

The Way in Which Child and Youth Care Workers in South Africa Cope with Psychosocial Challenges

Lesiba Phineas Molepo

<https://orcid.org/0000-0002-2154-1848>

University of South Africa

Lmolepo@unisa.ac.za

Abstract

Child and youth care workers deal with the psychosocial challenges experienced by young people in their care and may as a result themselves experience stress, anxiety and depression. This paper explores the psychosocial challenges experienced by child and youth care workers in South Africa, and the coping strategies that they apply. A collective case study design within a qualitative approach was used. Purposive sampling was used, with the sample consisting of 93 participants from government and non-governmental organisations based in rural, semi-urban and urban areas across the six provinces of South Africa. An interview schedule was designed to collect qualitative data from 11 focus group interviews. Data analysis was divided into data reduction, data display, and drawing and verifying conclusions. Psychosocial challenges identified by the participants were the inability to disengage from the work environment, disengagement from social activities, personal trauma, invasion of personal boundaries, and emotional well-being issues. The following broad coping strategies were identified: non-existent coping mechanisms, personal missions, substance abuse, withdrawal, and thoughts of quitting. Child and youth care workers experience a range of psychosocial challenges but have established a range of mostly adequate and contextually relevant coping strategies. The paper recommends that child and youth care workers find a healthy balance between their personal and professional life, timeously seek psychosocial support, and keep on developing themselves to acquire skills that will enhance their practice and broaden their scope of practice.

Keywords: child and youth care, child and youth care workers, psychosocial challenges, coping strategies, emotional well-being



Introduction

Child and youth care (CYC) is a practice distinct from other human service activities and professions (Gharabaghi 2019). According to Gharabaghi and Krueger (2010), in the United States of America and Canada, the professionalisation of the field started in the 1960s as a grassroots movement by which direct-line workers in residential and group care created federations of state and provincial associations. In South Africa, the professionalisation of this field gained momentum in the mid-1980s when the National Association of Child Care Workers (NACCW) developed some basic training material which ultimately became accredited CYC training up to level 4 of the National Qualification Framework (Kathy Scott. Email message to author, 29 August 2012). Before 1999, the University of South Africa (Unisa) offered a certificate in CYC. In 1999, Technikon South Africa (TSA) began to offer CYC qualifications, from diploma up to bachelor's degree level. In 2006, the TSA and Unisa merged to become a comprehensive open and distance learning institution and offered a pilot CYC master's programme which was subsequently approved by the Council for Higher Education in 2007. Immediately after the merger, in line with its long-term strategic plans, Unisa rationalised, reengineered, and repositioned programmes which were no longer financially viable (Unisa 2004) resulting in some qualifications, including CYC, being phased out. This move by Unisa left many employed child and youth care workers (CYCWs) with no sustainable option to further their studies in CYC.

On the other hand, the Durban University of Technology (DUT) continued to offer CYC qualifications from 1999 to date (DUT n.d.). Monash South Africa is also offering a Bachelor of Child and Youth Care (Monash South Africa 2020). The above-mentioned academic developments are in line with other countries in which post-secondary education in CYC has grown to provide college diplomas, and undergraduate and graduate degrees (Gharabaghi 2019). Despite efforts to professionalise CYC, the regulation of CYCWs in South Africa only came into effect in 2014 (South Africa 1978), resulting in 8 917 CYCWs, auxiliary CYCWs, and student CYCWs being registered with the South African Council for Social Service Professions (SACSSP) as at February 2020 (SACSSP 2020). The practical professionalisation of the field seems not to have reached acceptable levels as Lodge (2019) lamented that the CYC profession must still be recognised as a full profession by the employers.

CYCWs work in the life space of children and adolescents with both normal and special development needs to promote and facilitate optimum development through the planned use of everyday life events and programmes, and to facilitate their ability to function effectively in different contexts (Jamieson 2013).

In South Africa, CYCWs have been working primarily in residential settings (Thumbadoo 2013), something which is stressful and challenging, yet little research has gone into better understanding of the difficulties these workers face (Barford and Whelton 2010). Since the mid-1990s, CYCWs have intensively extended their services

to communities in order to deal with the diverse needs of the majority of South Africa's children and youths. This shift into communities was in line with international trends by which CYC has expanded from its residential group care roots to cover a wide range of service sectors and professional activities (Gharabaghi 2019). Reflecting on the child-to-worker ratios in South Africa, Lodge (2019) concluded that an increase in levels of frustration by CYCWs and feelings of not coping is inevitable. From the observation by Lodge (2019), it is evident that the responsibilities placed on CYCWs are enormous, probably bringing about psychosocial challenges which require relevant and effective coping strategies. The first objective of this study was to identify the psychosocial challenges experienced by CYCWs in South Africa. The second objective was to explore the coping strategies adopted by CYCWs in South Africa to deal with the psychosocial challenges in practice. The aim of this paper is therefore to highlight the coping strategies that emerged from research on the psychosocial challenges experienced by CYCWs in the South African context.

Psychosocial Challenges and Coping Strategies by CYCWs

Brendtro (2004) found that up to 90 per cent of young professionals do not consider themselves adequately prepared to handle crisis situations. Yet, at the core of professional CYC practice is relational practice which is much more complex than just having conversations and being a good listener (Phelan 2020). Phelan (2019) cautioned that professional CYC practice in the life space of young people and families is fraught with dangerous situations which can be physical and combative, emotionally charged, power-laden, and personally fearful. Curry et al. (2011) opined that the stress of direct care, the results of child abuse and neglect, and the immediate need to deal with symptomatic behaviour are real for the majority of CYCWs and therefore pushing the limits of boundaries in CYCWs' personal and professional lives (Freeman 2019). Barford and Whelton (2010) support the above author by arguing that owing to the challenging and distinctive nature of the field, too often CYCWs find themselves depressed and on the verge of burnout.

Behaviours that children and youths display may include being verbally and physically aggressive, engaging in self-harming behaviours, sexual acting out, and resisting interventions from CYCWs (Ryan et al. 2008). It is these varied inappropriate behaviours that CYCWs are exposed to on a prolonged basis that can affect their psychosocial well-being. Depending on their level of preparedness and training, CYCWs are prone to adopt varied coping strategies, some helpful and others not. Marlowe (2012) argues that coping must first come from the mind. Therefore, coping can come from being aware and recognising that one is dealing with ever-demanding situations. Given the intensity of the CYC work, one key strategy is to admit the feelings of being overwhelmed, helpless and hopeless (Best 2009).

Research Method

This study adopted a collective case study design within a qualitative approach which involves multiple cases to capture experiences of CYCWs from different CYC programmes. As far as the population is concerned, the study focus was on the challenges experienced and coping strategies adopted by all CYCWs in South Africa. Purposive sampling was therefore deemed relevant to include representatives of CYCWs from rural and urban areas, as well as those from government and non-governmental sectors. The sample consisted of 93 participants who came from the six provinces of South Africa. An interview schedule was designed by the researcher to guide the interview process and collect data from 11 focus groups.

The biographical information of the participants covered areas such as race, gender, language, age, educational level, membership of professional association, and years of experience in the CYC field. The races of the participants are as follows: 86 per cent black, 9 per cent people of colour, and 5 per cent Indian. There were no white participants in this study. The majority of the participants were female (70%) and only 30 per cent were male. This gender picture is consistent with the international fact that there are more female than male CYCWs in this field (CYC-Online 2006). The participants indicated their home languages as follows: Afrikaans (7%), English (7%), Isindebele (5%), IsiXhosa (42%), IsiZulu (5%), Sepedi (5%), Sesotho (1%), Setswana (4%), Siswati (8%), Tshivenda (11%), Xitsonga (4%), and other (1%). The ages of the participants ranged from 25 to 62, by which 43 per cent fall within 31 to 40 years, followed by 28 per cent that fall within 41 to 50 years. The third majority is constituted by 17 per cent that fall within 19 to 30 years. This picture of young CYCWs who have joined the field is encouraging in that if the majority of them remain in the field, the level of continuity can be guaranteed for a number of years to come. Categories that accounted for fewer participants are 51 to 60 years represented by 10 per cent of the participants, and 61 to 70 years represented by 2 per cent of the participants.

As far as the educational levels of participants are concerned, 38 per cent completed grade 12, followed by 34 per cent who have certificates. This picture is encouraging as the participants are eligible to further their studies either at further education and training level or at universities. It is also important to highlight that 13 per cent had already obtained diplomas. Furthermore, 2 per cent possessed degrees and 3 per cent had postgraduate degrees. It must be mentioned that some of the certificates, diplomas and degrees were specifically in the field of CYC or youth work. It is worth noting that 10 per cent of the participants had below grade 12 level of education. Another observation made is that out of 93 participants, 34.4 per cent were paid-up members of the NACCW, whereas the remaining 65.6 per cent were not paid-up members. Finally, the researcher was interested in the length of service in the CYC field which was revealed as follows: 17 per cent with eight years in the CYC field, followed by 13 per cent with three years, and 12 per cent with only one year in the field.

With regard to data analysis, the study followed the following steps as suggested by Miles and Huberman (1994): data reduction, data display and drawing, and verifying conclusions. Trustworthiness of the data collected was established through the use of the following: reflexivity, an audit trail, member checking, and a co-reviewing process.

Ethical Considerations

The researcher developed a research proposal that was approved by the Ethics Committee of the Faculty of Humanities at the University of Pretoria before conducting this study. Subsequent to this approval, broad ethical considerations were given the necessary attention before and during the actual data collection. Before the interviews started, the researcher introduced himself by sharing his work experience and academic background. This introduction was meant to assure the participants of the researcher's competence. The participants were informed about the purpose of the research and signed a form to indicate informed consent and voluntary participation. Deception of the participants was avoided by reading the content of the research letter that sought their permission to participate so that upon commencement with the interviews, they would be able to judge for themselves if they were misled or not. Confidentiality and anonymity of the participants were ensured in the reporting of the findings in that the participants were neither mentioned by name nor the information that could link them to what they have said. At the end of the interviews, the participants were asked if they were emotionally in good shape and given the permission to contact the researcher at a later stage should they feel the need to do so. This was an attempt to avoid harm to the participants. A debriefing session was held in the form of allowing the participants to ask any question related to the session as well as allowing those who were not feeling well as a result of the session to speak to the researcher immediately afterwards. No participants came forth after the interview sessions to seek further debriefing and therefore no referral was necessary.

Findings

The participants indicated that they experienced psychosocial challenges which were categorised in the following themes: the inability to disengage from the work environment, disengagement from social activities, personal trauma, invasion of personal boundaries, and emotional well-being issues. The paper will discuss these challenges to create a context for the discussion about the coping strategies which were the focus of this study.

Inability to Disengage from Work Environment

The inability to disengage from the work environment refers to the process by which CYCWs are unable to stop thinking about what had transpired in the workplace to such an extent that their functioning in other areas of life gets affected. Participant FG9.P9 expressed this concept in the following manner: "When I am outside, it does not switch off." Participant FG5.P5 shared: "They always say to you here at work sometimes you

mustn't take work home and stuff but it's hard." It has emerged that the inability to disengage from the work environment makes it difficult for CYCWs to live their normal life during their time off, because they do not focus on themselves as captured by participant FG6.P4: "I don't think about myself and my things, but I think about the problems at work." Participant FG6.P6 added her experiences as follows: "When you are at the shop you always think about these children and you want to buy them something to make them happy." Thinking of buying gifts for children and the youths in one's care can be interpreted as a sign of commitment to care and should therefore not be viewed with concern.

Although the inability to disengage was expressed as a common concern, it is not something that can completely be avoided. The practice of CYC requires constant reflection. However, reflection needs to be done in a thoughtful and purposive manner, without putting oneself under unnecessary pressure. To illustrate insight into purposive disengagement, participant FG9.P9 mentioned: "You must think about what is going to happen today." Hence in some contexts, continued engagement can serve as a strategy to plan for the next shift.

Disengagement from Social Activities

The participants have shared information that suggests that some of their colleagues are not able to perform certain social roles that are expected of them. Participant FG6.P3 described the following situation as a typical example:

Married women when they arrive at home, if they've got challenges with their kids, they no longer want to intervene. They say go and tell your father. I'm tired with these kids. It is the kids at work, it is you again.

Tiredness emerged as the biggest contributing factor that makes CYCWs unable or less eager to engage in social activities outside of their workplaces. The worrying factor is that CYCWs might be neglecting their own children in the process as eloquently described by participant FG1.P2: "it forces us as CYCWs to focus more on the families that we work with; forgetting our families behind." When personal relationships are weak, CYCWs will have little support when dealing with other psychosocial challenges such as personal trauma that many participants alluded to.

Personal Trauma

CYCWs encounter people who have experienced trauma. As a result, CYCWs are prone to being traumatised themselves as experienced by most participants. CYCWs can only deal with traumatic situations if they have satisfactorily dealt with their own personal traumas. However, it emerged that some participants never had the opportunity to deal with their own issues, such as participant FG11.P2 who shared the following: "In some families we are working with the parents who are sick and we have experienced our relatives and our mothers being sick so it affects us a lot."

One of the CYCWs' responsibilities is the protection of vulnerable children. The participants shared that there are times when they cannot effectively provide protection which causes them personal trauma. Participant FG1.P4 postulated that "... you find that those children are abused. It can happen that we have to help the child, but you don't know where to place the child and it becomes your burden." The participant was referring to the psychological burden of having to leave an abused child in the very same abusive environment because of the lack of alternative facilities in rural areas.

Given the kinds of abuse that are taking place in today's societies, it makes sense that many parents will be cautious. It is, however, concerning when one becomes over-suspicious. Participant FG2.P3 reported that

... every time that I came home [from night shift], I used to take my son and check him at the back, because we work with many such cases and if maybe I didn't check him he'll say mommy you haven't checked me.

The kind of behaviour demonstrated by this participant can be associated with that of someone who is traumatised herself. The above participant has emphasised to the researcher that she had been checking her son like this every day. What is even more worrying is that by so doing, she might have been traumatising her own son in the process.

Invasion of Personal Boundaries

The participants mentioned that some of their clients do not respect their personal boundaries. In this regard, some of the female participants have cited inappropriate proposals by teenage boys in their care. For example, participant FG9.P6 stated: "They propose and say kiss me mommy." This kind of gesture is something that will certainly put the affected CYCWs in an awkward psychosocial situation. Many CYCWs regard themselves as adults whose role is to guide children and youths, most of whom have never received adequate care from parental figures. As an adult and a professional, to be inappropriately approached by a younger client might make one feel disrespected, especially from some African cultural perspectives. Participant FG7.P1 described her experience as follows: "Sometimes they look at me as a girlfriend. They tend to come and approach you and address you with names like 'baby' and all that makes the staff very uneasy." Inappropriate proposals and romantic overtures by youths might be an expression of genuine interest towards an adult caregiver and therefore need to be handled carefully. If not adequately resolved, such behaviour might contribute to CYCWs experiencing emotional stress.

Emotional Well-being Issues

Providing care to children and youths placed in care is stressful and challenging. The stressful nature of CYC work was expressed equally by the participants who are involved in residential programmes and community-based programmes. Participant

FG4.P4 highlighted: “You find that sometimes you can’t sleep at night.” When it is a once-off experience, the inability to sleep can be viewed as being normal for CYCWs who deal with difficult situations. However, when this happens for prolonged periods, it affects one’s emotional well-being and can lead to sleeping disorders, and therefore needs to be taken seriously. Participant FG6.P6 stated: “. . . sometimes I’ve been depressed or having anger.” To further illustrate emotional well-being issues, participant FG3.P3 shared her challenges as follows: “you develop anxiety disorder wherein you are always worried, you become fearful of anything.” Participant FG4.P2 described her emotional situation as follows: “I’m not coping. I am sick and I lock myself in the house.” It is CYCWs such as this participant who need to be assisted in finding healthy coping strategies instead of continuing with unhealthy individual strategies.

CYCWs’ Psychosocial Coping Strategies

Emanating from the above-mentioned psychosocial challenges, the following themes have emerged as coping strategies that have been adopted by the participants: non-existent coping mechanisms, personal mission, substance abuse, withdrawal and thoughts of quitting. This section focuses on coping strategies which CYCWs, in South Africa and throughout the world, can consider, adapt and/or adopt to cope with their daily jobs. Each of the coping strategies will therefore be discussed in detail.

Non-existent Coping Mechanisms

When asked about their coping mechanisms, some of the participants’ first reaction was that they were not coping although some were hesitant to admit it. Participant FG5.P5 hesitantly expressed her situation as follows: “I was gonna say I don’t think I am coping.” Participant FG5.P8 commented that “. . . really some people don’t cope very well.” Those participants who admitted to “not coping” do not resemble those who doubted their abilities. Instead, they acknowledged the hardships inherent in their job. The researcher got the impression that at times, it is easier to observe that others are not coping rather than looking at oneself and paying attention to one’s own needs. Hence it was only after probing that the participants started sharing some of their individual coping strategies. The most prominent cited coping mechanisms included personal mission, substance abuse, and withdrawal and thoughts of quitting.

Personal Mission

Some of the participants’ responses may be classified under what the researcher would term “personal mission”. Personal mission entails an honest introspection which seeks to understand the reasons one got into the field in the first place and why one continues in that field. To illustrate the personal mission, participant FG5.P5 described CYC as follows: “I’d say there are pros of knowing the impact that you have on people’s lives.” Some participants explained the impact that the field of CYC has made on their own personal lives, by extension sharing their reasons for continuing in this field. Participant

FG9.P5 attested that “It changed my life; my personality is different. All experiences I can say made me a better person.” Depending on their past experiences, for some participants it would seem that CYC has changed them for the better. CYC has the ability to expose children and adults to alternative ways of relating with others as captured by participant FG9.P9: “When there is violence, you stay calm. You don’t fight back. You calm situations down.” This is an example of a participant who seems to have changed for the better since joining the field of CYC.

Participant FG1.P7 cautioned those who are in this field to achieve their personal mission in this manner: “It takes a long process, but if you persevere and be patient you end up getting what you want as a CYCW in order to help the families or children.” Another participant (FG5.P3) added: “You can’t be here because you want your pay cheque at the end of the day. Your heart must be in the right place. You must be able to make an impact even if it is on one child’s life.” From the excerpts above, it is evident that CYC allows those involved to give as well as to receive. The most important benefits for CYCWs are therefore personal growth and fulfilment.

There is an abundance of evidence in terms of the reasons why some CYCWs stay in the field despite the well-known challenges that CYC presents. However, the difficulties inherent in CYC may lead to some CYCWs resorting to substance abuse as a personal coping strategy.

Substance Abuse

Now that it has been mentioned that CYC is not easy, it may not be surprising that some participants have shared that they abuse substances as a coping strategy. In this regard, participant FG2.P7 stated: “We end up smoking dagga and all those things, because those are the coping mechanisms. You find a person smoking, drinking and being drunk all the weekends.” Substance dependence can lead to clinically significant impairment. Although some people use drugs and alcohol without causing themselves or others any harm, this coping mechanism can easily get out of control and become a habit with dire social, financial, physical and emotional consequences. Substance abuse therefore needs to be monitored carefully by supervisors and managers with the view of providing the necessary support. Participant FG7.P3 shared his old ways of coping which suggests that he may have stopped using substances after careful consideration of the possible long-term effects: “I think the easiest one is to go home and have a shot obviously of beer. A long time ago I used to have cigarettes. I used to have some whiskey when I was having stressful situations.”

The finding was that the abuse of substances and alcohol as a coping strategy was not the norm as only a few participants have mentioned this strategy. Without adequate support mechanisms, others may even contemplate quitting the field.

Withdrawal and Thoughts of Quitting

Another coping mechanism that was mentioned was withdrawal and thoughts of quitting the CYC field. Withdrawal in this context refers to CYCWs not being where they are supposed to be and not doing what they are supposed to do. Some of the examples of withdrawal have been expressed by participant FG3.P1 as follows: “Sometimes a person doesn’t feel like coming to work, you feel like staying at home.” Participant FG3.P2 added: “So that the mind can relax.” Withdrawal can be a commonly used coping mechanism for those who feel tired or unable to deal with a specific situation in the short term. For those who feel trapped, thoughts of quitting have been cited as an option to consider. However, quitting is not a viable option for many CYCWs, both urban and rural based, given the context of the high unemployment rate of 29.0 per cent in South Africa during the second quarter of 2019 (Statistics South Africa 2019) and the low economic growth. As a result, those who genuinely want to quit, but have no practical options, are likely to remain trapped in this field.

Limitations of the Study

The focus group interviews were conducted in English, despite the majority of the participants having indicated that English was not their first language. The participants were allowed to express themselves in their own language when the need arose, and their inputs have been translated into English for inclusion in this study. Most participants have, however, used English during the interview sessions.

As participation was open to all CYCWs, there were instances in which some supervisors also participated in focus groups together with their line staff, although there was only one supervisor per focus group session. This arrangement happened despite Neuman (2012) discouraging the mixing of supervisors and their employees, and therefore may have limited some of the participants to freely express their experiences. Time constraints as well as CYCWs’ operational demands were the main reasons the researcher could not hold focus group sessions for junior CYCWs separate from their supervisors.

Discussion

From the empirical findings of this study, it is evident that CYCWs in South Africa are faced with an array of challenges. It must be noted that the challenges experienced by CYCWs in South Africa are consistent with those experienced by CYCWs in other parts of the world (Linton and Forster 2003). The findings of this study concurred with those of Strand and Dore (2009) that in general CYCWs experience work-related stress from a variety of sources, including heavy caseloads, frequent exposure to negative and often traumatic situations, and safety threats. Despite these personal threats, CYCWs are expected to create spaces that are congruent with the concepts of safety, normality and being therapeutic (Digney and Smart 2020). Discussions in the field reached conclusion that there is a need for the following three levels of certification in CYC: entry level,

professional level, and advanced level (Association for Child and Youth Care Practice and Child and Youth Care Certification Board 2010). These levels suggest that CYCWs could continue to develop themselves so that they can acquire skills and knowledge that will enhance their practice as well as broaden the scope in which to practice, including influence on global child and youth policymaking (Islam 2020).

The author proceeds from the position that is in line with the views of Swider and Zimmerman (2010) positing that every individual is likely to perceive situations differently depending on a number of factors. It is against this background that what one CYCW may regard as being a challenge, another may perceive as an opportunity to relate differently to children and youths in care, placing them among successful CYCWs who work through the chasm between young people and families who fear connection and their own eagerness to relate (Phelan 2020). The author further takes cognisance of reservations expressed by Phelan (2014) about the use of the term “client”, as he argues that it does not resonate in effective life-space work. The author will, however, use it here as an attempt to accommodate a variety of people that CYCWs find themselves having to interact with. Individual CYCWs can only endure the strains of working with a variety of clients in a supportive environment so that they do not carry the unbearable workload alone. It is this author’s position that if CYCWs find themselves carrying an unbearable workload, it should only be for short periods.

In the next section, lessons learned, and the way forward for each finding topic will be discussed individually; conclusions and recommendations linked to a topic will also be made.

Inability to Disengage and Disengagement from Socialisation Activities

CYCWs need to understand that every job has its own stresses and therefore take a conscious decision not to allow what is going on in their work environments to interfere with their social lives. In fact, CYCWs are expected to pay attention to the following key areas as part of their self-responsibility: maintain physical and emotional well-being, be aware of personal values and their implication for practice, be mindful of self as a growing and developing practitioner, and understand the importance of self-care and the responsibility to seek guidance, counselling, and support (Association for Child and Youth Care Practice 2017).

The importance of developing healthy boundaries between work lives and personal lives is a skill that CYCWs must harness. These boundaries need to be drawn not only at a physical level, but also at a mental level. Racco (2009) states that reflection involves looking within ourselves, our actions, and our thoughts and the way in which this plays out in our practice. CYCWs therefore need to reflect on the events of the day, plan for the next engagement and then switch off in order to engage with other activities, including socialisation activities. Purposefully disengaging will assist CYCWs in regaining the necessary energy required for future and meaningful engagements.

AllPsych Online (2014) warns that reduced interest in activities that used to be enjoyed and sleep disturbances (either not being able to sleep well or sleeping too much) may be associated with symptoms of depression. The inability to disengage is not only detrimental to the CYCWs but also affects their loved ones outside CYC work in that they may not receive the necessary attention that they deserve. Those who receive CYC services can also be negatively affected in that CYCWs may not be energised to continue providing quality services.

CYCWs need to understand that they have secured employment with the view of enhancing their own lives and therefore should not allow the nature of their job to consume the rest of their lives. A healthy balance between one's personal life and professional life is critical. In fact, given the exhaustive nature of CYC, socialisation must be a conscious effort and can serve as a coping mechanism if effectively used. Therefore, socialisation must be enthusiastically embraced. In other words, CYCWs must work hard to find reasons for not socialising. For those who intend to remain in this field for the long haul, socialisation must be a way of living in order to avoid psychosocial issues.

Personal Trauma

Another challenge that was shared by the participants is personal trauma. Personal trauma is something that does not come voluntarily. Most of the time, it comes unexpectedly. Therefore, CYCWs need constantly to be on alert to ensure that they adequately deal with their personal traumas. Trauma that originates from personal lives as well as work environments needs to be given equal attention. Any attempt to suppress any kind of trauma can only lead to undesired consequences in the long term. CYCWs who enjoy medical aid benefits need to utilise such benefits not only for their physical well-being, but also for their mental well-being. This will minimise the risk of experiencing burnout. From the data collected, not all CYCWs enjoy medical aid benefits.

However, in acknowledgement of the demanding nature of the field, some organisations have put in place mechanisms to ensure that CYCWs access psychological services when the need arises. This is a demonstration of employers who actively support their workforce (Jamieson 2013). For those organisations that are in the process of putting supportive structures in place, attention should be given to ensuring that such structures should not be an ad hoc arrangement, but a systematic one. McCaffery (2014) advocated any special mechanisms that may be needed for community-based caregivers.

Although the author is advocating a systematic support mechanism, he also takes cognisance of the fact that not all CYCWs will buy into the idea of utilising formalised support structures. For some CYCWs, such formal support systems may be perceived as an extension of the oppressive arrangements put in place by their employers. This is against the backdrop that individuals will always have their own preference in terms of

coping mechanisms. Distrustful CYCWs must have an option to see someone outside of their organisations. This will serve as an attempt to guarantee them freedom of expression. There are benefits in utilising someone who is not emotionally involved to act as a mediator or sounding board. Getting into partnerships with organisations that provide psychosocial support services free of charge can be an exercise worth exploring. Although free services might take time to access, it is still worth the wait than outrightly neglecting CYCWs' psychosocial needs. In the context of available technologies, CYCWs may also utilise online trauma counselling services such as those offered by Lifeline. According to Lifeline Johannesburg (2020), any person that experiences any form of trauma can complete an online counselling form and submit it via email, and a suitable counsellor will be allocated to the case.

Maier (2005) argued that the psychosocial needs of children and youths can only be adequately dealt with if the psychosocial needs of CYCWs are adequately dealt with. Failure to attend to CYCWs' needs might subsequently result in the neglect of vulnerable children and youths, resulting in what is known as "secondary abuse". This study suggests that if a negotiated system is put in place, the majority of CYCWs will use it. CYCWs need to be assured that their employers acknowledge the demanding nature of their work. It is this acknowledgement that will fuel CYCWs towards achieving their personal mission of making an impact on the lives of others.

Having recommended psychosocial support for CYCWs by organisations, it must be noted that the primary coping responsibility lies with CYCWs themselves. CYCWs should have the skills to know when they are psychosocially stretched and timeously seek the necessary support. Any unnecessary delay might make matters worse – affecting other spheres of CYCWs' lives. It is important to note that sometimes it takes courage to seek support. In situations in which psychosocial support services are either non-existent or not accessible, CYCWs must bring their plight to the relevant authorities' attention.

Invasion of Personal Boundaries

Another subtheme that emerged is the invasion of personal boundaries. Although the shared sexual gestures expressed by different youths in care may be viewed negatively, Smith (2009) reminds us that sexuality is integral to the "self" part of who each of us is. Conversely, Mann-Feder (2003) cites the importance of boundaries to preserve one's sense of identity. The life-space nature of CYC can tempt some young persons to take advantage of CYCWs by violating their personal boundaries. When this happens, it must be remembered that some of the young persons in care have never had adequate relationships in which personal boundaries were adequately modelled. On the one hand, some of these developing young persons have experienced distant relationships which bordered on rejection and they may have been wounded in ways that manifest particularly in their interpersonal spheres (Mann-Feder 2003). On the other hand, some young persons have experienced relationships that were too close and violated their

personal spaces. In both cases, the proximal nature of CYC can be confusing for such young persons. According to Bureau (2005), CYCWs are consistently in “greater proximity” to a young person’s living or daily environment than is found in traditional clinical practice. It is therefore the task of CYCWs to appropriately guide these children and youths to relate better with their peers and adults.

Conclusion

The study confirmed the observation by Phelan (2009) that some CYCWs in South Africa have been personally touched by the same dynamics that are present for their charges. It was the aim of this paper to highlight the way in which CYCWs in South Africa cope with psychosocial challenges. This paper therefore concludes that CYCWs in South Africa have adopted various coping strategies that are healthy and beneficial. Only the minority of CYCWs shared coping strategies that can prove destructive if not interrogated and/or changed. Most of these mechanisms are self-initiated. The psychosocial needs of CYCWs need to be taken seriously in order to ensure that they do not only remain in the field but do so as psychosocially healthy and productive members of the social service professions.

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