Experiences of Vulnerable Children in a South African Public Child and Youth Care Centre

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Abstract: The article reflects on community engagement as an excellent method to build upon researchers' cumulative knowledge in a specific discipline and to demonstrate the integration of that knowledge with real-life issues. This is followed by a literature review that examines complex life situations of the interaction between parenting and child abuse, specifically between structures and child welfare systems, that capture the lines between circumstances and individual action. A phenomenological approach is adopted of descriptive qualitative nature regarding the perception of the psychosocial well-being of vulnerable children in a child and youth care centre in Tshwane, South Africa. Findings point to the nature and extent of violence against children in South Africa. As this article does not cover the complete field of the welfare system, the aim is to foster a greater understanding of this system, which might lead to better and more research on vulnerable children after being placed in a child and youth care centre. Explanations offered include legislation and coordination mechanisms, including the associated gaps and challenges.

INTRODUCTION

With this article, I would like to highlight the importance of a university's role in building communities in the context of the present worldwide crisis of violence against children. Violence is a daily reality for many children which includes physical, sexual, and emotional abuse. Community engagement constitutes a 'new paradigm' in the development of the institutional mission of universities. This is not charity work; it is what universities should be undertaking in addition to their core mission of teaching and research (Laing, 2016). We need to alter the perception among faculty and community partners – from thinking about the engagement between the university and the community as a philanthropic activity, to regarding it as a relationship of reciprocity which respects the fact that knowledge exists both in the university and in the community (Bhagwan, 2018).

At Unisa, community engagement is actively promoted through the university's Community Engagement and Outreach Policy (Unisa, 2013). The College of Human Sciences at this institution regards community engagement as an essential component of its ongoing commitment to foster an active engagement with individuals, groups, and communities. In doing so, the university-community engagement has two broad purposes: First, it must unquestionably aim to mobilise and combine university knowledge and community experience to address social disadvantages and exclusions to promote the notion of praxis towards a fair society; second, it must complement and collaborate with the university's services in terms of business activities by focusing on all those areas of our daily lives that are of profound material and civic importance, but which are typically perceived as a 'non-economically productive activity,' such as caring, sustainable development, self-management of health and well-being, voluntary activity, and the development of citizenship. These are most important areas of our actual lives.

Very few studies have been done to investigate the psychosocial impact on vulnerable children and communities in developing countries. Very little is known about the life-world of the psychosocial well-being of vulnerable children in a child and youth care centre in developing countries and even less is known about factors in these children's lives which can affect their health. The researcher is involved in a community engagement project and decided to research a child and youth care centre in South Africa to investigate the psychosocial well-being of vulnerable children and to compare the findings with existing research findings.

The sections that follow, will highlight interactions between lecturers at Unisa and some communities. A clear definition of a community engagement research project will also be given, focused on this project where it is all about the well-being of the family, mainly vulnerable children, and their placement in a child and youth care centre after state intervention.

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Community Engagement Project Plan with Vulnerable Children

This article is based on the analysis of data from a study that focuses on how community involvement in universities in South Africa is conceptualised. The South African higher education landscape is beset by coalescence of academic, socio-political, and economic challenges that have resulted in much turbulence. Engagement with local communities holds the potential to dispel some of these challenges, by shifting the discipline-based boundaries of higher education to a deeper concern with societal issues.

The initial aim of the project was to assist some of the children of a child and youth care centre of Tshwane Child Welfare with homework and emotional support. The involvement was limited to one hour per week, normally on Tuesdays between 15:00 and 16:00, during school terms. The assistance became more comprehensive in that we started to give guidance and support to the home parents and the management team of the child and youth care centre as well. Colleagues from different departments of the College of Education joined the Department of Psychology by getting involved in the project.

The tuition and emotional support given to the children still form the main emphasis of this community engagement project. However, the home parents, including the social workers and the manager of the child and youth care centre have indicated that they need more emotional and training support in light of the transformation of the child and youth care centre amidst drastic budget constraints.

The Community Problems that are Addressed through this Community Engagement Project

Tuition and emotional support are given to children to enable them to have more confidence and self-dignity. Since the children are traumatised, specific therapy as additional support from the College of Human Sciences (Department of Psychology) is also part of the assistance. Home parents are currently experiencing an intensive high workload and need special parental guidance and emotional support and, in light of this, as requested by the management of the child and youth care centre, additional training is supplied through a series of workshops.

What will be Different in the Community as a Result of the Intervention and Involvement of this Community Engagement Project?

Through the tuition and emotional support, the children become more motivated to study, as the academic results of the children who have already received additional tuition support reflect better academic performance. Children who have already received therapy, are less rebellious and work more cooperatively at their schools and at the child and youth care centre. The training of home parents, specifically equipping them with parental guidance skills with reference to a traumatised child, has already made a positive difference at the child and youth care centre, as these parents have more confidence to guide the children with even more respect, warmth, and love. Adverse childhood experiences have a tremendous impact on future violence victimisation and perpetration, as well as lifelong health and opportunities. Working together, we aim to create neighbourhoods, communities, and a world in which every child can thrive.

Major Issues, Opportunities, and Threats for Child Welfare in South Africa

Child Welfare Tshwane is a registered, non-profit child protection organisation that has been caring for, protecting, and empowering vulnerable children in Tshwane since 1918 (Child Welfare Tshwane, 2019).

Child Protection Services refers to the protection of a child in need of care up to the age of 18 (Child Welfare Tshwane, 2019).

Who qualifies?

Any child who

- is under the age of 18;

- has no parent, e.g. children who are orphaned because of HIV/AIDS;

- has a parent or guardian who cannot be traced;

- has been abandoned or is without any means of support;

- displays behaviour that cannot be controlled by their parent/s or by the person in whose custody they are;

- lives in circumstances likely to cause or to be conducive to their seduction, abduction, or sexual exploitation;

- lives in or is exposed to circumstances that may seriously harm their physical, mental, or social well-being;

- is in a state of physical or mental neglect;

- has been physically, emotionally, or sexually abused or ill-treated by their parent/s, guardian, or the person in whose custody they are or being maintained; or

- is suffering from a nutritional deficiency.

Many families in South Africa are in a crisis and are faced with several challenges that negatively impact their ability to sustain themselves. Such challenges are partly related to poverty, unemployment, a lack of integrated basic services, and poor infrastructure (Holborn & Eddy, 2011). The well-being of the family is of critical importance to the overall functioning of society because any breakdown in its functioning and its ability to provide care increases the vulnerability of its members (Monde, Ntombizonke, Gumede, & Mohammed, 2017).

Although the children's socio-economic rights are enshrined in the Bill of Rights and in other key documents of our legislation, such as the Children's Act 38 of 2005, Children's Amendment Bill (B19-2006) and Government Gazette No. 38 of 2005 it is common knowledge that the high levels of poverty in South Africa adversely affect these rights. This country is marked by disturbing rates of violence and exploitation of children in environments where they should be safe (Hsiao, Fry, Ward, *et al*., 2018). While many children in care live with foster carers, about one in 10 children in care live in a residential child and youth care centre (Perumal & Kasiram, 2009). These children often have complex needs that require specialist care and support; therefore a residential child and youth care centre is a better option for them. While there has been an increase in the number of child and youth care centres in South Africa, the pressure still exists in finding the right placement for children.

An Analysis of Child Maltreatment

In broad terms, 'child abuse' can be defined as the 'maltreatment of children.' Such abuse can be inflicted in many ways, including physical, sexual, and emotional abuse, as well as neglect and exploitation (WHO, 2020). Although reliable administrative data regarding child well-being is difficult to obtain, children in the Tshwane metropole face a high risk of child maltreatment. The crime statistics obtained from the South African Police Services annual crime report of cases of 'neglect and ill-treatment of children' between 2019 and 2020 show that Gauteng recorded the highest child maltreatment with an additional increase of 17.4% during the mentioned time (SAPS Annual Crime Stats, 2019/2020).

The perpetrators of child abuse are typically male and mostly people known to the child – often the child's father or the mother's partner (Mohamed & Naidoo, 2014). Most assaults occur in the child's home. There appears to be an upward trend in reports of sexual assaults on children under 13 years of age as reported to health facilities. Data from Childline indicate that Gauteng has a high number of calls relating to sexual abuse (Childline Annual General Meeting Report 2017/2018). The HSRC's South African Social Attitudes Survey of 2005 indicates that corporal punishment as a means of disciplining children was commonly used at homes in Tshwane (Dawes, De Sas Kropiwnicki, Kafaar, & Richter, 2005), for example, 40% of women admitted using a strap or stick to beat their children under the age of three years. A total of 16% of parents in Tshwane admitted that they are in violent relationships, meaning that a significant number of children have been exposed to intimate partner violence (Dawes, De Sas Kropiwnicki, Kafaar, & Richter, 2005). The South African Constitutional Court passed a judgement on 20 October 2017 and ruled that corporal punishment is now illegal in South African homes (Lindwa, 2019). Parents could get a criminal record if they are charged for abuse. It is therefore very important that we do not only interpret this high court ruling of Chief Justice Mogoeng Mogoeng as an aim to charge parents with a crime, but rather to lead them to find a more positive and effective parenting style to discipline their children.

Emotional abuse is also known as psychological maltreatment and includes failure to meet a child's need for affection, attention, or stimulation (Legano, McHugh, & Palusci, 2009). Constant verbal abuse, rejection, threats of violence, or attempts to frighten the child also constitute emotional abuse, as do social isolation and humiliation (Department of Social Development, 2009).

How can 'child neglect' in South Africa be defined? Child neglect encompasses abandonment; a lack of appropriate supervision; a failure to attend to necessary emotional or psychological needs; and a failure to provide the necessary education, medical care, nourishment, shelter, and/or clothing (Psychology Today South Africa, 2019). It can also include a failure to carry out important aspects of child care which could impact a child's emotional, psychological, or physical

development. Poor supervision of a child could be an indication of neglect. Circumstances that place families under extraordinary stress, such as poverty, divorce, sickness, or some disability, sometimes lead to the neglect or mistreatment of children. Parents who abuse alcohol or other drugs are also more likely to abuse or neglect their children (Psychology Today South Africa, 2019).

Despite these compelling findings, child neglect receives far less public attention than either physical abuse or sexual exploitation, and a lower proportion of mental health services (Center on the Developing Child, Harvard University, 2020). Most research regarding this dilemma seemingly focuses on the physical and medical needs of the traumatised children, while fewer studies have been performed to investigate the psychosocial impact on and the vulnerability of these children and communities in a region such as southern Africa (Janssen, Van Dijk, Al Malki & Van As, 2013). The future of any society depends on its ability to foster the healthy development of the next generation. Nadine Burke Harris (2018) explains in her book, *The Deepest Well*, how childhood trauma affects one's lifelong health. She indicates that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain. Such toxic stress can have detrimental effects on learning, behaviour, and health throughout life (Burke Harris, 2018).

What is the Difference between Normal and 'Toxic' Stress?

'Toxic' stress does not refer to failing a test or losing at a sports match. It refers to threats that are severe or prolonged – things like abuse, neglect, or growing up with a parent who is mentally ill or substance-dependent. Our biological stress response is designed to save our lives from something threatening, and that is healthy (Burke Harris, 2018). The problem is that when this kind of stress response is activated continually, it can become overactive and affect our brain development, our immune systems, and even how our DNA is read and transcribed (Burke Harris, 2018). High doses of stress hormones can inhibit the brain's executive functioning and make it harder for kids or adults to exercise impulse control (Burke Harris, 2018). It is important to distinguish between three kinds of responses to stress: Positive, tolerable, and toxic.

Learning how to cope with adversity is an important part of healthy child development. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress responses. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that supports the development of communication and social skills (Burke Harris, 2018). Jean Decety (as cited in Szalavitza, 2012 p. 1), a neuroscientist at the University of Chicago, points out that how babies are treated, has long-term consequences for the development of pleasure in their brain. Children do not have another choice to love the people who abuse them. They are dependent on those people. However, a strange relationship can arise in which pain is equalled to pleasure if the caregiver, whom the child loves, inflicts pain in that child.

Reporting Cases of Suspected Abuse/Neglect

A professional or anyone who comes into contact with children has a moral and legal responsibility to report cases of suspected child abuse/neglect. Numerous laws in the South African Constitution to address the issue of reporting cases of suspected abuse, namely:

- Prevention of Family Violence Act 133 of 1993: 41 laws.

- Domestic Violence Act 116 of 1998: 42 laws.

- The Children's Act 38 of 2005 (as amended by Act 41 of 2007): 7 laws. This is a comprehensive law that deals with all matters which affect children. The Children's Act also states that 'failure to report a reasonable conclusion that a child has been abused or deliberately neglected would make the health professional liable to be found guilty of an offence and liable to conviction.' It is important to note that there must be more than a suspicion of abuse and the conclusion must be reached on reasonable grounds. However, proof of abuse is not required.

In most cases, children are not removed from their families, except if the child's life is in danger. The National Child Protection register keeps a record of all situations of child abuse or neglect. Children whose names appear in the register are then followed up regularly to ensure that they are safe and that the

abuse does not continue. The information contained in this register is strictly confidential. Parental rights are not affected by the Child Protection register. The parent's legal responsibilities towards the child are only affected if legal action has to be taken, for example, when the child has to be removed from their home or when the court decides that assistance should be provided to the child and/or family (Department of Social Development, 2009).

A Child and Youth Care Centre

A child and youth care centre is a large house where children and young people live together as a group, with professional staff to look after them. Child and youth care centres aim to make sure that they meet the needs of children who cannot live with their own families. That means that they must provide food, shelter, and space for the children to play and leisure in a caring environment, and also act as a place where children can grow up and develop (Child Welfare Tshwane, 2019).

Child Welfare Tshwane has child and youth care centres, caring for children and young people, and their diverse needs. Each centre respects children as individuals and provides for their religious and cultural needs, encouraging them to keep their sense of personal identity and community. Children are still going to their school if they are still registered there, otherwise, they are directed to a new school.

Children and young people must stay in touch with their family and friends. However, when these could hurt them, or there is a court order that forbids contact, then their family and/or friends are not allowed to visit them.

'Abuse' at the Child and Youth Care Centres

Poor implementation of policies and laws can also put children at risk of violence by staff or other children. In 2017, the Gauteng Department of Social Development investigated allegations that caregivers at a child and youth care centre in Johannesburg have been swearing at the children, while they were hitting and dragging them by the hair (Dhludhlu, 2017). A lack of monitoring of children in child protection youth care centres means that these children do not always benefit as was planned. Violence in facilities is correlated with a low staff-to-child ratio, while children who are unsupervised and left alone for long periods have an increased vulnerability to being physically or sexually abused. Where staff members are poorly

trained, the risks are increased as the personnel is more likely to feel overwhelmed and frustrated.

Research Problem

Whatever happens to vulnerable children after state intervention and placement in a child and youth care centre, the new structure and quality of their living arrangements influence their future development. It is critically important to study the effects of placement in a child and youth care centre, and to alter policies and procedures for moving children into protection care so that iatrogenic traumatisation can be reduced. The main research question can be formulated as follows: What is the perception of vulnerable children, caregivers, and social workers of the psychosocial well-being of children who are placed in a child and youth care centre, and how do the findings concur with the literature? The sub-research questions will focus on the following issues, namely: 1) How do home parents experience their task of care giving? 2) What kind of support will be helpful for the home parents? I sought to determine the meanings that home parents, social workers, and vulnerable children ascribe to their experiences.

METHOD

Research Design

In light of the research design and the empirical study of the research problem, the study comprised the following: A qualitative data collection was conducted, using a descriptive phenomenology approach. Qualitative research has been used to examine domestic violence as a phenomenon, and the effect on the child's world and life when being placed in a child and youth care centre. Descriptive phenomenology describes the natural situation as it is, in other words, there is no intervention or control on the part of the researcher (Giorgi, 2009). It is further used to obtain information, standards, or norms about a situation or conditions that already exist so that it can then be compared. The purpose of such a descriptive study is to gain knowledge of the situation regarding the questions, Who?, What?, Where?, When?, and How? (Giorgi, 2009).

Participants and Setting

The child and youth care centre that participated is a residential care facility for traumatised and abused children in Tshwane. This home was established in 1960 and is registered to accommodate 54 children of

all races and church denominations, and is divided into four cottages, each accommodating between 12 and 15 children between the ages of six and 18. The aim is to provide a secure environment for these children, with the programme concentrating on therapy, family reunification, and the fostering of care placements, where necessary.

Data Collection

Convenience sampling was done, as I administered the interviews in the child and youth care centre where I am working as a volunteer psychologist. The research was only done in a certain area in the Gauteng Province and thus the findings cannot be generalised. Interviews was done to determine the perceptions of vulnerable children in a South African child and youth care centre regarding their own personal experiences and emotional feelings which may reflect on psychosocial well-being, as well as the perceptions of caregivers (home parents) and social workers working with these children. The number of caregivers (home parents), social workers and traumatised children involved, is presented in Table **1**:

Data Analysis

In order to consider the findings of real-life experiences of the participants, it was analysed through semi-structured interviews. The utilisation of semi-structured discussion interviews is a suitable method for the study because it complements the method described above (Giorgi, 2009) and will therefore be suitable for evaluating the effects of domestic violence on the children who were already identified. It will also determine the nature and extent of a placement in a child and youth care centre.

The first discussion interviews investigated *inter alia* the perceptions of home parents and social workers concerning psychosocial aspects, while the second discussion interviews looked into the perception of the vulnerable children. A thorough literature study was done to establish how the children experienced their world and perceived their psychosocial well-being. Broad categories of factors contributing to their

psychosocial well-being were identified from the literature and included in the interview questions.

The first discussions, aimed at the perceptions of the home parents and social workers, entailed four sections:

- Family history and information of vulnerable children that took part in the study.

- Debates and discussions to determine the physical needs of vulnerable children as well as their psychosocial needs.

- Discussions aimed at the role of the home parents to support vulnerable children.

- Debates and discussions concerning the culture and norms of the specific community.

The discussions that addressed the vulnerable children entailed three sections, namely:

- family information;

- risk factors; and

- discussions regarding their psychosocial well-being about psychosocial aspects, which value their future vision.

Thematic analysis is used as it is compatible with phenomenology in that it can focus on the participants' subjective experiences and sense-making. There is a long tradition of using thematic analyses in phenomenological research. Each description given by the participants was first to read in its entirety to gain a better understanding of the situation in which the experiences took place. Thereafter, I handled each description separately as I pointed out and ticked off different categories of meaning within the data to make the descriptions more manageable. After that, a single description was divided into separate themes. This was done through the steps suggested by Giorgi (2009), namely 1) assume the phenomenological attitude; 2) read the entire written account for a sense of the whole; 3) delineate meaning themes; 4) transform the meaning themes into psychologically sensitive

Table 1:   The Number of Participants Involved

Number of child and youth care centres and participants involved			
Child and youth care centre	Home parents	Social Workers	Vulnerable children
1	6	3	35

statements of their lived meanings, and 5) synthesise a general psychological structure of the experience base on the constituents of the experience. For Giorgi (2009) it is the first-person psychological perspective that is sought so that an empathetic position can be adopted by the end-user of the research. The findings of the data will be discussed under the categories below and will be compared with existing literature.

The identified categories are as follows: Poverty; social skills, socio-cultural needs, and psychosocial well-being; self-esteem; emotional needs; and psychological problems and needs.

Procedure

Permission for this study was granted by the Ethics Committee of the University of South Africa (PERC-17005). Every home parent and social worker that participated in this specific research study was provided with an invitation and consent letter from the researcher. This letter explained sensitively and respectfully the procedures to ensure that the home parents and social workers would feel emotionally safe during the interviews. This also allowed the home parents to add their authentic voices to the sharing of their own experiences as being caregivers at a child and youth care centre for vulnerable children. The manager of the child and youth care centre has also written a consent and permission letter on behalf of Child Welfare, Tshwane, where she indicated that she approved that this community engagement and research project will be managed by the researcher with the approach of trying to understand the experiences of home parents as caregivers, social workers, and vulnerable children with sincerity, honesty, and the utmost respect.

DISCUSSION OF THE LITERATURE AND FINDINGS OF THE RESEARCH

The Perception of Home Parents and Social Workers

Home Parents

After exploring the home parents' perceptions, it emerged that home parents perceive children in their care as spoilt by child rights. It became clear that much of the confusion about who the children are in the eyes of the home parents results from a clash between the perceived cultural duty of raising children and the child rights principles that prohibit beating to discipline them.

According to home parent 3, the welfare systems do not have sufficient orientation programmes to ease a

child's transition into child protection care. She said that children have problems adjusting to their new environment. Home parent 2 perceived the children as spoilt and different from her children at home but laid the blame not on the children but on the child rights principles with which they were supposed to raise them. The confusion between her duty to discipline the children and child rights restrictions seemed to frustrate this home parent as she struggled to see herself as a 'good parent' and therefore tended to perceive and treat the children, not as her own. Home parent 1 believed that losing a parent through state intervention can be especially harmful as it creates a 'divorce' scenario in which children are removed from their family, friends, and environments with no sense of closure. She said that this leads to rebellious behaviour.

According to home parent 5, home parents lack training and experience to explain to children and help them to understand why they were taken from their home and what their future holds. He said that the lack of understanding of the child protection system and the process leads to feelings of loss and/or rejection for these traumatise children, grappling to understand the separation from their biological family, creating an irreparable sense of loss that can lead to depression. He said that children also worry about how they will be seen and treated by peers and school personnel who find out that they are in a child and youth care centre.

Home parent 4 observed that many of the children seem to be experiencing stress associated with contact with their biological parents. Although she believed in access maintained relationships and an attachment between child and family, she suggested that the utility of supervised access must be assessed on an individual basis. She said that children believe that they would return home soon, given their continued access to family members, even when told otherwise. All the home parents indicated that they are not up to the task of helping these children to deal with their emotional pain. Home parent 3 says that she experiences emotional confusion with the one daughter in her home harming herself and another one who compulsively masturbates, even in public.

Social Workers

Social worker 2 believes that all parents are drawing similar conclusions about the nature of the intervention. She said that most of the parents regard child protection services as far more powerful than themselves, a power that they believe could be used

over them in a coercive and penalising manner, or with them as a form of support. Social worker 1 declared that the child protection care system is only meant to be a temporary solution.

Social worker 3 believed that children of parents with substance abuse who have not demonstrated that they are a threat to the children's well-being should be allowed to live with their families. She said that the practice of removing a child from their natural home base, believing that it would be better than leaving them in the care of a parent with a substance abuse disorder, is based on stigma, and not on facts. It does a child no good to be removed from their natural home unless it has been proven to be an abusive or neglectful environment.

Descriptions of Home Parents' and Social Workers' Responses on Self-Esteem, Emotional Needs, and Psychosocial well-being of the Children

The descriptions of home parents and social workers have shown that these children feel unhappy when they are treated differently from their peers who belong to a biological family. The lack of parents and material possessions makes these children so obvious in the community and the school that they experience a sense of social exclusion and differentness. This is very likely to contribute to low self-esteem within them. The lack of material possessions surely contributes to low self-esteem within these children. The bleak future and the fear of not getting a job and living a normal life, influence children's outlook on the future. Like any other children, these vulnerable children value being loved, getting attention, commanding respect, being wanted, and having fun with home parents who set boundaries for them.

Interviews with Vulnerable Children

Family Information

During the interviews, it appeared that parents of the children were primarily from lower socio-economic groups. The literature on the physical state of vulnerable children stresses the fact that poverty is a key cause of distress (Cluver & Gardner, 2007), although there are exceptions, for example, the case where a mother was working as an accounting professional and the father who was a successful businessperson. The father was accused of torturing his five children and keeping them hostage for years. A charge is brought before the court, and rape, child neglect, attempted murder, drug possession, and drug

trafficking appeared on the prosecution statement of this father. This case is known as the 'House of Horror' in South Africa.

Description of how Children Experience their Situation

The responses of the children during the interviews indicated that an average of 51% of them were feeling lost because they were separated from their parents and blamed themselves for their parents' situation. More than half of these children experienced a feeling of anger regarding their circumstances. These feelings may contribute to psychosocial distress and result in depression.

Nonetheless, from the responses during the interviews concerning how the children experienced their situation, it becomes clear that these children are not necessarily negative about their future and even do experience inner feelings of happiness. Though there are children who have indicated negative feelings, the overwhelming responses were positive, which is quite contrary to what was expressed by the home parents. This emphasises Judith Harris' statement that 'children are stronger than you think'. They must be because the world out there does not handle them with gloves' (Harris, 1999 p. 85).

The information presented in Table **2** regarding the children's responses on their future and feelings of happiness, forms part of the information that was gathered during the discussion interviews on the psychosocial well-being about psychosocial aspects that value their future vision.

Table 2:   Children's Responses

Children's responses regarding their own future and feelings of happiness	
I want to become a grown-up.	88.0%
I cope with my present situation.	52.3%
I have hope for my future.	51.5%
I can influence my own future.	53.5%
I am happy about the future.	51.4%
I am experiencing an inner feeling of happiness.	54.4%

Most of the children see themselves as entering a profession, earning a decent salary, getting married, and starting their own family. Despite their problematic situation, many children indicated a vision for the future. Professions like policemen, nurses, social

workers, and teachers ranked high in the list of preferred occupations.

However, an incident that took place shortly after the interviews tells another story. When I interviewed Eddie (a pseudonym), he proudly introduced himself as 'I am Eddie.' Eddie was one of the boys who was enthusiastic about his future and said that he would like to be a big, wealthy man one day. Unfortunately, a major tragedy occurred two months after the interview. Eddie no longer saw a future for himself and committed suicide by hanging himself in his room at the centre. I would argue that the world has lost a big man – but why did Eddie do it? In my profession, I often see so-called 'leakage behaviour.' This indicates the behaviour of a person who is thinking of committing suicide. However, in Eddie's case, I could not foresee a scenario where he would commit suicide. The reason why such tragedies happen is that there is still too much ignorance within families about how to live and how to love. It is human for children to become depressed when their family breaks up. Eddie's behaviour can be attributed to early neglect and abuse. He did not get love from his parents. There was no attachment to anyone. Eddie was driven to a point of no return, and his family is in fact to blame.

The malfunctioning of a family complicates the typical strains of a happy childhood and carefree early adolescence. The mentioned 'House of Horror' serves as a good example. In this house, the hands of the children were tied, they were stabbed inside a cupboard, and tortured with a blowtorch. There was no food in the house and they were very malnourished. These children evidenced a backlog on the psycho-logical and physical levels. They would most probably grow up with a twisted view of a parent's role. They would also feel guilty because they never wanted to see their parents again and pretended that they have died.

During the interviews, J, N, and D manifested the loss of their ability to play and to feel joy. While I was talking to them during the interview, they were scratching their arms as normal children who were getting a little bored. However, their faces were emotionless. The feeling of loss was visible. This behaviour can be attributed to some early neglect and abuse. They did not receive love and could therefore not give love.

Thoughts and Recommendations

As this is a community engagement research project, I am specifically intervening with the home

parents, social workers, and vulnerable children. In other words, a relationship of trust and understanding characterises the conversations/interviews between the participants and the lecturer (researcher).

The broad purpose of this research was to explore and describe the experiences of home parents as caregivers in a child and youth care centre for vulnerable children. This centre has been part of a community engagement project for the past 10 years and to date, no research has been conducted there. As such, Unisa staff only worked with the children in a supportive role, assisting for example with homework and emotional stress. Therefore, in this research I also explored the experiences of the home parents in this child and youth care centre, as we suspected that they too are in need of support. That is why I decided on a descriptive phenomenology inquiry in order to elicit the stories of these parents to perhaps add some value to their well-being, if the inquiry yields such data.

Through the analysis of the responses provided by the home parents, it can be concluded that they too are in need of support. The best practice for meaningful community engagement would be to embrace the home parents with an attitude of understanding and kindness. What kind of support will be helpful for the home parents? As we did not support the home parents in the past, one way to support them is on an emotional level – to assist them with sensitivity, compassion, and care, in order to have a better understanding of their emotional needs in the context of a home for vulnerable children. In light of this, an ethics of care model should be developed with the emphasis on the developing of specific life skills, with the understanding of the complexity of being a home parent, and to meet the challenging task of care giving. In other words, an emotional well-being model should then be proposed to the child and youth care centre in order to assist and support the home parents in the strengthening of their caregiver role.

As very little research findings are available regarding vulnerable children losing a parent through state intervention in South Africa, I did not have any statistical findings with which I could compare my findings. The findings with regard to most of the psychosocial aspects were in accordance with the literature. The most important findings were that welfare practices and approaches fit for developed communities might be of little value in developing settings. I am, however, more than aware that the circumstances, as well as outlook on life, of vulnerable

children from different cultures might differ. Consequently, when working with these children, social workers, and home parents, researchers should pay special attention to the context and cultural beliefs and practices of the communities in which they work.

The literature review also demonstrates why effective early interventions are likely to pay significant dividends in better long-term outcomes in the educational achievement, lifelong health, and successful parenting of the next generation.

Strengthening Families, Not Institutions

In light of what has been said, it is important to consider the family structure and child protection within the South African context. Family structures define our personalities and our values. The African cultures embrace their relations and treat the extended family as their own. However, the Western world context think of families quite differently. In the Western 'civilization,' the self is given preference over the family. Hence, decisions on the priority and relevance of relationships are individual matters.

The study has contributed to a clearer understanding of how community engagement is conceptualised in South Africa and emphasised the importance of co-designing solutions with the community. Community engagement through the trans-disciplinary lens has to be how we bring ordinary people into the research process. How do we bring their practical, tacit and experiential knowledge of a particular situation into the research process? To arrive at a solution which at the end, is not like you have given them a solution, you have actually developed it together, that solution.

Therefore, another way to develop this community engagement research programme further would be to include rural women caring for vulnerable children in their communities and developing their skills and knowledge so that they would be able to create sustainable community care centres, tending to the children's health and well-being.

Many of the families who enter the child welfare system have a first-hand experience of domestic violence, both against children and other adults. Through state intervention, the state aims to normalise parents. The premise is that parents should rehabilitate and that the state would act in a parental way to reunite the parent/s and child. It is relatively easy to observe a multitude of problems with this system. Many families

that do not function well, fall through the cracks of the system. Without trying to learn more appropriate parenting skills and personal financial management, or to end drug addiction, families remain at risk.

The complexity and contradictions of the child welfare system requires careful research and theorising with nuance and compassion. This work should go beyond the evaluation of the programme to an interrogation of the core of the system process.

Much of the needed policies and legislation are already in place. The challenge, therefore, is to establish the coordination of other mechanisms to ensure the efficient and effective implementation of the policies, legislation, and related programmes in order to fulfil the implied commitment to a better society, characterised by the welfare and happiness of the country's children. A pragmatic examination of the content of rehabilitation efforts, the cultural norms that are strengthened, and the experiences of people within them can make an important contribution.

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