, sub-themes and categories identified during the qualitative research process. The chapter closes with a conclusion.

3.2 DEMOGRAPHIC PROFILE OF PARTICIPANTS

All the participants were full-time CYCWs registered with the South African Council of Social Service Professions. Table 3.1 displays the demographic profile of participants.

Table 3.1: Demographic profile of participants

| No | Gender | Age | Population Group | Qualifications | Number of Years of Experience as CYCW | Number of years working as CYCW at Current Employer |
|----|--------|-----|------------------|------------------------------------|---------------------------------------|---|
| 1 | M | 39 | B | NQF Level 4 in CYC | 13 | 13 |
| 2 | M | 47 | B | Social Work Degree | 20 | 15 |
| 3 | F | 37 | B | Child and Youth Development Degree | 10 | 10 |
| 4 | F | 33 | B | NQF level 4 | 12 | 7 |

| | | | | | | |
|----|---|----|---|-----------------------------------|----|----|
| 5 | F | 44 | B | Basic Qualification in Child Care | 4 | 2 |
| 6 | F | 59 | B | Basic Qualification in Child Care | 16 | 11 |
| 7 | F | 56 | B | Certificate in Child Care | 28 | 11 |
| 8 | M | 43 | B | Basic Qualification in Child Care | 16 | 11 |
| 9 | M | 45 | B | Basic Qualification in Child Care | 18 | 15 |
| 10 | M | 35 | B | Basic Qualification in Child Care | 10 | 10 |
| 11 | M | 40 | B | Basic Qualification in Child Care | 20 | 18 |
| 12 | F | 47 | B | Basic Qualification in Child Care | 20 | 15 |
| 13 | F | 34 | B | Basic Qualification in Child Care | 12 | 1 |
| 14 | M | 38 | B | Basis Qualification in Child Care | 10 | 10 |
| 15 | F | 48 | B | Basic Qualification in Child Care | 20 | 3 |
| 16 | F | 35 | B | Basic Qualification in Child Care | 10 | 9 |

In line with the research ethics particularly, anonymity and confidentiality, numbers were used in Table 3.1 to protect or conceal the identity of the participants and to maintain confidentiality (Creswell 2014:45; Surmiak 2018:2).

Participants were all African (black), meaning no other ethnic groups or races participated in this research. The ages of participants ranged from 33–59 years and only two participants are above 50 years of age. The 16 participants were employed at two different CYCCs. Half of the participants were working at Don Matero CYCC and the other half were from Mary Moodley CYCC. Both institutions are state-owned. Nine participants were females and seven were males.

This distribution between female and male is consistent with previous studies relating to CYCWs in South Africa, which indicates that more CYCWs are female and less male (Molepo & Delpont 2015:150). The majority of participants have certificates in CYC with only two participants holding degree qualifications. In contrast, Lwina, Fallona, Trocmé, Fluke and Mishna (2018:172) suggest that a Master’s degree will adequately prepare the child welfare workforce). Fifteen participants have 10 years or more experience in CYCW, and only one has less than five years of experience (see Table 3.1). The body of literature on welfare, shows that training has an influence on attitude, values, and confidence of CYCWs (Scourfiend, Tolman, Maxwell, Holland, Cullock & Sloan 2012:1425). The long work experience of participants indicates that they could provide useful insight to this study. The findings support the work of scholars within welfare practice (Lwina et al. 2018:172) who argue that “experienced child welfare workers can significantly “provide more effective services to children and their families than less experienced workers”.

Five major themes, with sub-themes and categories emerged from the coding of the interviews. Table 3.2 provides an overview of these themes, sub-themes and categories.

Table 3.2: Summary of themes, sub-themes and categories

| Theme | Sub-themes | Categories |
|---|---|---|
| CYCW's understanding of the concept attachment and knowledge of the subject | Connection and bonding between the child and mother | |
| | Physical contact, feeding and communication | |
| | Attention-giving and availability | |
| | Trusting relationships | |
| | Love and care | |
| | Child sensing mother's emotions | |
| | Attachment and bonding to the CYCWs with children in the CYCC | |
| | Attachment developing at an early stage of life | |
| Attachment difficulties experienced by - children in CYCC | Emotional problems | Children feeling withdrawn and lonely |
| | | "Distorted Circle of Courage" |
| | | Children presenting with anger issues |
| | | Children rejected and unloved |
| | Behavioural problems | Violence towards other children |
| | | Substance abuse and absconding from the institution |
| | | Children behaving defensively and disrespecting CYCWs |
| | Relational problems | Isolation and resisting relationships |
| | | Clinging for attention seeking |
| | | Lack of trust |
| Existing intervention methods to assist children | Relationship building | Building of trusting relationship |

| | | |
|---|--|---|
| with difficult behaviour rooted to attachment difficulties | | |
| | | Communication with children |
| | | Being lenient and loving to children |
| | | Being non-judgemental or showing no discrimination towards children |
| | Team work | |
| | Educational programmes and life skills sessions | |
| | Groups, one-on-one sessions and observations | |
| | Arts, playing and recreational activities with children | |
| | No programmes or not sure of programmes | |
| Challenges experienced by CYCCs in working with children with attachment difficulties | Lack of collaborative work with social workers and CYCWs | Poor communication between social workers and CYCWs |
| | | Confidentiality and sharing of children's information |
| | | Impact of not sharing information of CYCWs' work |
| | | Social workers having limited contact with children |
| | | Not preparing children for foster care or reunification |
| | | |
| | Lack of caring and support of CYCWs | |
| | Challenges with shifts and personal problems | |

| | | |
|---|--|--|
| | Delayed feedback from management | |
| | Lack of tangible immediate results | |
| Suggestions from CYCWs in dealing with behaviour grounded in attachment difficulties, including social work support | Working with children | Better relationships, care and support for children |
| | | Preparing children for life after care and providing continued support |
| | Multidisciplinary settings with social workers | Better working relationship with social workers |
| | | Sharing of information by social workers |
| | | Social workers engaging more with children |
| | Care and support for CYCWs | Listening to and recognising CYCW as a profession |
| | | Debriefing and emotional support for CYCWs |
| | | Team building |
| | | Better salaries |
| | Training for CYCWs | |
| | Amending of social work ethics (confidentiality) | |
| | Committed personnel-CYCWs | |
| | Office space | |

Five themes were formulated:

- Theme 1: CYCWs’ understanding of the concept attachment and knowledge of the subject;
- Theme 2: Attachment difficulties experienced by children in CYCC;
- Theme 3: Existing intervention methods to assist children with difficult behaviour rooted to attachment difficulties;

- Theme 4: Challenges experienced by CYCCs in working with children experiencing attachment difficulties;
- Theme 5: Suggestions from CYCWs in dealing with behaviour grounded to attachment difficulties.

Themes 1–4 address the first research goal:

To develop an in-depth understanding of CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCCs.

Theme 5 speaks to the second research goal:

To proffer suggestions on how social workers can support CYCWs in dealing with attachment difficulties and related challenges of children residing in CYCCs.

These themes will be presented and integrated with direct quotations from participants and relevant literature to support or contradict the findings. In order to highlight the perspectives and experiences of the CYCWs, the following subsections contain extensive quotes from the participants. The quotes selected are based on their relevance to the major themes as well as whether the quote is representative of more than one participant's views.

The themes and sub-themes are discussed next.

3.3 THEME 1 – CYCWs' UNDERSTANDING OF THE CONCEPT ATTACHMENT AND KNOWLEDGE OF THE SUBJECT

Although the full table of findings has been presented above, a table summarising the findings of each theme will be provided with the analysis of that specific theme to facilitate clear discussion.

Table 3.3: CYCWs’ understanding of the concept attachment and knowledge of the subject

| Theme | Sub-themes |
|---|---|
| CYCWs’ understanding of the concept attachment and knowledge of the subject | Connection and bonding between the child and mother |
| | Physical contact, feeding and communication |
| | Attention giving and availability |
| | Trusting relationships |
| | Love and care |
| | Child sensing mother’s emotions |
| | Attachment and bonding to the CYCWs with children in the CYCC |
| | Attachment developing at an early stage of life |

This theme is about the meaning of attachment as understood by the participants. It is evident that the participants shared different understandings of attachment. Some participants spoke of the process of formation of attachment and the period when attachment forms. Other participants expressed having little or no knowledge about attachment.

There was general opinion among child youth care workers (CYCWs) that children’s attachment is usually developed in a relationship with primary caregivers such as the mother. This is confirmed by previous studies that claim that attachment security can be defined as a reflection of children’s expectations of their caregivers’ availability: children form secure attachments with their caregivers when the caregivers consistently and sensitively respond in children’s times of need (Schein, Roben, Costello & Dozier 2017:22). The following discussion is on the eight sub-themes including connection and bonding between the child and mother, physical contact, feeding and communication, attention-giving and availability, trusting relationships, love and care, child sensing mother’s emotions, attachment and bonding to the CYCWs with children in the CYCC,

and attachment developing at an early stage of life. Collectively these sub-themes thus provide CYCWs' understanding of the meaning of attachment.

The first sub-theme relates to connection and bonding between the child and mother.

3.3.1 Sub-theme – Connection and bonding between the child and mother

Some of the participants conceptualised that attachment is the connection between the mother and the child that commences during pregnancy or soon after birth, due to umbilical cord connection. This bonding is seen as crucial during the first years of life as is evident in the following responses:

[H17] “Attachment starts from the hospital when the mother gives birth there is a time the nurses take the child and put the child on the mother’s chest. That is when the attachment is formed while the child is outside.”

[P20-P22] “I think a baby-mother and baby attachment is important because from infants the first person that the child will meet is the mother. The first point of contact or connection is the mother. It’s [Attachment is] relationship and connections for me.”

[O16-O17] “The connection of the naval of a child to the mother is the first connection in terms of attachment as the child grows the breast feeding of the child there is also a connection and attachment between the mother and the child.”

[M32] “It’s about nurturing the child, breastfeeding, bonding with you baby.”

According to McLean, Riggs, Kettler and Delfabbro (2013:243), “‘attachment’ appears to be used interchangeably to describe either the attachment (bond) or attachment behaviour and/or to refer to the organisation of the attachment behavioural system (incorporating the organisation of behavioural, cognitive and affective elements), depending on the user or context”. This is confirmed by Redshaw and Martin (2013:219) who argue that bonding and attachment are terms which have been used interchangeably over the past decades. The authors however argue that “‘bonding is not attachment’ and attachment is not an instantaneous process” (Redshaw & Martin 2013:219). From birth a mother who gives a baby attention and love establishes attachment. This is earlier attachment secured by the mother who notices and responds to “the baby’s needs for

warmth, cuddles, play, rest and food all help her to build a secure early attachment” (Taylor & Wright 2019:1). Attachment can be defined as an emotional connection that develops between an infant and the primary caregiver (Admin 2015:1). As a child grows, the connections between mother and child need to be enhanced through playing, caring and responding to the child’s needs (Allen & Kelly 2015:6).

The following sub-theme reflects on the meaning of attachment as physical contact, feeding and communication.

3.3.2 Sub-theme – Physical contact, feeding and communication

Participants mentioned feeding, mostly breastfeeding, physical contact, communicating with the child as the meaning of attachment or enhancers of attachment. The following are extracts:

[F20] “The knowledge that I have is that the attachment of the baby to the mother is breastfeeding, the heartbeat of the mother when the child is put close to the women’s chest; physically contact and trust develop from that age.”

[F21] “The mother must make sure that occasionally she breastfeeds, communicates with the baby in the language of the baby such as singing, and the physical comfort.”

[M26] “As you sing and talk to your child you start attachment. The child will never forget your voice and attachment.”

The above-mentioned responses show that CYCWs recognised the infant-parent attachment (Redshaw & Martin 2013:220). The act of milk conveyance from the mother’s breast to the infant is breastfeeding (Degefa, Tariku, Banacha, Amana, Hajo, Kusse, Zerihun & Aschalew 2019:1). Breastfeeding and positioning is known to influence growth, health, and development of children to their maximum potential. Weaver, Schofield and Papp (2018:220) concur that children who are “breastfed as infants show multiple positive outcomes, including higher cognitive competence, fewer health problems, and higher communication scores than do children who were not breastfed.” The breastfeeding is

important as Cetisli, Arkan and Top (2018:164) state that the first attachment experience of the baby is the basis for their future attachment experiences.

The following section will explore the sub-theme that focuses on attention-giving and availability.

3.3.3 Sub-theme – Attention-giving and availability

Participants understood attachment to be enhanced by giving the child attention and being available.

[C25] “Its love, every support, schooling, to be present when the protection of the child is needed. I think that’s what is important when you are growing up a child.”

[P29] “I think activities with the children that cause a caregiver to be together with the children such as sitting together and playing together and walking together I think that can promote and enhance connection between the child and caregiver.”

[E15-E16] “As the mother you must check if they are happy and communicate with the child. Check about their feelings, how they feel about certain things if you are around and when you are or not around and check how they are doing when you are not around. Check their routine and how they should be doing on daily basis.”

Participants’ views on the importance of encouragement of early availability of the child’s primary caregiver, are supported in literature. Redshaw and Martin (2013:220) advocate that bonding studies were a catalyst in family-oriented maternity care policies to encourage hospitals to confirm the importance of early bonding. According to the Institute for Research and Innovation in Social Sciences (IRISS) (2011:5), babies are born with little or no capacity to soothe or comfort themselves in time of pain or discomfort, as a result they completely rely upon their caregivers to respond and being available during the episode of discomfort. Being available is not so much about physical proximity to the child (Brumariu 2015:33), but by being attentive and sensitively responding to both the child’s physical and emotional needs in healthy ways (IRISS 2011:5).

The next sub-theme will discuss trusting relationships.

3.3.4 Sub-theme – Trusting relationships

Children in foster care or places of safety are placed with new caregivers with whom they must form a new relationship (Bîrneanu 2014:93). It is likely that people who suffer with developmentally rooted difficulties have often faced disrupted early attachment, abuse, neglect or trauma causing harm to brain development, memory systems and social processes (Wilcox & Baim 2016:288). Trust has been perceived in literature to be essential in family ties and trust relationships provide attachment restoration (Simonen, Kataja, Pirskanen, Holmila & Tigerstedt 2017:343). Across many types of relationship assessments, trust has been proven as a solid measure for quality relationships (Conley, Moors, Ziegler & Feltner 2011:240). It is important for a child's well-being that he has a person with whom he feels connected, who understands him and shows warmth and sensitivity to the child (McDermott 2016:2). Without trusting relationships, the child cannot face the overwhelming world and fragmented or disrupted care is not beneficial to building a child's feelings of worth and value (McDermott 2016:4). The CYCW is the attachment figure while the child is separated from the parent.

These perspectives within literature are reflected in the storylines below. Some participants described attachment as a relationship based on trust, as evidenced by the following quotation:

[K22-K23] "A mother must listen to the child, must have open discussion with your child and a trusting relationship. You must teach your child to trust you enough to tell you everything and you must be honest with your child. An honest relationship between you and the child allow the child to tell you whatever happens to him or her if you have an open relationship with your child."

[D26] "My understanding of attachment means trusts for me. Whenever there is trust, there are better way of dealing with children's issues."

[K24] “You do not build that relationship at a late stage in life, you do it from the beginning from toddler and the child will trust you.”

Against this backdrop, relationships are sustained when there is love and care, a sub-theme in the next section.

3.3.5 Sub-theme – Love and care

Largely, participants described attachment as love and meeting the child’s basic needs, while others mentioned love and care as essential requirements for the formation of attachment:

[E13-E14] “For me attachment means caring with love to make sure that the baby’s basic needs are given to the child. The child has shelter clothes, food, they go to school and they are health.”

[N29-N30] “To the mother is through caring, when a mother cares a lot her baby, the baby feels happy and is able to develop the attachment. The baby will know the real mother by they love and care they get from the mother.”

[L21] “It’s the love and understanding because my child is going to be attached to me as a mother because I carried that child for nine months, she can’t live without me I can’t live without her.”

Participants’ sentiments on love and caring from caregivers are confirmed by Dozier and Bernard (2017:111) who agree that sensitive, responsive parenting increases secure, organised attachments to facilitate optimal development of the infant. If the caregiver is consistently supportive and caring, the child learns that proximity seeking is an effective strategy of emotion regulation, and they develop a sense of security and connectedness. In this optimal caring environment, the child learns that the self and others are reliable and worthy of care and love (Moreira, Gouveia, Carona Silva & Canavarro 2015:2334). Allajegardi, Sarabian and Asgharipour (2015:31) define attachment as “the instinctive ability of human infants to make strong and significant emotional connections with their families and caregivers”. Thus, the main principles of attachment theory are that

dependence will lead to independence (McDermott 2016:4). This implies that the moment babies are born, they seek security and love from responsive parents and caregivers and develop, through back-and-forth interactions, the skills to be independent.

The next sub-theme focuses on the child sensing the mother's emotions.

3.3.6 Sub-theme – Child sensing mother's emotions

Attachment was described as a relationship characterised by the ability of a child to sense the mother's emotions, as indicated by the following excerpts:

[D20] "Yes, for example as a mother if I am experiencing abuse, and I am crying every night. The child can sense my emotions. You can see the child get sick. However, she cannot ask or say anything to me, the child will react by getting sick, become reserved and this affect the child emotional. Because she is my child and I am sad she feels the distance and the pain can affect him also."

[O19] "What happens is the child [that] with attachment, the child can feel what the mother is feeling. When the mother is sad the child automatically gets sad because that attachment signifies that they are one."

[N32] "The baby can sense what is happening between him and mother by the way your hold and when a baby sees your support care and love"

Literature describes the effect of the mother's emotions on the child even before birth. Before a baby is born, maternal depression should be managed because many women respond to this complex process with grief and anger, especially when the pregnancy is unplanned and unaccepted. Unmanaged grief or anger might ultimately lead to maternal depression and attachment difficulties (Mathibe-Neke & Masitenyane 2018:16). Mathibe-Neke and Masitenyane (2018:27) found in their study that from 300 participants, 184 (61.3%) were experiencing stressful life events during their pregnancy, whereas 116 (38.6%) did not experience any stressful life events. Where a pregnancy is unwanted or unplanned, it may be more difficult for a woman to feel a bond with her baby before birth

Inappropriate mother-child interactions during childhood could lead to internalised (anxiety and depression) and externalised (aggression and hyperactivity) behavioural problems during adolescence. (Allajegardiet al 2015:32).

The next sub-theme emerged as CYCWs highlighted their attachment and bonding with children.

3.3.7 Sub-theme – Attachment and bonding to the CYCWs with children in the CYCC

Some participants spoke about the occurrence of attachment between CYCWs and children in care. However, they differentiated this kind of attachment from the attachment between a mother and child. They spoke about the importance of maintaining professional boundaries. The following quotations are illustrative:

[J17] “For example there is this one girl Kayla. She will even wait for me to come even if I am three days off. She gets jealous when she sees other children are around me. She is bonding with me.”

[M27-M28] “There’s also an attachment between a child and a care worker and there we need to be careful. In my point of view we need to maintain our professional boundaries, I may have a child that I feel I like most because of her behaviour and it will come to a point that I forget to draw a line and that one day the child will leave the centre and the child is too attached to you.”

[K25-K29] “But here our relationship with children here should be professional. I must not pretend to be the child’s mother because I am not going to be in the child’s lives forever. If I start to become a mother, I will end paying attention to only one child, which is not right. The child needs to know that we are in a professional relationship, but I am a guardian and I am taking care of him or her. The bond that we must have must be the professional one.”

For example, children reared in an institutional context lack individual attention and experience low self-esteem (Thompson et al 2016:110), feelings of stigmatisation, and devaluation of self (Vacaru, Sterkenburg & Schuengel 2017:477). Thesen (2014:89) argues that the attachment of institutionalised children to professional caregivers appears to be more complicated. However, past researchers have noted that foster caregivers and non-familial adults were reported by youths to be more important adult figures than biological parents for those in alternative care (Cooley, Wojciak, Farineau & Mullis 2015:2014). Literature stresses the need for CYCWs to show for example, Reimer (2014:316) argues that “without doubt, professional boundaries are important for building effective relationships. They create a sense of assuredness for workers regarding appropriate ways of relating with clients”. Barford and Whelton (2010:273) argue that CYCWs are responsible for a plethora of duties including the formation of relationships with children and youth, providing instruction in daily living, offering individual and group counselling both in formal and informal settings, disciplining, teaching, providing transportation to and from appointments, contacting social workers as well as other services and agencies, working with parents and families, and striving to provide a stable and predictable living environment for a diverse group of children and youth. The role of the CYCW is thus unique. Barford and Whelton (2010:274) maintain that CYCWs are unique despite similarities with other professions such as social work and psychology. The heart of their unique role is their direct participation for extended periods of time in the “life-space” of the children and youth they care for daily.

The sub-theme on attachment developing at an early stage of life will be discussed in the next section.

3.3.8 Sub-theme – Attachment developing at an early stage of life

Attachment theorists have long maintained that the primary attachment relationship develops during the first year of life, usually between the mother and the infant. Maternal sensitivity and responsiveness influence whether the relationship will be secure or insecure. Studies (Harder et al 2013:306; Dozier & Bernard 2017:112) have shown that

secure attachment predicts social competence, whereas insecurity predicts both externalising (aggression) and internalising (withdrawal) forms of behaviour (Moreira et al 2015). Varaden (2016:40) selected for a study on attachment 15 professionals involved in direct care (feeding, bathing, changing diapers, among others) of children from zero to three years, because this is the phase in which the bond with the main figure of care occurs and attachment is developed (Gabatz, Schwartz & Milbrath 2019:2). Shoemaker and Benuto (2017:36) agree with Gabatz et al (2019:6) that attachment theory postulates that attachment forms early on and that children who are three years old, have already formed attachment patterns that will be maintained throughout life. Most researchers quote Bowlby's (1969/1982:265; 1973:8) attachment theory as an important basis for testing the influence of an early close bond between child and the primary caregiver (typically the parent or parents) on the child's subsequent socioemotional development (Chen & Santo 2016:234). Social attachment forms the foundation for children to show willingness to engage in and explore based on secure attachment (Chen & Santo 2016:235; Redshaw & Martin 2013:219).

Some participants understood that attachments developed from the womb and early stages of life of a child.

[B41] "Attachment is very important especially from the first 7 years of the child are very important to bond with the parent or the caregivers."

[O16] "Attachment on a baby starts when the child is born".

[M25] "The attachment starts when the child is still in your womb...".

The second theme focuses the attachment difficulties experienced by children in CYCCs.

3.4 THEME 2 – ATTACHMENT DIFFICULTIES EXPERIENCED BY CHILDREN IN CYCC

The following section contains the participants' views on attachment difficulties children in CYCCs experience. After the interviews, data was analysed and three sub-themes and associated categories emerged including emotional problems, behavioural problems and relational problems (see Table 3.4).

Table 3.4: Attachment difficulties experienced by children in CYCC

| Theme | Sub-themes | Categories | |
|--|----------------------|---|---------------------------------------|
| Attachment difficulties experienced by children in CYCCs | Emotional problems | Children feeling withdrawn and lonely | |
| | | “Distorted Circle of Courage” | |
| | | Children presenting with anger issues | |
| | | | Children feeling rejected and unloved |
| | Behavioural problems | Violence towards other children | |
| | | Substance abuse and absconding from the institution | |
| | | Children behaving defensively and disrespecting CYCWs | |
| | Relational problems | Isolation and resisting relationships | |
| | | Clinging for attention seeking | |
| | | Lack of trust | |
| | | Loss of a sense of belonging | |

The first sub-theme in terms of how children in CYCC experienced attachment difficulties relates to emotional problems.

3.4.1 Sub-theme – Emotional problems

When interacting with their caregivers, children can master how to manage their emotions (Brumariu 2015: 30). Parents are in a better position to educate their children to control their emotions through various socialisation techniques. It is argued that children learn to regulate their emotions through observing their attachment figure's expression of their own emotions and regulation of their behaviour patterns when they experience negative emotions. As a result, caregivers should express minimal negative emotions and demonstrate less anger when reprimanding or discussing difficult and sensitive topics with their children. Parents who are flexible, reliable and sensitive through various forms of interactions and who openly discuss challenging life matters with their children, assists children to effectively express both negative and positive emotions (Brumariu 2015: 30).

Sadly, children who experienced attachment difficulties might have missed the opportunity to learn to be aware of their own and others' emotions. For these children who have experienced adversity, responsive care is especially important to remediate the effects of adversity (Dozier & Bernard 2017:112). Granqvist, Sroufe, Dozier, Hesse, Steele, Van Ijzendoorn, Solomon et al. (2017:537, 539) explain that the concept of child-parent disorganised attachment or avoidant attachment account for proposed "conflicted, disoriented, or fearful behaviour shown by infants toward their caregiver". Children with more anxious attachments show signs of sadness and anger, hence, service providers must be both caring and controlling (Ungar & Ikeda 2017:260).

Participants identified a variety of emotional problems which children with attachment difficulties in CYCCs expressed including withdrawal, loneliness, as a lack of belonging, mastery, generosity and independence, as well as anger, rejection and feeling unloved.

3.4.1.1 Category – Children feeling withdrawn and lonely

The following narratives from CYCW relate that children who experienced a lack of attachment often find it difficult to form close trusting relationships:

[L3] “Withdrawn, sometimes they withdraw themselves from other kids and you find them sitting alone.”

[A38] “When they arrive here, they are very lonely and withdrawn. Therefore, what happens is that care workers and other children will welcome them very well.”

[P25-P26] “Yes, there is a quite a lot of such children here. Such children do not form friends easily, they exclude themselves from the group. They walk alone, they play alone, and they do not want to talk too much. They are closed because they want to get alone.”

For many young children in the child welfare system (CWS), the adverse effects of early exposure to maltreatment are compounded by recurring stress and loss associated with unstable attachment relationships (Pasalich, Flemming, Oxford, Zheng & Spieker 2016:9). Chen and Santo (2016:235) point out that studies have shown that securely attached children had a lower score on a measure for withdrawal than did insecurely attached children. Therefore, children’s insecure attachment relationship with their caregiver may be a risk factor leading to social withdrawal. Gabatz, et al (2019:7) suggest that when taking into account the attachment theory, the formation of a bond with a caregiver during the child’s institutionalisation, reflects the children’s need of a main figure of attachment, who provides them with security and protection for their physical and mental development. When children are alarmed or stressed, they have a basic confidence in the caregiver’s responsiveness and comforting. The caregiver symbolises a secure base from which to explore and develop (Granqvist et al 2017:537).

The next category focuses on the “distorted Circle of Courage”.

3.4.1.2 Category – “Distorted Circle of Courage”

Participants commented on “the distorted Circle of Courage”.

[O27-O28] “It’s a circle that we call, a Circle of Courage with four most important components namely belonging, mastery, generosity and independence. If any component is not there, the child is not full, which means the child will need lot of help for the child to become whole. If one of those components is missing, it makes the child to lose self-image, self-esteem and start to behave bad, displayed unacceptable manners by the society.”

[N34-N35] “The behaviours can change the baby can cry all the time, resist the love and care that you are trying to give. The attachment is distorted. Yes, because the sense of attachment is now lost”.

[F24] “The child will start to cry once, and the mother does not respond to the needs of the baby, the baby cries again, and no one responds. The baby will say that there is no need to cry let me be quite and become confused.”

Jackson (2014a:17) indicate that the Circle of Courage theory provides an approach to positive youth development based on the concepts of belonging, mastery, independence, and generosity. Courage is seen to prevent trauma and post-traumatic growth in children. It is incorporated by various practitioners in fields including medical, education and social work, who apply the Circle of Courage as part of behaviour management programmes” (2014b:28). Jackson (2014a:17) further argues that resilience, values, and character strengths are the Circle of Courage growth needs for development. If the developmental needs are neglected, children are prone to exhibit a variety of social, emotional, and behaviour problems that hinder the socialisation process (Jackson 2014a:17). Rather than reacting to the problems, the Circle of Courage theory encourages CYCWs to respond to children’s needs. The CYCWs identify positive attributes of children rather than focusing on their deficits. Hence a lack of attachment influences the belonging, mastery, generosity and independence of the child and influences their self-esteem

(Bîrneanu 2014:94; Brendtro 2019:10). These sentiments were affirmed by participants who indicated that the four components are treated as a whole.

The next discussion is the fact that the participants remarked on in their perception of the emotional behaviour is that children show anger issues.

3.4.1.3 Category – Children presenting with anger issues

From the literature it is clear that the children present with anger issues as a sign of attachment difficulties or disorder with a lack of trust in the adults in their life (Brendtro 2019:13; Cooley et al 2015:206; McDermott 2016:7). Internalising symptoms can be marked with underlying feelings of fear or distress that may manifest in anxiety and depression and can be categorised by more passive behaviours such as somatic complaints and withdrawal (Cooley et al 2015:206). This is consistent with previous studies which report that children who have experienced early adversities are at risk for behavioural problems and trauma symptoms (Dozier & Bernard 2017:114; Durka & Hacker 2015:392; Razuri, Howard, Parris, Call, DeLuna, Hall, Purvis & Cross 2016:165).

Participants expressed a similar concern relating to the anger issues that children in CYCCs display.

[A30] “They become very angry, very strong anger. For example, if they are playing with other children and they are hurt if they feel like they are being bullied. They will think my mother never loved [me] even here other children are bullying me. They feel unhappy.”

[P23] “The child will feel lost and feel not loved and they get angry and sometimes anger stems from that.”

[G53] “Because of the abuse they experienced through adults. Some they are angry because of the neglect from their parents, ‘you were there but you did not take care of me. You did not protect me’, that what they feel.”

The next category is children feeling rejected and unloved.

3.4.1.4 Category – Children feeling rejected and unloved

Three participants aired their view that children felt rejected and unloved.

[K39] “....they always feel rejected even if you do check with them.”

[L29] “Some of them come from families where they didn’t get that love, the father or mother doesn’t care, they were raped, and a lot happened to them, so they feel like no one cared about them then the social workers take them and bring them here.”

[P23] “The child will feel lost and feel not loved and they get angry and sometimes anger stems from that.”

Children who were emotionally abused are more prone to aggression and interpersonal conflicts and often have a lack of confidence and emotional deprivation at adult age. Children experiencing their parents’ or primary caregivers’ negative emotional reactions, develop a negative self-image and have feelings of worthlessness (Kanak 2018:1884). Erozkán (2016:1071) posits that “as a consequence of the traumatic events they have been subjected to, children can stop trusting caregivers, lose the expectation of being protected by other people and see themselves as being victims in the future”. Children who have been taken from their home environment are extremely vulnerable, for example removal from their families due to abandonment or forcible separation can damage their self-esteem (Bîrneanu 2014:88)

Children in CYCCs with attachment difficulties, often present with behaviour problems as discussed in detail in the next sub-theme.

3.4.2 Sub-theme – Behavioural problems

It is shown in empirical studies that institutionalised children are at risk of non-secure attachment relationships and behavioural problems linked to attachment difficulties (Lionetti et al 2015:3). Further, empirical research also indicates that higher levels of

parental emotional accessibility were associated with decreased levels of emotional and behavioural disorders (Clay, Coates, Tran & Phares 2017:112). Longitudinal studies on managing difficult behaviour of children with disorganised attachment followed the children from one year of age to six years and found that the six-year-old children were showing signs of controlling behaviours towards their parents, avoidance of their parents, dissociative symptoms, behavioural/oppositional problems, emotional disconnection, aggression towards peers and low social competence in preschool (Barlow, Schrader-McMillan, Axford, Wrigley, Sonthalia, Wilkinson, Rawsthorn, Toft & Coad 2016:11-12).

Participants identified violence towards other children, substance abuse, absconding from the institution, disrespectful and defensive behaviour as behaviour problems linked to attachment difficulties.

3.4.2.1 Category – Violence towards other children

The participants in this research shared that they were often challenged by the violent behaviour of children in their care and raised their concerns in this regard.

[N44-N45] “They also start to fight at a very early age. You get surprises that this child is small, how she can fight like that. They develop strong anger when they are very young. It’s not like fighting over toys, it’s serious fight and you can see that this is coming from inside because there is void that needs to be filled up.”

[H27-H31] “If the child sees that my parents do not care they develop a ‘I do not care attitude’. They do not care with anything or anyone. The child will grow up like that with the ‘I do not care attitude’..... That is when [as] a teenager [is or less] you find them with [dangerous] weapons in their bags to school and wherever they go because they do not care. ‘My parents never cared about me, why should I care[also]’. That is when violence starts at school.....”

[E19] “They will become violent and aggressive towards everyone. They will start acting out. They do things so that you may start to give them attention.”

Bowlby (1973:249) states that the most, “violently angry and dysfunctional responses of all, it seems probably, are elicited in children and adolescents who not only experience repeated separations but are constantly subjected to the threat of being abandoned”. Anger is an emotion that stood out in the stories of the youth in alternative care especially for those who experienced past sexual abuse (Steenbakkers, van der Steen & Grietens 2019:45). Radford (2017:17) claims that violence perpetrated by other young people is not necessarily less harmful than that perpetrated by adults. A study from the United Kingdom revealed that abuse within teenage relationships has prevalence rates and includes pushing, slapping, hitting or holding down, punching, strangling, beating up, and hitting someone with an object (Fox, Corr, Gadd & Butler 2014:512). The children’s past experience is often part of their recurring future. In many cases they have developed aggressive patterns to force reluctant caregivers into responding. Similar studies found that many children in care are violent and aggressive (Bîrneanu 2014:88).

Another participant spoke about children’s inability to express and control their emotions, as follows:

[F31] “Some of them they will act out and show confused emotions. For example, a child wants to say ‘I am hungry’, but instead he will shout loud saying that people do not care, [are} useless but only to find that they need to be addressed is hunger. When you dig deeper you find that the child did not have breakfast or lunch.”

[F36] “You see, many children will start to act out because they cannot control their emotions.”

This is confirmed by past research, citing the child’s negative behaviour as a primary cause of placement disruption, while children with more placement disruptions are more likely to have higher levels of negative behaviours (Cooley et al 2015:214). Erozkan (2016:1071) asserts that children with traumatised backgrounds often experience challenges relating to developmental domains, particularly in the sense of social and emotional development such as difficulty or inability to make and sustain friendships; being distant from or exhibiting oppositional behaviour towards parents, caregivers, and

authorities and difficulties in developing trust, intimacy, and affection. This could perhaps be the reason why CYCWs indicated that many children in their care started acting out as they cannot control their emotions.

Besides violence towards other children and the inability to express their emotions the CYCWs mention the problem of substance abuse and absconding which are discussed in the following section.

3.4.2.2 Category – Substance abuse and absconding from the institution

Behaviour problems mentioned by participants remain critical to CYCWs' efforts to assist children with attachment difficulties. Dealing with the children who either use or abuse substances, makes CYCWs live in constant fear for their lives (Molepo & Delpont 2015:154). Moretti, Obsuth, Craiga and Bartolo (2015:120) suggest that attachment insecurity often shows evidence in adolescence among teens who were insecurely attached to their parents in infancy. At adolescence developmental transition, neurobiological and social-relational changes are common. Hornor (2019:617) states that insecure attachment in young children can affect the quality of an individual's relationships for a lifetime. A consequence of a lack of close relationships has been associated with the smoking, and the use of dagga and other substances (Hornor 2019:617).

Participants' experiences are in line with the literature referred to above. They highlighted the problem that children, often adolescents, were involved with substance abuse and absconded from their organisation of safety.

[C35-C36] "Sometimes they abscond, and we do not want that. They are vulnerable outside, and we do not know they are doing outside."

[C31] "Other children they smoke dagga; others they abscond from here".

[L39] "They do smoke, swear and beat each other."

The following category refers to children who were defensive and disrespected their caregivers, the CYCWs.

3.4.2.3 Category – Children behaving defensively and disrespecting CYCWs

Some participants also spoke about children defending themselves, disrespecting staff and having an “I don’t care” attitude. The following quotations are illustrative:

[I19-I21] “Sometimes they are just ignorant when you are talking to them. There is no connection between him and the parents, when you talk to them, they ignore or they stand up for themselves.....Yes, like they are very protective, and they do not want to admit that they did something wrong. They are very defensive even though they know they are wrong.”

[B43] “Some of the children here they will tell you that my mother did not talk to me so why should I talk to you. So as the care worker, you can see what the child missed.”

[J22] “The behaviour they display you can see as a caregiver that a child is misbehaving, talking back at you and not respecting you.”

[L35] “Those that had an “I don’t care attitude” you are not my mom you can’t tell me anything.”

The children who manifest with defensive and disrespectful behaviour towards CYCWs require to be managed in a specific and focused manner — something which some CYCWs might find difficult doing (Molepo & Delport 2015:150). According to Varaden (2016:52) CYCWs need to be sensitive to the uniqueness of each child and their needed interventions. CYCWs may have to be very creative and knowledgeable and can use non-traditional methods to help and care for children (Varaden 2016:52). However, Molepo and Delport (2015:150) admit that “when children’s behaviour deviates from the social norms, many adults find it difficult to manage such behaviour”. CYCWs are faced with various challenges with regards to the disciplining of the children in their care (Molepo 2014:4). CYC practice recognises that becoming involved in a person’s or family’s life is

more than an interpersonal process (Garfat, Freeman, Gharabaghi & Fulcher 2018:11). Hornor (2019:617) confirms that “caring for a child who does not connect with the caregiver can be very labour intensive and unrewarding”. Therefore, it is common for a caregiver to feel disconnected from the child and to feel anger or frustration.

Relational problems are discussed in the next section.

3.4.3 Sub-theme – Relational problems

Some of the participants described the relational problems such as isolation and resisting relationships, clinging for seeking attention, lack of trust, and loss of a sense of belonging in the next section.

3.4.3.1 Category – Isolation and resisting relationships

This section will explore the emerged category of isolation and resisting relationships. The views of participants are explained:

[G51-G52] “Some isolate themselves from other children. Some of our children they get easily irritated. They distance themselves and they are very angry towards adults.”

[N41-N43] “They isolate themselves and you can see that they need love and they are even afraid to come. They express themselves by being withdrawn. When they withdrew themselves, you can see that they have a need, but they do not know how to express themselves.”

[P25-P26] “Yes, there is a quite a lot of such children here. Such children do not form friends easily, they exclude themselves from the group. They walk alone, they play alone and they do not want to talk too much. They are closed because they want to get alone.”

Previous studies are consistent in highlighting the plight of some children who isolate themselves from adults. According to Chen and Santo (2016:242) children whose style of attachment is avoidant, may perceive themselves as unworthy of love and their caregivers as being unavailable and not able to be trusted, they may “turn from exploring the social world to exploring the physical object-oriented world”. The withdrawal of children from CYCWs and other people can be explained by the attachment theory in youth care literature as a means of understanding conduct disorder (Bowlby 2005:154). Literature explains that people isolate themselves because of weakening or diminishment of relationships or social isolation (Bordi & Nicholson 2009:90). Children in CYCC who have lost family or friends and the associated position are inclined to feelings of rejection, worthlessness and loss of self-esteem to express themselves. Children who are repeatedly separated from their attachment figures sometimes no longer trust anyone and become emotionally self-contained. For this reason, the child may reach a point of giving up, unable to risk affectionate attachment with CYCWs. Thus, as explained by CYCWs, some children would respond with rejection or an absence of affection.

3.4.3.2 Category – Clinging for attention seeking

Participants spoke a lot about children displaying attachment problems of clinging to care givers and or friends and seeking attention.

[O30-O33] “Yes, a lot of them, to see there is a lack of attachment, the child is always in company of the child care worker. The child follows you everywhere. You start to see that the child is seeking for attention. I have seen a child that came here saying that she does not have a family. After our investigation, we find that she has parents. The fact that she said that she does not have a family to me shows that there was not attachment at all. The child always was found around child care workers wanting the mother figure to be there for her which was absence at home.”

[K42] “Others, you can see even in friendship, they don’t want other children to befriend. They don’t want to share friends that is their problem.”

[D25] “When they reach the teenage stage, they start to make wrong choices. They start to date older men because they are just looking for a sense of belonging. They feel that if I can give these men whatever they want they will love them back. They [are] just looking for love.”

The responses stipulated above, clearly demonstrate the behaviours of children experiencing attachment difficulty including clinging to CYCWs, relational difficulties with peers and inappropriate relationships with older men as a way of belonging and to be loved. Previous studies confirmed that the work and the setting of residential child and youth care is more intimate than most types of professional helping (Modlin 2018:1). Participants realised that children cling to caregivers for attention seeking. This is a sign of attachment seeking proximity. Since preoccupied children are never sure whether or not they would get what they need, they either become alert or ‘clingy’ in order to get support from CYCWs or other people (Erozkan 2016:1072). Attachment is defined as a strong disposition to seek closeness to and contact with a preferred caregiver (Bowlby 1969/1982:265). and a fundamental human need Bowlby (1969:265) and Ackerman (2018:2) confirm that after separation from parents, children often exhibit extreme behaviours in the form of crying, screaming and clinging. This is also noted by Low and Webster (2018:647) who maintain that “children, as a result of inconsistent caregiving, may exaggerate the expression of distress and needs in order to gain the caregiver’s attention, and may manifest immature and angry behaviours toward the caregiver”. For example, the study by McLean et al (2012:75) reported that “attention seeking’ behaviour was sometimes described as intentional (to attract the proximity of the caregiver or gain the approval of other children) and sometimes unintentional (because the child did not know a better way to gain attention)”.

The violent behaviours mentioned as part of behavioural problems were equated to attention seeking, as is reflected in the following quotations:

[P27] “Sometimes they behave in way that seeks attention. They will do something just to spit someone and get attention. They become mischievous in order to get attention from adults.”

[M41] “Yes there are children like that, they seek attention every time and if you don’t give them, they get angry and feel like you don’t care about them. If you talking to one and another one comes wanting attention, they can quarrel and fight for that.”

[K40] “Once you pay attention to them, they become jealous to other children close to you. They feel like they now own you other children must not come to you but they not showing it straight that I’m fighting because this one is coming close to you they can fight like start a physical fight for no reason yet the main reason is this this one is now coming to you.”

3.4.3.3 Category – Lack of trust

According to participants, in the absence of attachment, children did not trust adults and cannot easily open up or form relationships.

[P24] “They lack trust; they cannot trust in life.”

[B46] “Children experiencing attachment difficult do not trust that you are going to be there for them.”

[G50] “They do not trust adults and it takes time to engage with other children or staff.”

[F28-F30] “They can take time to trust, open up and tell their real stories. Some of them you find that the child has been here for 6 months and they still tell misleading stories and it’s not near to the truth. Other children won’t tell their stories because they do not want their stories to be written down.”

Surprisingly, avoidant attachment, the most common type of insecure attachment discussed by CYCWs, were not part of the previous study by Howard, Razuri, Call, DeLuna, Purvis and Cross (2017:64). McLean et al (2013:244) noted the absence of discussions on attachment and well-researched, evidence-based interventions, specifically developed for foster children with challenging behaviour. In these storylines CYCWs demonstrated that children do not believe that their caregivers were going to be there for them. Mistrust can, according to the attachment theory, be activated because of a perceived threat of abandonment or engulfment, leading to distress. This distress can propel CYCWs to take action to regain felt security (the balance of connection and separateness) (Cassidy 2008:7).

The following category expressed by participants is loss of sense of belonging.

3.4.3.4 Category – Loss of sense of belonging

Maternally deprived children are at risk for insecure attachment with a loss of sense of belonging (Howard et al 2017:63). Literature reveals a challenge in attachment of children or youth in CYCCs due to these children and youth devaluing themselves as they perceive that they are inadequate because of the failure of their biological parents to care for them (Brands-Saliba 2018:9).

Narratives of participants were in line with the above literature findings. With the absence of attachment, participants mentioned that children's sense of belonging to family was lost, as follows:

[O32] “The child has lost some kind of connection with either with the mother or the father or caregiver.”

[M37-M38] “For example, if my mother has been raising my child and here, I come after some years, the child doesn't want me and doesn't understand me even if the child steals something from next door I cannot discipline that child. Who am I, to

that child, the child does not know me? How can I say I am the mother when I was not there?”

The behaviour referred to in the narratives of CYCWs correspond to what literature calls ‘insecure disorganised’ attachment (Duschinsky & Solomon 2017:524; Fresno et al. 2018:422). Children with insecure disorganised attachment lack strategies to cope with stress and this “leaves these children ineffective both in self-sufficiency and in using relationships” to fulfil their needs (Rees 2011:187).

Under Theme 3 in the next section, intervention methods used to assist children with behaviour rooted to attachment difficulties, are highlighted by participants.

3.5 THEME 3 – EXISTING INTERVENTION METHODS TO ASSIST CHILDREN WITH DIFFICULT BEHAVIOUR ROOTED TO ATTACHMENT DIFFICULTIES

Regarding addressing attachment problems, participants shared existing interventions, namely building relationships with children; communication with children; being lenient and loving towards children; being non-judgemental and showing no discrimination towards children; team work; facilitating educational programmes; conducting sporting, arts and recreational activities (Table 3.5). Participants shared that other CYCWs were not sure how to address attachment challenges or did not have any programmes that are related to attachment difficulties.

Table 3.5: Existing intervention methods to assist children with difficult behaviour rooted to attachment difficulties

| Theme | Sub-themes | Categories |
|---|-----------------------|-----------------------------------|
| Existing intervention methods to assist children with difficult behaviour rooted to attachment difficulties | Relationship building | Building of trusting relationship |

| | | |
|--|---|---|
| | | Communication with children |
| | | Being lenient and loving to children |
| | | Being non-judgemental or showing no discrimination towards children |
| | Team work | |
| | Educational programmes and life skills sessions | |
| | Groups, one-on-one sessions and observations | |
| | Arts, playing and recreational activities with children | |
| | No programmes or not sure of programmes | |

The first sub-theme in terms of Intervention methods to assist children with difficult behaviour rooted in attachment difficulties is relationship building.

3.5.1 Sub-theme – Relationship building

Building close and intimate relationships with the children was indicated as a way of addressing attachment problems in children:

3.5.1.1 Category – Building of trusting relationship

The importance of building a relationship with children in CYCCs were stressed:

[N47-N49] “Though I know that I am not their biological parent I will try to bring that particular child closer to my heart. Even if they see that this is not normal home, they need to feel that kind of love. Even if I know I will never fill that emptiness at least I should just to make that particular feel the warmth.”

[L30-L31] “When they hear that we love them and when they start acting out, we do not treat them like their parents or caregivers did, we show them love. If we

don't show them love and care again, they will just say my life is a mess no one loves me or care about me and the behaviour will get worse.”

[P32-P33] “And building attachment, we need to have a relationship and connection with children and know how to develop those relationships. We need to have a trusting relationship, we create activities and programmed that allows child engagement and participation.”

Even though young people may not initially be ready to engage with risk-focused interventions, when a window opens that suggests a young person does want to change their life, there is already a worker in place they can turn their trust to (Hickle & Hallett 2016:302). Trust is also instilled where young people feel that their rights, views, agency, privacy and confidentiality are respected, and their participation is promoted through receiving information and explanations so that they understand their situation (Hickle & Hallett 2016:304). Cameron and Maginn (2009:101) state the view that “children will often let adults know how they are feeling in a variety of non-verbal ways, often forcefully by evoking powerful and sometimes overwhelming emotions in significant adults”. If CYCWs would take time to understand where inappropriate behaviour emanates from, there is room for building trusting relationships. (Molepo & Delpont 2015:151). By building trusting relationships, CYCWs can promote a shift toward attachment security among teens who were insecurely attached as infants (Moretti et al. 2015:120).

In the next discussion, the category that emerged is communication with children.

3.5.1.2 Category – Communication with children

Participants mentioned that the children have an opportunity to talk and such platforms assist CYCWs to listen and observe a different behaviour.

[L36] “We do talk to them and that’s when we find out more about them.”

[E29] “Sometimes they just want to share their experiences and we are just there to listen.”

[H39-H40] “Sometimes we do generally discussion with them, listening to their feelings. Give them a platform to talk. We talk about behaviour in general, in a group so that you see different behaviour they display.”

Communication is important for children and youth as the services rendered by child and youth care practitioners relates to engage with young people in the context and complexity of daily life interactions to promote their optimal development. Wahler (2019:251) confirms that “communication, relationship forming, and rapport building are core skills for initiating services and retaining clients in social work services”. This is consistent with the assertion that social workers or CYCWs have been expected to communicate with young children sufficiently to ascertain their wishes and feelings (Handley & Doyle 2014:443). The above story lines demonstrate the idea that children should not be mere “objects of concern”, but that CYCWs should take into account “the ascertainable wishes and feelings” of the child concerned (Handley & Doyle 2014:443). Thus, when communication platforms are given to deduce the voices of children, it enables CYCWs to work effectively with children. Group sessions are healthy in that while engaged in such a shared activity, the caregivers are able to model, repeat and expand on the child’s utterances (Morwane, Dada & Bornman 2019:2). CYCWs can use storytelling as a method of communication. According to Morwane et al (2019:2) scaffolding techniques, such as asking open-ended questions, talking about the story, and expanding on the child’s comments while reading storybooks, can be used.

The following category focuses on being lenient and loving to children.

3.5.1.3 Category – Being lenient and loving to children

Participants recommended that children need CYCWs who show them leniency and love.

[D57] “You know everyone is unique. But I feel that we need to be more lenient with children and listen. They are saying that I am too sweet towards children. Shouting at

children for me is like a burden I am carrying. So, we need to remain calm with the children.”

[G78] “We need to show love to our children despite of their background. I usually tell our children that we are out of apartheid and we are the same.”

This is consistent with the perception that love serves as a requirement for healthy development and that a lack of basic love for others and a willingness to be stretched and grow in that love, may be an indication of the need for an individual to consider a different field of work (Garfat, et al 2018:17; Freeman & Garfat 2014:26). Hence the role of love in the CYC field is affirmed as important with the CYCWs connectedness with the child (Garfat et al 2018:20). The findings of Moretti et al (2015:194) suggest that “reflective capacity enables caregivers to respond to their child’s behaviour with openness and acceptance of difficult feelings” and enables both to come to an understanding of the child’s experience. It is without doubt that love is a fundamental characteristic of relational CYC practice, in this sense CYCWs should respond with love to the children in their care (Garfat et al 2018:20).

The next category which emerged is being non-judgemental or showing no discrimination towards children.

3.5.1.4 Category – Being non-judgemental or showing no discrimination towards children

As portrayed in this study, CYCWs recommended the need for being non-judgemental and non-discriminating towards children.

[K60] “We must not judge our children. Judging is the worst thing that is destroying our children. Comparing children because they are coming from different backgrounds is not good.”

[K61] “We must not discriminate our children, verbally or by our actions until you know the story of the child. You need not to discriminate by any chance because

they can see it quickly. Discrimination is destroying the children and we need to stop calling them names.”

The participants' views on non-discrimination are in line with Wagstaff and McLuckey's (2018:8) perspective that that disrespectful or discriminatory treatment of, or manner towards, young people based on their perceived or actual sexual orientation are examples of violation of professional practice. To encourage good professional values for social work support services, CYCWs practice should, like social work, uphold values of respect for human rights and human dignity, social justice, and professional conduct (Wagstaff & McLuckey 2018:8).

The sub-theme on team work is next in the discussion.

3.5.2 Sub-theme – Team work

Participants spoke about working with social workers to address attachment problems. CYCWs referred children who refuse to talk, with emotional problems and difficult behaviour to social workers for intervention. This was stated as follows:

[K48] “If I identify the children with emotional issues, I approach the social worker and management and tell them what I have observed and what I want to do. [K49] The social worker will address those needs and then I choose a programme to do with the children keeping in mind that the needs of the children differ.”

[K58-K59] “If the problem is big, we involve their social workers to assist. For instance, if I fore see a problem with a child I discuss with the relevant social worker. The relevant social worker will take whatever to the senior social worker, then they will arrange for the child for example if the child has a psychological need, the child will then be taken to the psychologist for more help.”

[H44-H45] “Sometimes we sit together and discuss about children. They come and find information from us because we are with children all the times. We are all learning from each other, and team work is very important.”

Buljac-Samardzic, Van Wijngaarden, Van Wijk and Van Exel (2011:307) admit that improving multidisciplinary teamwork among caregivers improves effectiveness. In the South African context, when a child is placed in alternative care, a social worker manages the case, but CYCWs undertake therapeutic life space work with the child, supervise foster care placements, or mentor the children in a child-headed household. Thus, CYCWs can only refer the children who are abused or in need of care. Their role is to conduct developmental assessments and identify the problems. Social workers are the only professionals authorised by the Children's Act to conduct investigations to determine if a child is in need of care and protection, and to write reports for children's court inquiries (Jamieson 2013:4). For this reason, CYCWs cannot bypass working with social workers. Team work has been indicated by Phillips and Walsh (2019:17) who state the ideal of various professionals working together with the child and their family. The literature confirms that the more CYCWs and everyone who is working together within CYC practice, (Garfat et al 2018:31) are "unified and not 'us and them', the more successful everyone will be in supporting developmental outcomes for the people with whom we work". Collaborative holistic, ecological and inclusive practice makes role players understand they are all working together for the well-being of children (Garfat et al 2018:31).

Team work also refers to co-workers supporting each other and working together:

[G74-G75] "Our shift we support each other, and I will not talk about other shifts. We are three ladies in my shift. But I will talk about myself only, I am a person who do not hold grudges and if you do something I will not wait for tomorrow, I will tell you there and there. Whatever we do we agree. If we observe that one is performing and getting out of control, we agree on our approach."

[K55] "Here we work hand in hand. It depends on a person; I don't feel that I can change a child but together as a team we can change whatever situation."

Participants' sentiments coincide with those of literature that there is a need for team work. Varaden (2016:54) argues that CYCWs have a challenge relating to a lack of proper

team work. Cooperation between different stakeholders in the community who support the same philosophy in strengths-based practice is a critical component in caregiving work (Garfat et al 2018:32; Zegarac & Burgund 2017:43). To work as a unit is emphasised in literature because relationships are perceived as the foundation of all CYCWs' work while connection is seen as the foundation of relationships with one another (Garfat et al. 2018:32).

The other intervention methods to assist children with behaviour rooted in attachment difficulties are linked to educational programmes and life skills sessions.

3.5.3 Sub-theme – Educational programmes and life skills sessions

All participants concurred that the educational and life skills sessions, ensuring that a child's developmental milestones can be fully realised, were the best institutional interventions available. These programmes include emotional care, assertiveness, HIV and AIDS, recreational skills, life skills and communication skills sessions as explained by participants:

[K48-K50] “Yes, I run the programme [emotional care programme] together with social workers..... We encourage children to communicate their feelings and emotions, others they keep quiet and withdraw themselves from us if they experience negative emotions, sometimes we give them space and then talk with them later.”

[M46] “Yes, we do, we have assertive programs teaching them about self-esteem, substance abuse, hygiene issues, teenage pregnancy, educational programmes and recreational programmes, life skills and communication skills how they talk to others.”

[A40] “We do have some programmes, for example my focus here is HIV and AIDS, others they do wellness. We do not do the same things. If I am running my programme, I select children that specifically address the issues of HIV and AIDS.”

[P30] “We have what we call the Circle of Courage which is what we use to assess our children and it have four major points namely that includes belonging, mastery, independent and generosity we use that to assess the children.”

Life skills sessions on assertiveness and self-introspection to help children identify and communicate their feelings, were mentioned as follows:

[H36-H37] “We do behaviour management and self- introspection, because if the child if is aware of herself, they do not act like the next person. They act because they are aware of the feelings, emotions and that they are different from the nest person.”

[F34] “Educating them for example, teach them to be assertive and encourage them to identify their feelings, if they are happy or sad must learn to say it in words. If you do not like jokes say it, because jokes can end up teasing each other and teasing can end up in bullying and fighting.”

The educational programmes are important in changing vulnerable children. Studies highlight that there is good evidence for the effectiveness of attachment-based programmes for both adults and younger children and their parents (Moretti et al 2015:120). The storylines of participants indicate their knowledge and application of the Circle of Courage theory to measure the needs of children. The Circle of Courage suggests four universal growth needs which apply to children and youth in any culture or learning environment: belonging, mastery, independence, and generosity (Brendtro 2014:6). When these needs are met, children thrive. When neglected, children present a host of social, emotional, learning and behaviour problems. Children estranged from positive, supportive adults and peers remain emotionally and (often) morally adrift. CYCWs are able to understand that without healthy attachment and belonging, children’s ability to control their impulses (such as bullying and fighting), join in with others, develop empathy, accept and celebrate differences in others and behave respectfully towards

themselves and those they come into contact with, is severely impaired. When children have a sense of belonging, they become stable in relationships with CYCWs and others. According to Brendtro (2014:6) children estranged from positive attachment can become resentful and withdraw, resist efforts to gain their trust, retreat by becoming truant, dropping out of school, or by turning to substance abuse.

The study revealed that the other key interventions discussed in the next sub-theme are the use of groups, one-on-one sessions and observations techniques.

3.5.4 Sub-theme – Groups, one-on-one sessions and observations

It emerged from the study that participants have groups, individual sessions and use observation to help children. This was evident from the following explanations from participants:

[O40-O41] “We have peer group sessions where children have an opportunity to share their experiences. The other thing is one-on-one session with the children looking at the strength of the child because every child has a strength. We use the strength of the child to divert the attachment problems into something positive.”

[L34] “We work with them in groups; we want them to engage in conversations, we talk with them.”

[G60] “Us we do observation, and we report to the social worker. We sent the child to the social workers and social workers do counselling sessions with them.”

Observation is basic to everything that CYCWs do in their work (Thesen 2014:90). Previous research indicates that when caregivers can observe and reflect on the factors that trigger their child’s behaviour, such as their child’s feelings and needs, they are better equipped to make sense of difficult behaviour (Moretti et al 2015:194). Perhaps the lack of adequate training for CYCWs affects their rendering of services as reported by previous studies (Jamieson 2013:6). A child-centred approach can be used in groups and

individual sessions. Zegarac and Burgund (2017:42) posit that “a child-centred approach recognizes that children have the knowledge, strength and ability to actively participate in determining their own situations and circumstances and to contribute to decision-making related to those circumstances.” The child-centred approach is useful as it gives children the power to talk about their situation rather than having it imposed on them without participation. For this reason, CYCWs explained that they engage with the children and encourage conversation which brings out the children’s needs. Discussions will enable children to disclose maltreatment to a caregiver while protecting the child’s right to confidentiality.

The following sub-theme which emerged points to arts, playing, and recreational activities with children.

3.5.5 Sub-theme – Arts, playing and recreational activities with children

Participants reported using sporting programmes such as netball and soccer, recreational, arts and outings as ways of addressing attachment problems in children.

[B50] “We do have programmes, we involve them in sports, and we go with them to play.”

[E27] “We have sports, soccer and netball. But first we need to check who is interested.”

L37] “They love music, dancing, drawing and art.”

Some of the participants explained how such activities promote interaction among children; make them feel loved and relieved from stress:

[M43] “We make groups and play games to make children socialise example netball then after we sit and share and talk about what they like for example singing and dancing.”

[P35] “We also do sports, arts, drama and music to engage and build attachment to young people. We interact, they interact and it’s easy for them to make friends.”

[B52] “We take them out and make them feel special.”

[B53] “But we do have camps we take them and distress with them. I think camping is very nice for emotional distressing.”

Doll-play may be more developmentally appropriate for preschool-aged children than for older children where activities promote interaction among children, make them feel loved and relieved from stress (Howard et al. 2017:64). Howard et al, (2017:65) echo these sentiments; “children may be able to express emotions through drawings that they are unable to communicate or feel uncomfortable expressing verbally”. The drawings provide an important platform and outlet for opening up of unconscious and emotional memories. This is consistent with views that play promotes the mental health of children. Play functions as the major means by which children develop intrinsic interests and competencies; learn how to make decisions, solve problems, exert self-control, and follow rules; learn to regulate their emotions; make friends and learn to get along with others as equals; and experience joy (Goldstein 2012:27). The importance of recreation was emphasised by Roche (2019:10) who found that recreation including sports, games, and general playing were part of everyday life and routine for children in residential care settings (RCSs).

Some participants however were not aware of specific programmes which could assist with attachment problems.

3.5.6 Sub-theme – No programmes or not sure of programmes

Some participants said they did not have specific attachment programmes for children, while others were not sure of whether they did or not. They mentioned that if they identify children experiencing attachment difficulties, they refer them to social workers. They noted the limitations of attachment programmes within the context of a CYCWs:

[C34] “You know I do not know, I am not sure what can be done because it’s not for us to go back home and check the environments where they come from and work with families. But we see them here and we deal with the behaviour that is working in the moment.”

[F40]” We do not have specific programmes to see change of behaviour in children.”

[G59] “We do have programmes, but they are not related to attachment difficulties. If we identify children who have attachment difficulties, we refer them to social workers.”

Availability of programmes can aid the recovery of children who suffer from attachment difficulties. Jahanbakhsh, Bahadori, Amiri, Asgari-Mobarake (2014:12) point out that the best way to treat children with attachment difficulties and the problems caused by it, is attachment therapy. Attachment therapy mainly focuses on changing the point of view that children with attachment problems have about adults and the world; they learn that adults can be trustworthy and helpful and can provide them with safety and contrary to what they think, adults don't always harm and limit them. Garfat et al (2018:26) however, highlight that there is no one- size-fits-all approach, but rather that CYCWs may have to apply flexibility and individuality to principles when interacting with each child.

The study also collected information regarding challenges faced by CYCCs. In Theme 4 these responses are discussed.

3.6 THEME 4 – CHALLENGES EXPERIENCED BY CYCCS IN WORKING WITH CHILDREN WITH ATTACHMENT DIFFICULTIES

CYCW participants commented that they render services with different challenges such as lack of collaboration from social workers, poor communication, lack of sharing of children’s information and a general lack of support for CYCWs.

Table 3.6: Challenges experienced by CYCCs in working with children with attachment difficulties

| Theme | Sub-themes | Categories |
|---|--|---|
| Challenges experienced by CYCCs in working with children with attachment difficulties | Lack of collaborative work with social workers and CYCWs | Poor communication between social workers and CYCWs |
| | | Confidentiality and sharing of children's information |
| | | Impact of not sharing information of CYCW's work |
| | | Social workers having limited contact with children |
| | | Not preparing children for foster care or reunification |
| | Lack of caring and support of CYCWs | |
| | Challenges with shifts and personal problems | |
| | Delayed feedback from management | |
| | Lack of tangible immediate results | |

The first sub-theme in terms of challenges experienced by CYCCs in working with children with attachment difficulties is a lack of collaborative work with social workers and CYCWs.

3.6.1 Sub-theme – Lack of collaborative work with social workers and CYCWs

Participants are of the view that there should be collaboration between social workers and CYCWs. This situation is confirmed by Veraden (2016:53) who concurred that other challenges facing CYCWs are lack of communication and transparency from management and supervisors, and the lack of support from management and lack of

accountability between CYCWs and field social workers. The author highlighted the challenges such as favouritism and conflict over staff selection; lack of involvement in decision-making; and lack of consultation and participation (Veraden 2016:53).

3.6.1.1 Category – Poor communication between social workers and CYCWs

Participants spoke about social workers not sharing background information on children and their intervention, yet they were spending less time with the children as compared to CYCWs. They felt that they were entitled to know children's background information:

[G85] "I have observed that social worker tells children that do not tell child and youth care workers why you are here. And social worker forget that we spend 24 hours with them. Social workers only spend little time with children after school for only 10 minutes."

[M51] "The social workers don't even at least give us a little background about the child, where are they coming from? Are they taking any medication? Unless the child is coming from the streets then we understand they don't have a file the child was brought by the police."

[E30-E31] "They do not report back to us. This is affecting us a lot. At least they must come back and say from what you have reported this is what I did?"

[J47-J48] "...the social workers only call you when there is panel and they want you to provide progress of the child. Parents come on Wednesdays or weekends to see the child. You will see the child on Wednesday, you come back the child is gone, and no one will bother to give you feedback. Sometimes even our supervisors they forget to do that."

The above participants indicated the poor relationships with other professionals as a hindrance to the CYCWs' work. This did not come as a surprise given that there is a body of knowledge which acknowledges the conflicts between CYC work with social workers (Molepo 2014:239). Literature shows that residential work can be very intense, and the environment is often crisis-driven, and this results in a loss of boundaries, or blurred

boundaries between working staff. CCWs must manage the activities of day- to-day life and this running of household affairs can cause conflict such as gossip, lack of trust, cliques and personal relationships, which result in negativity, discord and a lack of satisfaction (Varaden 2016:52).

Unlike the previous study, Modlin (2018:165) discovered that co-workers would feel good if the team is “on the same page”. Hence, CYCWs could attempt to remove themselves from the above distressing situation, or by relying on support from others as a coping mechanism (Modlin 2018:166). Phillips and Walsh (2019:23) suggest that communication and information-sharing in the child welfare system should occur regularly, on an as-needed basis, and in a timely manner. The present literature, however, offers only slight direction regarding how professionals in the child welfare system should cooperate. Phillips and Walsh (2019:18) propose joint budgeting, cross-training, developing memoranda of understanding, protocols for information-sharing, shared funding, and colocation of staff to enhance collaboration between various role players. It is without doubt that the voice of participants points to literature that emphasises communication/information-sharing and sharing ideas/perspectives, joint decision-making, remaining respectful and “not making it personal” (Phillips & Walsh 2019:25).

3.6.1.2 Category – Confidentiality and sharing of children’s information

Most of the participants related social workers’ unwillingness to share information to the ethical obligation of confidentiality, as follows:

[F51] “...one more thing that makes our work difficult is the issue of confidential and I know it’s some of the social work ethics that they are not obliged to give out information to another person outside my profession because it’s a breach of confidentiality.”

[J34-J35] "...so they do not go far because some of the things are only for them and the child. Usually social worker they do not tell us 100% because of confidentiality they don't."

Another participant felt that there was a misconception and others explained how they get to know the background information of some children:

[O44] "To tell the truth, there is a misconception about confidentiality with social worker. That is our problem. There is a misconception of understanding what is confidentiality and confidentiality to who?"

[D48-D49] "In cases where children are admitted during the weekend, who gathers the information since social workers do not work on weekends? If children are admitted during the weekend or night shift that we do admission and we get some information of children. But those who are admitted during the week, we do not know their background."

[M49-M50] "They talk of confidential which confuses me because most of the time I know more than what the social worker knows, I know the real story than what they know..... The children tell us [their real story], we don't need to ask what happened because we are not allowed ask them to tell us if they want to."

These communication problems are also addressed by Durlak and DuPre (2008:327) who emphasise the negative implications of not adhering to "specific practices and processes", inclusive of shared decision-making, coordination with other agencies, communication with inter- and intra-organisational networks, and formulation of tasks and procedures that clarify roles and responsibilities. The sentiments of participants on confidentiality is contrary between social workers and CYCWs. However, decisions about childcare are not always straightforward and this could perhaps be the root cause of conflict between social workers and CYCWs. Decisions on confidentiality ought to be made with the "best interests of the child" in mind. However, what is meant by the "best interests of the child"

is not always the same for different people and stakeholders (Mkhwanazi, Makusha, Blackie, Manderson, Hall & Huijbregts 2018:70).

3.6.1.3 Category – Impact of a lack of information on CYCWs' work

Participants explained how the lack of information on children's background and progress impacted on their work. Participants reported hurting children unintentionally as follows:

[G66] "At the end of the day, I do not know that the child was sexually abused. I will say a word that is related to the child's case not with the intention of hurting the child. Tomorrow you are called by the social workers and your supervisor. They will say that a child complained because you talk to him or her in a manner that hurt the child. But at some point, you discover that you were only rectifying a problem not knowing that you are provoking the child's feeling and his or her past experiences."

[F52] "Us as child and youth care worker we have to guess; we end up saying she is rude. When we say that, she will become more frustrated thinking that we are saying that she is rude, but she feels 'I [was] raped'. We are just responding to her behaviour; the child is expecting us to say that it's not your fault on what you went through. The child will be more confused because we are sending conflicting message."

[B63] "Especially on weekends you find the parents are here to collect the child you deny the child from going home. No one told you that the child will be fetched. You will deny the child [the opportunity] to go home. The child will feel that you are treating him or her bad, but you were not involved."

Without information participants mentioned experiencing difficulties in observing children for necessary information and developing relevant intervention plans, as is evident from the following quotations:

[D44] “When it comes to panels meetings they will say, one child and youth care worker must come for panel discussion. They will ask questions, what did you observe from the child? First of all, I did not know the background, so I did not know what to observe. I may say that the child was jumping, not knowing that it was supposed to happen because we do not know the background of the children.”

[D50] “Even if I want to do programmes with them, what programme are suitable for them because I know they have different problem. If [I] know that these children are having challenges I will come up with programme. I can do programme in pairs or one on one if I know what are the challenges of the children. So, during the panel, we will be on the same page.”

[M48] “You cannot give us a child to deal with especially when I don’t know about the child. How can I talk to the child or discipline the child when I don’t know about the child’s background and what’s the cause of that behaviour.”

Other participants mentioned the challenges when attending to children’s medical needs as follows:

[B65-B66] “We are taking them to the clinic. You take the child to the clinic, they will ask about the history of the child and you don’t know about the history of the child. You are only taking the child for a specific sickness and they ask you the history and you do not know anything.”

[J40] “I understand it’s confidential[ly] but it’s risky for us especially if the child is having a medical condition, you won’t know if the child is sick and the social workers are the ones who know, and they do not tell you.”

[B76-B79] “We are in September now; we have children in our toddler section who have never had immunisation since the start of the year. These children are under the age of 8 all of them. They need immunisations. I do not know why the children are not going for immunisation; maybe they do not have cards. Maybe in other teams’ shift they go. I remember asking one of my team members when are these

children going for immunisation, only to find out that a week after that one of the children is supposed to go to the clinic. When I went to the clinic, the nurse asked for a yellow card and they saw that the child missed three immunisations. Those are some of the things that do not sit well with us child and youth care workers.”

Another participant mentioned the inability to prepare children for court as follows:

[L44-L45] “Sometimes when the child [is] supposed to go to court as the child care worker I must know that I prepare the child, but I am never informed on time maybe I had put the child on program then I am told the child must go to court. They must communicate to us that on this day the child is going to court then we prepare the child on time.”

Participants expressed feelings of being demotivated and disempowered due to a lack of information:

[B81-B82] “It makes us feel disempowered, like people who know nothing. That is how they treat us that you don’t know anything that you just have to look after children. That is why sometimes we do not want to do programmes because you are treated like that. We just come in, sit, bath the children and put them there. We feel that no one cares for us.”

[J45] “I’m working night and day and it’s me who’s supposed to answer questions and I don’t know, it makes me feel like I don’t know my job.”

The fact that CYCWs are carers employed at the CYCC for the day-to-day care of children (Hope & Van Wyk 2018:421) influences elements of the child protection system. The elements of serving multiple professional roles within the system include social, health, education and child development. As indicated in previous studies, tension exists between “people-processing” (i.e. “not to change the behaviour of people directly but to

process them and confer public statuses on them”) and “people-changing” (refers to “humanistic connotations of wellbeing”) which are part of child welfare systems. The work is monitored and assessed by bureaucratic systems for work completion. Tensions and conflict between these two institutional aims—people-processing and people-changing—have been noted and studied by scholars of bureaucracy and of social work and child welfare casework practice (Gibson et al 2018:44). Although CYCWs complain about lack of communication with social workers about the child, the bottom line could be the fact that social workers are overwhelmed with paperwork. Gibson et al (2018:45) warns that too much paperwork can impede caseworkers from developing relationships with youth and their families that are essential to promoting well-being. However, paperwork can also be a tool for advocacy, empowerment and relationship-building. Hence a balance needs to be found between “people-processing” and ‘people-changing”.

The following sub-theme emerged as participants bemoan the fact that social workers do not have enough contact with the children.

3.6.1.4 Category – Social workers having limited contact with children

Participants experienced social work contacts with children to be inadequate, as follows:

[P37] “Social Workers only see the children once in a while and it’s not in aligning with what we ascribed to them according to our own assessment.”

[I31] “But Social Workers who bring children at the centre create some problems for us. They leave children and go forever.”

[D40] “Social Workers only come to see the children if they want to do something with the children. I think that is not right.”

These sentiments are consistent with the view that in many practice settings, CYCWs often complain about not being given a “voice” (Molepo 2014:340). The literature largely focuses on identifying factors that promote or impede the collaboration between social workers and CYCWs. Therefore, the factors that could facilitate collaboration include

understanding other professionals' roles and responsibilities, mutual trust and respect, and viewing collaboration as beneficial to themselves or their clients (Phillips & Walsh 2019:19). Similarly, Morrison (2016:1) postulates that children appreciate it when social workers have qualities such as honesty, reliability and consistency during communication. Communication skills are fundamental for social work practice (Forrester et al 2019:2148).

3.6.1.5 Category – Not preparing children for foster care or reunification

Participants felt that children were not adequately prepared for foster care or reunification as all the household chores are done for them:

[D51-D52] "I feel like at times children are being failed at the institution. They do not wash dishes or do anything. They just eat and sleep and then they become comfortable. They are not prepared that this is a temporary safety and one day they will go back home."

[B24] "For example, we have a child who was here since he was a toddler and he was reunified last year, and he was over 20 because social workers had an excuse that they could not find anyone suitable to look after him. He was placed [with] different foster parents but he was returned back. I remember the other foster parents who were very interested in him, [but then] returned him back. The foster parent complained about his attitude, he was lazy. Because we do everything for them here, the child was surprised when knew he has to wash and cook for himself. The child was returned three times by different foster parents complaining about one thing that he doesn't want to do anything, and he has bad attitude."

The above statements capture the concept of CYCWs as being both generalists and specialists (Molepo 2014:235). Without being able to come up with initiatives of their own, CYCWs can feel demoralised and counterproductive. This feeling is perhaps a result of a top-down approach that is utilised by management (Agere 2014:66).

Another participant experienced the disengagement between children and staff to be abrupt as is evident from the following excerpt:

[B57-B58] "...the only problem that we encounter is that sometimes we feel so attached to the child and he or she feels attached to you. When it is time for them to go it becomes so difficult. You feel that the child is going, and they also feel the same, especially if they are going to another children's home. It's better if they are going back home. It's bad sometimes because you don't have time to say bye to the child you have stayed with."

These voiced concerns are consistent with literature stressing the importance of reunification programmes for children to be ready for a new life after a CYCC. As Balsells, Pastor, Amorós, Mateos, Ponce and Navajas (2014:810) state, the reunification process must be encouraged as recommended by the Child Welfare Information Gateway training programmes designed to empower families. Literature supports reunification programmes, including socio-educational programmes for teaching parenting skills. Moreover, researchers also recommend training that addresses the specific needs relevant to each stage of the reunification process (Balsells et al 2014:810). Besides parents receiving training, children should be active agents in the reunification process and in decision-making (Inchaurrondo, Fuentes-Peláez, Vicente & Bolós 2018:575).

The following sub-theme emerged as participants highlighted the lack of caring and support.

3.6.2 Sub-theme – Lack of caring and support of CYCWs

Participants expressed a lack of care and emotional support for CYCWs. They mentioned not being heard when they raise issues affecting their work, as indicated below:

[L46] "We have been crying about the issue of confidentiality. Sometimes we feel like we are not been heard when we talk. We have been crying and no one is listening to us."

[B83-B84] “You know we do not get emotional support and I have never received any psychological support from anyone so much I do not need it now. Even if I have a problem, I do not tell anyone because I feel no one care. Even our seniors [managers] they do not care. I had a problem last year; I even told my supervisor. I requested for a transfer to Walter Sisulu because it’s far coming from Soweto to here. People here they do not care. I can’t wait for me to leave this place. I am not coping.”

When there are incidents of serious behavioural problems, participants complained about being criticised and blamed instead of being given emotional support through debriefing. The following quotations are illustrative:

[F56] “You may find yourself in a situation whereby children get involved in a serious fight where they end up stabbing each other. You get called for a multidisciplinary meeting. They keep on bombarding you with questions, where were you? What programmes have you rendered to the child? So, you feel that they want to kill you now for the behaviours of other people. It’s sad.”

[P42-P44] “.....we are being criticised here especially if something happens to a child a negative incident. The only questions they normal ask is, “where was the child care worker”. They do not care about how you feel; emotional support is not happening here. If you do not debrief yourself or go for your own counselling or find your activities, you are in trouble because no one will help you.”

[O52-O53] “There are no debriefing sessions. We are just thrown in a corner and asked to deal with issues ourselves. Child care workers are easily blamed when anything goes wrong in the institution. They always asked a question, “where was the child care worker.” Sometimes you have to manage 50 children, how you could supervise 50 children with two staff members and expect to know where the children are at the same time.”

Although the working conditions of staff and child:staff ratio were not raised in the interview schedule, this could be the reason for supervisors criticising the CYCWs. Previous studies for example, Molepo and Delpont (2015:157) note that “job pressure could potentially be reduced by increasing the number of staff to obtain a balanced staff: children ratio is of vital significance and should receive adequate attention”. The negative feeling of lack of co-worker’s support is not consistent with Modlin’s (2018:164) findings that participants cited support from their co-workers as pivotal to their ability to do the job. Participates alluded to not coping with work. This is supported in literature that demonstrates that the work of a CYCW is physically demanding; including purchasing and preparing food, cleaning and home maintenance, assisting with transport, medical appointments, liaising with government staff and others, assisting children with social interactions, as well as school homework, personal tasks such as lifting, carrying, washing, going to the toilet, and feeding (Mkhwanazi et al 2018:71). From the storylines it is clear that the work is also emotionally demanding and that CYCW sometimes experience personal problems.

The next section focuses on the sub-theme of challenges with shifts and personal problems.

3.6.3 Sub-theme – Challenges with shifts and personal problems

Participants mentioned that fights occurred among shifts and that people bring their personal issues to work:

[M57] “The children will notice and know this shift is not agreeing with this shift then they get in between and manipulate the staff.”

[H50] “People are bringing their personal problem to work. Because you do not like me then you will listen to all the information and that causes a fight.”

[G77] “We need to stop assuming things. If you do not understand, talk to me do not assume. We are from different cultures and we use different words. I can say a word in my language and in a Pedi it’s a negative word. Ask if you do not understand do not wait until tomorrow. People have a tendency of asking other people about you and such people will interpret things wrong. Come to the person not going around so that you get the clarification.”

Participants mention that their colleagues show signs of strain. This corresponds with Modlin’s (2018:121) perspective that the biggest challenge faced by CYCWs is “the personal toll it took on the practitioners themselves”. This corroborates with sentiments from Varaden (2016:52) who posit that CCWs pass through stages of growth, both personally and professionally. Personal problems are likely to impact on the work because this profession is contextualised within the interactional relationship between the CYCW and child. Successful interventions rarely occur without the input of dynamics of the CYCW’s unique culture on problem-solving. The previous study indicates that personal problems could be managed with a health strategy. For instance, Winter et al (2017:1435) reported that “social workers offered informal support to each other through sharing food as well as sharing discussions about their cases, their private lives and their relationships with other professionals”. Every child, youth, and family possess unique concerns requiring individual interventions, regardless of the environment as their sources of support. Hence, Pickrem (2015:5) explains that individual CYCWs who get exposed to vivid and traumatic information about clients, can develop unfavourable changes in regard to professional views of self and others; for example, a reduced sense of accomplishment as well as increased exhaustion, and depersonalising of clients.

3.6.4 Sub-themes – Delayed feedback from management

Participants complained that when they make a request or raise a query to their seniors, they do not get feedback in time.

[B93] “It takes forever to get things and items you requested, for example I requested for crayons books and pens for my programme, I did not get them. I decided to go to

the library in Benoni and they gave me some of the items that I needed. It takes time here for things to happen. In NGOs, we request something; it's approved there and there. I miss NGOs."

[L47] "People need to listen to us when we raise our queries, starting from our HOD [head of department], managers and supervisor. Sometimes you feel like giving up because people they are not respecting your opinions."

This experience of participants is echoed by Gibson et al (2018:43) that children in residential care have "multiple and complex difficulties [are] laced together in an environment that is ill-equipped to meet their complex developmental needs". A qualitative study on child welfare workers assessed how factors impact employee retention and turnover in focus groups with 25 employees at different stages of employment: resigned case managers, case managers employed for less than one year and more than three years, and supervisors (Johnco, Salloum, Olson & Edwards 2014:397). Management issues mentioned are similar to those reflected in the findings of Johnco et al (2014:397) who discovered that "workers expressed a strong desire to be heard by management". Workers participating in this study found it satisfying when their work was supported by management. The study by Modlin (2018:164) found that most participants were satisfied with the level of acknowledgment they received from management. Therefore, if CYCWs were to be acknowledged by management, this would make them feel respected to work with children with attachment difficulties.

3.6.5 Sub-themes – Lack of tangible immediate results

According to participants, children take time to change their behaviour and there are no immediate results:

[A44] "At times we experience challenges, other children take time to change and they ended up being moved from this place."

[F32] “I do not think it’s easy, but I can say this in an idiom, you can only bend a stick when it’s still fresh and with water, but once it dries you try to bend it, it will break.”

[B45] “It is difficult to work with those children because it takes a lot of energy to understand their situation.”

A lack of tangible results might stem from inconsistent caregiving leading to multiple placement moves which are likely to harm the quality of children’s attachment (Pasalich, et al 2016:2). Significant knowledge to understand children’s well-being and adaptation to care seems to remain missing because studies of foster care stability are difficult to compare with residential care and suffer from a number of methodological problems. However, these prior placement experiences of children may impact negatively on their development, but the type of intervention services may shield the risk for poor outcomes (Pasalich et al 2016:3). The lack of tangible immediate results may be the result of children living in a situation referred to as an “artificial environment that deprive them from reality” (Chinyenze 2017:128).

Participants make suggestions on how to deal with behaviour grounded to attachment difficulties, which included social work support, as discussed in the next theme.

3.7 THEME 5 – SUGGESTIONS FROM CYCWs IN DEALING WITH BEHAVIOUR GROUNDED IN ATTACHMENT DIFFICULTIES, INCLUDING SOCIAL WORK SUPPORT

This section explores suggestions from CYCWs in dealing with behaviour grounded in attachment difficulties (Table 3.7). Participants suggested that children with behavioural and social problems are often assisted to improve their challenges with attachment. Thus, as shown in previous studies, children are referred to psychologists or to social workers, where they could get assistance (Malatji & Dube 2017:118).

Table 3.7: Suggestions from CYCWs in dealing with behaviour grounded in attachment difficulties, including social work support

| Theme | Sub-themes | Categories |
|---|--|--|
| Suggestions from CYCWs in dealing with behaviour grounded in attachment difficulties, including social work support | Working with children | Better relationships, care and support for children |
| | | Preparing children for life after care and providing continued support |
| | Multidisciplinary settings with social workers | Better working relationship with social workers |
| | | Sharing of information by social workers |
| | | Social workers engaging more with children |
| | Care and support for CYCWs | Listening to and recognising CYCW as a profession |
| | | Debriefing and emotional support for CYCWs |
| | | Team building |
| | | Better salaries |
| | | Training for CYCWs |
| | Amending of social work ethics (confidentiality) | |
| | Committed personnel- CYCWs | |
| | Office space | |

The sub-themes include working with children, multidisciplinary settings with social workers, care and support for CYCWs, training for CYCWs, amending of social work ethics (confidentiality), committed personnel, CYCWs and office space.

3.7.1 Sub-theme – Working with children

This section will elaborate on participants' suggestions on how CYCWs, as well as social workers, should work with children with attachment difficulties.

3.7.1.1 Category – Better relationships, care and support for children

Participants recommended an improvement in relating to children, care, support and improved interventions and collaborative work with social workers. Regarding better relationships with children, they recommended a loving, caring and a non-judgemental approach, as follows:

[G78] "...we need to show love to our children despite of their background. I usually tell our children that we are out of apartheid and we are the same. We must not favour or judge them based on their colour. It's not about how much I am earning at work; some people they will say as long I earn, I do not care. We need to make a difference in the children's lives. This is our future. If we say we do not care because we earn money that is a problem. I always said, 'our children our future'."

[B86] "I think this place need people who care about these children, because the body outside says Mary Moodley CYYC. Its means it is a place of the children. So, this place needs people who care for the children and people who care about people caring for the children."

[K60-K61] "...we must not judge our children. Judging is the worst thing that is destroying our children. Comparing children because they are coming from different backgrounds is not good. ..."

[C41] "..... Already the circle is broken, we need to work as a team with social worker to work in the moment and support the children."

Being available, monitoring, listening and supporting was recommended as follows:

[G56-G57] "We need to listen to them and be careful of everything, know where they are and what they are doing. If they are from school, give yourself time to ask

them about the day, how was your day, how was school today, and the attachment will be enhanced. Children must not feel the absence of their parents. We do not want children to say if my mother was here or alive, she will love me more”

[O38] “We need to listen to the children, to what they are saying and also read through the lines because children cannot say everything.”

Better interventions and continuous assessments, specifically by social workers were suggested as follows:

[P36] “We need more of therapeutic interventions in terms of children experiencing attachment difficulty. We need continuous assessment so that we can see that child.”

The role played by caregivers and social workers is to assist children to deal with feelings of guilt and disloyalty if an attachment with foster carers is developing while relationships with birth parents are complicated and not entirely positive (Coleman, Vellacott, Solari, Solari, Luke & Sebba 2016:10). The literature recommends implementation of an attachment-informed approach including, remaining calm and consistent, showing caring and reacting to the child’s interests and using empathy (Anonymous 2019:36-37). The formation of attachments during adolescence involves the creation of trust between adult and young person (Coleman et al 2016:10). Children who are experiencing attachment difficulties are referred for emotional support in the forms of receiving advice, guidance, and comfort (Jones 2014:85). Participants also sought to demonstrate their concern about the promotion of secure attachment in post-institutionalised children (Baronea, Lionetti & Green 2017:325).

3.7.1.2 Category – Preparing children for life after care and providing continued support

Improved family contacts and preparing children for reunification or independent living by all CYC staff working as a team, were suggested as follows:

[I22-I24] “I think that reunification should be emphasised, and this starts from visiting whereby parents come and visit their children, come and visit at the centre so that we see how they relate. We must encourage peace between the child and the family. Child and youth care worker should be involved in supervising children when the parents come to visit children. We need to work as team to facilitate reunifications services.”

[E34] “I feel that children need to have more contact with their families. If they do not go home more often, they become very violent. Families visits must happen.”

[D53] “Children need to know always about their future, they need to know that if I do not have family what will happen. They need to be taught about responsibility. We need to change the mind-set of the children, some children become so relaxed and when they turn 20, they have nowhere to go.”

The sentiments from participants concur with literature in that an assessment from a strengths' perspective provides a strategy for strengthening and empowering children and their families by advancement of often unrecognised or ignored personal, family and community strengths and resources (Zegarac & Burgund 2017:42). At the centre of this approach is the belief that clients always have untapped potential, strengths, advantages or resources and in this study, family involvement is important for children (Carelse 2018:131). Literature is aligned with the views of participants that peace between the child and the family should be encouraged (Garfat et al 2018:31). Studies suggest that although CYC practitioners now recognise that family is important which was not the case in the past. Workers were encouraged to think of family as the “enemy” which was viewed as the cause of problems the child is experiencing (Garfat et al 2018:31). In addition, studies confirm that youth leave residential care without the life skills needed to emerge as well-functioning adults. These children are characterised by educational deficits,

economic vulnerability, health difficulties, mental health problems, and issues with alcohol and drug abuse (Jones 2014:82). In contrary, some good news indicates that youth in residential care are also able to make successful adaptations to life after foster care (Jones 2014:84).

In addition to preparing children, one participant suggested promoting contact with children in aftercare:

[125] “Us we do not go to children’s homes in the community, its only social worker who go to their homes, but we also need to have contact with them after they left the institution because some they stay here for very long time and they know us [better] than their families.”

It seems that child protection services for the last decade was dominated by the Signs of Safety (SoS) approach of Turnell and Edwards (1999), a strength-based method with a strong client focused perspective (Baron, Stanley, Colomina & Pereira 2019:24). Families are able to change. Change is assumed as the method strongly focusing on collaboration between child protection workers and families (Rijbroek, Strating & Huijsman 2017:337). Studies mention four roles of caregivers namely, meeting basic needs of children, attending to psychosocial and developmental needs, bridging children and society, organisation and fundraising of CYCCs (Yorke 2015:8-10).

The next discussion is on working within the multidisciplinary settings with social workers.

3.7.2 Sub-theme – Multidisciplinary settings with social workers

To improve the multidisciplinary setting, participants suggested a better working relationship between CYCWs and social workers, sharing of children’s background information by social workers and social workers engaging more with children.

There has been a growing clarity of the definition of CYC as a unique and integrated field that exists across a variety of practice settings (Phillips & Walsh 2019:17). More evidence

of the impact of professionalisation is needed as the field moves forward revealing unique opportunities for individuals and organisations to take responsibility to find new ways to optimise the development of young people and demonstrate the value of CYC to their own communities (Freeman 2013:104; Roche 2019:8).

3.7.2.1 Category – Better working relationship with social workers

For a better working relationship with social workers, participants suggested that social workers recognise CYCW as a profession and work with CYCWs as co-partners not as subordinates:

[O45] “For Social Worker to assist and work with us, they need to accept that they are another profession within the institution. Also see them as equal to other professions.”

[G82-G84] “Social Workers should realise the importance of child and youth care workers. Social Worker must not undermine this profession. Child care workers play a major role than Social Workers. Child care workers are not there to pamper Social Workers. Social Workers are not our bosses, we are colleagues. For example, if they have a child from our section, do not think we will call a child for them. Social Workers must do that, as child youth care worker, I will not stand up for a Social Worker to call the child because you are a Social Worker. We also deserve the respect.”

[F48-F50] “I think social workers must do away with the mentality of developing strategies and impose them[on] child care workers to implement without including them in research and development of programmes. I think we need to work together, not social worker being superior and us down. Otherwise, even if Social Workers come up with a strategy and we are not involved, we think they are our bosses now. We won't implement their strategies.”

Literature is in agreement with the quotations above and shows that conflict can be averted through collaboration (Varaden 2016:54). The collaboration of all stakeholders is critical if the success of CYCWs' efforts is to be realised (Molepo & Delpont 2015:154).

However, CYCWs still maintain marginal status in relation to social workers and psychologists (Molepo 2014:167). While they often participate in case conferences and case planning activities, they are never the decision-makers within these processes (Molepo 2014:167). Researchers lament that the situation is dire in that the CYCWs were not afforded status even though they work with police officers, judges, lawyers, teachers and social workers.

3.7.2.2 Category – Sharing of information by social workers

Participants had a serious concern about the transparency of information between social workers and CYCWs. They felt left out and not being effectively involved when it comes to decisions regarding the admission of children at the CYCCs. Sharing of information was emphasised and pinpointed as the only way to address the children's needs effectively. This was evident from the following explanations from participants:

[J36] "We need to have meeting with social workers and other people working with children here and to be on the same level from the day the child comes to the centre."

[G64-G73] "Personally what I am wishing it's easy to deal with a child if the Social Worker brings the child here and have a meeting together. Social Worker need to inform us and give us background of the child....So we need to be informed early when a child comes here not only to be told when you say something [is] wrong to the child."

[D46] "If the admission is done, the social worker needs to call a group discussion. One child and youth care worker on shift needs to be involved, get noted so that when we also come, we are familiar with the child's background."

Participants stated that having children's background information would enable them to plan and intervene using better, easier and non-offending methods:

[N57-N58] “For I understand that you need to understand the background of the child for you to have a care plan. If there are things that you do not know about the child, it’s embarrassing. How can you help the child? We need transparency between the multi-disciplinary team. If every worker here working very close with the child can have the information can make it easy for everyone to work towards to the behaviour of children.”

[J37] “Children come here with different issues, sometimes you are just looking at the behaviour of the child here but if you have a little bit of background, you will look deeper and find better ways of helping the child.”

[B70] “Instead of dumping the children, ‘here is the child he has [been] admitted today’. You do not know anything, even the age. Can you believe that I do not know most of the children’s ages that I work with, even the surnames?”

[F53] “Some children do not want to bath, do not want to listen and if we know the reasons behind the behaviour, our approach become better.”

There is an abundance of evidence from the quotations above of the absence of background information shared with CYCWs. It is clear that the understanding of children’s background is critical as indicated by Barford and Whelton (2010:271) who state that children and youth admitted to a group home or residential treatment facility “may resist complying with treatment expectations. Many of these children and youth lack positive support systems from family members and friends and may feel isolated, afraid, and resentful.” They would thus need the support of CYCWs who understand where they come from. Social workers may not share the information about the child. However, Modlin (2018:165) posits that the confidential nature of the role of social workers and limits on with whom information could be shared, should be considered. However, there are findings from previous research that showed a challenge with ethics of lack of disclosure (Winter et al 2017:1435). It can be traumatising for the child to retell and narrate their ordeal, especially in situations of rape in order to establish trusting relationships. Therefore, passing on of the information by social workers to CYCWs would save children the trauma of retelling their whole story.

The need for social workers to share their plans and follow up on children's progress was suggested as follows:

[D41] "The social worker needs to inform us, this is the child and this my plans for the child."

[D42-D43] "They need to follow up on the progress of the child, so that together we can see what is lacking on the child. We have OB reports [incidents reports providing information that everyone can have access to] but not everything is reported there. We need to be informed to know what happened and what is happening in the child's life."

[D41] "They need to engage with the child and youth care workers more often. They are the one who admit the children. They need to listen how the child is doing and not just placing the child in the dormitory and only come when there is a problem."

The storylines above suggest that multidisciplinary teams should be considered to improve communication. Conflict between different role players is reported in previous studies. Barford and Whelton (2010:273) suggest that role conflict occurs in the workplace when conflicting demands are placed on the employee. This may include conflict between the employee's values and ethical obligations and the requirements of the company. Social workers and CYCWs often experience role ambiguity. Role ambiguity occurs when there is confusion over the worker's responsibilities, rights, and obligations and this affects the individual's ability to perform the required job adequately (Barford & Whelton 2010:274).

One participant stated the need for reviewing social workers' ethical obligation of confidentiality. The South African Council for Social Service Professions (SACSSP), which serves as an umbrella body for the various categories of personnel in the welfare field, makes provision for the establishment of Professional Boards. All social work

practitioners, educators and student social workers are required to register with the SACSSP and to comply with the SACSSP's code of ethics; failure to do so may result in disciplinary proceedings:

[F54-F55] "I do not know if social worker should amend some of their ethical issues especially the confidential part of it. Since they are guided by the council there is nothing social worker can do. The issue of confidentiality needs to be amended, so that other stakeholders have little bit of information of children when they are admitted."

In South Africa, the code of ethics for social work is unique from that of other professions, as it is a prescribed professional requirement for social workers in practice to deal with the well-being of lives granted statutory authority to work within the remit of the Children's Act. The title "social worker" is protected by legislation and any person using the title who does not meet the legislative requirements is liable to prosecution (Sakaguchi & Sewpaul 2011:196). Thus, Sakaguchi & Sewpaul (2011:198) explain that social workers in South Africa generally have a "field" of their own, with a unique doxa. 'Doxa' refers to the unique rules, regulations, routines, conceptions and a core set of assumptions about what is common to the particular field. The CYCWs who operate within social welfare, but not as social workers, may perhaps be uninformed of the confidential ethics that entail their concern. The authors further express concern that the doxa of a field is often a value system that is obvious to the members of the field but might be hidden from others (Sakaguchi & Sewpaul 2011:198).

3.7.2.3 Category – Social workers engaging more with children

Participants suggested both residential and statutory social workers should have more contact with children placed in CYCCs:

[O45-O46] "After that they need to do in-service training with child care workers and also, they need to become involved in the daily routine of children within the institution. Social workers need to get involved in the daily routine. So that when they become involved what happens is that they are able to assist in terms of

strengthening this attachment and also supporting programmes that child and youth care workers have in place in terms of attachment.”

[C41] “.....we need to work as a team with social workers to work in the moment and support the children.”

[I31-I32] “.....they [social workers who bring children at the centre] need to improve and maintain contact with the children. They are the link between the child and the family and children need to know when they are going home. But they are not there to answer those questions. Sometimes social workers do not know what is going on.”

The storylines are consistent with Hope and van Wyk (2018:421) who suggested that “children in need of protection are not receiving sufficient services from professionals and are still experiencing poor outcomes”. Engagement is emphasised in literature for social workers (Wahler 2019:252). Wahler (2019:252) states that engagement is an essential skill to bring change and “if people are not engaged in service, they frequently cannot not be helped”. Attachment theory could be useful for social workers, as it offers a framework for a fundamentally different approach to working with troubled youth; an approach that begins with an appreciation of the youth's ‘internal working models’ of self and other (Bowlby 2005:152).

The following discussion emerged from the sub-theme care and support for CYCWs.

3.7.3 Sub-theme – Care and support for CYCWs

Participants suggested an improvement in the care and support for CYCWs. Being supported themselves, will enable and equip CYCWs to constantly address children’s attachment difficulties. They proposed that CYCWs should to be listened to and

recognised, receive debriefing, emotional support, team building and be paid better salaries.

3.7.3.1 Category – Listening to and recognising CYC as a profession

The CYC field has been in existence for many decades and has taken different forms (Molepo & Delport 2015:150). Thus, it is called by different names based on different cultures with different roles from one country to another, as well as from one setting to another. For this reason, CYCWs were not considered professionals (Molepo & Delport 2015:150). However, CYCWs are front-line human service professionals who work in constant contact with children and youth and who are responsible for their daily living needs (Barford & Whelton 2010:273). It has become increasingly difficult to come to a common understanding of what CYC precisely is. This difficulty is compounded by the fact that CYCWs are now working in more service sectors than ever before, servicing diverse recipients of CYC services (Molepo & Delport 2015:150). Varaden (2016:53) concurs that CYCW is perceived negatively and is undermined because of the assumptions that it is not a real career, and that it is assumed that only young and single people can be residential CYCWs. However, meaningful practice in CYCW allows them to intervene proactively. As a distinct approach to practice, CYCW has come to be recognised as possessing specific expertise and a unique approach to working with children, youth and families (Garfat et al 2018:10).

Similar to their recommendation for social workers, participants also suggested that their supervisors and management should listen to them and recognise CYCWs as professionals.

[O49-O50] “Our management, need to see that we are professionals and we need to perform the function of child. Also, we need child care workers to also buy in working together with other professions so that the best interest of the child is heard, meaning that we need our views and opinions to be taken consideration.”

[L47] “I do not have much but people need to listen to us when we raise our queries, starting from our HOD, managers and supervisor. Sometimes you feel like giving up because people are not respecting your opinions.”

[F57-F59] “Our supervisors need to listen to us during traumatic situations. For example, if children fight, you are still traumatised about what you have witnessed even if you have handled things wrongly because at some points emotions gets high, but we try to wait for emotions to go down. My evidence could be distorted because my emotions were high, or we try to intervene and end up acting like the children.”

Every functional organisation demands efficient management. In this case CYCWs' responses show a lack of communication and management skills. Similar to the profit-oriented business environment, crucial managerial competencies including team work, interpersonal relations, self-management, decision-making, networking, analytical skills, strategic action, awareness of self and others, as well as creative problem-solving should apply in CYCC (Longweni & Kroon 2018:1). The study by Bani Ismail, Hindawi, Awamleh & Alawamleh (2018:4) explored vital factors in effective management of care centres (CCs) in Jordan. Professional functioning of the CYCC is important because the organisational structure of a CYCC “has a tremendous effect on the quality of care exerted to children, as well as the training that caregivers receive, which could be a barrier to effective care” (Bani Ismail et al 2018:4).

The next category refers to the need for debriefing and emotional support of CYCWs.

3.7.3.2 Category - Debriefing and emotional support for CYCWs

Participants experienced CYCW to be stressful, emotionally exhausting, and overwhelming, hence they recommended debriefing and emotional support sessions as follows:

[P45] "...we need to have debriefing session at the centre [main CYCCs or main residential home] for both social workers and child care workers. We are both overwhelmed with this work. Debriefing sessions and team work exercise may help us."

[N51-N54] "We need trainings and debriefing session to help us. We are also human beings and sometimes we get hurt by the children's situation. I think debriefing is something that can help us and revive the love we have for children. We also suffer from burnout and if we get support from management and the whole system, I think it will revive. We need emotional support and I think debriefing is an emotional support and any other kinds of support. When we get tired and you reach the stage of burnout you need that kind of support from the system."

[O62] "I will also recommend that child care workers at least once a month or once a quarter there must be debriefing session where they have to talk about their experiences. They need to talk about their experiences at this institution. Debriefing is good because at least they can also see and hear that they are not alone in this work."

[C42-C46] "We need programmes that are from the psychologist something that helps on the psychological side. That is where we hit the rock because of challenges, so we need to debrief so that we can calm down....Yes, to talk about our challenges. We are only referred for debriefing when the damage is already done. We need something before the damage. It must not be support after damage. So, we need that type of support to debrief about the challenges. Even if it can be every month, we work 15 days, and we are off 15 days. You cannot feel that you are off duty. It feels as if you are always here at work. Other children they so attached to you in a way that you go beyond the point of duty trying to help and assist that child. It's draining us."

CYCWs thus need to be supported to reduce job-related stress, prevent burnout and improve motivation. The same need is expressed relating to other care professionals such as health workers (Van Wyk & Pillay-Van Wyk 2010:1). Studies show that staff who are

supported show greater confidence, collegiality and an understanding of their own and others' emotional reactions (Van Wyk & Pillay-Van Wyk 2010:2). However, the lack of resources for CYCWs is common as confirmed in previous studies (Molepo 2014:44). Training is mentioned by participants as it is important for the preparation and ongoing development of CYCWs but regarded as an enormous challenge (Curry, Lawler, Schneider-Munoz & Fox 2011:3). Interventions are often not available and too costly; and resources and organisational capacities are not optimised to achieve implementation of evidence-supported intervention (Garcia, DeNard, Morones & Eldeeb 2019:313). There is widespread acknowledgement that the profession of CYC is considered one of the most difficult and emotionally exhausting careers in the human service industry (Barford & Whelton 2010:271). Workers felt as if they were on duty even when they are off duty. This is reflected by the idea that employee involvement is often viewed as being the antithesis of burnout (Barford & Whelton 2010:273). Employees who are engaged and interested in their work are far less likely to burn out than employees who are exhausted and have adopted an attitude of cynicism and non-interest. Hence, the management should therefore show support to CYCWs by providing the services of psychologists.

3.7.3.3 Category – Team building

Participants related the importance of working as a team. They recommended team building exercises to address conflicts between CYCWs working in different shifts. The following quotations have reference:

[H48-H49] "I think team building should be emphasised CYCWs. For example, you find that two shifts they are fighting and there is no good relationship. We need someone from outside who can come and facilitate the programme maybe we can be free that we are with someone whom we do not know unlike here. If a person is from here, we are not comfortable to discuss our issues."

[G77] "Child and youth care workers we need to work in one accord and stop holding grudges. We need to stop assuming things. If you do not understand, talk to me do not assume."

[M54-M57] We need those briefing programs such as team building because sometimes, we don't work hand in hand agreeing with each other. The children will notice and know this shift is not agreeing with this shift then they get in between and manipulate the staff."

The above perspectives were cemented by Varaden (2016:53) who indicates that CYCWs spend the most time with the children and they are not given the recognition and support that they need by either the government or by other professionals. Team building is essential for CYCWs as indicated by Radey and Stanley (2019:1) who assert that the "child welfare workers' job responsibilities include meeting the child welfare system's goals of child safety, permanency, and well-being typically under stressful work conditions and large initial caseloads."

The need for drawing skills from a multidisciplinary team was suggested by one participant as follows:

[O35-O36] "...we need to ensure that there is a multi-disciplinary team in place because different profession has different skills, and when all these skills are put together child care, social worker and nurses' skills are put together we can be able to deal with attachment problem. You cannot deal with children with attachment of children in isolation. Identifying attachment problem is very difficult because you may diagnose the child wrong."

Team work is necessary, as Garcia et al (2019:326) argue that it essentially involves all staff in team work on a regular basis. Several scholars have described the work of group care workers in youth residential care as "professional parenting" (Bastiaanssen et al 2014:228). Against this background it is vital for a multidisciplinary team to have good skills in cooperation and communication, as well as show flexibility.

3.7.3.4 Category – Better salaries

Participants also suggested that CYCWs should earn better salaries. For example, two participants stated:

[N64] “You find that you earn same salary and others are earning far better than you but with less qualification. If they can consider the level of qualification and in terms of salaries and job description, I think that I will also encourage me as child and youth care.”

[C50] “...good salaries, so that we are able to afford. My classmates if they are doing well in the township, I feel small. So, we need better salaries.”

The need for earning better salaries has been mentioned by previous studies such as Barford and Whelton (2010:274) who state that “child and youth care workers often receive wages and benefits that are simply inadequate and sometimes appalling.” Furthermore, the combination of low salaries, poor working conditions, inadequate training and supervision, lack of support from policymakers and the general public, and a difficult and challenging work environment have led to tremendous turnover within the child and youth care field (Barford & Whelton 2010:274). Bani Ismail et al (2018:16) found that a widespread lack of motivation was evident, since the majority of CYCWs were not satisfied with their salary and that; “some chose this job not for the love of children, but because it is the only job available for them”. CYCWs could perhaps address their need for better salaries through improvement in education. Previous researchers for example, Molepo and Delpont (2015:158) recommended that “the CYCW field can make a huge impact by setting the educational requirements for CYCWs as high as possible so that those who choose this field not only work for survival, but literally raise themselves and their families out of poverty”. Literature acknowledges that improved education will lead to higher employment and earnings (Molepo & Delpont 2015:158). In this regard, salaries, benefits and qualifications are appropriate and very important in childcare motivation. Good salaries would be important for CYCWs perhaps as it may also promote the feelings of self-value that have been found to be critical to worker productivity, motivation and professional wellness in the context of child welfare practice. Working with children with

attachment difficulties in a stressful environment should be rewarded with better incentives.

3.7.4 Sub-theme – Training of CYCWs

Despite being exposed to some training on child and youth care and working with children in CYCC, participants expressed their need for more training that is related to attachment difficulties. The CYCWs are of the opinion that such trainings will assist them with the identification of children experiencing attachment difficulties.

[A52]” So I can say more training are necessary for us child and youth care workers because of the work that we do with children, especially about attachment difficulties.”

[P47-P48] “We need to have more of trainings, continuous trainings, we get training but after sometimes we forget. We need refresher courses so that we can work well with our children. I have not done training that is related to attachment difficulties, so I think such trainings are necessary for both social workers and care workers to be able to attach or to build the attachment with children.”

[O37] “We need to go for training, in-service training with other multi-disciplinary professions that we can all understand attachment difficulties.”

Participants’ need for training is confirmed by Varaden (2016:56) who argues that interventions with staff resulted in significant improvements in staff and child functioning in residential centres. Many CYCWs never received adequate training to do a “caring” job (Molepo & Delpont 2015:150). CYC education and training programmes are central to the development of caring and skilled CCWs (Varaden 2016:56). According to Molepo and Delpont (2015:158) there are already three training providers that offer CYC courses at the FET level in South Africa. Although it is costly for individuals and organisations to participate in training, the need for a competent and caring workforce outweighs the costs (National Planning Commission 2012:29). Previous studies indicated that educating excellent and capable professionals will ultimately result in more suitable and effective services for the youth (Yakhnich et al 2018:46).

The following sub-theme focuses on the amending of social work ethics.

3.7.5 Sub-theme – Amending of social work ethics (confidentiality)

CYCWs felt the Social Work Code of Ethics regarding confidentiality needs to be amended. Social workers not sharing information creates challenges for them.

[F55] “The issue of confidentiality, needs to be amend, so that other stakeholders, so that we have little bit of information on children when they are admitted.”

[J41-42] “Who is working with the child it is me, the social workers are sitting in the office and I am doing everything for the child. I think if they can change that in the future that we also, are working with children must know everything about the children it will change things.”

The issue of confidentiality as mentioned by participants is a bone of contention for CYCWs in practice. CYCWs seem to show ignorance on how social workers follow the Code of Ethics relating to client confidentiality. Nwachukwu (2014:2307) refers to studies on social workers’ attitudes and values which revealed that social workers’ values lead to greater levels of self-confidence and more sensitivity towards other social workers, than towards non-social workers. Conflict on ethical principles involving these two professional groups (social workers and CYCWs) may include their differences in definitions of “confidentiality” and the “client”. Ferreira and Ferreira (2015:501) have highlighted that the profession of social work strives to nurture and improve the welfare and well-being of client systems. For social workers to achieve this, they stick to a Code of Ethics based on a set of professional values. These authors assert that social work values are articulated in a Code of Ethics by the SACSSP providing guidance on professional responsibility, competence, accountability, transparency, confidentiality and efficiency in relation to client systems, but also to other groupings such as colleagues, professionals, the profession and society (Ferreira & Ferreira 2015:503).

Participants highlighted the following sub-theme; committed personnel – CYCWs.

3.7.6 Sub-theme – Committed personnel – CYCWs

Some participants spoke out that CYCWs need to shift their mindset from being salary focused to purposefully and honestly caring for the children and making a difference in the children's lives.

[B86-B87] “So this place needs people who care for the children and people who care about people caring for the children. Not people who think I am going to be paid on the 15th and how many people do I owe.”

[G78] “It's not about how much I am earning at work; some people they will say as long I earn, I do not care. We need to make a difference in the children's lives. This is our future. If we say we do not care because we earn money that is a problem. I always said our children our future.”

The need to make a difference is supported by Chinyenze (2017:109) who argues that child development is multifaceted and encompasses various aspects that contribute to the complexity of caring for children in institutions. This commitment is reflected by CYCWs who indicated great interest in the primary motivation for advancing CYC services offered to young people, their families, and the community at large. The primary aim is to deliver high quality services on behalf of the organisations. (Freeman 2013:104). This resonates with Greeson, Thompson, Evans-Chase and Ali (2015:95) who posit that a caring relationship with an CYCW who is not a parent, can facilitate a young person's growth and development.

3.7.7 Office space

Two participants brought a common issue namely a need for office space for CYCWs. As working with children with attachment difficulties can be really be draining, participants

felt that they would be able to relax in an office space away from the noise of young children. These participants discussed this challenge inherent in the job of a CYCW:

[N62] “We need an office for CYCWs so that during your lunch time and breaks you feel like you relax and not surrounded by noise.”

[N63] “Sometimes we get tired because these children are noisy. If we can have that [an office] as CYCWs, it can make your job easy.”

The complaint about limited resources was shared by previous scholars. A study done by Gibson, Samuels and Pryze (2018:44) regarding the understanding of ‘well-being’ of children in the welfare system revealed that professionals in the field of child welfare do their work in organisations and institutions where needs are high, and resources are limited. The sentiments of CYCWs are also supported by previous studies that identified a lack of staff training and inadequate resources for activities as key challenges in childcare centres (Davis, Priest, Davies, Sims, Harrison, Herrman, Waters, Strazdins, Marshall & Cook 2010:77). South African CYCWs are “not empowered and trained adequately to effectively deal with the extent of challenging behaviour” (Glover 2017:135). Hence, the lack of resources may perhaps include a lack of adequate office space in some case ‘hot desking’ also known in literature as ‘agile working’ practices (Winter et al 2017:1434). Given the unique developmental characteristics of children with attachment difficulties, a specific focus by practitioners and policymakers on developing and supporting relationships between young people and their CYCWs is needed. With quiet space available it would facilitate CYCWs to establish a relationship with a sensitive and responsive caregiving atmosphere. The storylines explain that office space availability is important for creating and promoting environments where young children with attachment difficulties and their CYCWs have the opportunities to develop close relationships.

3.8 SUMMARY OF THE CHAPTER

This chapter focused on CYCWs' knowledge and perceptions of challenges related to attachment difficulties experienced by children residing in CYCCs. Suggestions made for social workers' support to children in CYCC with attachment difficulties and for CYCW having to address the challenges experienced in this regard, were also made.

The biographical profile of the CYCWs who participated in the study was analysed and interpreted. From the data analysis, five main themes, several sub-themes and categories emerged. In Theme 1 CYCWs' understanding of the concept attachment and knowledge of the subject was discussed. Theme 2 reflected the nature of the attachment difficulties experienced by children in CYCCs. Theme 3 indicated existing intervention methods to assist children with difficult behaviour rooted to attachment difficulties. Theme 4 delved into challenges experienced by CYCCs in working with children experiencing attachment difficulties. The final theme referred to the suggestions from CYCWs on how social workers and CYCWs can improve the way they deal with children's behaviour grounded in attachment difficulties. Themes which emerged were substantiated by excerpts from 16 participants' narratives.

The findings of this chapter were confirmed, compared with or contrasted to relevant literature on the attachment of children and CYCWs' practice, and interpreted with the use of the theoretical framework of attachment theory and the Circle of Courage.

Chapter 4 will provide a summary of the findings, conclusions and recommendations based on the information gathered from the CYWs during the research process.

CHAPTER 4

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Chapter 3 presented the findings related to the 16 CYCWs from two CYCCs who participated in this study. The goals of this study were to develop an in-depth understanding of CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCC's and to proffer suggestions on how to support CYCWs in dealing with attachment difficulties and related challenges of children residing in CYCCs (see Chapter 1, Section 1.4.2). The CYWs who participated in this study were from state-owned institutions. The sample comprised of CYCWs employed in CYCCs in the Ekurhuleni Metropolitan region, South Africa. A summary of the research process, findings of the study, conclusions reached, limitations to and recommendations derived from the study are presented in this final chapter.

4.2 SUMMARY AND CONCLUSIONS RELATING TO THE QUALITATIVE RESEARCH PROCESS

In this section, the summary and conclusions on the applied description of the qualitative research process will be presented. The researcher used the 13 stages in the qualitative research process as described by Thorne (2016:50) to clearly depict the research process followed. This process consists of the following stages: the selection of an appropriate topic and development of a research problem, reviewing literature relating to a topic, creating a research proposal and defining research methodology, applying the research method, analysing data, writing up findings and drawing conclusions and lastly, disseminating findings.

Stage 1: Finding a researchable problem

This study was driven by a curiosity on the knowledge and perspective of CYCWs on attachment difficulties experiences by children residing in CYCCs and how social workers can support CYCWs. The problem statement was influenced by personal experiences and observation as well as a knowledge gap in literature (cf. Chapter 1, Section 1.2).

Stage 2: Literature review

During the review of literature the researcher found that very few studies have focused on the topic of CYCWs' knowledge and perception of attachment and attachment difficulties experienced by children residing in CYCCs, despite the outcry of challenges experiences by CYCWs working with children in CYCCs. The researcher critically analysed, evaluated, and synthesised research findings, theories and the practice by scholars and researchers that are related to an area of focus; in this study, children experiencing attachment difficulties amongst other related terms. The researcher built a comprehensive understanding of the current state of knowledge, compared different studies and theories, revealed the gaps in current literature and indicated what needed to be done to advance what is already known about the topic of choice (cf. Efron & Ravid 2019:2).

Stage 3: Framing a research question

Choosing an appropriate research topic to enable the researcher to narrow down the topic (cf. Staines 2019:4). The researcher focused on formulating qualitative research questions. In this study, qualitative questions were stated in an open-ended style, often using “what” and “how” questions (see Chapter 1, Section 1.4.1). This research question emphasised processes and how they are experienced from the perspective of individuals, the CYCWs. The questions for this study also highlight the contexts in which particular CYCWs' practices and programmes are implemented related to institutionalised children with attachment difficulties (cf. Efron & Ravid 2019:48).

Stage 4: Framing a study design

The study was formulated for both exploratory and descriptive purposes. The exploratory approach to this study was to assist in filling a gap in knowledge about an under-researched topic, specifically, and to bring new and emerging insight (cf. Leavy 2017:5) about the knowledge and suggestion of CYCWs relating to attachment difficulties of children residing in CYCCs. The descriptive approach was chosen by the researcher to provide a thick description of CYCWs' narratives in order to document experiences and meaning allocated to these experiences within childcare and social work (cf. Leavy 2017:5). As the study was situated within CYCCs, the contextual research design was also implemented. The research approach was qualitative, which valued depth of meaning and CYCWs' subjective experiences and their meaning making processes (cf. Leavy 2017:124).

Stage 5: Mapping out the research plan

The plan was based on UNISA research guidelines. The author (cf. Leavy 2017:125) provided a clear research plan which was categorised into the introduction and background of the study; problem formulation and rationale for the study; research questions, goals and objectives; the research methodology, research methods; data analysis; data verification and ethical considerations (see Chapter 1).

Stage 6: Writing a study proposal

An explicit proposal was scientifically written in accordance with the proposal guidelines of the Department of Social Work at UNISA. Through this process the researcher was able to name a problem of relevance, think through the scaffolding of her study, make a strong case that it is worth doing, and outline a clear and explicit road map for how she will do it.

A preliminary requirement for qualitative studies that are using human subjects in almost all jurisdictions, is ethical approval. While interpretive description studies rarely involve the potential for bodily harm or high-risk activities, it is expected by the modern research community that the information provided by participants must be used in such a manner

that their interests and needs are respected. The Research and Ethics Committee within the Department of Social Work of UNISA approved the study.

Stages 7–10 have actually been included in Stage 5 but are presented separately (cf. Thorne 2016:50).

Stage 7: Selecting among design options

As described in Stage 4, a qualitative approach was followed and the exploratory, descriptive and contextual design was utilised.

Stage 8: Deciding on data sources

Semi-structured interviewing guided by an interview guide was chosen for this study as an instrument to understand the topic. The researcher carried out the interviews face-to-face. The researcher was aware of the pressure of the face-to-face interview strategy and tried to set all participants at ease.

Stage 9: Strategising a credible study

Purposive sampling was applied for this study. This sampling technique is called 'purposive' as the settings and specific individuals within them are recruited by virtue of some angle of the experience that they might have to assist the researcher to better understand the research topic (cf. Thorne 2016:99). A particular and important form of purposive sampling is the strategic identification of 'key informants' or participants (cf. Thorne 2016:99). The participants for this study were experienced CYCWs working with institutionalised children with attachment difficulties. Data saturation guided the sample size.

Stage 10: Finding terminology to refer to sample members

Inclusion and exclusion criteria were formulated to identify participants (see Chapter 2, Section 2.4.2). The researcher conducted a pilot study with four participants, and it assisted in testing the feasibility of the study. This was the opportunity where challenges were identified with regards to terminology used with the interview guide, e.g. the

concepts of 'attachment' and 'attachment difficulties', but the researcher managed to reformulate questions to enhance appropriate data collection.

Stage 11: Data collection and data analysis

Permission for the study was granted by the DSD. The researcher considered the following conditions for interviews, namely timing, venue, seating arrangements, use of recorder (as permission was granted prior to interview sessions), and note-taking (cf.). (Hennink et al. 2011:113). The raw data collected through interviews was processed by the researcher before the data analysis.

The researcher used thematic data analysis guided by the eight steps of Tesch (in Creswell 2014:198). The data analysis process includes the fact that the researcher made backups of original copies, indexed sources for easy reference and retrieval, and transcribed audio recording into text to facilitate thematical analysis. The researcher began the data analysis process by preparing the 16 interview transcripts transcribed from audio recordings for the analysis. Numbers in combination with different alphabetical letters were used to ensure there was no identifiable information. The transcripts were reviewed to gain an overall understanding of the data. In determining what qualitative analysis tools to use, the researcher chose to conduct manual coding.

The researcher identified the key points or concepts in the conversations through coding of text. The coding of text refers to a rigorous process which involves making meaning of the data collected through assigning of words, phrases to each category (cf. Bazeley 2013:15) The researcher manually assigned codes to data.

Stage 12: Building credibility indicators

The researcher ensured that the study is credible or "worth paying attention to" through the elements of true value, applicability, consistency, and neutrality as described by Guba (cf. Lincoln & Guba 1985:290). The researcher conversationally asked the following four questions in line with literature (cf. Lincoln & Guba 1985:290, see Chapter 1, Sections 1.7.6 and 2.4.5):

- "Truth value": How can one establish confidence in the "truth" of the findings of a particular inquiry for the participants with whom and the context in which the inquiry was carried out?
- "Applicability": How can one determine the extent to which the findings of a particular inquiry have applicability in other contexts or with other participants)?
- "Consistency": How can one determine whether the findings of an inquiry would be repeated if the inquiry were replicated with the same (or similar) participants in the same (or similar) context?
- "Neutrality": How can one establish the degree to which the findings of an inquiry are determined by the participants and conditions of the inquiry and not by the biases, motivations, interests, or perspectives of the inquirer?

Stage 13: Writing the findings, conclusions and disseminating information

The study is disseminated in the form of a Master's dissertation as guided by UNISA standards. In this stage, the presentation of findings, the researcher described her background and biases as a social worker, and how she tried to prevent them from having undue influence on the data analysis process (see Chapter 1, Section 1.3). She provided the data sources, their characteristics and setting, and the situation at the time the data was collected (Chapter 2, Section 2.4.2). Finally, the researcher detailed the data analysis process and the outcomes – addressing the two main research questions for this study.

The presentation structure includes organising the report around the themes and their features (including evidence from the data) (see Chapter 3). This theme-driven format was characterised by the fact that the researcher was communicating (in the written form) the themes or categories in relation to what or who she was studying.

Conclusion

The use of the qualitative research process, with the exploratory, descriptive and contextual design, enabled the researcher to gain relevant information from selected participants and adequately answer the research questions of the study, namely:

- What are CYCWs' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in CYCCs?
- What suggestions can be made on how social workers can support CYCWs in dealing with attachment difficulties and related challenges experienced by children residing in CYCCs?

4.3 SUMMARY AND CONCLUSIONS RELATING TO THE RESEARCH FINDINGS

This section will present the summary and conclusions of the main findings based on the objectives of this study.

Themes 1–4 address the first research goal and objectives 1 and 2. These objectives were achieved by the literature review and conducting in-depth interviews with CYCWs on their knowledge and perceptions of challenges related to attachment difficulties experienced by children residing in CYCCs.

Four themes emerged from this study, including CYCWs' understanding of the concept attachment and knowledge of the subject; attachment difficulties experienced by children in CYCC; existing intervention methods to assist children with difficult behaviour rooted to attachment difficulties, and challenges experienced by CYCCs in working with children with attachment difficulties.

The themes on CYCWs' understanding of the concept attachment and knowledge of the subject are summarised next.

THEME 1: CYCWs' UNDERSTANDING OF THE CONCEPT ATTACHMENT AND KNOWLEDGE OF THE SUBJECT

Some of the participants defined “attachment” as the connection between the mother and the child that commences during pregnancy or soon after birth, due to the umbilical cord connection. This early bonding and its importance in the relations between mother and child is also described by literature (cf. Winston & Chicot 2016:12). Linked to the above-mentioned finding, is the view of CYCWs that attachment between the baby and the mother is enhanced by breastfeeding, the heartbeat of the mother when the child is put close to the women’s chest; physical contact and trust developed at the early stages of child development. As concurred by the CYCWs during interviews in Chapter 3 (Section 3.3.2), the biological mother communicates with the baby through breastfeeding, singing, and providing physical comfort (cf. Degefa et al 2019:1). The participants also indicated that attachment between a mother and a child is characterised by the ability of the child to sense the mother’s emotions and signal them back to the mother (cf. Dozier & Bernard 2017:111). Participants, in line with literature (cf. Gabatz, Schwartz & Milbrath 2019:6; Shoemaker & Benuto 2017:36) see attachment as developing from the womb and early stages of a child’s life. The CYCWs described that the years before a child turns seven as the most important for the development of attachments.

The participants revealed that institutions providing substitute care endeavour to create a family environment for children as the family is regarded as the basic institution for socialisation and provides an environment conducive to child development. Attachment can thus develop not only between a mother and child, but also between a caregiver and a child. As highlighted earlier in Chapter 3 (Section 3.3.3) giving attention and being available by showing love, support, schooling, to be present when the child needs protection, are forms of attachment. Against this context, participants shared the importance of attachment activities shared between CYCWs and the children, e.g. sitting together, playing together and walking together. These daily activities can promote and enhance the connection between the children and their caregivers.

The participants viewed a trusting relationship as an essential affective bond (also cf. Conley et al 2011:240). Findings revealed that children should be engaged in a trust relationship which allow the issues faced by children to be discussed. An honest relationship thrives if the caregiver or mother listens to their children. As indicated earlier in Chapter 3 (Section 3.3.4), trusting relationships assist caregivers to better deal with children's issues.

Attachment grows when a caregiver loves and cares for the child's basic needs such as provision of shelter, clothes, food, schooling and health. CYCWs clearly demonstrated that love and care for the children are part of their role and that they feel attached to the children.

The findings confirmed the attachment between CYCWs and the children in CYCC's. However, they differentiated their attachment with the children from that of a mother and a child. The unique role of the CYCW who directly participates for extended periods of time in the 'life-space' of the children on a daily basis, creates the ideal opportunity for attachments to form (cf. Barford & Whelton 2010:274). Participants agreed that their bond with the children needed to stay professional as they will not always be a part of the children's lives.

Conclusion: Theme 1

The conclusions drawn from the first theme are that attachments develop from the womb and early stages in the life of a child, including birth and breastfeeding, love and care, emotional, and physical contact between the mother and the child. Attachment can and should develop between CYCWs and the children, based on the attention and care provided to the children and quality time spent with the children at CYCCs. It was highlighted that although the CYCWs get attached to the children, professional

boundaries should not be crossed. These findings showed that CYCWs had a clear basic understanding of attachment and attachment development and the importance of attachment between a child and a caregiver.

THEME 2: ATTACHMENT DIFFICULTIES EXPERIENCED BY CHILDREN IN CYCC

The study discovered that children at CYCCs have emotional problems because of attachment difficulties. The CYCWs had been confronted by emotional problems including, children feeling withdrawn and lonely, presenting with anger issues, feeling rejected and unloved and children “experiencing a distorted Circle of Courage”.

Participants shared that children, especially when they arrive at the CYCC, display emotions such as being very lonely and withdrawn. The CYCWs tried to provide the children with a warm welcome and a sense of belonging, but children in CYCCs often do not make friends easily, excluding themselves from the group, walking alone, and playing alone (Chapter 3, Section 3.4.1.1). Studies have shown that securely attached children had a lower score on a measure for withdrawal than insecurely attached children (cf. Chen & Santo 2016:235). The CYCWs indicated that many children display trauma symptoms. They show strong anger stemming from the fact that they feel lost and not loved by their parents. When they are hurt or bullied by other children, they link it to their experience of being abused by adults and their parents and react with anger. This anger can be associated by a lack of attachment and trust to the adults in their life (cf. Cooley et al 2015:206). CYCWs are challenged by children who are struggling to deal with being rejected by their parents or who are not able to manage their feelings of being unloved. This pertains to children who were raped and suffered a lot resulting in a feeling that no one cares about them. Although the social workers brought them to the CYCC, they still seem stuck in a sense of hopelessness. Children with attachment difficulties can suppress negative feelings or express these emotions excessively (cf. Lionetti et al 2015:2).

The participants referred to the Circle of Courage theory which holds that resilience in children and youth in any culture can be nourished by attending to their four basic needs: belonging, mastery, independence and generosity (cf. Kwang & Tang 2011:2). The CYCWs believed that the Circle of Courage of many children staying in CYCCs is distorted – that one or more of the components is absent. CYCWs acknowledged that these children and youth have a poor self-esteem and even resist love from CYCWs. Studies highlighted that the children and young people in foster and residential care showed high prevalence of conduct disorder, attention-deficit disorder, hyperactivity disorder, depression, post-traumatic stress disorder and generalised anxiety disorder (cf. Tarren-Sweeney 2013:727).

The study also indicated that the CYCWs had been confronted with children with behavioural problems including physical violence toward other children, substance abuse, absconding from the CYCC, and children being defensive and disrespecting toward CYCWs.

CYCWs were struggling to manage the behaviour of children showing violence toward other children and adults. The children carry dangerous weapons to school in their bags and wherever they go, portraying a “I do not care attitude”. These children react violently at school as they verbally disrespect their teachers. In addition, CYCWs explained that the children’s violent behaviour is believed to emerge from what they were exposed to inside their homes, including observing violence and a lack of or inconsistent attachment (cf. Birneanu 2014:88). CYCWs reported being challenged by certain children who are resorting to substance abuse and absconding on a regular basis from the CYCCs, resulting in CYCWs being concerned about the children’s safety in this situation. Other children and youth smoke dagga. Dealing with children and youth abusing substances often makes CYCWs living in fear of their lives (cf. Moleno & Delpont 2015:154). The CYCWs had been confronted by children who respond defensively and are disrespectful. These children often rebel when being reprimanded for any wrongdoing or when talked

to such children ignore CYCWs. This pertains to children who do not admit even when they are wrong. The participants felt that since the children's mothers were not making conversation with them, they seemed to see no reason to talk with their CYCWs. CYCWs were concerned that these children display a negative attitude through misbehaving, talking back to adults and would not respect them. CYCWs were faced with various challenges with regards to discipline of the children in their care (cf. Molepo 2014:4).

The CYCWs reported having to deal with relational problems including children isolating themselves and resisting relationships, clinging as a means of seeking attention, lack of trust and loss of a sense of belonging.

The behaviour of resisting relationships and isolating oneself, links with the feelings of loneliness and rejection. Children in CYCCs often suffer from social isolation due to the lack of feelings of belonging, fulfilling relationships, engagement with others, and a lack of support persons. CYCWs in CYCCs were confronted by certain children who experienced a deprivation of social connectedness and who deny their love and withdraw themselves. The children seem not to care what people think of them and are often described as 'unfeeling' by CYCWs. Literature confirms that children whose style of attachment is avoidant, may perceive themselves as unworthy of love and their caregivers as being unavailable and not able to be trusted (cf. Chen & Santo 2016:242).

Other children and youth respond to their need for affection by clinging for attention to CYCWs and friends. This persistent demand for attachment and attention, which the children do not want to share with others, can become very trying to CYCWs who have to look after them in a CYCC. Children may even exaggerate the expression of distress and needs in order to gain the caregiver's attention and may manifest immature and angry behaviours toward the caregiver (cf. Low & Webster 2018:647). CYCWs were concerned that these children could resort to dating older men during their teenage years in the attempt to fulfil their need for belonging. CYCWs shared that it is difficult to manage the

behaviour of children who have a lack of trust. For some reason unknown to the child, they are unable to reciprocate the warm feelings which the CYCWs may have for the child. Hostility, rejection and punishment in their past may cause children in CYCCs to become unable to reciprocate caring feelings to CYCWs. The loss of a sense of belonging due to attachment difficulties can result in an absence of positive social interactions for the child who has lost connection with the parents. Literature confirms that maternally deprived children are at risk for insecure attachment with a loss of sense of belonging (cf. Howard et al 2017:63).

Conclusion: Theme 2

Theme 2 highlighted the emotional, behavioural and relational problems experienced by children with attachment difficulties in CYCCs. Children feel withdrawn and lonely, present with anger issues, feel rejected and unloved. Their needs for belonging, mastery, independence and generosity are often not met. These feelings typically result in physical violence toward other children, substance abuse, absconding from the CYCC, and children being defensive and disrespecting towards CYCWs. Linked to the experience of attachment difficulties, these children isolate themselves and resist relationships, cling to seek attention, lack trust and show a loss of a sense of belonging. It seems that all participants were challenged and sometimes frustrated by these problems but showed an understanding that these difficulties stemmed from the attachment patterns experienced by the children with their parents or primary caregivers in their lives.

THEME 3: EXISTING INTERVENTION METHODS TO ASSIST CHILDREN WITH DIFFICULT BEHAVIOUR ROOTED TO ATTACHMENT DIFFICULTIES

CYCWs stressed that the most important intervention methods to build relationships with the children are by building trust, communicating with them, practicing leniency and being loving to children, being non-judgemental or showing no discrimination towards children. This frequently facilitates openness, honesty and trust.

The CYCWs thought that establishing a trusting relationship is the most important tool in addressing and managing the behaviour of children and youth with attachment difficulties. CYCWs indicated a need to have close relationships that replicate the normal home of a child. They felt a need to fill the void, which could not be met by previous caregivers, through love and care. CYCWs attempted to reverse the past negative relationships in the child's life. Positive relationship building is a prerequisite to effective intervention practices for challenging behaviour that are grounded in attachment difficulties. CYCWs can promote a shift toward attachment security among teens who were insecurely attached as infants (cf. Moretti et al 2015:120).

CYCWs offered children and youth communication. CYCWs believed that talking and listening to children and youth enhance children's sense of well-being. It also involves CYCWs using a range of methods and techniques such as general discussion with them individually and in groups. The communication platform is acknowledged to facilitate observation of different behaviours and an opportunity for CYCWs to really listen to children. The unique role of the CYCW, sharing the children's life space, lends itself to this intervention (cf. Freeman 2013:102). CYCWs acknowledged that children and youth are all unique individuals and should therefore be disciplined according to their varying individual needs, executed with love and leniency. CYCWs preferred not to shout at children but remained calm while considering fairness when children show misconduct or misbehaved. CYCWs should also reflect on the child's behaviour, enabling them to respond with openness and acceptance of difficult feelings (cf. Moretti et al 2015:194). The CYCWs underlined that children should not be judged for this is perceived to be destructive to children in CYCCs. Discrimination and calling names were some of the unhealthy conducts that must be avoided by CYCWs in dealing with children with attachment difficulties. CYCWs should be aware that children can perceive when they are being discriminated against. Disrespectful or discriminatory treatment, or manner towards

children can be described as violation of professional practice (cf. Wagstaff & McLuckey's 2018:8).

CYCWs clearly identified with the perception of their role as team players in child welfare. It is necessary for CYCWs and social workers to be able to work with each other as a team for children with attachment difficulties. CYCWs need the support of their colleagues when dealing with children. In order to achieve their goals with children and youth with attachment difficulties, CYCWs rely on their colleagues for advice on how to handle emotional issues and situations. CYCWs indicated that for older children social workers are called to assist. CYCWs revealed that they discuss with social workers when they observe children with a psychological need. A psychologist can also be involved as part of the team if necessary. Information is also shared about children and team members learn from each other. Hence, the findings showed that CYCWs who deal with children strongly believed in team effort as they assume responsibility for collective duties and decisions, including responding to team members' feedback. The importance of team work is also stressed in literature (Garfat et al 2018:32).

CYCWs offer children and youth educational programmes and life skills sessions, including emotional care programmes, assertiveness programmes, teaching them about self-esteem, substance abuse, hygiene issues, teenage pregnancy, recreational programmes, communication skills, and HIV and AIDS. In these programmes, CYCWs encourage children to verbalise and communicate their feelings and emotions. Literature confirms the effectiveness of educational programmes for children with attachment difficulties (cf. Moretti et al 2015:120).

CYCWs offer children and youth peer group sessions. With their understanding of group work dynamics, CYCWs use group processes to promote programme, group, and individual goals. In order to engage children in conversations, CYCWs facilitate group sessions around specific topics/issues related to the needs of children and youth. The

CYCWs use the strength of the child to divert the attachment problems into something positive in one-on-one sessions. Also, CYCWs pointed out that through observation of children, reports are given to social workers for counselling. Therefore, CYCWs indicated their ability to assess children's situations in their milieu, that is the central context within which CYC practice occurs, or in individual interaction to select the appropriate solutions. It is confirmed that a child-centred approach focusing on the strength of children to cope with a difficult situation can be used in groups and individual sessions (cf. Zegarac & Burgund 2017:42).

CYCWs offer sports activities and play to children and youth. They accompany children to play soccer and netball, play with toys, dance, draw and do art, as well as activities such as music, and other specialist tools to engage and communicate with children and young people and to build attachment. CYCWs believed that taking children out makes them feel special. They thus play games with children to facilitate socialisation and to make it easy for them to make friends. The role of play, art and sports in promoting the expression and regulation of emotions are emphasised by various authors (cf. Howard et al 2017:65; Roche 2019:10).

Although existing programmes address aspects related to attachment difficulties, some CYCWs felt that their work with children with attachment difficulties faced a challenge for a lack of specific programmes to deal with it. However, since no programme will fit all needs; CYCWs thus have to be flexible and adjust existing programmes where necessary (cf. Garfat et al 2018:26).

Conclusion: Theme 3

Theme 3 indicated that CYCWs use a variety of interventions in CYCCs with children with attachment difficulties. CYCWs offer children and youth a positive relationship

environment, love, care, team work, and educational and recreation programmes. However, they felt that there was need for a specific programme or intervention methods to address some of needs of children with attachment difficulties, especially while still in the CYCC.

THEME 4: CHALLENGES EXPERIENCED BY CYCWs IN WORKING WITH CHILDREN WITH ATTACHMENT DIFFICULTIES

The CYCWs are challenged by a lack of collaboration between them and social workers. These challenges include, poor communication between social workers and CYCWs, a lack of sharing of children's information, the impact of not sharing information on CYCWs' work, social workers having little or limited contact with children and not preparing children for reunification (see Chapter 3, Section 3.6.1).

The CYCWs had been confronted by poor communication or misunderstandings between social workers and CYCWs, that can lead to a breakdown in service provision with potentially severe consequences for the children in their care. Social workers often do not share background information, information on their interventions or even essential information on the children's medication. CYCWs are often not prepared for the situation where children are to be reunited with their parents. Literature acknowledges both the conflicts between CYCWs and social workers and the need of co-workers to "be on the same page" (cf. (Molepo 2014:239; Varaden 2016:52). CYCWs were concerned that due to the social work ethics, important information was not being shared effectively. The CYCWs acknowledged that sharing confidential information about the children is regarded by social workers to be a 'breach of professionalism' as they see the CYCWs as personnel outside the social work profession. CYCWs are also concerned about the social worker's obligation to keep client's information confidential. They were of the opinion that decisions on confidentiality ought to be made with the "best interests of the child" in mind. However, what is meant by the "best interests of the child" is not always

the same for different people and stakeholders (cf. Mkhwanazi et al 2018:70). The CYCWs were concerned that their ability to work with the children and youth was affected by being deprived of information about the children. This pertains for example to children who have a history of sexually abuse. The CYCW might say something which may unintentionally hurt the child, not knowing their background. These children will as a consequence of ignorance from CYCWs, get conflicting messages from different welfare personnel. CYCWs cannot understand or know how to deal with a child's behaviour if they do not have the necessary background information on what could be contributing to the behaviour. The challenge with the lack of information was likely to affect the CYCWs' decision on the kind of programmes to render to children. This challenge also pertains to the CYCWs' inability to prepare a child for a court case or missing children's immunisation dates as CYCWs have no relevant information about the medical history or needs of the children. This lack of information leaves CYCWs feeling demotivated and disempowered.

CYCWs are concerned that social workers have limited contact with children and do not spend enough time with them. They had concerns about the attachment in particular with children placed in CYCC as social workers rarely visit children, that is allegedly affecting their assessments of the children. Factors that could facilitate collaboration between CYCWs and social workers include understanding the other professionals' roles and responsibilities, mutual trust and respect, and viewing collaboration as beneficial to themselves or their clients (cf. Phillips & Walsh 2019:19).

CYCWs felt that children and parents were being failed by the institution by not being adequately prepared for reunification. Thus, CYCWs indicated that children leaving the CYCC for adoption or a foster family get returned many times after foster parents felt they were lazy and had a bad attitude. CYCWs also expressed their anxiety for children being passed on to another CYCC. CYCWs sometimes feel that they are managed by a top-down approach and are not allowed to come up with their own initiatives to provide solutions (cf. Agere 2014:66).

A lack of caring and support of CYCWs were underlined. Participants felt that CYCWs are kept on the peripheral when it comes to confidentiality issues and that they are not heard when they talk about how being kept in the dark about the children is affecting their work. The CYCWs struggle with supervisors who do not listen and do not provide emotional support. For this reason, some frustrated CYWs considered quitting their work at CYCCs. They felt they are often blamed during multidisciplinary meetings for children's misbehaviour, instead of being supported and motivated to show initiative. CYCWs reported that they do not receive debriefing after serious behavioural incidences. Literature confirms that the work at CYCCs is emotionally demanding, which is intensified by a high childcare worker ratio in the CYCCs (cf. Mkhwanazi et al 2018:71). A lack of support can lead to burnout and result in a high turnover of CYCWs which once again negatively affects the attachment building between children and CYCWs.

The CYCWs expressed challenges with shifts and personal problems. Staff working in different shifts sometimes relate differently to children with attachment difficulties as they have different beliefs and different approaches to the same behaviour. The children notice this and manipulate the situation. The CYCWs also mentioned that personal problems and gossiping can interfere with their work and even their relationships with the children (cf. Varaden 2016:52).

CYCWs acknowledged the challenge of delayed feedback from management. This delay will result in certain programmes' initiatives not being rendered to children with attachment difficulties. CYCWs may request resources to use for children's programmes but with delayed feedback from management, they will resort to other alternatives. Not receiving timeous response on inquiries made CYCWs feel that they are undermined. Being heard and acknowledged by managers and supervisors are rated as important by CYCWs (cf. Modlin 2018:164).

Due to the fact that it takes time for children to change their behaviour, CYCWs are frustrated by the lack of immediate tangible results. The CYCWs acknowledged that they are often presented with children who show no changes in their behaviour during the time of their stay at CYCCs. Due to the lack of change, children are often moved from one placement to the next, which is again likely to influence their quality of attachment (cf. Pasalich et al 2016:2).

Conclusion: Theme 4

Being part of the life space of the child, CYCWs work with the children in CYCC on a daily basis. The CYCWs verbalised the challenges which adversely affect their work with children displaying attachment difficulties. The CYCWs struggle with poor communication with social workers, a lack of emotional support, management not providing feedback, being blamed for children's behaviour, and feelings of being undermined when sharing suggestions and giving input within interdisciplinary teams.

THEME 5: SUGGESTIONS FROM CYCWs ON DEALING WITH CHILDREN WITH ATTACHMENT DIFFICULTIES

Theme 5 addresses the second research goal and objective 4, thus proffering suggestions on how social workers can support CYCWs, but even providing broader alternatives on how CYCWs can better deal with behaviour of children with attachment difficulties in CYCCs. These suggestions relate to working with children, working in multidisciplinary teams with social workers, care and support for CYCWs, training and team building for CYCWs and ensuring a mindset of service in CYCWs.

CYCWs were of the opinion that when working with children with attachment difficulties, better relationships, care and support for these children and preparing them for life after care and continuous supportive initiatives, will make a difference.

The participants suggested that the necessary ingredients for taking care of a child with attachment difficulties are offering and expressing love. They also believed that children should not be shown favouritism or judged based on colour of their skin or their background. CYCWs indicated that CYCCs need personnel who care about the children with attachment difficulties. The CYCWs suggested that CYCWs should welcome children with attachment difficulties to share their feelings and receive this with an attempt to satisfy the children's desire for an absent caregiver or mother figure. They also believed that to build relationships with children demands that CYCWs be available, listen, be supportive, do continuous assessments and provide better interventions. CYCWs as caregivers can make a significant contribution by remaining calm and consistent, showing caring and reacting to the child's interests and using empathy (cf. Anonymous 2019:36-37). The CYCWs were of the opinion that a successful reunification needs prior opportunity for parents to visit CYCCs to allow observation of the relationship the future holds for the child after leaving care. CYCWs believed it is expected from CYCWs to directly supervise and encourage peace between the child and the family. Families should thus not be seen as the "enemy" as has been the case in the past (cf. Garfat et al 2018:31). This pertains to the fact that children should be made aware of their own responsibility for their lives especially when they leave the CYCC. One CYCW suggested continuous contact with the children after leaving the CYCC. One of the roles of caregivers is "bridging children and society" (cf. Yorke 2015:8-10).

The participants stressed that it is essential for CYCWs to work well in a multidisciplinary team with social workers. This includes improvement of work relations with social workers, social workers sharing confidential information about children, and social workers engaging more frequently with children with attachment difficulties.

CYCWs complained that social workers treat them as subordinates. They thus feel unequal to social workers. Social workers should realise their important role in childcare. CYCWs were convinced that cooperation between social workers and CYCWs in

research and development programmes or strategies will assist children with attachment difficulties (cf. Molepo & Delport 2015:154). The CYCWs indicated that it is critical for effective service delivery that social workers should share background and day-to-day information with CYCWs. They suggested regular meetings between social workers and other related personnel who work together within CYCCs. They specifically proposed group discussion on the background of children with attachment difficulties. The lack of information on children limited CYCWs planning to intervene appropriately. The CYCWs also believed that social workers took decisions without considering the views articulated by the CYCWs and other team members. Literature confirms the role of role ambiguity when there is confusion over role players' responsibilities, rights, and obligations, which could affect the individual's ability to perform the required job adequately (cf. Barford & Whelton 2010). CYCWs share the life space of children and as such form part of the children's experiences. Participants indicated that the social workers do not engage enough with the children and that they need to get involved in the children's daily routine. This will enable social workers to assist in strengthening the children's attachment and participate in supporting programmes offered to children with attachment difficulties. To reach successful outcomes children in need of protection need to receive enough services from professionals (Hope & Van Wyk 2018:421).

CYCWs believed that care and support for CYCWs will enable them to provide better services to children with attachment difficulties. CYCWs need to be listened to and recognised as a profession; receive debriefing or emotional support, team building and better salaries. Participants advised that CYCC management should recognise the significant input they provide within the child and youth care profession. CYCWs also need to buy into working together with other professions so that the best interests of the child are achieved. Discourse suggested that the marginalised CYCWs' views and opinions need to be taken into consideration to improve outcomes. They further indicated that Heads of Departments, managers and supervisors need to listen to CYCWs' inquiries. CYCWs felt that they are still, like in the past, not really taken seriously and they see themselves as being less valuable than many other professionals (cf. Varaden

2016:54). This could be because there isn't a common understanding of the work done by CYCWs. The work of a CYCW can be stressful and emotionally exhausting (cf. Barford & Whelton 2010:271). CYCWs were of the view that debriefing sessions were necessary for their emotional recovery after serious behaviour incidences with children with attachment difficulties and to improve motivation. CYCWs also felt that the children's situation affects them emotionally. They believed that debriefing should be offered to CYCWs least once a month or once a quarter. Management should set systems in place that assist the CYCWs to prevent them from reaching the stage of burnout. CYCWs stated that it is important that CYCWs should earn a relevant salary comparable to their qualifications. The CYCWs help to create and execute guided activities for children with attachment difficulties, hence, they felt encouraged by earnings which consider their level of qualification and job description. Authors (cf. Molepo & Delpont 2015:158) suggest that CYCWs could perhaps address their need for better salaries through improvement in education. It is acknowledged that improved education will lead to higher employment and earnings. In this regard, salaries, benefits and qualifications are appropriate and very important in childcare motivation. CYCWs indicated that it is necessary to have office space away from the children. The participants felt that after working with children, they needed a quiet or private space during a tea break or lunchtime where they can feel relax without being interrupted by noise from children. Also, CYCWs believed that being constantly surrounded by noisy children in a restless environment made them tired. The lack of office space seems to be an indication of inadequate resources to ensure the necessary support to CYCWs (cf. Davis et al 2010:77).

The CYCWs indicated the need for training for CYCWs to identify, assess and deal with children with attachment difficulties. This pertains to continuous training and refresher courses for CYCWs and other multidisciplinary professions in dealing with children with attachment difficulties. In this discourse, CYCWs believed that both social workers and CYCWs need training to be able to attach or to build the attachment with children in CYCCs (cf. Varaden 2016:56). The CYCWs believed that a multidisciplinary team should be in place because different professions have different skills that can effectively

contribute to assisting children with attachment difficulties. Examples of people to be included in a multidisciplinary team are CYCWs, social workers and nurses. Participants highlighted the importance of team building (cf. Garcia et al 2019:326). They preferred an external facilitator for team building as they believed that an outside facilitator will enable CYCWs to openly discuss their issues. Team building between CYCWs will resolve shift disagreements and ensure that individuals do not hold grudges against each other.

CYCWs who are committed to their job and field will make a difference in the lives of children with attachment difficulties. The CYCWs believed that since they share the children's life space on a daily basis they are in the best position to understand children with attachment difficulties. However, CYCWs need to shift their mindset away from being salary focused to rendering services to children. In addition, CYCWs believe that it was important to be motivated to make a difference in children's lives (cf. Chinyenze 2017:109).

Conclusion: Theme 5

The findings acknowledged the suggestions from CYCWs in dealing with children with attachment difficulties. This includes better relationships with children, while preparing children and providing continuous support for children after they leave care; effective multidisciplinary team work with social workers, sharing of needed confidential information, social workers engaging more with children with attachment difficulties, as well as care and support to CYCWs in the form of recognition of the profession, debriefing, better salaries and office space. Training and team building opportunities for CYCWs and other professionals, as well as a mindset of CYCWs to prioritise service delivery before earnings, can further motivate CYCWs to persevere in their work with children with attachment difficulties.

Summary of conclusions

The conclusions drawn from the discussions with CYCWs are that caregivers are duty aware and provide dedicated services to children with attachment difficulties. It seems, however, that the institutions in which they work are not favourable as CYCWs often feel undermined and overlooked by social workers and management. CYCWs experience limited support from managers and supervisors. They are convinced that their role and profession are not recognised and that they should receive more respect. Moreover, CYCWs feel that social workers do not share background information on children with attachment difficulties, making it challenging for CYCWs to facilitate sensitive treatment. Social workers can support CYCWs in their work with children with attachment difficulties by spending more time with these children, sharing confidential background and intervention information with CYCWs, working closely with them as part of a multidisciplinary team, acknowledging the profession of CYC, debriefing CYCWs when necessary and providing training on attachment difficulties and interventions.

The next section will address the limitations of the study.

4.4 LIMITATIONS OF THE STUDY

This study has several limitations. First, as highlighted earlier on, the study was based on a qualitative approach which relies on the experiences and opinions of CYCWs. As a consequence, some participants might have exaggerated or underrated their experiences in CYCWs for one reason or another. The CYCWs' storylines and perspectives focused on how their views and beliefs about children with attachment difficulties inform their decisions and practice actions. However, the researcher did not collect observational data, she was not able to verify if participants' practice was consistent with the narratives they shared.

Some of the participants found it difficult to describe some concepts related to the topic and a short description of “attachment” was added to the interview guide. To compensate for this limitation, the researcher conducted all the interviews herself, which made it possible to adapt the pace of the interview and simplify the questions to the participants in order to facilitate accurate data collection (see Chapter 2, Section 2.4.2).

The use of purposive sampling resulted in selecting a limited number (n=16) of CYCWs. As a result, the findings may not be representative of the views of all CYCWs who work with children with attachment difficulties.

The educational background of some participants could have restricted them in articulating their views and some aspects regarding attachment issues that were probed during interviews. Meaning that despite efforts by the researcher to explain the concept of attachment, some participants might not have understood the concept fully, possibly affecting their responses, and subsequently the data collected.

Lastly, although the researcher ensured participants of confidentiality and anonymity, some participants might have provided socially desirable answers in interviews due to a fear of breaching the institution’s code of conduct with respect to confidentiality. As a result, the participants might have shared experiences on “acceptable issues”, leaving out the topics that could be viewed as “unacceptable”.

These limitations could be addressed in future studies.

4.5 RECOMMENDATIONS

This section will present the recommendations which are based on the findings and conclusions from the study.

4.5.1 Recommendations for the child and youth care profession

Based on the concerns regarding the undermining of the profession of CYCW, and the experience of CYCWs that they are seen as “unequal” to social workers, it is important to ensure equal recognition within the social service professions

As discussed in Chapter 1, CYCWs have a variety of qualifications, but to register with the SACSSP, they need to adhere to the requirements set out by the SACSSP, including a four-year degree, which is a National Qualification Framework (NQF) level 8 qualification; a BTech at NQF level 7 with 12 months’ theoretical and practical learning in CYCW accompanied by a complete Portfolio of Evidence (PoE) to convince the Council that they can practice at level 8; a level 6 qualification with 24 months’ theoretical and practical learning in CYCW accompanied by a complete PoE to show the Council that they can practice at Level 8. CYCWs are also allowed to register provided that they were employed at the date the regulations were promulgated. However, the registration is only valid for three years, after which the individual is expected to have a qualification (cf. Loffell, Allsopp, Atmore & Monson 2008:49). Compatible qualification levels will contribute to the recognition of CYC as a profession. Education, training and development need to be encouraged by attractive incentives so that the CYCWs may aim for higher levels of qualifications. This can be facilitated by the South African Council for Social Service Professions.

4.5.2 Recommendation for managers and supervisors of CYCWs who work with children with attachment difficulties

The research findings indicated that CYCWs complained about suffering burnout and being drained emotionally due to the overwhelming demands of children with attachment

difficulties, as well as exposure to trauma, neglect and abuse. It would therefore be recommended that debriefing sessions and therapeutic intervention services for CYCWs be provided by managers, supervisors or outside facilitators on a regular basis, for example, once a month or once a quarter to reduce burnout, and the high turnover among CYCWs. CYCWs need to be supported by their management from trauma and abuse related to children's behaviour to ensure that their well-being is enhanced, and to ensure that quality service could consistently be rendered to all children.

To improve the quality of services rendered by CYCWs, managers and supervisors should include CYCWs in decision-making and the development of programmes for children with attachment difficulties. CYCWs will feel acknowledged, motivated and able to invest their unique experience within the life space of children, in the development of interventions.

4.5.3 Recommendation for CYCCs working with children with attachment difficulties

It is recommended that training on attachment and attachment difficulties are provided to CYCWs. Although participants showed knowledge of this aspect, it is clear that CYCWs have diverse training backgrounds. It would thus be helpful to place all CYCWs "on the same page" as far as attachment, attachment difficulties and interventions are concerned. Short courses could be developed, and an effort can be made by the SACSSP to ensure that all tertiary curriculums developed for CYC contain a strong focus on attachment of children within CYCCs. This training can include the concept of attachment, the process of attachment formation, factors influencing attachment, building attachment within CYCCs, attachment in CYCCs from admission to reunification with the family or leaving after care. It is important to focus on a team approach in working with children with attachment difficulties, including the CYCW, social worker and psychologist.

4.5.4 Recommendation for social workers to support children with attachment difficulties and CYCWs working with these children

Social workers work side by side with CYCWs in providing care to children with attachment difficulties. Thus, poor communication between social workers and CYCWs negatively affect the practice of social work in the CYCCs context. Social workers should open conversation space with their counterparts. It will be helpful to train all social workers on the role and skills of CYCWs to understand the unique contribution of CYCWs. This will enable social workers to recognise the unique profession of CYC and not to look down on CYCWs. Social workers need to address confidentiality within the context of CYCCs and develop guidelines with CYCWs based on their code of ethics on how they can share necessary information on the background of, interventions with and progress of all children, but specifically children experiencing attachment difficulties. This will link to a multidisciplinary approach of working as a team, utilising each team member's unique experience, skills and relationship with the children to improve service delivery. Decisions should be made jointly, and interventions developed together. It will be helpful for social workers to understand the impact of not sharing information on CYCWs' work, as well as the emotional and practical effect this has on children with attachment difficulties. Together, social workers and CYCWs can build on the past, modify expectations and strategies that are no longer helpful, and help the development of new positive relationships.

Training on attachment could be a strategy to ensure that CYCWs and social worker are all working from the same frame of reference. Debriefing sessions at the CYCCs can be provided to social workers and CYCWs. The recommendation is therefore for the management of CYCCs to take the lead in ensuring that systems are established for employee wellness and to ensure that the rights of all team members are well protected and prioritised.

Social workers having little or limited contact with children could result in CYCWs struggling to resolve issues that are actually the responsibility of social workers. Children with attachment difficulties who have experienced significant disrupted care, often behave in disrupted ways and may need constant monitoring. Service delivery should be

redesigned to minimise bureaucratic functions and facilitate greater opportunities for face-to-face engagement between social workers and children.

Not preparing children for foster care or reunification have been identified as problems that social workers should attend to. The social workers in charge of cases should be making decisions about the arrangements for family visits, regular contact and specific forms of therapy for children experiencing behavioural problems prior to reunification. The parents or foster caregivers who resort to returning children to CYCCs have concerns that reunification of children with behavioural problems could have been avoided.

4.5.6 Recommendations for future research

Based on the findings from the study and the limitations highlighted in Chapter 4 Section 4.4, the following areas are recommended for future research:

The study was conducted with a small sample that is not representative of the entire population. The recommendation for future research is for the study to be conducted on a larger scale with other provinces also represented.

The study's sample drew participants from different state-owned CYCCs, but from one geographic area in Ekurhuleni. Private institutions may hold a potential for further research as comparative results could contribute to the body of literature. Since unique factors linked to the other areas might lead to a different perspective on attachment difficulties, future research should examine the same questions in other contexts.

In addition, a future study could be inclusive of different professionals involved with child attachment difficulties e.g. social workers, psychologists, psychiatrists; not only CYCWs. Such an angle may confirm or dispute the suggestions offered by CYCWs in this study.

In future studies, observational data should be collected to offer a better understanding of how social workers, psychologists, psychiatrists and CYCCs management understand the subject of attachment difficulties. There is also room to further explore on children's perceptions on the subject.

4.6 CONCLUSION

This study uncovered a new angle of the meaning of attachment from the perspective of CYCWs working within CYCCs on how to deal with children with attachment difficulties and the social work support needed in this regard. Despite the prominence of attachment challenges in international welfare literature, practices relating to attachment and attachment difficulties in CYCCs, do not feature prominently in South African empirical research. The CYCWs are ultimately responsible for these children's day-to-day situation and understanding how they experience and handle children and youth with attachment difficulties, is key to insight.

Furthermore, the conclusions drawn from in-depth interviews held with CYCWs revealed that CYCWs understand attachment as being internalised from earlier relationships between the child and primary caregiver. The findings confirmed CYCWs' knowledge of feelings and behaviour of children linked to attachment difficulties and the effect this may have on their relationships with the children. Children frequently bring negative expectations and representations of fear, anxiety, low self-esteem, drug abuse, violence, and maladaptive defence strategies into the relationships with CYCWs.

The in-depth interviews held with CYCWs produced information which concurred with experiences and challenges faced by CYCW professionals portrayed in previous studies (cf. Barford and Whelton 2010:274; Molepo and Delport 2015:158; Radey and Stanley

2019:1; Varaden 2016:53). In this vein, CYCWs emphasised that there was a need for the practitioners to receive respect from other professionals such as social workers and to be seen as equals. CYCWs indicated the need for acknowledgement and support from management, more training and team building opportunities, as well as debriefing sessions. It was hoped that this would result in the improved assessment of children with attachment difficulties and appropriate programmes, rendered within a multidisciplinary team in order to improve the well-being of the children served.

REFERENCES

- Aboujaoude, M.K. Feghali, K. & Kfour, C. 2018. Planning the Research. In, Gómez, J.M.& Mouselli, S. (Editors) *Modernizing the Academic Teaching and Research Environment: Methodologies and Cases in Business Research*. Gewerbestrasse, Cham: Springer International Publishing AG.
- Ackerman, C. 2018. What is attachment theory? Bowlby's 4 stages explained. *Positive Psychology Studies*. <https://positivepsychology.com/attachment-theory/>. (Accessed on: 20 October 2019).
- Agere, L.M. 2014. An evaluation of the role of child and youth care centres in the implementation of South Africa's children's Act. MA dissertation, Alice: University of Fort Hare.
<http://libdspace.ufh.ac.za/bitstream/handle/20.500.11837/789/AGERE%20MASTER%20OF%20SOCIAL%20WORK%20DISSERTATION.pdf?sequence=1&isAllowed=y>
- Ainsworth, M. 1993. Attachment as related to mother-infant interaction. *Advances in Infancy Research*, 8:1–50.
- Ashworth, J. 2012. Circle of courage: Knowledge base and literature review, http://www.augie.edu/sites/default/files/u47/conceptual_framework_fall_2012. (Accessed on 18/01/2017).
- Akdogan, R., Aydın, M. & Eken, H. 2018. Understanding the contribution of abnormal inferiority feelings on insecure attachment through gender and culture: A study of university students seeking psychological support. *The Journal of Individual Psychology*, 74(1):96-116.
- Alexa-Stratulat, T., Neagu, M., Neagu, A., Alexa, I. D. & Ioan, B. G. 2018. Consent for participating in clinical trials - Is it really informed? *Developing World Bioethics*. 18(3):299–306.
- Allajegardi, M, Sarabian, S, & Asgharipour, N. 2015. Comparative study of attachment styles in mothers of 8 to 12 year-old children with and without behavioral problems. *Journal of Fundamentals of Mental Health*, 17(1):31-7.
- Allen, L. & Kelly, B.B. 2015. Transforming the workforce for children birth through age 8: A unifying foundation. Washington (DC): National Academies Press.
- Allsopp, M & Mahery, P.P.P. 2010. *The Social Service Professions Policy. Recommendations from the Child and Youth Care Sector*, 21(6):2429.

Alshenqeeti, H. 2014. Interviewing as a data collection method. *English Linguistic Research*, 3(1):39–45.

Alvi, M.H. 2016. A Manual for selecting sampling techniques in research. Munich Personal RePEc Archive. <https://mpra.ub.uni-muenchen.de/70218/1/MPRA> (Accessed on: 16 September 2019).

Anglin, J. 2015. Webinar 20: Development of the child and youth care work profession. <http://www.socialserviceworkforce.org/webinar-20-development-child-and-youth-care-work-profession>
http://www.socialserviceworkforce.org/sites/default/files/Webcast_July_2015.pdf
(Accessed on: 3 December 2019).

Anney, V.N. 2014. Ensuring the quality of the findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS)*, 5(2):272-281.

Anonymous 2019. How attachment to trauma theory helps behaviour. TES: Times Educational Supplement. 5354:36-37. <https://www.tes.com/magazine/article/how-attachment-theory-helps-behaviour> (Accessed on: 20 December 2019).

Ashworth, J. 2012. Circle of courage: Knowledge base and literature review, http://www.augie.edu/sites/default/files/u47/conceptual_framework_fall_2012.
(Accessed on 18/01/2017).

Asiamah, N., Mensah, H.K. & Oteng-Abayie, E. 2017. General, target, and accessible population: demystifying the concepts for effective sampling. *The Qualitative Report*, 22(6): 1607-1621.

Azoury, M., Kaissi, B. & Attieh, L. 2018. Research ethics. In, Gómez, J.M.& Mouselli, S. (Editors) *Modernizing the academic teaching and research environment: methodologies and cases in business research*. Gewerbestrasse, Cham: Springer International Publishing AG.

Babbie, E. 2007. *The practice of social research*. 11th edition. Connecticut: Thomson Learning.

Babbie, E. 2010. *The practice of social research*. Los Angeles Wadsworth Publishers

Babbie, E. 2013. *The basics of social research*, 6th edition. London: Cengage Learning.

Babbie, E & Mouton, J. 2010. *The practice of social research*. Cape Town: Oxford University Press.

Balsells, M.A., Pastor, C., Amorós, P., Mateos, A., Ponce, C. & Navajas, A. 2014. Child welfare and successful reunification through the socio-educative process: training needs among biological families in Spain. *Social Sciences*, 3:809–826. www.mdpi.com/journal/socsci.

Bani Ismail, L., Hindawi, H., Awamleh, W. & Alawamleh, M. 2018. The key to successful management of child care centres in Jordan. *International Journal of Child Care and Education Policy*, 12:3:1-19.

Barbara, R. 2010. *Working with children with attachment problems: A handbook for caregivers in residential care*. [http://www.downloads/working-with-children-with-attachment-issues.%20\(2\)](http://www.downloads/working-with-children-with-attachment-issues.%20(2)). (Accessed on: 20 May 2016).

Barber, A. 2013. Understanding as knowledge of meaning. *Philosophy Compass*, 8 (10):964–977.

Barford, S.W. & Whelton, W.J. 2010. understanding burnout in child and youth care workers. *Child Youth Care Forum*, 39:271–287.

Barlow, Schrader-McMillan, A., Axford, N., Wrigley, Z., Sonthalia, S., Wilkinson, T., Rawsthorn, M., Toft, A. & Coad, J. 2016. Review: Attachment and attachment-related outcomes in preschool children – a review of recent evidence. *Child and Adolescent Mental Health*, 21(1):11–20.

Baron, S., Stanley, T., Colomina, C. & Pereira, T. 2019. Strengths-based approach practice framework: Strengths-based approach practice handbook. Department of Health and Social Care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf (Accessed on: 27 September 2019).

Baronea, L., Lionetti, F., & Green, J. 2017. A matter of attachment? How adoptive parents foster post-institutionalized children's social and emotional adjustment. *Attachment & Human Development*, 19(4): 323–339.

Bastiaanssen, I.L.W., Delsing, M.J.M., Geijsen, L., Kroes, G., Veerman, J.W. & Engels, R.S.M.E. 2014. Observations of group care worker-child interaction in residential youth care: pedagogical interventions and child behavior. *Child Youth Care Forum*, 43:227–241.

Baxter, P & Jack, S. 2008. Case study methodology: Study design and implementation for novice readers. *The Qualitative Report*, 13 (4):544–559.

Bazeley, P. 2013. *Qualitative data analysis: Practical strategies*. London: SAGE Publications Ltd.

Belsky, J. & Simpson, J. A. 2016. Attachment theory within a modern evolutionary framework. In J. Cassidy & P. R. Shaver (Editors.), *Handbook of attachment: Theory, research, and clinical applications* (3rd edition). New York, NY: Guilford Press.

Berg, B. 2009. *Qualitative research. Methods for the social sciences*. Boston: Allyn & Bacon.

Berk, L.R. 2013. *Child development*, 9th edition. Los Angeles: Pearson Education.

Berns, R.M. 2007. *Child, family, school, community: socialization and support*, 7th edition. Australia: Brooks/Cole: Thomson Wadsworth.

Biordi, D.L., & Nicholson, N.R. 2009. Social isolation. In P. D. Larsen & I. M. Lubkin (Editors.), *Chronic illness: Impact and intervention* (7th edition.). Sudbury, MA: Jones and Bartlett.

Bîrneanu, A. 2014. The resilience of foster children: The influence and the importance of their attachment. *Revista de Asistență Socială*, XIII (4):85-100.

Botes, W. 2008. The utilisation of attachment theory by social workers in foster care supervision. Masters' dissertation: North-West University.
https://www.academia.edu/5168333/THE_UTILISATION_OF_ATTACHMENT_THEORY_BY_SOCIAL_WORKERS_IN_FOSTER_CARE_SUPERVISION_ACKNOWLEDGEMENTS (Accessed on: 31 December 2019).

Bowlby, J. 1951. *Maternal care and mental health*. World Health Organization Monograph (Serial No. 2). World Health Organization. Palais des Nations, Geneva.
[http://whqlibdoc.who.int/monograph/WHO_MONO_2_\(part1\).pdf](http://whqlibdoc.who.int/monograph/WHO_MONO_2_(part1).pdf) (Accessed on: 25 December 2019).

Bowlby, J. 1952. *Maternal care and mental health*, 2nd edition. Geneva: World Health Organisation.

Bowlby, J. 1973. *Attachment and loss: Separation anxiety and anger*. New York: Basic Books

Bowlby, J. 1969/1982. *Attachment and loss: Vol 1. Attachment* (2nd edition.). New York: Basic Books.

Bowlby, J. 1988. *A secure base: Parent-child attachment and healthy human development*. Los Angeles: Basic Books.

- Bowlby, J. 2005. *The making and breaking of affectional bonds*. London: Routledge..
- Bowlby R. 2009. *Attachment theory: How to help young children acquire a secure attachment*. <http://www.allianceforchildhood.eu/files/QOC%20Sig%204.pdf>. (Accessed on: 03 September 2017).
- Bowman, M.E. 2019. Attachment theory, supervision, and turnover in child welfare. *Child Welfare*, 97(1):1-20.
- Brands-Saliba, E.N. 2018. Exploring the perception and treatment of children and youth in care. https://www.researchgate.net/publication/327446135_Exploring_the_Perception_and_Treatment_of_Children_and_Youth_in_Care/link/5b8feb7092851c6b7ec0f166/download (Accessed on: 20 October 2019).
- Brendtro, L.K. 2014. The Circle of Courage and RAP Training: The Evidence Base. <https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/The-Circle-of-Courage-RAP-Training-The-Evidence-Base.pdf> (Accessed on: 26 October 2019).
- Brendtro, L.K. 2019. Pathways from pain to resilience. *International Journal of Child, Youth and Family Studies*, 10(2-3):5–24.
- Brendtro, L.K., Brokenleg, M. & Van Bockern, S. 2005. The Circle of Courage and positive psychology. *Reclaiming Youth at Risk*, 14(3)130–136.
- Bretherton, I. 1991. The root and growing points of attachment theory. In C..M Parks, Steven-Hinde & P. Marris (Editors). *Attachment across the life cycle*. y. London: Routledge.
- Brinkmann, S. & Kvale, S. 2017. Ethics in qualitative psychological research. In C. Willig, & W.S. Rogers. (Editors) *The SAGE handbook of qualitative research in psychology*, 2nd edition. Los Angeles: SAGE.
- Brisch, K.H. 2011. *Treating attachment disorders. From theory to therapy*, 2nd edition. London: Guilford Press.
- Brumariu, L.E. 2015. Parent child and emotions regulation. In G. Bosmans & K.A. Kerns (Editors). *Attachments in middle childhood theoretical advances and new directions in emerging field. New directions for child and adolescent development*.
- Buljac-Samardzic, M., Van Wijngaarden, J.D.H., Van Wijk, K.P. & Van Exel, N.J.A. 2011. Perceptions of team workers in youth care of what makes teamwork effective. *Health and Social Care in the Community*, 19(3):307–316.

- Burnside, L. 2012. *Youth in care with complex needs*.
<http://www.childrensadvocate.mb.ca/wp-content/uploads/Youth-with-Complex-Needs-Report-final.pdf>. (Accessed on: 8 November 2017).
- Callaghan, J.M, Fellin, .LC, Alexander, J.H. 2015. Mental health of looked after children: Embodiment and use of space. In B. Evans, J. Horton, & T. Skelton. *Play, recreation, health, and wellbeing*, edited Singapore: Springer.
- Cameron, R.J. & Maginn, C. 2009. *Achieving positive outcomes for children in care*. London: SAGE Publications.
- Capes, K. 2018. Popular perceptions of disrupted childhoods: We need new stories about what happens to 'looked-after' children. *Soundings: A Journal of Politics and Culture*, 67: 90-102.
- Carelse, S. 2018. *Social work services provided by non-profit organisations to adult methamphetamine users: An ecological perspective*. PhD. Thesis. Stellenbosch University. <https://scholar.sun.ac.za/handle/10019.1/103339> (Accessed on: 15 October 2019).
- Carey, M. 2012. *Qualitative research skills for social work. Theory and practice*. London: Ashgate Publishers.
- Cassidy, J. 2008. The nature of a child's ties. In J. Cassidy, & P.R. Shaver, (Editors) *Handbook of attachment: Theory, research and clinical applications* (2nd edition.) New York: Guilford Press.
- Cassidy, J., Jones, J.D. & Shaver, P.R. 2014. contributions of attachment theory and research: a framework for future research, translation, and policy. *Development Psychopathology*, 25(402):1415–1434.
- Centre for Child Law. 2012. *A guide to the registration of child and youth care centres*. Pretoria: Government Printers.
- Cetisli, N.E., Arkan, E. & Top, E.D. 2018. Maternal attachment and breastfeeding behaviors according to type of delivery in the immediate postpartum period. *Rev Associan Med Bra*; 64(2):164-169.
- Charles, G & Garfat, T. 2009. *Child and Youth Care Practice in North America: Historical Roots and Current Challenges*, 22(2):17–27.
- Chen, B. & Santo, J.B. 2016. Mother–child attachment and social withdrawal in urban Chinese children. *Social Behavior and Personality*, 44(2):233–246.

Child Helpline International (CHI). 2014. *Violence against children. Giving a voice to children and young people worldwide*. http://www.childhelpinternational.org/media/149816/violence_against_children.pdf (Accessed on: 22 April 2017).

Children's Act 38 of 2005, chapter 13 section 191.
<https://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf> (Accessed on: 3 December 2019).

Children's Rights Alliance. 2010. The United Nations Conventions of the Rights of Child.
http://www.childrensrights.ie/sites/default/files/submissions_reports/files/UNCRCEnglish_0.pdf. (Accessed on: 13 September 2017).

Children's Rights Alliance. 2010. The United Nations Conventions of the Rights of Child.
http://www.childrensrights.ie/sites/default/files/submissions_reports/files/UNCRCEnglish_0.pdf. (Accessed on: 13 September 2017).

Chinyenze, P. 2017. Institutional childcare services in Harare, Zimbabwe: exploring experiences of managers, caregivers and children. PhD. Thesis. University of the Witwatersrand, Johannesburg.
<http://wiredspace.wits.ac.za/bitstream/handle/10539/25900/Patience%20Chinyenze%20PhD%20FINAL%2018%20APRIL%202018.pdf?sequence=2&isAllowed=y> (Accessed on: 3 September 2019).

Clark, R. & McLean, C. 2018. The professional and personal debriefing needs of ward-based nurses after involvement in a cardiac arrest: An explorative qualitative pilot study. *Intensive & Critical Care Nursing xxx (2018) xxx–xxx*.
https://www.researchgate.net/publication/324617648_ (Accessed on: 10 December 2019).

Clark, V.L.P. & Creswell, J. 2008. *The mixed methods reader*. Los Angeles: Sage Publishers.

Clarke, V. & Braun, V. 2013. *Successful qualitative research: A practical guide for beginners*. London: SAGE Publications.

Clay, D., Coates, E., Tran, Q. & Phares, V. 2017. Fathers' and mothers' emotional accessibility and youth's developmental outcomes. *The American Journal of Family Therapy*, 45(2):111–122.

Coleman, J., Vellacott, J., Solari, G., Solari, M., Luke, N. & Sebba, J. 2016. *Teenagers in foster care: A handbook for foster carers and those that support them*. Oxford: Rees Centre/University of Oxford/University of Bedfordshire/University of Gothenburg.

Collins, C.S. & Stockton, C.M. 2018. The central role of theory in qualitative research. *International Journal of Qualitative Methods*, 17:1–10.

Colonnesi, C., Zeegers, M.A.J., Majdandžić, M., Van Steensel, F.J.A. & Bögels, S.M. 2019. fathers' and mothers' early mind-mindedness predicts social competence and behavior problems in childhood. *Journal of Abnormal Child Psychology*, 47:1421–1435.

Conley, T.D., Moors, A.C., Ziegler, A. & Feltner, M.R. 2011. trust and satisfaction in adult child–mother (and other) relationships. *Basic and Applied Social Psychology*, 33:239–254.

Cooley, M., Wojciak, A.S., Farineau, H. & Mullis, A. 2015. The association between perception of relationship with caregivers and behaviours of youth in foster care: A child and caregiver perspective. *Journal of Social Work Practice*, 29(2):205–221.

Corval, R., Belsky, J., Baptista, J., Oliveira, P., Mesquita, A. and Soares, I. 2017. Inhibited attachment disordered behavior in institutionalized preschool children: links with early and current relational experiences. *Attachment & Human Development*, 19(6):598–612.

Cowan, P.A., Cowan, C.P., Pruett, M.K. & Pruett, K. 2019. Fathers' and mothers' attachment styles, couple conflict, parenting quality, and children's behavior problems: an intervention test of mediation. *Journal Attachment & Human Development*, 21(4):532-550.

Creswell, JW. 2009. *Research design. Qualitative, quantitative and mixed method approaches*, 3rd edition. Los Angeles: Sage Publishers.

Creswell, J.W. 2013. *qualitative inquiry & research design: choosing among five approaches*, 3rd edition. Thousand Oaks, California: SAGE Publications.

Creswell, J.W. 2014. *Research design. Qualitative, quantitative and mixed method approaches*, 4th Edition. Thousand Oaks, California: SAGE Publications.

Creswell, J.W. & Creswell, J.D. 2018. *Research design: Qualitative, quantitative and mixed method approaches*, 5th edition. Los Angeles: SAGE Publications.

Creswell, J.W. & Poth, C.N. 2018. *Qualitative inquiry and research design: Choosing among five approaches*, 4th edition. Los Angeles: SAGE Publications.

Curry, D., Lawler, M.J., Schneider-Munoz, A.J. & Fox, L. 2011. A child and youth care approach to professional development and training. *Relational Child and Youth Care Practice*, 24(1-2): -25.

- Cyr, C., Dubois-Comtois, K., Michel, G., Paulin, C., Pasuzzok, K., Losier, V., Dumais, M., St Laurent, D. & Moss, E. 2012. *Attachment theory in the assessment and promotion of parental competency in child protection cases*, <http://www.intechopen.com/books/child-abuse-and-neglect>. (Accessed on: 21 January 2016).
- Davis, E., Priest, N., Davies, B., Sims, M., Harrison, L., Herrman, H., Waters, E., Strazdins, L., Marshall, B. & Cook, K. 2010. *Australasian Journal of Early Childhood*, 35(3):77-86.
- De Kock, D. 1999. *Child and youth care and social auxiliary work as occupational groups in the field of welfare*. D. Litt et Phill (SW) thesis. Rand Afrikaans University, Johannesburg.
- De Vos, A., Strydom, H., Fouche, C.B. & Delport, C.S.L. 2011. *Research at grassroots: For the social and human service professions*, 4th edition. Pretoria: Van Schaik.
- De Vos, A.S. 2007. Qualitative data analysis and interpretation. In A.S. De Vos, H. Strydom, C.B. Fourche & .C.S.L. Delport (Editors). *Research at grassroots: For the social sciences and services professions*, 3rd edition. Pretoria: Van Schaik Publishers.
- Degefa, N., Tariku, B., Bancha, T., Amana, G., Hajo, A., Kusse, Y., Zerihun, E. & Aschalew, Z. 2019. Breast feeding practice: positioning and attachment during breast feeding among lactating mothers visiting health facility in Areka Town, Southern Ethiopia. *International Journal of Pediatrics*, 1-8. <https://www.hindawi.com/journals/ijpedi/2019/8969432/> (Accessed on: 6 September 2019).
- Demuth, A. 2013. *Perception theories*. [http://www.fff.truni.sk/userdata/ebooks/demuth_perception_theories%20\(1.1\)](http://www.fff.truni.sk/userdata/ebooks/demuth_perception_theories%20(1.1)). (Accessed on: 10 November 2016).
- Descombe, M. 2010. *The good research guide for small-scale social research projects*, 4th edition. New York: Two Pen Plaza Education.
- Desere, S. 2014. *Research questions and objectives*. http://nairobi.daad.de/imperia/md/content/aussenstellen/nairobi/introduction_to_phd_proposal_writing_natural_sciences.pdf (Accessed on: 11 August 2017).
- Dilshad, R.M. & Latif, M.I. 2013. Focus group interview as a tool for qualitative research. *Pakistan Journal of Social Sciences*, 33:191–198.

- Doyle, S. 2012. Reflexivity and the capacity to think: Qualitative health approach. *Qualitative Health Research*, 23(2):235–255.
- Dozier, M. & Bernard, K. 2017. Attachment and Biobehavioral Catch-up: Addressing the needs of infants and toddlers exposed to inadequate or problematic caregiving. *Current Opinion in Psychology*, 15:111–117.
- DuBois, B. & Miley, K.K. 2011. *Social work: an empowering profession*, 7th edition. Boston: Allyn.
- Durka, K. & Hacker, T. 2015. The experience of receiving and delivering consultation in a residential childcare setting for looked-after and accommodated children: A sequential exploratory design. *Child Care in Practice*, 21(4):392-407.
- Durlak, J.A. & DuPre, E.P. 2008. Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3–4): 327.
- Durrheim, K. 2006. Research designs. In M.T.J. Blance, K Durrheim & D Painter. (Editors) *Research in practice: Applied methods for the social sciences*, 2nd edition. Cape Town: University of Cape Town Press..
- Duschinsky, R. & Solomon, J. 2017. Infant disorganized attachment: Clarifying levels of analysis. *Clinical Child Psychology and Psychiatry*, 22(4): 524–538.
- Edwards, R & Holland, J. 2013. What is qualitative interviewing?
http://eprints.ncrm.ac.uk/3276/1/complete_proofs.pdf (Accessed on; 22 February 2019).
- Efron, S.E. & Ravid, R. 2019. Writing the literature review: a practical guide. New York: The Guilford Press.
- Engel, RJ & Schutt, RS. 2009. *The practice of research in social work*, 2nd edition. Thousand Oaks: Sage Publishers.
- Engel, R.J. & Schutt, R.K. 2013. *The practice of research in social work*, 3rd edition. Los Angeles: Sage Publications.
- Engel, R.J. & Schutt, R.K. 2015. *The practice of research in social work*, 4th edition. Los Angeles: Sage Publications.
- Erba, J., Ternes, B., Bobkowski, P., Logan, T. & Liu, Y. 2018. sampling methods and sample populations in quantitative mass communication research studies: A 15-Year census of six journals. *Journal Communication Research Reports*, 35(1):42-47.

- Erozkan, A. 2016. The link between types of attachment and childhood trauma. *Universal Journal of Educational Research*, 4(5):1071-1079.
- Ferguson, L., Follan, M., Maccinnes, M., Furnival, J. & Minnis, H. 2011. Residential childcare workers of knowledge of reactive attachment disorder. *Journal for All Professionals Working with Children and Young People*, 16(4):101–109.
- Ferreira, S. & Ferreira, R. 2015. Teaching social work values by means of socratic questioning. *Social Work/Maatskaplike Werk*, 4 (3):463-514.
- Flick, U. 2009. *An introduction to qualitative research*, 4th edition. London: SAGE Publishers.
- Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., Thomas, R., Waits, C., Whittaker, C. & Hutchison, D. 2019. what is the relationship between worker skills and outcomes for families in child and family social work? *British Journal of Social Work* 49(1):2148–2167.
- Fourie, E.M. 2014. *Training needs for caregivers in institutions regarding the care of children with attachment disorders*. Master's in clinical social work. University of Johannesburg.
- Fox, C.L., Corr, M., Gadd, D. & Butler, I. 2014. Young teenagers' experiences of domestic abuse. *Journal of Youth Studies*, 17(4): 510-526.
- Freeman, J. & Garfat, T. 2014. Being, interpreting, doing: A framework for organizing the characteristics of a relational child and youth care approach. *CYC Online*, 179:23-27.
- Freeman, J. 2013. The field of child and youth care: Are we there yet? *Child & Youth Services*, 34:100–111.
- Fresno, A., Spencer, R. & Espinoza, C. 2018. Does the type of abuse matter? study on the quality of child attachment narratives in a sample of abused children. *Journal of Child & Adolescent Trauma*, 11:421-430.
- Fuchs, A., Möhler, E., Reck, C., Resch, F. & Kaess, M. 2016. The early mother-to-child bond and its unique prospective contribution to child behavior evaluated by mothers and teachers. *Psychopathology*, 49:211–216.
- Fusch, P.I. & Ness, R.L. 2015. Are we there yet? Data saturation in qualitative research. *The Qualitative Research Report*, 20(9):1408-1416.

- Gabatz, R.I.B., Schwartz, E. & Milbrath, V.M. 2019. Institutional caregiver experiences in child care. *Escola Anna Nery*, 23(2): 1-8. <http://www.scielo.br/pdf/ean/v23n2/1414-8145-ean-23-02-e20180195.pdf> 23/12/2019.
- Garcia, A.R., DeNard, C., Morones, S.M. & Eldeeb, N. 2019. Mitigating barriers to implementing evidence-based interventions in child welfare: Lessons learned from scholars and agency directors. *Children and Youth Services Review*, 100:313-331.
- Garfat, T & Grant, C. 2012. A guide to developing effective child and youth practice with families, 2nd edition. Cape Town: Pretext.
- Garfat, T. & Fulcher, L.C. 2012. Characteristics of a Relational Child and Youth Care Approach. Garfat, T. & Fulcher, L.C.(Editors). *Child and Youth Care in Practice*. The CYC-Net Press.
- Garfat, T., Freeman, J., Gharabaghi, K. & Fulcher, L. 2018. Characteristics of a Relational Child and Youth Care Approach Revisited. *CYC Online*, 7-45 <https://bettercarenetwork.org/sites/default/files/CYC-Online%20October%202018.pdf> (accessed on: 16 November 2019).
- Gharabaghi, K. & Stuart, C. 2013. Life space intervention: Implications for care-giving. *Scottish Journal for Residential Care*, 12 (3):11–19.
- Gharabaghi, K. 2010. *Professional issues in child and youth care*. New York: Taylor & Francis.
- Gharabaghi, K. 2013. Re-thinking about youth care work education, *CYC-Online*, 172:13–18.
- Gibbs, B.G., Forste, R. & Lybbert, E. 2018. Breastfeeding, Parenting, and Infant Attachment Behaviors. *Maternal and Child Health Journal*, 22:579–588.
- Gibson, K., Samuels, G. & Pryce, J. 2018. Authors of accountability: Paperwork and social work in contemporary child welfare practice. *Children and Youth Services Review*, 85:43-52.
- Gilgun, J.F. 2002. Completing the Circle: American Indian medicine wheels and the promotion of resilience of children and youth in care. *Journal of Human Behavior in the Social Environment*, 6(2);65-84.
- Glense, C. 2011. *Becoming qualitative researchers: An introduction*, 4th edition. Boston: Pearson Publishers.

Glover, L. 2017. Exploring early adolescents' experiences of their challenging behaviour in a Child and Youth Care Centre. Masters Dissertation, North-West University.

Gokhale, S.J. & Srivastava, N. 2017. UNIT 2 Research Design and Sampling. Ignou <http://egyankosh.ac.in/bitstream/123456789/4114/1/MWG-005B3E-U2.pdf> (Accessed on: 16 August 2019)

Golding, K.S. 2008. *Nurturing attachments: Supporting children who are fostered or adopted*. London: Jessica Kingsley Publishers.

Goldstein, F. 2012. Play in children's development, health and well-being. Brussels: Toy Industries of Europe (TIE).

Graham, G. 2006. Attachment theory and wellbeing for the young person in residential care. *The Provision of Second Chance Secure Base for the Child in Crisis*, 19(1):1–29.

Granqvist, P., Sroufe, L.A., Dozier, M., Hesse, E., Steele, M., Van Ijzendoorn, M., Solomon, J. et al. 2017. Disorganized attachment in infancy: a review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & Human Development*, 19 (6): 534-558.

Greeson, J.K.P., Thompson, A.E., Evans-Chase, M. & Ali, S. 2015. Child welfare professionals' attitudes and beliefs about child welfare-based natural mentoring for older youth in foster care. *Journal of Social Service Research*, 41:93–112.

Grover, V. 2007. *The Circle of Courage and meeting the needs of youth*. Iowa State University. <https://www.extension.iastate.edu/sites/www.extension.iastate.edu/files/scott/CircleOfCourageMeetingNeeds.pdf>. (Accessed on: 15 January 2017).

Grugel, J. 2013. Children's rights and children's welfare after the Convention on the Rights of the Child. *Progress in Development Studies*, 13 (1):19–30.

Guyon-Harris, K.L., Humphreys, K.L., Degnan, K., Fox, N.A., Nelson, C.A. & Zeanah, C.H. 2019. A prospective longitudinal study of Reactive Attachment Disorder following early institutional care: Considering variable- and person-centered approaches. *Attachment & Human Development*, 21:2, 95-110.

Halai, A. 2006. Ethics in qualitative research issues and challenges, *Multi-disciplinary qualitative research in developing countries*. Karachi: Aka Khan University. 4:1–12.

Hall, K. & Mokomane, Z. 2018. The shape of children's families and households: A demographic overview. In: Hall K, Richter L, Mokomane Z. & Lake L. South African Child Gauge 2018: Children, Families and the State. Cape Town: Children's Institute.

- Hall, K., Sambu, W., Almeleh C., Mabaso, K., Giese, S. & Proudlock, P. 2019. South African Early Childhood Review 2019. Cape Town: Children's Institute, University of Cape Town and Ilifa Labantwana.
- Hammarberg, K., Kirkman, M. & De Lacey, S. 2016. Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31(3): 498–501.
- Handley, G. & Doyle, C. 2014. Ascertaining the wishes and feelings of young children: Social workers' perspectives on skills and training. *Child and Family Social Work*, 19:443–454.
- Hansungule, Z. 2018. Questionable correction: independent oversight of child and youth care centres in South Africa. APCOF Research Series. <http://apcof.org/wp-content/uploads/apcof-policy-brief-child-and-youth-care-centres-.pdf> (Accessed on: 19 August 2019).
- Harder, A.T., Knorth, E.J. & Kalverboer, M.E. 2013. A secure base? The adolescent–staff relationship in secure residential youth care. *Child and Family Social Work*, 18;305–317.
- Hayashi, P., Abib, G. & Hoppen, N. 2019. Validity in Qualitative research: a processual approach. *The Qualitative Report*, 24(1): 98-112.
- Hennink, M., Hutter, I. & Bailey, A. 2011. Qualitative research methods. Los Angeles: SAGE Publishers.
- Hesse-Biber, S.N. & Leavey, P. 2011. The practice of qualitative research, 2nd edition. Thousand Oaks: Sage Publishers.
- Hickle, K. & Hallett, S. 2016. Mitigating harm: Considering harm reduction principles in work with sexually exploited young people. *Children and Society*, 30 (4):302-313.
- Hilton, T., Fawson, P. R., Sullivan, T. J., & DeJong, C. R. 2020. Applied social research: A tool for the human services, (10th edition). New York, NY:Springer Publishing Company.
- Hope, J. & Van Wyk, C. 2018. Intervention strategies used by social workers in emergency child protection. *Social Work/Maatskaplike Werk*, 54(4)3:420-437.
- Hornby, A.S. 2010. *Oxford advanced learners' dictionary of current English*. New York: Oxford University Press.
- Honor, G. 2019. Attachment disorders. *Journal of Pediatric Health Care*, 33(5): 612-622.

- Howard, A.R.H., Razuri, E.B., Casey D. Call, C.D., DeLuna, J.H., Purvis, K.B. & Cross, D.R. 2017. Family drawings as attachment representations in a sample of post-institutionalized adopted children. *The Arts in Psychotherapy*, 52: 63–71.
- Howe, D. 2011. *Attachment across the lifespan*. Los Angeles; Palgrave Macmillan Publishers.
- <https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/The-Circle-of-Courage-RAP-Training-The-Evidence-Base>. (Accessed on: 14 January 2017).
- Hunt, D.P. 2003. The concept of knowledge and how to measure it. Human performance enhancement. *Journal for Intellectual Capital*, 4 (1):100–113.
- Inchaurrondo, A.M., Fuentes-Peláez, N., Vicente, C.P. & Bolós, A.M. 2018. Good professional practices for promoting positive parenting and child participation in reunification processes. *Child & Family Social Work*, 23:574–581.
- International Federation of Social Workers. (IFSW) 2001. Task force towards definition of social work. http://cdn.ifsw.org/assets/ifsw_83941-9.pdf (Accessed on: 12 March 2017).
- Jackson, W.C. 2014a. The socialization of the youth in the 21st century: The Circle of Courage. *Reclaiming Children and Youth*, 23(3):16-20.
- Jackson, W.C. 2014b. The Circle of Courage: Childhood socialization in the 21st century (Doctoral dissertation). Wayne State University, Detroit, Michigan.
- Jahanbakhsh, M., Bahadori, M.H., Amiri, S. & Asgari-Mobarake, K. 2014. Effect of attachment-based therapy on behavioral disorders in girls with attachment problems. *Zahedan Journal of Research in Medical Sciences*, 16(9): 2-17.
- Jain, S. 2019. Research methodology in Arts, Science and Humanities. Oakville, ON: Society Publishing.
- Jamieson, L. 2013. Technical Brief: child and youth care workers in South Africa. 5 https://www.msh.org/sites/default/files/as2_techbrief5_final.pdf (15 October 2019).
- Johnco, C., Salloum, A., Olson, K.R. & Edwards, L.M. 2014. Child welfare workers' perspectives on contributing factors to retention and turnover: Recommendations for improvement. *Children and Youth Services Review*, 47(3):397-407.
- Jones, L. 2006. Continuity of care and outcomes in residential care: A comparison of two care-giving models. *Assessment in Residential Care for Children and Youth*, 23 (3):119–138.

- Jones, L.P. 2014. The role of social support in the transition from foster care to emerging adulthood. *Journal of Family Social Work*, 17:81–96.
- Joseph, M.A., O'Connor, T.G., Briskman, J.A., Maughan, B. & Scott, S. 2014. The formation of secure new attachments by children who were maltreated: An observational study of adolescents in foster care. *Development and Psychopathology*, 26(1):67-80.
- Joshi, H., Magon, P. & Raina, S. 2016. Effect of mother–infant pair's latch-on position on child's health: A lesson for nursing care. *Journal of Family Medicine and Primary Care*, 5:309-313.
- Joshi, P. 2019. Research deign. In Bairagi, V., & Munot, M. V. *Research methodology: A practical and scientific approach*. Boca Raton: Chapman and Hall/CRC.
- Kanak, M. 2018. Traces of the past in identifying emotional neglect and abuse. *International Journal of Eurasia Social Sciences*, 9(33):1883-1896.
- Kelly, A.P. 2011. *Social research methods*. London: University of London.
- Kids Haven Child and Youth Care Centre. 2013. Social services meeting. 5 February, Benoni.
- Kids Haven Child and Youth Care Centre. 2016. Human resource manager. interview with the researcher. 10 November, Benoni.
- Korstjens, I. & Moser, A. 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1): 120–124.
- Kotler, P & Keller, K.L. 2006. *Marketing management*, 12th edition. New Jersey: Pearson Education.
- Koursaris, J. 2009. An investigation of caregivers' perception regarding child-caregivers in institutionalized children. Master's of Arts in Community-Based Counselling Psychology, University of the Witwatersrand, Johannesburg.
- Krefting, L. 1991. Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3):214–222.
- Krysiak, J. & Finn, J. 2017. *Research for effective social work practice* (4th edition). London: Routledge.
- Kumar, R. 2011. *Research methodology: A step-by-step guide for beginners*, 3rd edition. Los Angeles: AGE Publishers.

Kumar, R. 2014. *Research methodology. A step-by-step guide for beginners*, 4th edition. Los Angeles: SAGE Publishers.

Kumar, R. 2019. *Research methodology. A step-by-step guide for beginners*, 5th edition. Los Angeles: SAGE Publishers.

Kwang, S.P. & Tang, S. 2011. *Examining the stressors, risks and resilience of young people: Singapore youth resilience survey*. http://www.beyondresearch.sg/SYRS_final%20report. (Accessed on: 11 January 2017).

Lazaratou, H. 2017. Interpersonal trauma: Psychodynamic psychotherapy and neurobiology. *European Journal of Psychotraumatology*, 8:4.

Leavy, P. 2017. *Research design: quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. New York: The Guilford Press.

Leloux-Opmeer, H., Kurper, C., Swab, H. & Scholte, E. 2016. Characteristics of children in foster care, family-style group care, residential care. A scoping review. *Journal of child and family studies*, 25 (8):2357-2371

Levy, K.N., Johnson, B.N., Clouthier, T.L., Scala, J.W. & Themes, C.M. 2015. *Attachment theoretical framework for personality disorders*, 56(2):197–207.

Lincoln, Y.S. & Guba, E. G. 1985. *Naturalistic inquiry*. Newbury Park, CA: SAGE Publications.

Lionetti, F., Pastore, M. & Barone, M. 2015. Attachment in institutionalized children: A review and meta-analysis. *Child Abuse & Neglect*, xxx, xxx–xxx, 1-11.

Liotti, G.M.D. 2004. Trauma, dissociation and disorganized attachment: Three strands of a single braid. *Psychotherapy: Theory, Research, Practice and Training*, 41:427–486.

Llorca-Mestre, A., Samper-García, P., Malonda-Vidal, E. & Cortés-Tomás, M.T. 2017. Parenting style and peer attachment as predictors of emotional instability in children. *Social Behavior and Personality*, 45(4): 677–694.

Locke, E.A. & Lathan, G.P. 2006. New directions in goal-setting: Theory. *Association of Psychology*, 15(5):265–268.

Loffel, J, Allsopp, M, Atmore, E & Moonson, J. 2008. Human resources needed to give effect to children's right to social services. http://www.ci.org.za/depts/ci/pubs/pdf/general/guage2007/part_two/humanresources. (Accessed 16/08/ 2016).

Longweni, M. & Kroon, J. 2018. Managers' listening skills, feedback skills and ability to deal with interference: A subordinate perspective. *Acta Commercii - Independent Research Journal in the Management Sciences*, 1-12.

Loue, S. 2018. Legal issues in social work practice and research. Gewerbestrasse, Cham: Springer International Publishing AG.

Low, J.A. & Webster, L. 2016. Attention and executive functions as mediators of attachment and behavior problems. *Social Development*, 25(3):646-664.

Lunenburg, F.C. 2011. Goal-setting theory of motivations. *International Journal of Management, Business and Administration*, 15(1):1-6.

Lwina, K., Fallona, B., Trocmé, N., Fluke, J. & Mishna, F. 2018. A changing child welfare workforce: What worker characteristics are valued in child welfare? *Child Abuse & Neglect*, 81:170-180.

Mahery, P., Jamieson, L. & Scott, K. 2011. Children's Act guide for child and youth care workers. (1st edition 1. Cape Town: Children's Institute, University of Cape Town & National Association of Child and Youth Care Workers.

Malatji, H. & Dube, N. 2017. Experiences and challenges related to residential care and the expression of cultural identity of adolescent boys at a child and youth care centre (CYCC) in Johannesburg. *Social Work/Maatskaplike Werk*, 53(1)7:108-126.

Malekpour, M. 2007. Effects of early attachment and early and later development, *British Journal of Developmental Disability*, 53(2): 81-95.

Malmqvist, J., Hellberg, K., Mo'illa's, G., Rose, R. & Shevlin, M. 2019. Conducting the Pilot Study: A Neglected Part of the Research Process? Methodological Findings Supporting the Importance of Piloting in Qualitative Research Studies. *International Journal of Qualitative Methods*, 18:1-11.

Mamabolo, LRC. 2009. *Research design and methodology*.

<http://www.uir.unisa.ac.za/bitstream/handle/10500/1962/04chapter3.pdf>. (Accessed on: 26 June 2017).

Marshall, C. & Rossman, G.B. 2011. Designing qualitative research, 5th edition. Los Angeles: SAGE Publishers.

Marshall, C. & Rossman, G.B. 2016. Designing qualitative research, 6th Edition. Los Angeles: SAGE Publishers.

- Mathibe-Neke, J.M. & Masitenyane, S.S. 2018. Psychosocial antenatal care: A midwifery context. <https://www.intechopen.com> (Accessed on: 22 October 2019).
- Matthews, B. & Ross, L. 2010. Research methods: a practical guide for the social sciences. Essex: Pearson Education.
- Mattingly, M.A., Stuart, G. & VanderVen, K. 2010. Competencies for professional child & youth work practitioner. *Association for Child and Youth Care Practice. Journal of Child & Youth Care Work*, 17:16–49.
- McCarthy, B. 2017. Appreciative inquiry: An alternative to behaviour management. *Dementia*, 16(2:) 249–253.
- McDermott, M. 2016. The key person approach: positive relationships with children in the early years. Christchurch: Barnardos.
- McLean, S. 2016. Children's attachment needs in the context of out-of-home care. 1-10. <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-practice-attachment.pdf> (Accessed on: 2 October 2019).
- McLean, S., Kettler, L., Delfabbro, P. & Riggs, D. 2012. Frameworks for understanding challenging behaviour in out-of-home care. *Clinical Psychologist*, 16: 72–81.
- McLean, S., Riggs, D., Kettler, L. & Delfabbro, P. 2013. Challenging behaviour in out-of-home care: Use of attachment ideas in practice. *Child and Family Social Work*, 18: 243–252.
- McMahon, S.A. & Winch, P.J. 2018. Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research. *BMJ Glob Health*, 3:1-6.
- McNallie, J. 2017. Debriefing of Participants. In M. Allen, M. (Editor) *The SAGE Encyclopedia of Communication Research Methods*. Thousand Oaks: SAGE Publications, Inc. <http://methods.sagepub.com/reference/the-sage-encyclopedia-of-communication-research-methods/i4123.xml> (Accessed on: 17 September 2019).
- Merriam, S.B. & Tisdell, E.J. 2016. Qualitative research: A guide to design and implementation. San Francisco: John Wiley & Sons.
- Mertens, D.M. 2018. Ethics of qualitative data collection . In U. Flick.). *The SAGE Handbook of Qualitative Data Collection*. London: SAGE Publications Ltd.
- Miller, J.J., Donohue-Dioh, J., Niu, C. & Shalash, N. 2018. Exploring the self-care practices of child welfare workers: A research brief. *Children and Youth Services Review*, 84:137–142.

- Mitchels, B. 2019. Ethical guidelines for research in the counselling professions. Lutterworth, Leicestershire: British Association for Counselling and Psychotherapy. <https://www.bacp.co.uk/media/3908/bacp-ethical-guidelines-for-research-in-counselling-professions-feb19.pdf> (Accessed on: 15 December 2019).
- Mkhwanazi, N., Makusha, T., Blackie, D., Manderson, L., Hall, K. & Huijbregts, M. 2018. Negotiating the care of children and support for caregivers. South African Child Gauge. www.ci.uct.ac.za (Accessed on: 12 October 2019).
- Modlin, H. 2018. Exploring the experiences of child and youth care workers in residential care through a constructive-developmental lens. Ph.D Thesis. University of Victoria. https://dspace.library.uvic.ca/bitstream/handle/1828/9232/Modlin_Heather_PhD_2018.pdf?sequence=1&isAllowed=y (Accessed on: 20 October 2019)
- Mohajan, H.K. 2018. Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 7(1): 23-48.
- Molepo, L.P. 2014. Challenges and coping strategies of child and youth care workers in the South African context. Thesis. Pretoria: University of Pretoria.
- Molepo, L. & Delpont, C.S.L. 2015. Professional challenges experienced by child and youth care workers in South Africa. *Children & Youth Services Review*, 56:149-160.
- Monette, D.R., Sullivan, T.J. & Dejong, C.R. 2011. Applied social research a tool for the human services, 8th edition. Australia: Brooks/Cole, Cengage Learning.
- Moore, K., Moretti, M.M. & Holland, R. 1997. A new perspective on youth care programs: using attachment theory to guide interventions for troubled youth. <https://core.ac.uk/download/pdf/56379186.pdf> (Accessed on: 25 October 2019).
- Moreira, H., Gouveia, M. J., Carona, C., Silva, N. & Canavarro, M.C. 2015. Maternal attachment and children's quality of life: The mediating role of self-compassion and parenting stress. *Journal of Child Family Studies*, 24:2332–2344.
- Moretti, M.M., Obsuth, I., Craiga, S.G. & Bartolo, T. 2015. An attachment-based intervention for parents of adolescents at risk: mechanisms of change. *Attachment & Human Development*, 17(2):119–135.
- Morley, L. & Myhill, J. 2018. Collaboration in child welfare: What should practitioners expect from themselves? *Communities, Children & Families Australia*, 23-42.

Morrison, F. 2016. Social workers' communication with children and young people in practice Insight 34. <https://www.iriss.org.uk/resources/insights/social-workers-communication-children-and-young-people-practice>. Accessed 21/11/2019

Morrow, S. 2007. Qualitative research in counselling psychology. *The Counselling Psychologist*, 35(2):209-235.

Morse, J.M., Barrett, M., Mayan, M., Olson, K. & Spiers, J. 2002. verification strategies for establishing reliability and validity in qualitative research. *The International Journal of Qualitative Methods*, 1(2):13-22.

Morwane, R.E., Dada, S. & Bornman, J. 2019. Shared storybook reading interactions between children with complex communication needs and their caregivers. *South African Journal of Education*, 39 (2):1-13.

Moses, T. 2000. Attachment theory and residential treatment. A study of staff-client relationship: *American Journal for Orthopsychiatry*, 70(4):474–490.

Music, G. 2019. Babies and bathwaters: Attachment, neuroscience, evolution and the left. *Soundings: A journal of politics and culture*, 73:111-128.

National Planning Commission 2012. National Planning Commission 2030: Our future - make it work.

<https://www.poa.gov.za/news/Documents/NPC%20National%20Development%20Plan%20Vision%202030%20lo-res.pdf> (17 October 2019).

Nicholls, D. 2009. Qualitative research part 3: Methods. *Internal Journal of Therapy and Rehabilitation*, 16(2):638–647.

Nieuwenhuis, J. 2014. Qualitative research. Session 3: Data gathering. http://www.up.ac.za/media/shared/legacy/Education/july-2014-support-sessions-prof-jan-nieuwenhuis_part-3-to-4.zp37290.pdf. (Accessed on: 28 April 2017).

Nieuwenhuis, J. & Smit, B. 2012. Qualitative research. In C Wagne, B.B. Kawulich & M. Grane. (Editors). *Doing social research: A global context*. London: McGraw-Hill:124–139.

Nonaka, I. 2006. Creating sustainable competitive advantage through knowledge-based management. <http://www.opdc.go.th/uploads/files/nonaka>. (Accessed 9/09/ 2017).

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J. 2017. Thematic Analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16:1–13.

Nwachukwu, P.T.T. 2014. comparing the ethical code implementation among social workers in africa: Can years of experience make a difference? *Mediterranean Journal of Social Sciences*, MCSER Publishing, 5 (23):2305-2317.

Oates, J. 2007. Attachment relationships quality of care for young children.

https://bernardvanleer.org/app/uploads/2015/12/ECIF1_Attachment_RelationshipsQuality_of_Care_for_Young_Children.pdf. (Accessed on: 12 January 2017).

Ogletree, T. & Kawulich, B.B. 2012. Ethical considerations in conducting research. In C. Wagne, .BB. Kawulich & M. Grane (Editors). *Doing social research: A global context*. London: MacGraw-Hill.

Orb, A., Eisenhauer, L. & Wynaden, D. 2001. Ethics in qualitative research. *Journal of Nursing Scholarship*, 33(1):93–96.

Pace, C.S., Di Folco, S. & Guerriero, V. 2018. Late-adoptions in adolescence: Can attachment and emotion regulation influence behaviour problems? A controlled study using a moderation approach. *Clinical Psychology & Psychotherapy*, 25:250–262.

Pardede, P. 2018. Identifying and Formulating the Research Problem. Research in English Language Teaching (Module 4).

https://www.researchgate.net/publication/329179630_Identifying_and_Formulating_the_Research_Problem/link/5bfb28a8458515a69e3bc714/download (Accessed on: 25 December 2019).

Pasalich, D.S., Fleming, C.B., Oxford, M.L., Zheng, Y. & Spieker, S.J. 2016. Can parenting intervention prevent cascading effects from placement instability to insecure attachment to externalizing problems in maltreated toddlers. *Child Maltreat*, 21(3):175–185.

Patel, L., Hochfeld, T., Ross, E., Chiba, J. & Luck, K. 2019. Connecting cash with care for better child well-being: an evaluation of a family and community strengthening programme for beneficiaries of the child support grant. Johannesburg: The Centre for Social Development in Africa (CSDA), University of Johannesburg.

Perry, B.D. 2013. Bonding and attachment in maltreated children consequences of emotional neglect in childhood. https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf (Accessed on: 3 December 2019).

Peterson, J.M & Taylor, P.D. 2009. Whole schooling and reclaiming youth. *Reclaiming Children and Youth*, 18(3):29–33.

Phelan, J. 2014. Life space is not working in the office. *CYC-Online*, 179:18–19.

Phillips, J.D. & Walsh, M.A. 2019. Teaming up in child welfare: The perspective of guardians ad litem on the components of interprofessional collaboration. *Children and Youth Services Review*, 96: 17–26.

Pickens, J. 2005. Attitudes and perceptions. <http://healthadmin.jbpub.com/borkowski/chapter3.pdf>. (Accessed 04/10/2017).

Pickrem, C. 2015. residential child & youth care workers' perspectives of job stress and knowledge of interventions. Masters, Mount Saint Vincent University. <http://dc.msvu.ca:8080/xmlui/bitstream/handle/10587/1792/CharlenePickremMACYSthesis2015.pdf?sequence=1&isAllowed=y> (Accessed on: 21 October 2019).

Postmus, J.L. 2013. *Qualitative interviewing*. In by E Anne, WJ Fortune, RL Reid & JR Miller (Editors). *Qualitative research in social work*, 2nd edition. d. New York: Columbia University Press.

Pulla, V. & Carter, E. 2018. Employing Interpretivism in social work research. *International Journal of Social Work and Human Services Practice Horizon Research Publishing* 6(1):9-14.

Quiroga, M.G. & Hamilton-Giachritsis, C. 2016. attachment styles in children living in alternative care: A systematic review of the literature. *Child Youth Care Forum*, 45:625–653.

Radey, M. & Stanley, L. 2019. Beginning the “never-ending” learning process: Training experiences of newly-hired child welfare workers. *Children and Youth Services Review*, 104:1-

Radford, L. 2017. Child Abuse and Neglect: Prevalence and Incidence. In Dixon, L., Perkins, D.F., Hamilton-Giachritsis, C., and Craig, L.A. (Editors). *The Wiley Handbook of*

Research and Innovation in Social Sciences (IRISS). 2011. *Attachment-informed practice with looked after children and young people*.

<https://www.iriss.org.uk/resources/insights/attachment-informed-practice-looked-after-children-young-people> (Accessed on: 14 June 2019).

What Works in Child Maltreatment An Evidence-Based Approach to Assessment and Intervention in Child Protection. West Sussex: John Wiley & Sons Ltd (13-28).

Ramokone, T., Supa, P. & Karl, P. 2013. Knowledge and experiences of child care workers regarding care and management of children with special needs in Gauteng, South Africa. *Journal of Child & Adolescent Mental Health*, 25(2):131-138.

Razuri, E.B., Howard, A.R.H., Parris, S.R., Call, C.D., DeLuna, J.H., Hall, J.S., Purvis, K.B. & Cross, D.R. 2016. Decrease in Behavioral Problems and Trauma Symptoms Among At-Risk Adopted Children Following Web-Based Trauma-Informed Parent Training Intervention. *Journal of Evidence-Informed Social Work*, 13:165–178.

Redshaw, M. & Martin, C. 2013. Babies, 'bonding' and ideas about parental 'attachment'. *Journal of Reproductive and Infant Psychology*, 31(3): 219–221.

Rees, C. 2011. Children's attachments. *Paediatrics and Child Health*, 22, 186–192.

Reimer, E.C. 2014. Using Friendship to Build Professional Family Work Relationships where Child Neglect is an Issue: Worker Perceptions. *Australian Social Work*, 67(3): 315-331

Remler, D.K. & Van Ryzin, G.G. 2011. *Research methods in practice: Strategies for description and causation*. Thousand Oaks: Sage Publishers.

Rijbroek, B., Strating, M.M.H. & Huijsman, R. 2017. Implementation of a solution-based approach for child protection: A professionals' perspective. *Children and Youth Services Review*, 337-346.

Roche, S. 2019. A scoping review of children's experiences of residential care settings in the global South. *Children and Youth Services Review*, 105: 1-14.

Royse, D. 2008. *Research methods in social work*, 5th edition. Australia: Brook/Cole. Cengage Learning.

Rubin, A. & Babbie, E. 2011. *Essential research methods for social work*, 2nd edition. Belmont: Brooks/Cole.

Sakaguchi, H., & Sewpaul, V. 2011 A comparison of social work education across South Africa and Japan in relation to the Global Standards for Social Work Education and Training. *International Journal of Social Welfare*, 20:192–202.

Saltzman, J.A., Fiese, B.H., Bost, K.K. & McBride, B.A. 2018. development of appetite self-regulation: integrating perspectives from attachment and family systems theory. *Child Development Perspectives*, 12(1):51–57.

Sandstrom, H. & Huerta, S. 2013. *The negative effects of instability on child development: a research synthesis*. The Urban Institute.

<https://www.urban.org/sites/default/files/publication/32706/412899-The-Negative->

Effects-of-Instability-on-Child-Development-A-Research-Synthesis.PDF (Accessed on: 3 December 2019).

Sandu, A. & Frunză, A. ethics in research practice and innovation. information science reference). In A. Sandu, I.G.I. Global, A. Frunză, & E. Unguru. 2019. *Ethics in research practice and innovation*. Hershey, Pennsylvania: Information Science Reference.

Saunders, M.N.K., Thornhill, A. & Lewis, P. 2019. research methods for business students, 8th edition. Preliminary Materials. New York: Pearson.

Schein, S.S., Roben, C.K.P., Costello, A.H. & Dozier, M. 2017. implementing attachment and biobehavioral catch-up with foster parents. *IJBPE*, 5(2):22-26.

Schuitmaker, N. 2018. Attachment styles as predictors of posttraumatic growth. Masters dissertation. Johannesburg: University of Johannesburg.

https://ujcontent.uj.ac.za/vital/access/manager/Repository/uj:29969?site_name=GlobalView (Accessed on: 3 October 2019).

Scourfiend, J., Tolman, R., Maxwell, N., Holland, S., Cullock, A. & Sloan, L. 2012. Results of a training course for social workers on engaging fathers in child protection. *Children and Youth Services Review*, 34:1425–1432

Segalo, P. & Molobela, L. 2019. Considering Africanist Research Ethics Practices in Social Science Research in Africa. In N. Nortjé, N., R. Visagie, & J.S. Wessels. (Editors). social science research ethics in africa, research ethics. Gewerbestrasse, Cham: Springer International Publishing AG.

Shahar-Maharika, T., Oppenheima, D. & Koren-Kariebe, N. 2018. Adolescent insightfulness toward a close friend: Its roots in maternal insightfulness and child attachment in infancy. *Attachment & Human Development*, 20(3):237–254.

Shemmings, D. & Shemmings, Y. 2011. Understanding disorganized attachment: Theory and practice for working with children and adults. London: Jessica Kingsley Publishers.

Shenton, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22:63–75.

Shoemaker, F.E. & Benuto, L.T. 2017. Examining the relationship between child maltreatment and severity of attachment difficulties among children five years of age and older. *Children and Youth Services Review*, 75:35–41.

Simonen, J., Kataja, K., Pirskanen, H., Holmila, M. & Tigerstedt, C. 2017. Trusting and misleading. Parents' and children's communication and negotiation about alcohol as described by teenagers. *Addiction Research & Theory*, 25(4):342–348.

Sirois, M. & Bernier, A. 2018. Mother–child relationships and children’s psychosocial functioning: the specific roles of attachment security and maternal behavior. *Parenting: Science and Practice*, 18:172–189.

Smith, M., Cameron, C. & Reime, D. 2017. From Attachment to recognition for children in care. *British Journal of Social Work*, 47:1606–1623.

Smith, Y., Colletta, L. & Bender, A.E. 2017. Client violence against youth care workers: findings of an exploratory study of workforce issues in residential treatment. *Journal of Interpersonal Violence*, 1–25.

Solomon, J. & George, C. 2016. The measurement of attachment security and related constructs in infancy and early childhood. In J. Cassidy, & P. R. Shaver (Editors). *Handbook of attachment: Theory, research, and clinical applications*, 3rd edition. New York, NY: Guilford Press.

South Africa. 2006. Children’s Act No. 38 of 2005. Pretoria: Government Printers.

South Africa. 2008. Children’s Amendment Act No 41 of 2007. Pretoria: Government Printers

South Africa Council for Social Service Professions 2019, Statement on 38th meeting of professional board for child and youth care work, *email received 16 November 2019*.

South African Council for Social Service Professions (SACSSP) 2014. Regulation relating to the registration of child and youth care workers: Pretoria. South Africa 2014.

South African Council for Social Service Professions (SACSSP). 2017. Assist in the registration of child and youth care workers. 28 February. Pretoria. South Africa.

South African Council for Social Service Professions (SACSSP). 2012. Policy guidelines for course of conduct, code of ethics, and the rules for social work. <https://www.sasccp.co.za/index.php>. (Accessed on; 9 July 2017).

Staines, G.M. 2019. *Social sciences research: research, writing, and presentation strategies for students*, 3rd edition. London: The Rowman & Littlefield Publishing Group Inc.

Steckley, L. 2013. Is life-space a threshold concept? *CYC-Online*, 172:23–29.

Steenbakkers, A., Van der Steen, S. & Grietens, H. 2019. *Children and Youth Services Review*, 103:42–50.

Strydom, H. 2011. Ethical aspects in the social science and human science service professions. In A.S. De Vos, H. Strydom, C.B. Fourche & C.S.L. Delport (Editors) *Research at grassroots: for the social sciences and services professions*, 3rd edition. Pretoria: Van Schaik Publishers.

Surmiak, A. 2018. Confidentiality in qualitative research involving vulnerable participants: Researchers' perspectives. *Forum: Qualitative Social Research*, 19(3):12:1-26.

Sutton, T.E. 2019. Review of attachment theory: familial predictors, continuity and change, and intrapersonal and relational outcomes. *Marriage & Family Review*, 55(1):1–22.

Tarren-Sweeney, M. 2013. An investigation of complex attachment- and trauma-related symptomatology among children in foster and kinship care. *Child Psychiatry Human Development*, 44:727–741.

Taylor, B. & Wright, H. 2019. What is the difference between attachment and bonding? <https://www.babycentre.co.uk/x25012671/what-is-the-difference-between-attachment-and-bonding> (Accessed on: 4 December 2019).

Teague, S.J., Newman, L.K., Tonge, B.J. & Gray, K.M. 2018. Caregiver Mental Health, Parenting Practices, and Perceptions of Child Attachment in Children with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 48:2642–2652.

Tesch, R. 1990. *Qualitative research: Analysis types and software tools*. New York: Falmer.

Thesen, E.J. 2014. Challenges faced by child and youth care workers with regard to discipline of children with challenging behaviour in residential child and youth care centre. Masters. University of The Western Cape. <https://pdfs.semanticscholar.org/2212/2f4c942a694c90652ce465f35cfd33d12f8.pdf> (Accessed on: 24 October 2019).

Thomas, P.Y. 2010. *Research methodology and design*. http://uir.unisa.ac.za/bitstream/handle/10500/4245/05Chap%25204_Reasech%2520metodology%2520desig.n. (Accessed on: 18 March 2017).

Thomas, E. & Magilvy, J.K. 2011. Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16:151–155.

Thompson, H.M., Wojciak, A.S. & Cooley, M.E. 2016. Self-esteem: A mediator between peer relationships and behaviors of adolescents in foster care. *Children and Youth Services Review*, 66:109–116.

Thompson, H.M., Wojciak, A.S. & Cooley, M.E. 2018. The experience with independent living services for youth in care and those formerly in care. *Children and Youth Services Review*, 84:17–25.

Thorne, S.E. 2016. Interpretive description: Qualitative research for applied practice, . (2nd edition). New York, NY: Routledge.

Turnell, A. & Edwards, S. 1999. Signs of Safety: A solution and safety-oriented approach to child protection casework. New York, USA: W.W. Norton & Company.

Turner, D.W. III. 2010. Qualitative interview design. A practical guide for novice investigators. *The Qualitative Report*, 15(30):754–760.

Ubba, N. & Cahill, S. 2014. Building secure attachments for primary school children. A mixed methods study. *Educational Psychology in Practice*, 30(3):272–292.

Ungar, M. & Ikeda, J. 2017. Rules or no rules? Three strategies for engagement with young people in mandated services. *Child and Adolescent Social Work Journal*, 34(3):259-267.

Vacaru, V.S., Sterkenburg, P.S. & Schuengel, C. 2017. Self-concept in institutionalized children with disturbed attachment: The mediating role of exploratory behaviours. *Child: Care, Health & Development*, 44:476–484.

Van Niekerk, W. J. 2005, *Social constructionist epistemology*.

<http://uir.unisa.ac.za/bitstream/handle/10500/928/03chapter3/pdf>. (Accessed on: 17 April 2017).

Van Rosmalen, L., Van Der Veer, R. & Van Der Horst, F. 2015. Ainsworth; strange situation procedure: The origin of an instrument. *Journal of a History of Behavioural Science*, 51(3):261–284.

Van Wyk, B.E. & Pillay-Van Wyk, V. 2010. Preventive staff-support interventions for health workers. *Cochrane Database of Systematic Reviews*, 3: 1- 32. https://www.uwc.ac.za › Students › Documents › Staff-support_review_2010 (Accessed on: 30 October 2019).

Vanclay, F., Baines, J.T. & Taylor, C.N. 2013. Principles for ethical research involving humans: ethical professional practice in impact assessment Part I, *Impact Assessment and Project Appraisal*, 31:4, 243-253.

Varaden, H.A. 2016. Child and youth care workers' perceptions of inappropriate sexual behaviours among boy children in child and youth care centres. Dissertation. University of Kwa-Zulu Natal.

Vasquez, M. & Stensland, M. 2015. Adopted children with reactive attachment disorder: A qualitative study on family processes. *Clinical Social Work Journal*, <https://www.researchgate.net/publication/282469368>. (Accessed on: 27 November 2019).

Vogt, W.P., Gardener, D.C. & Haeffele, L.M. 2012. When to use what research design. New York: Guilford Press.

Wagstaff, J. & McLuckey, L. 2018. Children of Single Mothers: Well-Being. *Social Work*, 6-11.

Wahler, E.A. 2019. improving student receptivity to research by linking methods to practice skills. *Journal of Teaching in Social Work*, 39:3, 248-259

Warren, C.A.B. & Karner, T.X. 2015. *Discovering qualitative methods: Ethnography, interviews, documents and images*, 3rd edition. New York: Oxford University Press.

Wazana, A., Moss, E., Jolicoeur-Martineau, A., Graffi, J., Tsabari, G., Lecompte, V. & Meaney, M. 2015. The interplay of birthweight, dopamine receptor D4 gene (DRD4), and early maternal care in the prediction of disorganized attachment at 36months of age. *Development and Psychopathology*, 27: 1145–1161.

Weaver, J.M., Schofield, T.J. & Papp, L.M. 2018. breastfeeding duration predicts greater maternal sensitivity over the next decade. *Developmental Psychology*, 54(2):220–227.

Weinbaum, C., Landree, E., Blumenthal, M.S., Piquado, T.& Gutierrez, C.I. 2019. Ethics in scientific research: An examination of ethical principles and emerging topics. Santa Monica, CA: RAND Corporation,

Whittingham, K. & Coyne, L. 2019. Acceptance and commitment therapy: The clinician's guide for supporting parents. 1st edition. London: Academic Press.

Wilcox, D.T. & Baim, C. 2016. Applications of the dynamic-maturational model of attachment with children involved in care and family proceedings. *Child Abuse Review*, 25:287–299.

- Willie, C.K.T. 2017. *Research methods: A practical guide for students and researchers*. London: World Scientific Publishing Company.
- Winfield, J. 2012. Thinking about the therapeutic milieu. *Journal for Child and Youth Care Work*, 30(4):30–32.
- Winston, R. & Chicot, R. 2016. The importance of early bonding on the long-term mental health and resilience of children. *London Journal Primary Care (Abingdon)*, 8(1):12–14.
- Winter, K., Cree, V., Hallett, S., Hadfield, M., Ruch, G., Morrison, F. & Holland, S. 2017. Exploring communication between social workers, children and young People. *The British Journal of Social Work*, 47(5):1427–1444.
- Woolgar, M. & Baldock, E. 2015. Attachment disorders versus common problems in looked after and adopted children comparing community and expert assessment. *Child and Adolescent Mental Health*, 20(1):34–40.
- Wright, A.W., Richard, S., Sosnowski, D.W. & Kliwer, W. 2019. predictors of better functioning among institutionalized youth: A systematic review. *Journal of Child and Family Studies*, 28:3245–3267.
- Yakhnich, L., Grupper, E. & Romi, S. 2018. Focused training of child and youth-care workers for promoting social and educational inclusion of youth at risk. *Child & Youth Services*, 39 (1): 43–53.
- Yegidis, B.L., Weinbach, R.W. & Myers, L.L. 2011. *Research methods for social workers*, 7th edition. Florida: Pearson.
- Yorke, C. 2015. *The experience of caregivers in registered child care centres in Gauteng, South Africa, during the first 21 years of democracy*. MA counselling Psychology, University of Pretoria.
<https://pdfs.semanticscholar.org/7b81/f7a16bb6909a87446f5ac54bcb577901b0b3.pdf>
(Accessed on: 6 October 2019).
- Zaccagnino, M., Cassino, M., Preziosa, A., Veglia, F & Carassa A. 2014. Alternative caregiving figures and their roles on adult attachment. *Clinical Psychology and Psychotherapy*, 21:226–287.
- Zeanah, C.H., Smyke, A.T., Koga, F.S. & Carlson, E. 2005. Attachment in institutionalized and community children in Romania, *Child Development*, 76(5):1115–1028.
- Zegarac, N. & Burgund, A. 2017. Caseworkers' perceptions of the strengths of the child family and community. *Child and Family Social Work*, 22:41–50.

Zilberstein, K. & Spencer, R. 2017. Breaking bad: an attachment perspective on youth mentoring relationship closures. *Child and Family Social Work*, 22: 67–76.

ADDENDA

ADDENDUM A: LETTER TO THE DEPARTMENT OF SOCIAL DEVELOPMENT REQUESTING PERMISSION TO CONDUCT RESEARCH AT THE ORGANISATIONS

Date _____

To the Director

I Ropafadzai Mhizha, the undersigned, am a social worker in service of Kids Haven Child and Youth Care Centre in Benoni, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: ***Child and youth care-workers' knowledge and perception of attachment problems experienced by children residing in child and youth care centres: Suggestions for social work support***

In most circumstances, Child and Youth Care Centres (CYCCs) admit and accommodate vulnerable youth and children from difficult backgrounds and bad home circumstances. Behaviours of children in CYCCs is becoming more and increasingly difficult to manage because such children present different forms of behaviour such as defiance to authority, physically assaulting staff, extreme anger and aggression, depression, vandalism of property, detachment to adults, bullying of other children, swearing and emotional distress. The above mentioned behaviour put a lot of pressure on CYCCs to adjust and change programmes in order to address the needs of the children and youth and to support and assist Child and youth care workers (CYCWs) to manage and establish relationships with these children.

Because of the challenges experienced by CYCW's in managing difficult behaviours displayed by children and establishing effective healthy relationships in CYCCs, *I have decided to establish the knowledge and perception of CYCWs on attachment difficulties experienced by children in Ekurhuleni CYCCs and suggestions for social work support.*

CYCWs are front line workers and they are aware of the challenges they face when working with children experiencing attachment problems. Information gathered from this study will contribute to the development of effective strategies that can assist other CYCWs to apply acquired knowledge and skills in working with these children.

I have decided to approach CYCCs because children stay for an extended period of time in these centres. CYCWs have direct influence and noticeable impact on the lives of these children. Having the knowledge of attachment problems might improve the care for children suffering from attachment problems.

There will be no direct benefit to the organisation for participating in the study. However, participation by the organisation and that of the CYCWs in the organisation will assist to establish the knowledge and perceptions relating to attachment problem experienced by children.

I therefore request for permission to conduct face-to-face semi-structured interviews with CYCWs based in the Mary Moodley and Don Mattero CYCCs. After successful completion of the study, I will provide your management with a summary of the findings.

Please do not hesitate to contact me in case you have any question or concerns regarding the conducting of my study at your organisation.

Ropafadzai Mhizha
Masters of Social Work student
Phone number 0780388193
Student number: 58548955
Email: 58548955@mylife.unisa.ac.za)

ADDENDUM B: LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH TO THE ORGANISATIONS

Date_____

Dear_____

I Ropafadzai Mhizha, the undersigned, am a social worker in service of Kids Haven Child and Youth Care Centre in Benoni, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: ***Child and youth care-workers' knowledge and perception of and attachment difficulties experienced by children residing in child and youth care centres: Suggestions for social work support***

In most circumstances, Child and Youth Care Centres (CYCCs) admit and accommodate vulnerable youth and children from difficult backgrounds and bad home circumstances. Behaviours of children in CYCCs is becoming more and increasingly difficult to manage because such children present different forms of behaviour such as defiance to authority, physically assaulting staff, extreme anger and aggression, depression, vandalism of property, detachment to adults, bullying of other children, swearing and emotional distress. The above-mentioned behaviour put a lot of pressure on CYCCs to adjust and change programmes in order to address the needs of the children and youth and to support and assist Child and youth care workers (CYCWs) to manage and establish relationships with these children.

Because of the challenges experienced by CYCW's in managing difficult behaviours displayed by children and establish effective healthy relationships in CYCCs, *I have decided to establish the knowledge and perception of CYCWs on attachment problems experienced by children in Ekurhuleni CYCCs and suggestions for social work support.*

CYC workers are front line workers and they are aware of the challenges they face when working with children experiencing attachment problems. Information gathered from this study will contribute to the development of effective strategies that can assist other CYC workers to apply acquired knowledge and skills in working with these children.

I have decided to approach CYCCs because children stay for an extended period of time in these centres. CYCWs have direct influence and noticeable impact on the lives of these children. Having the knowledge of attachment problems among CYC workers might improve the care for children suffering from attachment problems.

There will be no direct benefit to your organization for participating in the study. However, participation as an organisation and that of the CYCWs in your organisation will assist to establish the knowledge and perceptions relating to attachment problem experienced by children.

I therefore request for permission to conduct face-to-face semi-structured interviews with CYCWs based in your CYCC. After successful completion of the study, I will provide your management with a summary of the findings.

If you are willing to assist with this project, I suggest the following for the way forward

- I will request the organisation to assign an individual who will work hand in hand with me in the project. I will refer to the individual as the coordinator of the project.
- I will provide the information letter and the consent forms to the organisation at my own expense.
- The coordinator will assist in the selection of a sample of CYCWs who have been working with children experiencing attachment problems over a period of one year.
- If the CYCWs agree to participate and sign consent forms, the coordinator will arrange a suitable time and venue where the interviews will take place. The interviews will be conducted at your organisation at a suitable time that will not disrupt your organisation schedule or participants.
- Everything will be arranged to my own expense.

Please do not hesitate to contact me in case you have any question or concerns regarding the conducting of my study at your organisation.

Ropafadzai Mhizha
Masters of Social Work student
Phone number 0780388193
Student number: 58548955
Email: 58548955@mylife.unisa.ac.za)

ADDENDUM C: A LETTER REQUESTING THE INDIVIDUAL'S PARTICIPATION IN THIS RESEARCH PROJECT

Date:.....

Dear Prospective Participant

I Ropafadzai Mhizha, the undersigned, am a social worker in service of Kids Haven Child and Youth Care Centre in Benoni, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: ***Child and youth care-workers' knowledge and perception of and attachment difficulties experienced by children residing in child and youth care: Suggestions for social work support***

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the aims of the study and the reasons for a need for this particular study. Furthermore, you will be informed about what you will be asked, what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study.

Should you agree to participate, you would be requested to participate in a face-to-face interview that will be conducted at a place and time that will be convenient to you. During the interview the following questions will be directed to you:

1. Tell me about your experiences in working with children in the CYCC.
2. Which behaviour difficulties have you come across in children staying in the CYCC? How do you deal with the children's behaviour?
3. From your perspective, what may be the reasons for their behaviour?
4. What do you know about the attachment of a baby with his or her parents or caregivers?
5. From your perspective, how may the absence of this attachment influence the children's behaviour?

6. What can be done to help you deal with these children's difficult or negative behaviour?
7. Within the multi-disciplinary team, what can social worker do to assist CYCWs to deal with behaviour grounded in attachment problems?

With your permission, the interviews will be audio-taped. The recorded interviews will be transcribed word-for-word. Your responses to the interview both the recorded and transcribed versions will be kept strictly confidential. The recordings will be coded to disguise any identifying information. The tapes will be stored in a locked at home and only the researcher will have access to them. The transcripts will be made available to my research supervisors, and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiorecordings and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally not okay, or anxious, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me (Ropafadzai Mhizha), the researcher on these numbers: cell phone number 078 0388193 or Professor Botha, P contact details 0124296274

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Professor AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher, researcher's supervisor and the Research and Ethics Committee in the Department of Social Work at UNISA, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, UNISA, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Ropafadzai Mhizha
(Researcher)

Contact details: (0780388193)
(011 421 4222)
58548955@mylife.unisa.ac.za

ADDENDUM D: DECLARATION BY THE PARTICIPANT

Title of the research:

Child and youth care-workers’ knowledge and perception of and attachment difficulties experienced by children residing in child and youth care centres: Suggestions for social work support

Reference: 58548955

Researcher: Ropafadzai Mhizha

Address: 32 Benoni Mansions

34 Kimbolton Street

Benoni

1501

Contact cell-phone number: 0780388193

| | |
|---|-----------------------|
| <p>DECLARATION BY THE PARTICIPANT:</p> <p>I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant of _____ _____ (address)</p> <p>A. HEREBY CONFIRM AS FOLLOWS:</p> <p>1. I was invited to participate in the above research project which is being undertaken by Ropafadzai Mhizha of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p> | <p><u>Initial</u></p> |
| <p>2.1 The following aspects have been explained to me:</p> <p>The researcher is studying on the CYC workers’ knowledge and perceptions relating to attachment problem experienced by children in the Ekurhuleni Child and Youth Care centres.</p> <p>2.2 The information will be used for the development of effective and practical strategies that will assist CYC workers working with children</p> | <p><u>Initial</u></p> |
| <p>2.3.2.3 I understand that:</p> | |

| | |
|---|----------------|
| <p>Information about the goals and purpose of the research study is explained to me</p> <p>The reason for being selected to this project and that my participation is voluntary</p> <p>I will not pressured to participate in the research project</p> <p>I will participate in semi-structured interviews through the time that is convenient to me and the interview will not exceed more than 90 minutes.</p> <p>The information that I will share will be audio-recorder and paper recorder and later on transcribed</p> <p>The information that I will share will be made to the public through research report and might be used in subsequent scholarly presentations, printed publications or further research</p> <p>I have the right to ask for clarification or more information throughout the study</p> <p>I have the right to withdraw from the study at any point.</p> | |
| <p>2.4 Risk and benefits:</p> <p>I do not see any risks associated with this study</p> | <u>Initial</u> |
| <p>Possible benefits:</p> <p>As a result of my participation in this study, more information on CYC workers' knowledge and perception relating to attachment problems will be established and publicised.</p> | <u>Initial</u> |
| <p>Confidentiality: Every effort will be made by the researcher to ensure that my identity will not be revealed in any discussion, description or scientific publications by the researcher</p> | <u>Initial</u> |
| <p>Access to findings: Any new information benefit that emerges during the course of the study will be shared with me. All information gathered from the all the participants will only be used for the purpose of this study</p> | <u>Initial</u> |
| <p>Voluntary participation, refusal and discontinuation: My participation is voluntary. I am free to withdraw or discontinue participating from the research study at any time with no negative consequences.</p> | <u>Initial</u> |
| <p>3. The information above was explained to me by Ropafadzai Mhizha in English and I am in command of this language. I was given an opportunity to ask the questions and all the questions were answered well.</p> | <u>Initial</u> |
| | |
| <p>4. No pressure was exerted on me to consent to this study and I am aware that I can withdraw from the study at any time without penalty</p> | <u>Initial</u> |

| | |
|---|----------------|
| 5. There are no financial costs directed to me for participating in this study | <u>Initial</u> |
| I hereby consent voluntarily to participate in the above project Signed at _____ on _____ of 20____ _____ Signature of participant Signature of witness | |
| | |

ADDENDUM F: LETTER FROM THE DEBRIEFER



k i d s h a v e n

ENQ: Mrs Felistas Nhedzi
Kids Haven Child and youth care centre
Benoni
2017/10/11

TEL :(011) 421 4222
Mobile number: 0840447077
Email-address: felistas@kidshaven.co.za

Dear Mrs Ropafadzai Mhizha

Re: REQUEST FOR PARTICIPANTS' DEBRIEFING SERVICES

This letter serves as a confirmation that I Mrs. F. Nhedzi with SACSSP registration no: 10-2747 have accepted your request regarding the debriefing services. I am willing to support your research participants with such services without any charge.

You are requested to remind me at least a week before when data collection begins so that one can be ready to receive your participants when the need arise.

Wish you all the best in your studies

Warm regards

Mrs F. Nhedzi

38 Cranbourne Avenue, Benoni 1501. P O Box 15001, Farramere, 1518
Tel: (011) 421 4222 Fax: (011) 421 2510 email: admin@kidshaven.co.za web site: www.kidshaven.org.za
Fundraising office Tel: (011) 706 7959 Fax (011) 706 7502 email: sued@kidshaven.co.za

Directors: Moira D Simpson (Managing Director), Maya Keel (Treasurer), Stanley Botopela, Neli Mabaso (Chairperson),
Terri Heatlie, Brown Mhlanga, Rose Maja, Siphohahlare Patron: Naweed Hassan

NPO: 004 661

ADDENDUM G: CERTIFICATE OF EDITING.



CERTIFICATE OF EDITING

To whom this may concern

I, Margaret Anne Erikson, hereby declare that I have personally edited the dissertation titled

"Child and youth care workers' knowledge and perceptions of and challenges related to attachment difficulties experienced by children residing in Child and Youth Care Centres: Suggestions for social work support" of ROPAFADZAI MHIZHA of STUDENT NUMBER: 58548955 and have highlighted language errors. Any changes made following my submission of the edited document to the student are not attributable to me. Research assignment submitted in fulfilment of the requirements for the degree of

Master of Social Work at the University of South Africa Date: 22 January 2020

Address of the editor:

201 Palm Royale

Oasis Retirement Resort

Oasis Lane

Century City 7441

M A Erikson

Tel: 072 808 0153

BA (UKZN), BEd (Wits), Intermediate CIS

Full Member of Professional Editors' Guild (PEG)

Member of the Association of Southern African Indexers and Bibliographers (ASAIB)

Email: anne.erikson@gmail.com

ADDENDUM H: APPROVAL LETTER FROM DSD TO UNDERTAKE THE RESEARCH.



Enquiries: Dr. Sello Mokoena
Tel: (011) 3557949
File no.: 2/9/88

MS ROPAFADZAI MHIZHA

Dear Ms Ropafadza Mhizha

**RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG
DEPARTMENT OF SOCIAL DEVELOPMENT**

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on "**Child and Youth Care-Workers' (CYCW) Knowledge and Perceptions of and Challenges Related to Attachment Difficulties Experienced by Children Residing in Child and Youth Care Centres: Suggestions for Social Work Support**" has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 28th of March 2018. In order for the department to learn and draw from the findings and recommendations of your study, please note that you are requested to provide the department with a copy of your dissertation/thesis once your study has been completed.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Ms A HARTMANN
Deputy Director General: Support Services
Date: