Exploring social workers' utilisation of play based activities in child and youth care centres in Gauteng

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Dissertation submitted in partial fulfilment of the requirements for the degree Master of Social Work in Play Therapy at the North-West University

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DECLARATION

I hereby declare that I am the sole author of “Social workers’ utilisation of play-based activities in CYCCs in Gauteng” (except where specifically stated otherwise). I have not in the past submitted this document or any part of it in order to obtain any other qualification. It is my own original work, and all references used or quoted were indicated and acknowledged by means of citing in the text and also in a comprehensive reference list.

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DECLARATION OF LANGUAGE EDITOR

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To whom it may concern,

This is to certify that I have language edited the Parts A, B and C of the research dissertation of Liezl von Bratt into social workers' utilisation of play-based activities in CYCCs in Gauteng. The documents are suitable for submission provided that the changes are maintained which I have made.

N R Barnes
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“She is clothed with strength and dignity and she laughs without fear of the future”

Proverbs 31:25

“God is within her, she will not fall”

Psalms 96:5

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ABSTRACT AND KEY TERMS

Social workers' main focus at a CYCC is the children. Social workers may specialise in play therapy. This study is guided by theories of play and play therapy.

The aim of this study was to explore social workers' utilisation of play-based activities in CYCCs in Gauteng. A qualitative descriptive design was applied, and purposive sampling was used to obtain participants. Social workers at CYCCs were asked to participate in this research study. Semi-structured interviews were used to collect data, and the qualitative data was transcribed and coded. The following themes arose:

- Utilisation of play-based activities;
- Barriers of utilising play-based activities.

The results were presented in an article format with conclusions, recommendations and limitations of the study.

KEY TERMS:

- Social workers
- Play-based activities
- Child and Youth Care Centres

OPSOMMING EN SLEUTELTERME

Maatskaplike werkers' se hooffokus in 'n kinderhuis is die kinders. Maatskaplike werkers kan verder in spelterapie spesialiseer. Hierdie studie is uiteengesit en verduidelik volgens spelterapie.

Die doel van hierdie studie was om maatskaplike werkers se gebruik van spelgebaseerde aktiwiteite in kinderhuise in Gauteng te eksploreer. 'n Kwalitatiewe beskrywende benadering was gevolg, en deelnemers is gekies deur spesifieke kriteria. Maatskaplike werkers is gevra as deelnemers aan hierdie studie. Semi-gestruktureerde onderhoude is gebruik om data in te samel. Data is verwerk, en die volgende temas het na vore gekom:

- Die gebruik van spelgebaseerde aktiwiteite;
- Struikelblokke in gebruik van spelgebaseerde aktiwiteite.

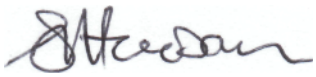
Die resultate is in artikelformaat uiteengesit met gevolgtrekkings, aanbevelings en beperkings.

SLEUTELTERME:

- Maatskaplike werkers
- Spelgebaseerde aktiwiteite
- Kinderhuis

LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor and co-supervisor. I, the supervisor, declare that the input and effort of Liezl Von Bratt in writing this article reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree *Magister in Social Work*



Dr. Shanaaz Hoosain

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FOREWORD

This dissertation is presented in article format according to the General Academic Rules as set out in the North-West University's Potchefstroom Campus Yearbook. Therefore this document comprises three sections: Section A provides an orientation to the research, Section B contains the article that will be submitted to the *Southern African Journal of Social Work and Social Development* for publication, and Section C includes the conclusions and recommendations. Please note that the references are in line with the author guidelines of the journal which requests Harvard Style. Section A and C have also been referenced according to the Harvard Method of referencing as stipulated by North-West University.

SECTION A

ORIENTATION TO THE RESEARCH

PART 1

AN INTRODUCTION TO THE STUDY AND DISCUSSION OF THE PROBLEM STATEMENT

1. INTRODUCTION AND PROBLEM STATEMENT

According to the UNICEF website (2013), 3.7 million children are globally abused, neglected and abandoned, and due to these reasons children end up in Child and Youth Care Centres (CYCCs). Statistics of children placed in CYCCs in South Africa are incomplete (Golden, 2016; UNICEF, 2013). Lizette Berry, a senior researcher at the Children's Institute at the University of Cape Town further confirmed that there is no official centralised data collection process for the number of children in CYCCs (Golden, 2016). Approximately 21 000 children in South Africa stay in the 345 registered CYCCs (UNICEF, 2013), while in Gauteng, there are currently 53 CYCCs (Yorke, 2015:1).

Child and Youth Care Centres in South Africa

In South Africa, a Child and Youth Care Centre was previously known as a Children's Home (Nurcombe-Thorne, 2015:20). Within the South African context, a CYCC is a facility for the provision of residential care for more than six children outside the child's family environment, in accordance with a residential care programme suited to the children in the facility (Children's Act, 35 of 2005). According to section 158 (1), a children's court may issue an order placing a child in the care of a CYCC only if another option is not appropriate. The Children's Act, 38 of 2005, brings legislation in line with the South African Constitution and with the move towards a more social development approach (Stout, 2009:115), as it addresses the needs of children in CYCCs holistically (Mahery, Jamieson & Scott, 2011:30). The legislation in South Africa requires CYCCs to provide therapeutic intervention programmes to address the needs of children in residential care (Mahery, et al., 2011:36; Nurcombe-Thorne, 2015:8; Agere, 2014:33). The purpose of CYCCs is therefore to offer safety and security as well as to offer therapeutic intervention to address the children's developmental and emotional needs (Mahery et al., 2011:31).

Addressing the needs of children in CYCCs

Many children in CYCCs are found to be in need of care and protection (Children's Act, 38 of 2005; Thesen, 2014:1). In terms of legislation, children under the age of 18 years are regarded as 'vulnerable'. Children at CYCCs may have been removed from their parents because of child neglect, abuse and poor parenting skills, which produces trauma and formidable hurdles for children to overcome (Mocke, 2013:24; Ziegler, 1990; Thesen, 2014:1; Agere, Tanga & Kang'ethe, 2017:77).

A recent South African study amongst social workers found that children in care have trauma-related needs which are best addressed through intensive interventions such as play therapy. Thus, trauma can have a widespread impact on children and creates a need for therapeutic intervention (Yorke, 2016:11). Having been through traumatic experiences, some children regress in their behaviour as a means for eliciting care and nurturance from another. Due to feelings such as depression, anxiety, guilt and emotional regulation difficulties that may arise from a traumatic event, children may require therapeutic intervention (Yorke, 2016:12). In addition, the difficulties with emotional regulation which children in CYCCs experience as a result of traumatic experiences often require counselling. Trauma occurring within the first 10 years can have a negative impact on the rest of the child's life (Armsworth & Holaday, 1993; de Bellis, Keshavan, Shifflet, Inyengar, Beers, Hall & Moritz, 2002; Yorke, 2016). CYCCs therefore have a responsibility to provide therapeutic interventions to address the trauma of children who are placed with them. As mentioned earlier, CYCCs are required to include counselling or therapy as one of their core mandates. This includes psycho-social support, trauma counselling, individual and group counselling, grief counselling and play therapy (Agere, 2014:33).

A failure to thrive is sometimes seen in children who experience trauma. This refers to the infant or child's lack of growth and reasonable physical and cognitive development. The brains of children with a failure to thrive are typically underdeveloped in size. Due to this inadequate brain size, the child may face developmental challenges such as poor language abilities, motor co-ordination, attention, learning and decision-making (Yorke, 2016:14). Children in CYCCs

therefore have developmental needs which have to be addressed through interventions which promote their development. The Circle of Courage (Brendtro, Brokenleg & Van Bockern, 2002:137) includes four aspects which symbolise crucial developmental needs which CYCCs have to address namely belonging, mastery, independence and generosity. Belonging is the universal longing for human bonds and is cultivated by relationships of trust, so that the child can say that he/she is loved. Mastery can be described as the inborn thirst for learning. This is cultivated by learning to cope with the world so that the child can say that he/she can succeed. Independence is free will cultivated by responsibility, so that the child can say he/she has the power to make decisions. Generosity includes character cultivated by concern for others, so that the child can say he/she has a purpose in life.

Current approaches to addressing children's needs at CYCCs

Social workers in CYCCs are obligated by the Children's Act, 38 of 2005 to offer security and safety, to assess, develop and implement an Individual Development Plan (IDP) based on the Circle of Courage and to provide suitable therapeutic programmes for children in CYCCs. Social workers are expected to develop an IDP for each child at the CYCC. The IDP utilises a developmental approach to social welfare.

Developmental approach

The developmental approach is based on the strengths of the individuals, groups or communities and promotes their capacity for growth and development. The developmental approach to social welfare emphasises appropriate services for all, especially the poor and vulnerable (ISDM, 2006:14). Children under the age of 18 years in CYCCs are seen as vulnerable.

The Individual Development Plan is revised at least every six months. The Circle of Courage (part of the Individual Development Plan) is a medicine wheel which represents the need for all aspects of wellbeing to be in balance and harmony. Belonging, mastery, independence and generosity are the four aspects in the circle of courage symbolising the crucial developmental needs of children (Brendtro, et al., 2002:137). The Circle of Courage serves as a nurturing framework for guiding a child away from isolation and despair into a community of love and care (Brendtro, et al.,

2002:137). The IDP is an assessment plan which highlights that the child who does not have access to common resources may require additional help (Mahery et al., 2011:36). Such help can include therapeutic interventions by a social worker at a CYCC.

The problem is that there are no consistent therapeutic methods of intervention to address the therapeutic needs of children in CYCCs in South Africa, because social workers may be focusing on the developmental approach (Mahery et al., 2011:31; Brendtro et al., 2002:137; Gutsche, 2015:14). The Circle of Courage however only addresses the belonging and mastery needs of children placed in CYCCs and not their therapeutic needs such as a result of trauma or neglect and abuse. The IDPis furthermore a strength-based approach focusing only on children's basic needs (Miller, 2004:17). The limitations of working according to the Circle of Courage are therefore that the child may require additional help such as therapeutic interventions to meet their needs (Steele & Kuban, 2013). The Children's Act, 38 of 2005, as amended, states that CYCCs must offer therapeutic programmes, but does not indicate which programmes are to be followed.

The benefit of therapeutic interventions such as child-centered play therapy

Internationally, and according to a survey of members of the American Counselling Association and the Association for Play Therapy, child-centered play therapy (CCPT) was the most frequently used approach among care workers and practitioners, who conduct play therapy on the grounds of a specific theoretical approach (Lin & Bratton, 2015). There is limited research in South Africa, with anecdotal evidence indicating that social workers may utilise play-based activities or play therapy in their work with children in CYCCs (Play Therapy Today, 2017). However there is sufficient evidence in literature to suggest that play-based activities may be particularly useful to addressing the needs of children in CYCCs, including their therapeutic needs (Drewes, 2015; Hunt, 2009; Kolos, 2009; Lin & Bratton, 2015; McMahon, 2012; Boyd-Webb, 2015:149). Theories on play and play therapy therefore guided the study.

Play theories

Play can be defined as “a physical or mental leisure activity that is undertaken purely for enjoyment or amusement and has no other objective” (PTUK, 2018). Play can also be defined as any activity freely chosen which is intrinsically motivated and personally directed (Goldstein, 2012:5). Play theory can be divided into five categories: play is a means to understand the social world, developing cognitive skills, a means to come to terms with emotional and inner states, formal taxonomies of play and it acts as a means of the evolutionary phase (Hyder, 2005:14). Play can be seen as integral to the process of child development (Hyder, 2005:18). Piaget argued that play contributes to this intellectual development through processes of accommodation and assimilation (Hyder, 2005:16). Isaacs, in Hyder (2005) saw play as the means of expressing the total personality but also noted its healing properties. He thus saw play as a bridge, both in children’s emotional as well as their intellectual development (Hyder, 2005:19). Play is the natural language of childhood and it enables the social worker to communicate on children’s terms (Grant, 2016:8). Play acts as a vehicle to gain children’s perspectives, views, feelings, hopes and fears.

Play therapy theory

There are different theories in play therapy namely gestalt play therapy, family play therapy and developmental play therapy. This last approach focuses on passion, energy, intelligence, human resourcefulness, curiosity and creativity (Gray, 2002:9). Furthermore, developmental play therapy is based on an individual or group’s strengths (Landman & Lombard, 2006:3). Thus, developmental play therapy is significant in this study, because social workers in CYCCs may utilise play-based activities based on developmental play therapy. Alternatively, gestalt play therapy focuses on the child’s here and now which may be useful in addressing the children’s therapeutic needs in CYCCs (Blom, 2006). The research study focused on play-based activities which are natural and playful and therefore more engaging for children. They can be implemented several times until the child successfully displays the emotional regulation levels/skills which are sought (Grant, 2016:12).

Defining play-based activities

Play-based activities are based on play theory and play therapy theory. They include outdoor activities, movement, art, music and games, and provide the opportunity for

social workers to individualise treatment and engage the child in a playful and structured approach (Grant, 2016:8). Play-based activities can be characterised by creativity, problem solving, play themes, thoughts and feelings (Ayers & Frede, 2009:6). They are mainly focused on healing through play as well as promoting children's physical, social and emotional development (Goldstein, 2012:27).

Play-based activities may be ideal for children in CYCCs, because children are given the opportunity to work on issues that are distressing to them, enabling them to play out issues of what the future will be and talk about trauma. Play-based activities are also suitable for children of all ages, while other methods of interventions such as narrative therapy or trauma incident reduction might only be appropriate for certain ages (Gaskill & Perry, 2014:181). Play-based activities may be able to address not only the developmental needs of children but also therapeutic needs of children in CYCCs (Drewes, 2015; Hunt, 2009; Kolos, 2009; Lin & Bratton, 2015; McMahon, 2012; Boyd-Webb, 2015:149). They may be used in different ways for example in an assessment, during counselling and through gross and fine motor skills.

However, little is known about the formal implementation of play-based activities at CYCCs or social workers' utilisation of play-based activities in CYCCs. There are mainly anecdotal accounts of social workers utilising play-based activities in CYCCs. These include informal discussions with social workers, information of the play-based activities social workers use on the websites of CYCCs as well as well play therapy associations in South Africa. There is however, a paucity of, conclusive empirical studies describing social workers' utilisation of play-based activities in CYCCs (Gutsche, 2015:14; Mahery et al., 2011:31).

Research problem

In summary, this research problem is engendered primarily by the inability of the Circle of Courage to adequately address the therapeutic needs of the child. Play-based activities have been proven to be effective with children in CYCCs, but social workers at CYCCs only focus on the Circle of Courage, and there are no consistent methods of therapeutic intervention with children in CYCCs.

The problem that led to this study is thus that play-based activities have the potential to address the therapeutic needs of the child and may address developmental and psychological issues such as trauma. Furthermore in South Africa, all social workers have experience of play-based activities, but there is little empirical evidence of how social workers utilise play-based activities in CYCCs. There have been limited studies on play-based activities in CYCCs, and both Hunt (2009) and Kolos (2009) suggest that more research is needed on play-based activities in CYCCs. Therefore the research question for this study was: “how do social workers utilise play-based activities in CYCCs in Gauteng?”

2. RESEARCH AIM

The aim of this research study was to explore social workers’ utilisation of play-based activities in CYCCs in Gauteng.

3. CENTRAL THEORETICAL STATEMENT

Play-based activities as a mode of intervention may be ideal for children of all ages, residing in CYCCs, owing to removal from their parents’ care due to neglect, abuse and poor parenting skills (Boyd-Webb, 2015:149). Basic needs such as food, safety and protection stay the same, but children in CCYCs have different needs due to their traumatic experiences (Blaustein & Kinniburgh, 2010:50),. As a result, they may display problematic behaviour. Literature indicates that play-based activities as therapeutic intervention can be particularly beneficial and effective for children at CYCCs (Drewes, 2015; Hunt, 2009; Kolos, 2009; Lin & Bratton, 2015; McMahon, 2012).

According to Lin and Bratton (2015), child-centered play therapy (CCPT) is differentiated from other theoretical models by the belief that children inherently strive towards optimal growth and maturity in addition to their capacity for self-directed healing. In the African context, a study was conducted with orphaned children in Uganda (Ojiambo & Bratton, 2014), where the authors found that care givers reported less behavioural problems when children participated in group play therapy. The findings of this study were consistent with the Bratton et al. (2005)

results for the effects of play therapy and group play-based interventions. These were effective for preadolescents with internalising behaviour problems (Flahive & Ray, 2007). The therapeutic needs of children in CYCCs may also include the need to be understood, the need to be accepted, the need to feel adequate and a sense of personal worth (Ojiambo & Bratton, 2014). In South Africa, play-based activities may provide children with the opportunity to work through trauma by playing out their feelings of distress which result in problematic behaviour (Getz, 2011:20; Dix, 2013:4, Gaskill & Perry, 2014:181). Social workers are obligated by the Children's Act, 38 of 2005 to provide support in CYCCs; however they are often not trained in play-based activities. Because of the lack of research on play-based activities in South Africa, the utilisation of play-based activities at CYCCs is therefore currently unknown.

This study explored and described social workers' utilisation of play-based activities in CYCCs in Gauteng, so that ultimately its results might assist future researchers in developing programmes that are focused on play-based activities which social workers could utilise in CYCCs.

4. RESEARCH METHODOLOGY

4.1. Literature review

For the purpose of this study, the literature review was conducted, leading to an in-depth examination of evidence-based systematic reviews and meta-analyses, utilising available scientific sources such as books, scientific journals, research reports and research articles. These were accessed through the utilisation of specific databases (Library Catalogue, Google Scholar) in order to construct a literature study.

A wide range of sources on play-based activities and CYCCs were thus consulted. The results of the study were compared and contrasted with outcomes of other studies in order to indicate a relation between the literature and findings (Holloway & Wheeler, 2010:38).

4.2. Research approach and design

For the purpose of this study, a qualitative research approach was followed. This descriptive design is an effective way to formulate research questions and is often utilised for qualitative research studies (Monsen & Horn, 2008:5). Qualitative research is beneficial when the researcher intends to explore phenomena in depth (Hennink, Hutter & Bailey, 2011:10). It assists the researcher in gaining in-depth knowledge from the social workers' point of view (Hesse-Biber & Leavy (2011:27). Furthermore, the design entails the presentation of the facts of the case in everyday language. Researchers using qualitative descriptive studies stay closer to their data and to the surface of words and events and seek to describe an experience or an event and select what they will describe (Colorafi & Evans, 2016:18; Sandelowski, 2000:335). The qualitative method enables an open minded approach to research (Monsen & Horn, 2008:5). It aims to discover who, what, where and how (Sandelowski, 2000:338; Colorafi & Evans, 2016:18). A qualitative descriptive design allows the researcher to select from any number of theoretical frameworks, sampling strategies and data collection techniques (Colorafi & Evans, 2016:24). In this study the aim was to explore the social workers' utilisation of play-based activities in CYCCs (Monsen & Horn, 2008:5).

4.3 Sampling

4.3.1 Population

The study population is referred to as the collection of elements from which the sample is actually selected (Rubin & Babbie, 2013:160). The population of interest to the researcher consisted of social workers at CYCCs in Gauteng (Kolos, 2009; Hunt, 2009). Gauteng was the chosen province, since Gauteng's child population has grown substantially by more than 20% (Save the Children, 2015:18; Gauteng Provincial Government, 2014). Gauteng also has the most registered child and youth care centres in the country (Department of Social Development, 2010:54). The chosen population of social workers was suitable for the proposed study, as participants were in the best position to give in-depth information about the utilisation of play-based activities in CYCCs in Gauteng. Social workers are qualified to do play-based activities with children, as they were taught about play-based activities

during their undergraduate training. The target population therefore consisted of social workers of any gender, age, cultural background, socio-economic status and grade level at CYCCs in Gauteng. The inclusion criteria consisted of:

- Participants employed at a CYCC for a minimum of 6 months in order to ensure enough experience in working at a CYCC;
- Participants able to speak English or Afrikaans to avoid language barriers;
- Participants registered as social workers at the SACSSP; and
- Participants who did not have to have a formal degree in play therapy.

The participants were on average aged 33 years. The oldest participant was aged 56 and the youngest was 24. Fourteen out of the sixteen participants were white; one was coloured and one black. The sample was specifically chosen because in-depth information was needed by professionals such as social workers on the utilisation of play-based activities in CYCCs in Gauteng.

4.3.2 Sampling method

In order to select the participants for the study, purposive sampling was utilised (Hesse-Biber & Leavy, 2011:45). This technique was chosen as it is enabled identification of participants where specific information about a phenomenon was needed, such as the social workers' utilisation of play-based activities (Rubin & Babbie in Strydom & Delport, 2011:392). In other words purposive sampling identifies the types of participants which will enable the researcher to answer the research questions based on the aim of the study, because they have the characteristics of the required study population. A minimum of 15 registered social workers who worked with children in registered CYCCs in the Gauteng, South Africa were selected to participate in the study. This sample was based on Mason (2010:3) suggestion that a minimum of fifteen participants should be included in studies with a qualitative descriptive design. The goal of the qualitative study was not to generalise but to collect in-depth information about the topic which is why a minimum of 15 participants were chosen (Hesse-Biber & Leavy, 2011:127). Male and females could participate, but by coincidence all the participants were female. Purposive sample sizes are often determined on the basis of theoretical saturation (the point when new data no longer brings additional insights to the research question). Purposive

sampling is therefore most successful when continual data review and analysis are done in conjunction with the data collection.

4.4 Data collection

4.4.1 Method of data collection

Data collection was through individual semi-structured interviews with the participants to gain an understanding of the insight social workers have about play-based activities.

A mediator obtained informed consent from the participants. The mediator arranged to meet individually with each prospective participant at the office of the CYCC where they were employed to obtain the informed consent. The informed consent forms were signed in the presence of the mediator and a witness where after the mediator kept the signed forms until they were collected by the researcher. After the mediator had received all the consent forms from the prospective participants, the researcher made logistical arrangements with the participants and scheduled the semi-structured interviews.

Development of the interview schedule

The questions were based on the title of this research study and included mostly questions about play-based activities. The researcher used the literature gathered on the topic to help formulate the questions. The literature was divided into themes and the researcher also divided the questions in the interview schedule into themes such as utilising play-based activities and barriers thereof. The order of the questions was funnelled starting with a broad theme of play-based activities at CYCCs to more specific questions related to how the social workers used play-based activities. The semi-structured interviews were guided by the questions outlined in the interview schedule (Greeff, 2011). The semi-structured interview schedule was tested on colleagues in the social work field.

Process of data gathering

Data was recorded in a private setting, where participants felt comfortable to share information. The semi-structured interviews were recorded (audio and written) with the consent of the participants.

The interviews took place in an office or conference room which did not allow the public access. The room had a door that could close and was set out with a table and chairs. The researcher was able to make notes and audio recorded the interview. A “do not disturb, interview in process” sign was on the closed door. The following process was followed:

- The researcher introduced herself to the participant and explained the purpose of this research study;
- The researcher explained how confidentiality and anonymity would be applied when data were published;
- The mediator obtained informed consent for the recordings and interviews before the interviews started;
- Coffee, tea and snacks were provided;
- The participant was reminded that he/she could withdraw from the study at any time;
- Information regarding the debriefing session and counselling was provided;
- The participant had the opportunity to ask questions;
- Once all the semi-structured questions were asked, the researcher thanked the participant for being part of the study.

Informed consent for the semi-structured interviews and audio recordings was obtained by means of a mediator before the interviews. The mediator arranged to meet the prospective participants individually. The informed consent forms were signed. The researcher introduced herself to the participants before each interview and explained its purpose.

4.4.2 Semi-structured interviews

According to Greeff (2011:348), a semi-structured interview is a flexible method of data collection which assists the researcher in developing comprehension of a specific phenomenon, which in this instance was how social workers utilise play-based activities in CYCCs in Gauteng. Semi-structured interviews were used to collect data because they are included in discovering the “who, what, where” of events and experiences in qualitative descriptive studies (Colorafi & Evans, 2016:18). The researcher made use of three types of questions that were based on

the participants' answers: main questions, probing questions and follow-up questions. The main questions were centred on play-based activities and CYCCs which guided the conversation. When responses from participants lacked sufficient detail, the researcher asked a probing question (Greeff, 2011:349). This is a technique for asking a more complete answer to a question in a non-directive and unbiased manner (Rubin & Babbie, 2013:124). The researcher asked the participants to explain their answers further, if their answers were not clear, or if a more detailed answer was needed. Follow-up questions were also asked to participants who pursued the implications of answers to the main questions (Greeff, 2011:349). At the end of each interview, the researcher did member checking with each participant to ensure that the information that was shared by participants correlated with the information documented by the researcher.

4.4.3 Facilities

The semi-structured interviews were conducted at the CYCCs from where the participants were selected. They took place on different days and lasted between 20 and 60 minutes. The interviews were conducted in an office which the public did not have access to, and a "do not disturb, interview in process" sign was placed on the door which was closed. Bathrooms were available.

4.5 Data analysis

Data from the semi-structured interviews were analysed thematically using the following steps, based on the Braun and Clarke (2013:4) guidelines:

- From the onset of data collection, the researcher began to familiarise herself with the data. Detailed field notes were written during and after each interview with the social workers. The researcher reviewed the audio recordings and studied the data by reading them thoroughly and making a list of essential ideas that began to emerge (Braun & Clarke, 2013:4). The audio recordings were done on a digital device with a password, thus ensuring that the data were fully protected. The audio device was kept in a locked cabinet to which only the researcher had access. Braun and Clarke (2013:4) believe that this familiarising phase is

essential to the process of data analysis, as the researcher began to see the data as a whole and discern patterns or themes clearly.

- The data recorded from the interviews were transcribed by the researcher herself.
- Once a list of ideas was drawn up, the coding process began by organising the data collected into meaningful groups (Braun & Clarke, 2013:4). Common ideas were highlighted and noted by the researcher.
- Once codes were identified, the researcher analysed and organised the codes into themes (Braun & Clarke, 2013:4). A visual representation, for example a table was utilised for this process, as it made the process of selection of candidate and sub-themes clearer (Braun & Clarke, 2013:4). These candidate themes were then analysed and restructured until the main candidate themes were apparent to the researcher.
- Finally, a report was written, whereby the data was presented in an analytic narrative by displaying the results found in a concise manner through the representation of the themes found (Braun & Clarke, 2013:4).

During and after research, data were stored on the researcher's computer which was password protected. Hard copies and data were stored in lock-up cabinets at the offices of CCYF and COMPRES. Existing guidelines for data storage at the CCYF were attached. It was intended that data would be stored for five years and would then be destroyed as stipulated in the strategy for record keeping.

4.6 Ethical aspects

Ethical clearance for this specific research study was granted by the North-West University (Ethics Number: NWU-00015-17-S1). Written consent was obtained from the CYCCs for permission to interview social workers (see Annexure A) as well as from the participants (see Annexure B). The following ethical aspects were considered:

4.6.1 Informed consent

To obtain informed consent implies that all adequate information regarding the study, the duration, involvement, procedures, advantages, disadvantages and dangers

should be shared with the participants (Strydom, 2011:117). Participants must be legally and psychologically competent to give consent (Strydom, 2011:117). Gaining informed consent might be problematic if it is not clear what the participant is consenting to (Miller, Birch, Mauthner & Jessop, 2012:61).The aim and process of this research was explained to the participants, and they were informed about voluntary participation, audio and written recordings and possible conflicts of interest. Participants gave written informed consent (see Annexure B).

4.6.2 Confidentiality and anonymity

Every participant has the right to privacy, and it is his/her right to decide when, where, to whom and to what extent information will be revealed (Strydom, 2011:119; Silverman, 2016). When conducting research, this principle should not be violated at any time during the study. Confidentiality further implies that others' access to private information should be limited. The researcher should therefore respect the confidentiality of the participant (Mirhosseini, 2017:60). For the current research, only the researcher, gatekeepers and mediators were aware of the identity of the participants. The researcher made use of pseudonyms; a name that is assigned to a person for a particular purpose and which differs from the person's original name (Strydom, 2011:119). The pseudonyms were used during the coding and audio recordings, for example each participant was given a number – participant A.

4.6.3 Voluntary participation

According to Rubin and Babbie (2005), in Strydom (2011:116), participation should be voluntary at all times. Participants should be able to withdraw at any time (Silverman, 2016). The participants' voluntary participation was gained, as they signed informed consent forms where this was explained to them.

4.6.4 Conflict of interest

Participants were informed about the possibility of a conflict of interest, as the researcher is also a social worker employed at a CYCC. The researcher was sensitive to the possibility of a conflict of interest.

4.6.5 Appropriate referral

Debriefing refers to sessions in which participants are given the opportunity to work through experiences after the study and have their questions answered (Strydom, 2011:122). The researcher did not withhold any information during the study, and the opportunity was provided to participants to get their questions answered and to engage in a debriefing session. No participant presented the need for a debriefing session or counselling.

4.6.6 Right to withdraw

Participants have the right to withdraw from the study at any time (Strydom, 2011:117; Silverman, 2016). Participation was therefore voluntary, and respondents were informed of these rights. They were treated with dignity and respect.

4.6.7 Publication and storage of data

Participants should be informed about the findings without violating the principle of confidentiality (Strydom, 2011:126). Results were released in such a manner that they could be useful to others, keeping the ethical consideration of privacy in mind. During and after research, data was stored on the researcher's computer which was password protected. Hard copies and data were stored in lock-up cabinets at the offices of the Centre for Children, Youth and Families (CCYF) and COMPRES. Existing guidelines for data storage at the CCYF were attached. The intention was to store data for five years and then destroy it as stipulated in the strategy for record keeping.

4.6.8 Expertise of the researcher to do research

The researcher and the study leader are qualified social workers, registered with the SACSSP. The study leader also has a PhD in social work, with 20 years of experience in social work including child protection in the UK as well as teaching and training in social work. The study leader also has expertise in conducting qualitative research and semi-structured interviews as part of her master's degree research and

PhD research, on Strengthening Families and Participatory Parity research projects. In addition the study leader has successfully provided supervision to 7 students who have used semi-structured interviews. The study leader has completed ethics training in the 'Introduction to Research Ethics in Health research: Principles, Processes and Structures' ; the new NHREC and DoH guidelines 2015 and a one day training on the ethics of post research obligations of public health ethics. The study leader has also completed the Training and Resources in Research Ethics Evaluation (TRREE) online training. The researcher also has experience with social work interviewing skills and is employed at a CYCC. She completed her honours degree with a research topic on labelling of children in alternative care and is experienced with qualitative research and conducting of semi-structured interviews. In this research process, the researcher conducted semi-structured interviews and was guided and supervised by the study leader.

4.7 Trustworthiness

Marshall and Rossman (2011:44) argue that trustworthiness of a research study goes beyond the procedures that need to be followed, but should also include the researcher's relationship with the participants and the larger community possibly affected by the study. Lincoln and Guba (cited by Polit & Beck, 2008:539) outline four criteria for establishing trustworthiness in qualitative research, namely: credibility, dependability, confirmability and transferability.

- Credibility

  This refers to whether the collected data is a clear representation of the participants' views and their utilisation of play-based activities. The researcher familiarised herself with the data by means of transcriptions and coding which were prepared with the help of a co-coder. At the end of the interviews, member checking was also done to ensure that the information shared by participants correlated with information documented by the researcher. The researcher played back the audio recordings of the interviews to the participants and read aloud the notes she had made during the interview.
- Dependability refers to whether the study meets the standard of consistency by leaving dependable documentation of the research process. Dependability can

also be fostered by consistency in procedures (Colorafi & Evans, 2016:23). The study was conducted step-by-step according to the research process and written proposal approved by a research committee.

- Confirmability refers to objectivity of the researcher. The literature study was conducted after the semi-structured interviews were completed. In order to avoid any bias from the researcher, a literature review guided the study.
- Transferability refers to data collected in such a way that the data is beneficial to other settings as well. Transferability speaks to whether the findings of the study have larger import and application to other settings or studies (Colorafi & Evans, 2016:24). The researcher gave a detailed outline of the research process as well as the methodology that was followed thus allowing future research to be conducted in a similar matter.

5 CHOICE AND STRUCTURE OF THE RESEARCH REPORT

The report was structured as follows:

Section A

Part 1

- Introduction
- Orientation to the research and problem statement
- Methodology

Part 2

- Literature Study

Section B

The research was conducted according to an article format, because the researcher aimed to publish the article in the *Southern African Journal of Social Work and Social Development.* The journal is for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in Africa and in a changing global world.

Section C

- Summary
- Reflection
- Conclusion

- Recommendation

6 SUMMARY

In part 1 of Section A, the introduction to this study was discussed. When children are removed from their parents' care due to neglect, abuse and poor parenting skills, they are placed in alternative care including CYCCs. Social workers are thus obligated by the Children's Act, 38 of 2005 to provide therapeutic services to the children. Play-based activities are the most effective type of therapy; however, how social workers utilise play-based activities at CYCCs is currently unknown. The research methodology appropriate to this study was also discussed in this section as well as the ethical considerations that were taken into account. In part 2 of this section, the relevant literature and its application to this study will be discussed.

PART 2

A LITERATURE REVIEW ON SOCIAL WORKERS' UTILISATION OF PLAY-BASED ACTIVITIES IN CYCCs IN GAUTENG

1. INTRODUCTION

The purpose of a literature review is to establish the theoretical framework for the study, to indicate where it fits into the broader debates and to justify the importance of the study (Fouché & Delport, 2011:109). In Section A part 1, a broad overview of the rationale and problem statement of this study was provided. The research question, aim and research methodology was discussed. In part 2, literature will be reviewed in which play-based activities are discussed. The literature review will also provide an overview of the key concepts including: social workers, play-based activities and child and youth care centres. Some sources older than 5 years were used due to limited research and a lack of recent literature on the topic. The following section is a discussion of the theoretical framework of this study.

2. CHILD AND YOUTH CARE CENTRES

2.1. CYCCs in Gauteng

A CYCC is a provision of the Children's Act which aims to establish a system of specialised alternative childcare programmes with proper standards and governance structures. There are currently 53 CYCCs in Gauteng (Yorke, 2015:1). Four of the 53 CYCCs were included in this study. The CYCCs that were included function differently. One of the CYCCs has group homes within the communities which consist of girls and boys in one house with a houseparent. The other three CYCCs have one property with different homes based on the same property. The homes on the single property of the CYCC are for the same sex, for example boys or girls only. Each social worker is responsible for three or four group homes. The age range of the children living in the community homes is between 7 to 18 years. The social worker has five group homes which she is responsible for.

2.2. Placement of children in CYCCs

A child and youth care centre as a placement option is there for children who cannot live with their own families due to various reasons, to care for them and to improve their interests (Davidson-Arad, Dekel & Wozner, 2004:77). The placement options will now be discussed.

The Children's Court will find a child in need of care and protection if the child (according to section 150 of the Children's Act, 38 of 2005):

a) has been abandoned or orphaned and is without any visible means of support;
b) displays behaviour which cannot be controlled by the parent or care-giver;
c) lives or works on the streets or begs for a living;
d) is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;
e) has been exploited or lives in circumstances that expose the child to exploitation;
f) lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being;
g) may be at risk if returned to the custody of the parent, guardian or care-giver of the child, as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;
h) is in a state of physical or mental neglect; or
i) is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.

The child will then be removed by a designated social worker after an appropriate placement such as a CYCC is found. The reasons why children are placed in CYCCs will now be discussed.

The reasons, according to Craft (2017), are the following: physical abuse, sexual abuse, neglect, medical neglect, abandonment and death of a parent. Children in

CYCCs have experienced trauma due to neglect, abuse and being removed from their parents' care and placed in a CYCC.

The needs of children placed in CYCCs

The basic needs of children in CYCCs do not differ from other children, as all children need food, safety and protection. Children in CYCCs have different needs due to their traumatic experiences (Blaustein & Kinniburgh, 2010:50). Removal of children from their parents because of child neglect, abuse and poor parenting skills, results in trauma and formidable hurdles for children to overcome (Mocke, 2013:24; Ziegler, 1990; Thesen, 2014:1; Agere, Tanga & Kang'ethe, 2017:77). The effects of the abuse, trauma and neglect which children at CYCCs have experienced may result in feelings of rejection, the need to be accepted and to feel adequate and a need for a sense of personal worth (Landreth, Ray, Sweeney, Homeyer & Glover, 2010:69). Since children do not understand the effects of trauma, they may blame themselves for the abuse or neglect they experienced (Yorke, 2016:11). A negative perception of the self is developed and through this self-hatred, children believe that they are unworthy (Yorke, 2016:11).

Developmental needs are physical and cognitive milestones or goals which children need to reach by a certain age (Shelov & Altman, 2009). The effects of neglect, abuse and trauma which children in CYCCs may have experienced could result in a failure to thrive as seen from time to time (Yorke, 2016:14). Failure to thrive can be described as the child's lack of growth and reasonable physical and cognitive development (Yorke, 2016:14).The brains of children are then typically underdeveloped in size which leads to developmental delays such as language inabilities, motor co-ordination, attention and learning difficulties (Yorke, 2016:14). Children's Services (2016) identified the following as criteria indicating therapeutic needs of children in CYCCs: developmental delays; the child not having the ability to cope effectively with stressors or the child being in crisis. The child may demonstrate ongoing emotional problems, aggressive behaviour, difficulty interacting with other children and the child being a victim of abuse or a witness to abuse.

Due to the trauma children in CYCCs have experienced, a CYCC must offer therapeutic programmes designed to address the therapeutic and developmental

needs of the children according to the Children's Act, 38 of 2005. Children in CYCCs need therapeutic interventions such as play-based activities because of the trauma and neglect they have experienced (Hunt, 2009; Kolos, 2009). Therapeutic interventions could be for children with behavioural, psychological or emotional issues or for children who have been abused (Mahery et al., 2011:9). Play-based activities were found to be effective to assist these children (Bratton & Ray, 2000; Bratton, Ray, Rhine & Jones, 2005; Pearl, Thieken, Olafson, Boat, Connelly & Barnes, 2012; Tsai & Ray, 2011).

CYCCs currently do not work according to any specific method (Mahery et al., 2011:31; Brendtro et al., 2002:137; Gutsche, 2015:14). The current ways of working will be explained in the next paragraph.

2.3. Current ways of working with children in CYCCs in Gauteng

Currently, social workers rely on assessments and treatment plans to guide them in their intervention strategies in CYCCs (Mahery et al., 2011:31). CYCCs make use of Individual Development Plans (IDP), where the child's strengths and developmental needs are assessed. This Individual Development Plan is created to obtain information from the assessment of the child and has to be reviewed at least twice a year (every six months). The IDP includes everything that has to do with caring for the child holistically such as feelings, behavior, stress, nutrition, and environment (Sheppard, 2017). The child must be part of creating goals for each developmental area (Carter, 2013:60). The Circle of Courage assessment plan is part of the IDP and focuses on the four needs (belonging, mastery, independence and generosity) that are vital for the foundations of resilience and positive youth development (Steele & Kuban, 2013). The Circle of Courage however does not focus on the therapeutic needs of the children in CYCCs (Boyd-Webb, 2015:149). As a result there are no consistent therapeutic methods of intervention which address the therapeutic needs of children in CYCCs in South Africa (Gutsche, 2015; Mahery et al., 2011; Brendtro et al., 2002). Social workers in CYCCs in Gauteng currently focus on implementing the Individual Development Plans (IDPs) of each child.

Mahery et al., (2011) indicate that in addition to residential care programmes, a CYCC may also offer the following programmes either for children in their care or children living at home:

- Providing appropriate care and development for children with disabilities or illnesses;
- Additional therapeutic and developmental programmes;
- Programmes for treating children with addictions or treating children with psychiatric conditions;
- Transitional programmes to assist children leaving the facility after they reach the age of 18; or any other service that may be prescribed.

Social workers have the responsibility for ensuring that children's' needs in CYCCs are being met through the programmes they offer. Social workers therefore have a huge task to fulfil in CYCCs. The roles of social workers in CYCCs will now be discussed.

2.4. Social workers' role in CYCCs

Social workers have different roles to play in CYCCs; they need to offer therapeutic programmes while offering safety and security. Social workers must assess, develop and implement the individual development plan of the children. This IDP describes what programmes and services the child needs (Mahery et al., 2011:29). However, social workers in CYCCs in Gauteng may not have the time to do all the things the Children's Act requires of them (Ritter, Vakalahi & Kiemanm-Stern, 2009:32; Gutsche, 2015:5). Social workers therefore struggle to find time for implementing therapeutic programmes, because they are implementing the IDPs and have to find ways of coping with heavy workloads and minimal resources (Jacques, 2013:111). Many social workers struggle to meet the demands of the Children's Act (2005) which obligates CYCCs to offer therapeutic programmes to every child. Because of the heavy workloads and a lack of time, social workers in CYCCs in Gauteng make use of external therapists or university students when a child needs intervention, to address its therapeutic needs (Sibanda and Lombard, 2015). The theories underlying play-based activities will now be presented in order to understand how

they can be effective with children at CYCCs and how social workers may utilise play-based activities.

3. THEORETICAL FRAMEWORK

All children have an intrinsic desire to play (Hyder, 2005:5; Plank, 2016). Children who reside in CYCCs have experienced multiple moves in their lives, and most of these children have a history of physical, emotional, sexual abuse or a combination of these as well as neglect. Play-based activities could therefore be beneficial for children in CYCCs (Barton, Gonzalez & Tomlinson, 2012:24; Drewes, 2015:147; Rose & Philpot, 2005:24). Before play-based activities and play therapy is discussed, a history of play has been included. Understanding this history is important to this study, because since the 1700s play has been recognised as essential to children's healthy development (Sturgess in Stagnitti & Cooper, 2009:20). CYCCs focus on this as well. Play may therefore be important to promote healthy development of children in CYCCs, as their development may have been affected or even delayed due to the trauma and neglect experienced by them.

3.1. History of play

In the 1800s children were usually involved in work in the home or with their parent's occupation or even in their own jobs as from the age of 7 years (Sturgess in Stagnitti & Cooper, 2009:20). Thus children had only a few opportunities to play within the existing restrictions of health and physical security since they had to work. This might have resulted in delays in their development, as play contributes directly to development and education (Goldstein, 2012:38). Children in CYCCs, who have experienced trauma, have difficulties with regard to their development (Yorke, 2016:14).

As children in CYCCs struggle to verbalise feelings due to traumatic events, play might assist social workers to help them talk about their feelings. It was not until the early 1900s that play was introduced into a therapeutic setting as a means for children to express themselves (Bratton et al., 2005:377). Both Anna Freud (1928) and Melanie Klein (1992) used play as a substitute for verbalised free association in

their efforts to apply analytical techniques to their work with children. Social workers utilising play-based activities at CYCCs benefit from understanding the work of Klein and Axline. For example, the person-centred approach, the non-directive play therapy approach has been developed largely influenced by Axline (1969; 1971). Utilising the person-centred theoretical foundations, Axline developed a clear and to the point play therapy theory and method. She said “No-one ever knows as much about a human being’s inner world as the individual himself. Responsible freedom grows and develops from inside the person”. Her eight principles of the therapeutic relationship currently inform the work of many play therapists (British Association of Play Therapists, 2014). Social workers in CYCCs in Gauteng can also use the eight principles as a guideline in counselling. Other important pioneers of play therapy are Schaefer (1976, 1986, 1993) and Landreth (1991, 2002) who have advanced Axline’s original work and developed contrary models integrating elements of systemic family therapy, narrative therapy, solution focused therapy and cognitive behavioural therapy (British Association of Play Therapists, 2014). Using play-based activities in CYCCs can thus assist the social workers by getting to the core of the child’s inner world as Axline stated above.

Over the past 60 years, play therapy has become a well-known and popular treatment method (Porter, Reif & Jesse, 2009:1025; Goldstein, 2012:3; Bratton et al., 2005). Children struggle to communicate feelings and therefore play-based activities rooted from play therapy may be helpful in CYCCs. Play therapy is now the most common intervention to use when working with children of all ages (Mullen, 2002:110). The goal of play therapy is that it serves as a developmentally appropriate means of communication for children (Homeyer & Morrison, 2008:212).

Vygotsky in Santer, Griffiths & Goodall (2007:37) also contributed much to understanding the relevance of play, stating that all children’s learning takes place within a social context. He argued that the child’s greatest achievements were possible in play, because a child behaves beyond his average age in play, above his daily behaviour and essentially then the child moves forward through play activity. Children in CYCCs struggle with development, and through play and play-based activities, development can be improved. Play has therefore been beneficial for

children's development for decades and may be especially helpful with children in CYCCs.

Goldstein (2012:3) mentioned that children play, because it is fun. Added to this, he said that one of the many ways in which play is healthy is that it results in positive emotions which may then promote long-term health. Play furthermore develops the brain of a growing child and has the potential to improve many aspects of emotional well-being, such as reducing anxiety, depression, aggression and sleep problems. As mentioned before, these are the typical problems children in CYCCs have due to the traumatic experiences they have been through (Mocke, 2013:24; Ziegler, 1990; Thesen, 2014:1; Agere et al., 2017:77; Yorke, 2016:12; Play Therapy Today, 2017). Play is therefore critically important to all children in the development of their physical, social, mental, emotional and creative skills (Goldstein, 2012:37; Saracho, 2012).

Play

Play is a universal feature of child development and happens in all communities which enjoy safety and security. Play is both the way children express themselves and the means through which they resolve issues (Goldstein, 2012:31; Hyder, 2005:23).

All types of play have a crucial role in children's development. Play is the lens through which children experience their world and the world of others. With supportive adults (social workers in this study), adequate play space and an assortment of play materials, children stand the best chance of becoming healthy, happy, productive members of the society (Goldstein, 2012:5). Goldstein (2012:6) divided the benefits of play into three categories namely emotional-behaviour benefits of play; social benefits of play and physical benefits of play. Play for instance heals emotional pain, increases calmness, resilience and adaptability and grows the ability to deal with surprise and change. It increases empathy, compassion and sharing, creates options and choices and improves nonverbal skills. It also decreases stress, fatigue, injury and depression (Goldstein, 2012:6).

Theories of play

Play is difficult to define, because the definition of play depends on the theoretical framework as well as the context in which play is taking place. For example behaviourists' such as Skinner (1938) defined play as a learned response to a set of stimuli such as toys. Lev Vygotsky (1979), a developmental theorist, defined play as mental representations and symbolic actions (Hyder, 2005:17). Hyder (2005:14) furthermore divides theories of play into five categories:

- Play as a means of ridding the body of surplus energy or as an evolutionary phase;
- Play as a means to understand the social world;
- Play as a means of developing cognitive skills including language;
- Play as means to come to terms with emotional and inner states;
- Formal taxonomies of play.

Theories of play therapy

In play therapy, there are different approaches to work through, namely gestalt therapy, family therapy and the developmental approach which will later be discussed in detail. The developmental approach focuses on human resourcefulness, passion, energy, intelligence, imagination, curiosity and creativity (Gray, 2002:9). It is based on the strengths of individuals groups or communities (Landman & Lombard, 2006:3). Children need to know they are good enough and that they are worthy and full of skills and talents. With the systems theory approach, the play therapist will take the environment into consideration such as the school, the home, the church etc. This developmental approach might be the best to use at CYCCs, since they focus on developing the children.

Play therapy is described as the therapeutic process whereby a professional helps children with behavioural, emotional and traumatic problems and facilitates children's learning of coping skills (Porter et al., 2009). Children could use play as a way to help them reduce anxiety and also to manage negative drives (Porter et al., 2009:1025). In play therapy, children use toys as their words and play as their language (Landreth, 2002). Furthermore, play therapy can be used throughout the life span with individuals, groups and families (Mullen, 2002:110). Play therapy utilises the healing power of play to resolve psychological difficulties in children and young people (Play Therapy Today, 2017).

There are a variety of play therapy approaches namely Child Centred Play Therapy, Cognitive Behavioural Play Therapy, Adlerian Play Therapy and Gestalt Play Therapy. Play therapy furthermore provides a safe, emotional distance from their problems for children and has been proven to be an effective and beneficial therapeutic approach (Play Therapy Today, 2017). Oaklander (2001) and Lee (2014) indicate that play therapy is a mode of intervention that was designed especially to work with young children who do not have the ability to think abstractly. Therefore play mediums are utilised to facilitate a process where they can solve their own problems (Oaklander, 2001; Lee, 2014). Play therapy differs from regular play-based activities, because the social worker empowers the child to systematically address and resolve their own problems. Children can confront what is bothering them in a fun and creative way and can express their thoughts and feelings in a manner best suited to their stage of development (Play Therapy Today, 2017). Through play therapy, the child is given the opportunity to express his or her feelings verbally and non-verbally (Gouws in Blom, 2004:5). Social workers mainly utilise play-based activities through many different ways such as counselling, group activities and gross and fine motor skills.

There is sufficient evidence in literature to suggest that both play therapy and play-based activities, as discussed, can be particularly useful for children in CYCCs (Boyd-Webb, 2015:149). However not all CYCCs are able to provide children with play therapy and play-based activities despite the evidence for its benefits (Drewes, 2015; Hunt, 2009; Kolos, 2009; McMahon, 2012). Social workers in CYCCs also do not always have the time to implement play-based activities.

Benefits of play therapy

The benefits of play therapy are that children can learn to take responsibility for changing their behaviour; feel mastery over their world and develop new and creative solutions to problems (Play Therapy Today, 2017). In a study by Bratton et al. (2005:382) on the efficacy of play therapy with children, it was found that children in residential settings (CYCCs) showed the most benefit from play therapy and also received the highest number of sessions. In a similar study done by Lesniak

(2003:30) on the effectiveness of non-directive play therapy, it appeared that children benefit most from play therapy but using between 30 – 35 sessions.

Play therapy assists children to develop respect and acceptance of themselves and others and safely experience and express a wider range of emotions. Children learn to be empathic to the thoughts and feelings of others, control their anger and manage anxiety. Children realise their ability to resolve trauma reaction, face their fears, employ new social skills and coping strategies and respect limits and boundaries. These outcomes are in line with the benefits that Porter et al. (2009:1025) identified, namely that play therapy might help children to lower their barriers and better express their feelings. It allows them to play out stresses and trauma, achieve control and learn new coping skills, and develop confidence and self-efficacy. Play therapy is considered as appropriate and effective within every cultural and ethnical background, because children play everywhere (Pehrsson & Aguilera, 2007:2). Play therapy has different approaches to work with. These approaches will now be discussed below.

4. PLAY-BASED ACTIVITIES

Play-based activities are built on theories of play and play therapy. Play can therefore be seen as the starting point of play-based activities. Children struggle to verbalise emotions especially in difficult situations, and therefore play can be classified as an appropriate therapeutic mode to help the children express their feelings without verbal communication (Porter et al., 2009:1025). Play-based activities can be described as a result of choices that reflect the child's personal causation, values and interests (Skar & Prellwitz, 2008). Through play-based activities children learn social skills to support their roles as players and later their occupational roles such as being friends. Aziz, Arora, Ali and Asif Ansari (2017) agree and add that play-based activities help children to become more responsible for behaviours, develop more successful strategies and new and creative solutions to problems. There are different types of play-based activities that can be used when working with children, and different activities might work for different problems. Kaduson and Schaefer (2001:3 – 457) divided play-based activities into seven

categories. These are useful for the study as they can help social workers to know what activity to use and when. The seven categories are:

- Storytelling

Children find it difficult to communicate their problems directly to adults. Kaduson and Schaefer (2001:3) argued that children often feel frightened and threatened or might be consciously unaware of what the real problems are. Creating a story for a child is far more beneficial than reading a storybook, because personalised stories capture each child's unique personality and therapeutic needs (Schaefer & Cangelosi, 2016:69). Venter (2006:94) further explains that storytelling can be utilised in a one-on-one situation or in group therapy. Storytelling can include a few variations namely using cartoons; letters; the family book; keeping a diary or journal and compositions and poems. To allow a child placed in a CYCC to tell a story might help the child feel less alone and isolated. The child can identify with a character's similar struggle and can later model the same mastery over challenging or traumatising events and circumstances as the main character in the story (Venter, 2006:94; Schaefer & Cangelosi, 2016:69).

- Art

Art is related to play, as both are imagination-based activities that lend themselves to nonverbal expression of feelings (Shapiro, 2015:24). Art therapy is used to engage the child also in a non-threatening and enjoyable manner, while art is used as a primary mode of communication (Edwards, 2014:3). Art allows the child to express feelings about a particular situation and to practice new reactions and behaviour to threatening situations (Kaduson & Schaefer, 2001:60). Drawing, painting, collages, music and dancing may be used to allow the child to create a picture or symbolic representation of issues, feelings and themes that is part of their environment, as indicated by Kaduson and Schaefer (2001:60) as well as Geldard, Geldard and Foo, (2013). Children in CYCCs seem to like art, as they are able to express their feelings about a specific situation (Venter, 2006:95).

- Game play

A game is an interactional activity of a competitive or cooperative nature involving one or more participants who play by a set of rules (Schaefer & Cangelosi, 2016:207). Games offer a number of therapeutic benefits such as mood enhancement, mastery, socialisation, healthy competition, increased focus and self-discipline and therapeutic alliance. Through this activity, children are offered an opportunity to reveal many truthful and spontaneous emotions, wishes and thoughts by means of acting them out during play and fantasy games. Through the dramatisation of feelings, children can represent themselves or can be spectators, while the social worker plays out a situation. Drama is a powerful medium for children to get rid of intense emotions and relive their distressing circumstances in the safe environment of the play therapy. Different roles can be learned that can help the child to gain control over his or her world, thereby exerting direct influence on the child's problem. It is an activity exceptionally suited to establishing communication and rapport between the social worker and the child that in turn fosters behaviour change and insight development in the child (Kaduson & Schaefer, 2001:171-228). Games that require communication would be helpful for children in CYCCs, as it is designed to enable children to reveal, both known and unknown aspects of self (Shaefer & Cangelosi, 2016:207). Games such as UNO, pick-up-sticks and chess can especially be effective for children in CYCCs.

- Puppet play

Puppet play allows the psychological distancing often needed to create the right amount of safety for the child's self-expression, and it allows the child to use stories and other dramatic events to project their world to the counsellor (Kaduson & Schaefer, 2001:171; Geldard et al., 2013; Schaefer & Cangelosi, 2016:104). Puppets are more vivid, more alive and more interesting than dolls and can be manipulated without much practice (Schaefer & Cangelosi, 2016:104). Children identify with the puppets through the puppet play which enables them to project thoughts, feelings and needs in words which they would not be able to do otherwise. Children also find it much easier to reveal their inner world through the medium of a "third person" namely the puppet (Schaefer & Cangelosi, 2016:104). In CYCC settings, puppets would be especially effective with children who have been abused and neglected (Kolos, 2009:234; Dix, 2013:24; Schaefer & Cangelosi, 2016:104).

- Toy and play object

The use of toy and play object activities are highly indicated for the physical, social, cognitive and emotional development of latency-aged children. Toy and play object activities are powerful ways to help the child identify their feelings, to deal with feelings in a constructive manner and to vent appropriately. The therapist can use toy and play objects in child-centred and in directive or therapist initiated play. These activities are also appropriate for use with individuals and with families. The application of toys and play objects are limitless, and the therapist can use these activities with children who have difficulty managing anger or aggression, expressing feelings and who have attachment issues (Kaduson & Schaefer, 2001:275). For instance, touching soft dolls is helpful for anxious and stressed children, as this produces feelings of pleasure and relaxation (Schaefer & Cangelosi, 2016:11). This would work well with children in CYCCs, as some children are anxious and stressed. Toys invite play and prolong play (Goldstein, 2012:7), and children will play longer when suitable play objects are available. Examples of toy and play object activities include block play such as Lego, therapeutic dolls, toy animals, sand play, modelling clay and toy boxes. All toy and play objects will be effective with children, especially younger children in CYCCs.

- Group play

Group play is a unique and developmentally broad way of reaching clients of all ages who struggle with the loneliness involved with all presenting issues (Haen, 2017:170). It however requires a level of commitment to children and to the process of play beyond what is required in individual play therapy (Geldard et al., 2013:94; Ray, 2011:183). Group play offers an environment where children can experience positive interactions with one another, and provides a social setting which helps the children to learn from their social interactions within the group. It also provides several opportunities for testing the stability of the therapist and for bringing even the most accepting adult to the brink of his endurance. Group play presents the child with an opportunity to express personal strengths and challenges related to self-regard in the presence of other children who will provide feedback, acceptance and support (Ray, 2011:200). Drawings, dancing, music, dramatic play, role play and modelling can be used in group play. Furthermore, group play will work very well in

CYCCs, as social workers have high caseloads and do not always find time to work with children individually (Ritter et al., 2009:32; Gutsche, 2015:5)

- Other activities

The therapist can play a pivotal role during therapy by enhancing the child's verbalisation and problem-solving skills through play activities. These will allow the child to play or act out his or her problem and thereby to come up with solutions to the problems. Other types of activities help the child to have enough distance from his or her own problem to view it objectively and to solve the problem in the context of a play (Kaduson & Schaefer, 2001:395-457). Activities include video play, toy telephones, toy radios, emotion cards and newspaper.

5. THE DIFFERENCE BETWEEN PLAY, PLAY THERAPY AND PLAY-BASED ACTIVITIES

Play has been defined as any activity freely chosen, intrinsically motivated and personally directed (Goldstein, 2012:5). It has no specific goal but to have fun. Play-based activities are characterised by creativity, problem solving, play themes, thoughts and feelings (Ayers & Frede, 2009:6). Play-based activities focus on the concept that play itself is healing and promotes children's, physical, social and emotional development (Goldstein, 2012:27). Play-based activities are thus used in a wide spectrum of interventions such as during assessments, counselling, play therapy and even through learning. Play therapy on the other hand is the therapeutic process of the child with the therapist. Both play therapy and play-based activities are natural activities to engage with children, because all children have an intrinsic desire to play. Play-based activities and play therapy can be implemented repeatedly until the child successfully displays the emotional regulation levels/skills that are sought (Grant, 2016:12).

Play therapy is an interpersonal process whereby a trained therapist helps children with behavioural, emotional and traumatic problems and facilitates children's learning of coping skills (Porter et al., 2009:1025) Play-based activities can also be facilitated by a wide range of people and professionals including caregivers who have obtained the skills and information about play-based activities or on child development or counselling children.

6. SUMMARY

In Section A part 2 a literature study was conducted. The focus of this specific study was on social workers' utilisation of play-based activities in CYCCs. An overview of the literature was provided, and the following concepts were discussed in the context of a play therapeutic approach: child and youth care centres and social workers' role in a CYCC; play-based activities as intervention. In section B, the research findings will be presented in an article format which was written according to the guidelines of the scientific journal *Southern African Journal of Social Work and Social Development.*

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SECTION B

SOCIAL WORKERS' UTILISATION OF PLAY-BASED ACTIVITIES IN CYCCs IN GAUTENG

ABSTRACT

The aim of this study was to explore social workers' utilisation of play-based activities in CYCCs in Gauteng. Children are sometimes removed from their parents' care due to neglect, abuse and poor parenting skills and are then placed in alternative care including CYCCs. Social workers are then obligated by the Children's Act, 38 of 2005, to provide therapeutic services to children placed in CYCCs. Play-based activities may be an effective way of working with children. However, social workers in CYCCs mainly focus on the Circle of Courage which does not address the therapeutic needs of children. Play-based activities have the potential to address therapeutic needs of children in CYCCs but Social workers' utilisation of play-based activities at CYCCs is largely unknown. There are limited studies on play-based activities in CYCCs, and Hunt (2009) and Kolos (2009) suggested that more research is needed on play-based activities. This research study therefore employed a qualitative descriptive design to explore the topic. Semi-structured interviews were used to collect data from each individual social worker at CYCCs in Gauteng. The findings concluded that social workers in CYCCs use play-based activities in counselling and to promote children's development, but they face challenges such as lack of time, high caseloads, lack of funding and lack of training. The significant conclusions of the study were the participants were able to implement play-based activities and were eager to obtain more training despite the adversities experienced.

Key words: social workers, play-based activities, child and youth care centres, play therapy

EXPLORING SOCIAL WORKERS' UTILISATION OF PLAY-BASED ACTIVITIES IN CYCCs IN GAUTENG

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INTRODUCTION

Children are removed from their parents' custody and placed in alternative care including CYCCs due to several reasons namely alcohol and drug abuse, poverty and financial problems, neglect, poor parental ability and physical, sexual or emotional abuse (Craft, 2014; Mocke, 2013). Currently there are approximately 345 registered child and youth care centres (CYCCs) in South Africa, with approximately 21 000 children placed in all CYCCs (UNICEF, 2013). In Gauteng specifically, there are 53 CYCCs, the most in South Africa (Department of Social Development, 2010). It is argued that children living in these CYCCs are mostly in need of care and protection (Thesen, 2014). The article reports on an investigation into play-based activities at CYCCs in Gauteng and tries to answer the research question: How do social workers utilise play-based activities at CYCCs in Gauteng.

The context of CYCCs in South Africa

The Children's Act, 38 of 2005 argues that CYCCs should provide children with a home, food, clothing and care. Being placed in a CYCC causes immense trauma for children (Agere, Tanga and Kang'ethe, 2017; Thesen, 2014; Mocke, 2013; Ziegler, 1990).This includes including being removed from the parents' care, multiple moves to the CYCC and feelings of rejection (Barton, Gonzalez and Tomlinson, 2012; Jackson and Roussouw, 2006; Rose and Philpot, 2005). The result is that children who have experienced trauma show difficulty in multiple domains such as the physiological, motor, emotional, social and cognitive (Gaskill and Perry, 2014; Department of Social Development, 2008). Children in CYCCs in South Africa are offered recreational, developmental and therapeutic programmes which are meant to improve their wellbeing (Children's Act, 38 of 2005). Therapeutic programmes focus on psycho-social support, individual counselling and play therapy (Malatji and Dube, 2015). CYCCs have to offer these programmes as they provide safety and security to the children (Mahery, Jameson and Scott, 2011:31). The therapeutic programmes also

address the children's developmental and other needs. The therapeutic requirements of children in CYCCs may also include the need to be understood, the need to be accepted, the need to feel adequate and a sense of personal worth (Landreth, Ray, Sweeney, Homeyer and Glover, 2010).

CYCCs in Gauteng work according to the developmental approach which focuses on strengthening the individuals, groups or communities and promoting their capacity for growth and development (ISDM, 2006). The methods of intervention utilised by social workers in CYCCs are the Individual Development Plans (IDPs). The IDP is an assessment of the child's strengths and developmental needs, also referred to as the Circle of Courage (belonging, mastery, independence and generosity) (Carter, 2013). The IDP however only focuses on the developmental needs and not the therapeutic needs of children (Gutsche, 2015; Mahery et al., 2011; Brendtro et al., 2002). Literature also indicates that children placed in CYCCs are traumatised and need therapeutic programmes to address their therapeutic and emotional needs (Yorke, 2016; Boyd-Webb, 2015; Landreth et al., 2010).

Children in CYCCs are often traumatised as they may already have had negative experiences in life such as abuse, neglect or abandonment. This causes immense trauma for children (Agere et al., 2017; Thesen, 2014; Mocke, 2013; Ziegler, 1990). Children who have experienced trauma show difficulty in multiple domains such as the physiological, motor, emotional, social and cognitive (Gaskill and Perry, 2014; Department of Social Development, 2008). Therapeutic intervention is required for children who experience difficult feelings that might arose from a traumatic event (Yorke, 2016). The effects of the trauma might cause feelings of rejection, unworthiness and the need to feel accepted (Landreth, et al., 2010). Children in CYCCs struggle with emotional regulation after traumatic incidents and therefore often require counselling (Yorke, 2016; de Bellis, Keshavan, Shifflet, Inyengar, Beers, Hall and Moritz, 2002; Armsworth and Holaday, 1993). Therapeutic programmes including play-based activities could therefore be very important for the psychological development of children and after-care life, since most of the children are going to become fully functional human beings (Boyd-Webb, 2015; Pearl et al., 2012; Tsai and Ray, 2011; Bratton et al., 2005; Children's Act, 38 of 2005; Bratton and Ray, 2000).

Theoretical framework

Definitions of *play* depend on the theoretical perspective of the individual utilising play. There are five main categories of play theories (Hyder 2005:14):

• Play as a means of ridding the body of surplus energy or as an evolutionary phase;
• Play as a means to understand the social world;
• Play as a means of developing cognitive skills including language;
• Play as means of coming to terms with emotional and inner states;
• Formal taxonomies of play.

Skinner (1938) a behaviourist, defines play as a learned response to a set of stimuli such as toys, while Lev Vygotsky (1979), a developmental theorist, defined play as mental representations and symbolic actions. From Winnicot's (1971) perspective, play in itself is viewed as a healing experience through which children can resolve their inner tensions and solve problems. *Play therapy* therefore has developed from the work of Winnicot, Klein and Freud.

Play therapy can be defined as the therapeutic process whereby a professional helps children with behavioural, emotional and traumatic problems and facilitates children's learning of coping skills (Porter, Rief and Jessee, 2009). However *play-based activities* are based on theories of play and play therapy, focusing on play as a means of cognitive development and well as play being a means of healing for children. Play-based activities can be described as a result of activity choices that reflect the child's personal causation, values and interests (Skar and Prellwitz, 2008).

Play-based activities do not follow a specific therapeutic process but focus on the idea of Winnicot (1971) that play is healing in itself and promotes cognitive development based on the developmental theories of Vygotsky (1979). Play-based activities may therefore be beneficial to children in CYCCs in Gauteng, as they may have experienced the trauma of abuse which not only results in emotional trauma but can also result in developmental delays. Furthermore Gaskill and Perry (2014) postulate that "play-based activities may help regulate children and facilitate therapeutic efforts to enhance their relational and cognitive capabilities". The main focus of play-based activities is to "facilitate communication, foster emotional wellness, enhance social relationships and increase personal strengths" (O'Connor, Schaefer and Braverman, 2016).

Play-based activities and children in CYCCs

Children in CYCCs struggle with social skills, but children learn social skills through play-based activities to support their roles as players and later their occupational roles such as friends. Aziz, Arora, Ali and Asif Ansari (2017) agree and add that play-based activities help children to become more responsible for behaviours and develop more successful strategies and new and creative solutions to problems.

Children in CYCCs feel rejected and unworthy due to the trauma they have experienced (Yorke, 2016), but Aziz et al. (2017) further argues that play-based activities help to develop respect and acceptance of self and others. Storytelling for example might help children in CYCCs with feelings of rejection, because telling a story might help the child feel less isolated and alone (Schaefer and Cangelosi, 2016; Venter, 2006). With regard to children's lack of social skills in CYCCs, group play offers an environment where children interact with each other resulting in children learning social skills (Geldard, Geldard and Foo, 2013; Ray, 2011). Play-based activities may further lay the conceptual and experiential foundation for literacy by providing opportunities for children to develop and refine motor and visual skills as well as engage in symbolic thinking (Hanline, 2001). In other words: play-based activities can be used in a wide spectrum of interventions for children in CYCCs namely in assessments, during interactional analysis, through learning, and in play therapy.

Since children residing at CYCCs are also traumatised, children often need counselling and additional psycho-social support (Children's Act, 38 of 2005). The IDP is based on the Circle of Courage which only addresses children's basic needs (Children's Act, 38 of 2005), while, play-based activities may be able to address the therapeutic needs of children in CYCCs in Gauteng (Drewes, 2015; McMahon, 2012; Hunt, 2009; Kolos, 2009). Little is known about social workers' utilisation of play-based activities in Gauteng. Anecdotal evidence from CYCCs websites, informal discussions and play therapy associations in South Africa gives an indication that social workers engage with play-based activities at CYCCs. There are however only limited empirical studies on play-based activities at CYCCs internationally, and no study on social workers utilisation of play-based activities at CYCCs in Gauteng. Literature therefore suggests that more research is required into play-based activities in CYCCs, as it is beneficial for children in these institutions (Hunt, 2009; Kolos, 2009). Thus

the research question was formulated as: How do social workers utilise play-based activities in CYCCs in Gauteng?

METHOD

Sample

A qualitative descriptive design was applied in this study, as the aim was to explore social workers' utilisation of play-based activities among CYCCs in Gauteng. Participants were social workers employed at CYCCs in Gauteng and were identified according to the non-probability technique of purposive sampling (Rubin and Babbie in Strydom and Delport, 2011). Permission was granted from the CYCCs, as they assisted with the recruitment of participants. The following inclusion criteria were met: (1) participants could be male or female; (2) participants must have been employed at a CYCC for a minimum of 6 months in order to ensure enough experience in working at a CYCC; (3) participants must have been English or Afrikaans speaking to avoid language barriers; (4) participants must have been a registered social worker at the SACSSP; (5) participants did not have to have a formal degree in play therapy. Participants were informed about the aim of the research and the researcher's role in conflicts of interest. Sixteen participants volunteered and gave written informed consent to be interviewed and audio recorded.

Procedures

Ethical approval to conduct the research study was obtained from the Ethics Committee of the North-West University. Written permission was obtained from CYCCs which assisted with the recruitment of participants. The informed consent form explained the steps to be followed to ensure confidentiality and privacy (Strydom, 2011). Participants were also informed that they could withdraw from the study at any time (Strydom, 2011).

Data collection

Data was collected from seventeen social workers. Semi-structured interviews were suitable for this study as it is a flexible method of data collection which assisted the researcher in developing and understanding the specific phenomenon (Greeff, 2011). The one-on-one interviews were conducted in a private setting with the necessary facilities, where confidentiality and privacy could be maintained. The semi-structured interviews were guided by the questions outlined in the interview schedule (Greeff, 2011). The questions were based on the literature search as well as pilot-tested on colleagues in the social work field. The

semi-structured questions included: Describe to me how you utilise play-based activities in the CYCC where you are employed; how can the utilisation of play-based activities at this CYCC be enhanced; what are the barriers to utilising play-based activities at this CYCC.

Data analysis

Data were analysed thematically following Braun and Clarke (2013:4). The researcher made written notes during and after the interviews about what had been observed (Shurink, Fouche and DeVos, 2011), and the audio recorded interviews were transcribed and data organised into files and text units. Written notes were also analysed thematically and integrated with the transcribed data.

Trustworthiness

Member checking was used to ensure trustworthiness, which allowed participants to review findings from the data analysis in order to confirm the accuracy of the work (Lietz, Langer and Furman, 2006). Member checking was completed at the end of each interview by reading the notes made by the researcher to confirm what the participant had said. *Credibility* was ensured by prolonged engagement with the data, and the researcher familiarising herself with the data by means of transcriptions. Data was transcribed by the researcher with the help of a co-coder. *Dependability* was ensured by the standard of consistency and a detailed description of data collection and the research process. *Transferability* was ensured by collecting the data in such a way that it could be beneficial to other settings as well. *Confirmability* was ensured by a detailed literature study. The literature was divided into themes and the researcher then divided the questions. The results will be discussed according to themes that arose from the data collection.

RESULTS

The main theme which emerged was that social workers utilised play-based activities in a variety of ways, however they also experienced some barriers when utilising play-based activities in CYCCs. The following themes were identified: (1) utilisation of play-based activities (2) barriers of utilising play-based activities. The subthemes are subsequently defined, described and discussed.

THEME 1	UTILISATION OF PLAY-BASED ACTIVITIES IN CYCCs
Subtheme 1.1:	Play-based activities used in counselling
Subtheme 1.2:	Play-based activities used developmentally
Subtheme 1.3:	Age-appropriateness of play-based activities
THEME 2	BARRIERS OF UTILISING PLAY-BASED ACTIVITIES
Subtheme 2.1:	Lack of time
Subtheme 2.2:	Lack of funding
Subtheme 2.4:	Lack of skills/training

THEME ONE: UTILISATION OF PLAY-BASED ACTIVITIES

The social workers in the study utilised play-based activities to address a variety of issues with children of different age groups. The participants also utilised different types of play-based activities such as storytelling and art and writing when counselling children.

Play-based activities were initially developed for individuals with social, emotional and behavioural difficulties as a vehicle to promote social understanding and expressive language, allowing communication of thoughts and feelings through the symbolic use of toys (Bratton, Rar, Rhine and Jones, 2005; Landreth, 2002). Play-based activities have immediate benefits, for example cardiovascular fitness as well as long-term benefits such as sense of morality (Goldstein, 2012). They are consequently used to engage emotions in a physical way and to generate energy as a healing force. Play-based activities creatively enable the children to express their problems and conflicts (Malchiodi, 2005). The theme will be divided in three subthemes that emerged namely play-based activities used in counselling, play-based activities used to promote development, and the age-appropriateness of play-based activities.

Subtheme one: play-based activities used in counselling

The counselling profession has long recognised play-based activities as a developmentally appropriate model for working with children (Legget and Boswell, 2017). When counselling children, these activities allow the children to use play which is their natural language.

The results indicated that social workers in CYCCs in Gauteng use several play-based activities when counselling children which include art, feeling games, storytelling and writing of letters. Half of the participants utilise play-based activities when counselling children. For example the following participants used art counselling sessions with children:

> "Ek het 'n passie vir kuns. So wat ek doen is ek het weekliks kuns met my huise. Ons praat ook oor kwessies wat hulle pla. Ons praat oor hoe om emosies reg te hanteer en ook konflikhantering…Die probleme wat dit nog kan aanspreek is kinders wat erg getraumatiseerd is omdat hulle deur hul ouers verkrag of mishandel is, kinders wat geseksualiseerd is. Oor sulke probleme praat kinders nie maklik nie, maar deur kuns kan hulle uiting gee aan hulle emosies. En frustrasies... [I have a passion for art. So what I do is, I do art with my houses on a weekly basis. We talk about issues that bother them and also conflict management…The problems it can also address is children who are severely traumatised because they were raped or abuse by their parents, children who are sexualised. Children do not easily talk about these problems, but through art they can give expression to their emotions. And frustrations…]

> "Ek het 'n huis waar die dogters sukkel met konflikhantering. Die dogters het mekaar geklap en gevloek en so. So wat ek spesifiek gedoen het is, hulle moes uitbeeld hoe hulle voel deur middel van verf. So ek het dit toe gebruik dat hulle vir my kan verduidelik hoe hulle voel. So hulle het eintlik die kunswerk verduidelik, maar indirek hoe hulle voel." [I have a girls house who struggles with conflict. The girls slapped each other and swore at each other. So what I did was they had to portray what they feel through painting. So I used art with the girls so that they could explain to me how they feel. They actually explained the art work, but indirectly they explained how they feel.]

Utilising play-based activities such as art during counselling could help a child to express feelings about a specific situation. Play-based activities such as art can consequently be used as a primary mode of communication (Edwards, 2014). Results revealed that participants used art to address several issues such as sexualisation, conflict and to help express emotions. Utilising art with sexually abused children is a powerful way of expressing what they cannot

say (Landreth, 2013). Furthermore play-based activities teach the child to practice new reactions and behaviour to threatening situations (Kaduson and Schaefer, 2001).

Another participant utilised "feelings games" during counselling. "Feelings games" are educational and encourage the caregiver or adult and a child to explore emotions in a fun and active way (Sensational Learners, 2018).

> "Ek het 'n bordspeletjie oor feelings wat ek baie gebruik…Ek gebruik hom met al die kinders. Nou die dag het ek dit met 'n dogtertjie gebruik wat ons vermoed het sy is seksueel gemolesteer. Ek het met haar en klomp klein kindertjies saam gedoen. En as jy nuwe kind opneem, daar is altyd aggressie…"[I have a board game about feelings that I use…I use it with all the children. The other day we suspected that a girl was sexually molested and I used it with her and other little children. And if you do new intakes, there is always aggression…]

"New intakes" refers to children who have recently moved to stay at the CYCC. The participants mentioned that children in CYCCs may experience aggression, especially children who have recently moved to the CYCC. Children may therefore need extra support in understanding, recognizing and expressing aggression in healthy ways. Real-life toys such as a doll family, cars, trucks, animals or store items would be useful for children to express their anger (Landreth, 2013; Kaduson and Schaefer, 2001).

Participants also utilised storytelling in counselling. For example a participant said:

> "I actually really like play-based activities. We usually use stories…especially when we want to teach them (children) something – that there is certain behaviour that is not acceptable for them"

Another participant used storytelling with a boy and found it effective. In the quote below she describes how she utilised storytelling and said the following:

> "Ek het 'n soortgelyke storie vertel en hom gevra om die storie verder te vertel en dan het ek ook gebruik gemaak van emosiekaarte. Dan het ons twee prentjies geteken. Een huisie was die skool en een die kinderhuis waar hy bly. Toe het ek bietjie sy emosies by die skool en kinderhuis geeksploreer."[I told a similar story and asked him to finish the story and then I also made use of

> emotion cards. We drew two pictures. One house was the school and one was the children's home where he lives. So I explored his emotions a bit at the school and at the children's home.]

The social worker told a similar story of the boy's problem and asked the boy to finish the story. By telling a similar story, the social worker helped the child to verbalise his inner conflicts or issues he was experiencing (Brandell, 2016). Children tell stories through whatever media they have at hand, and in the above comment the child and social worker used storytelling as an activity to explore his emotions (Jennings, 2017). A story can work as an "admission ticket" into the child's inner world (Sunderland, 2000). Telling a story speaks to the child with empathy and precision about the emotional issue or problem with which the child is struggling. The child and social worker drew pictures as well exploring his feelings at school and at the CYCC. Emotion cards, which is a set of cards depicting different emotions, was utilised to explore the child's feelings. By using emotion cards with toddlers, the emotion cards can serve as a communication method. The child can easily identify his/her feelings with the feelings depicted on the emotion cards. Using emotion cards during counselling can help children identify what they are feeling when they struggle to identify their emotions or clarify what they are feeling (Dye, 2017). Emotion cards may therefore help them to communicate what they are feeling. In addition to telling stories, another play-based activity which a social worker utilised in counselling a child, was letter writing. In this comment below, the participant explains how she used letter writing in grief counselling with the child at a CYCC:

> "Ons het 'n briefie geskryf en balloon opgestuur. Pappa is oorlede. Baie lank terug. Sy sukkel daarmee. Ons het 'n collage gemaak" [We wrote a letter and sent a balloon up in the air. Daddy is deceased, long time ago. She struggles with it. We made a collage.]

Letter writing can therefore be used as a play-based activity to help children express their feelings (Pomeroy and Garcia, 2012). Writing a letter could help children in CYCCs to put into words what they are feeling (Goldman, 2001). When children are writing, they are also learning. Thus writing is a way of healing (Atkinson, 2012). Collages on the other hand give children the opportunity to express strong emotions about distressful events such as death or a significant loss of a caregiver (Blom, 2006).

Play-based activities are therefore ideal to use with counselling children in CYCCs, as they give children the opportunity to work on issues that are causing distress such as grief. By utilising such activities in counselling, social workers may be able to help children release emotions through action, use creative thinking to solve problems, learn about themselves and gain clarity regarding their lives, feelings and abilities (Pehrsson and Aguilera, 2007). A play-based activity is also a fun way to work with children, as it makes children feel comfortable and it is safe (Goldstein, 2012; Kernan, 2007). Even though play-based activities support children in addressing their thoughts, feelings, emotions and behaviours, literature indicates that long term play therapy may be useful and is the most common method used (Mullen, 2002). In addition some children's trauma at CYCCs may also require more intensive interventions than play-based activities or play therapy. Peabody and Demanchick (2016) advise that professionals using play as a form of treatment should also collaborate with other professionals.

Despite participants' opinion that play-based activities are needed in CYCCs, the participants did not utilise it often with individual children. However play-based activities were utilised in groups by participants mainly because more children are reached through group activities. The participants did not only utilise play-based activities in counselling, but also in groups to promote development.

Subtheme two: play-based activities used to promote development

Play is essential to development, because it contributes to the cognitive, physical, social and emotional well-being of children (Goldstein, 2012; Jansen, 2012; Kernan, 2007). Play also leads to maturation in several developmental areas such as motor skills (Nykiforuk and Hewes, 2016; Brems, 2002). Many of the participants use play-based activities to promote the children's development such as their gross motor skills. One participant stated:

> "Playing soccer I will ask them who can run in a straight line while kicking the ball. It helps with coordination, because they struggle with that."

Another participant used play-based activities to promote cognitive development:

> "I also like building blocks with shapes…I will ask the child to help me clean and I will purposefully put some blocks there that they have to put back in. I want to see if they can pick up or see that the triangle shape should go in the triangle opening".

The participants' comments confirms Goldstein's work (2012) who explains that the physical benefits of play include the increasing range of motion, agility, coordination, balance, flexibility and fine and gross motor exploration. Fine and gross motor activities are focused on developing the child so that by the time he/she exits the CYCC, he/she is ready for life outside (Children's Act, 38 of 2005). Children do not only learn fine and gross motor skills mentioned above through playing, but they also have the opportunity to apply skills in a meaningful and nonthreatening manner (Nykiforuk and Hewes, 2016; Brems, 2002). Play-based activities help the children to resolve issues through promoting their development. For example, according to (Goldstein, 2012), play may enhance the progress of early development from 33% to 67% by increasing adjustment, improving language and reducing social and emotional problems. In order to promote children's development, the majority of the social workers utilise play-based activities in groups and not on an individual basis. Eight of the participants said that groups are their priority, as three of the social workers explained:

> "…want dit is groepsgeoriënteerd. Groepe kom eerste…ek dink dit is baie kinders en daar is nie tyd om individueel by elkeen uit te kom nie. Die idee agter dit is om ontwikkelingsgerig te werk" [Because we work group oriented. Groups are priority…I think there is too much children and there isn't time to reach each child individually…The idea is to work developmentally.]

> "ons fokus maar op ontwikkeling en ons doen groepsaktiwiteite." [we focus on development and we do group activities.]

> "ons benadering is ontwikkelingsgerig, waar die fokus is om te werk in groepe" [our approach is development based, where the focus is to work in groups.]

Working in groups is usually aimed at prevention or development (Haen and Aronson, 2016). Working in groups for example helps the children to develop social skills, determination and

self-esteem. Eight of the participants in this study used groups to promote development, as groups are a creative and resourceful way to address the needs of many children. Working on children's development is important because the trauma children have been through may have resulted in cognitive and developmental delays.
Another subtheme mentioned by participants was the age-appropriateness of play-based activities.

Subtheme three: Age-appropriateness of play-based activities

Play-based activities are suitable for children of all ages (Gaskill and Perry, 2014). This was confirmed by the participants in this study. However the participants perceived that play-based activities could be especially useful with 6 – 12 year old children. When asked with whom play-based activities can be utilised within their specific CYCC, the participants' stated:

> "Ons gebruik dit met baie klein kinders, kleuters, om anger uit te kry en developmental stuff". [We use it with little ones, toddlers, to get the anger out and developmental stuff.]

> "Okay so speel voel ek is 'n ding wat jy met kleiner kinders kan doen. Ons kinders is tieners." [Okay so play is a thing I feel you can only do with smaller children. Our children are teenagers.]

In the two quotes, the participants mentioned that play-based activities are used with young children and toddlers. Three of the participants believed that adolescents are especially resistant to any therapy, particularly play-based activities. The participants said that the adolescents do not want to participate in play-based activities and think it is "stupid" to do play-based activities. The findings are consistent with Gallo-Lopez and Schaefer (2005) who stated that social workers do not think about playing with adolescents, assuming they are too old to engage. Playing is furthermore not 'cool' for adolescents, unless it is done on their terms (Gallo-Lopez and Schaefer, 2005). The findings of the current study indicate that social workers utilised play-based activities mainly with younger children and were uncertain about using play-based activities with adolescents. The participants may thus be reluctant to utilise play-based activities with adolescents. Despite the fact that most of the participants were

hesitant to utilise play-based activities with adolescents, it was interesting that one social worker thought that play-based activities would work well with adolescents:

> "Jy kan definitief kuns gebruik. Ons kinders hou van drama, sang, dans om hulself te express. Sal goed wees. Veral met tieners. Hulle kanhulself so uitdruk." [You can definitely use art. Our children like drama, singing and dancing to express themselves. It would be great. Especially with adolescents. They can express themselves.]

The participant mentioned that children, particularly adolescents in CYCCs, like using drama, singing and dancing to express themselves. Literature shows that music has been a powerful tool for celebration, mourning, learning and healing (Haen and Aronson, 2016). As adolescents in CYCCs specifically like listening to music, the music might help the social workers understand the issues relevant to the adolescent without having to ask questions (Gallo-Lopez and Schaefer, 2012). For example if the adolescent is listening to sad music, it may indicate to the social worker that the adolescent is struggling with feelings of depression or rejection.

Play-based activities as interventions have expanded to include adolescents, young adults and even geriatric populations (O'Connor, et al., 2016). A participant even suggested that these activities could be utilised with caregivers such as house parents. There is a developing interest in the use of play-based activities with adults (Landreth, 2002). Through play, the adult has a conversation with self that is a very personal experience, because direct involvement is called for. The implication is that play-based activities could be used with any age at a CYCC (Gaskill and Perry, 2014). However the findings of the current study indicate that participants are utilising play-based activities mainly with young children and rarely with adolescents. The implications are that adolescents at CYCCs will not benefit from engaging with play-based activities if social workers at CYCCs perceive that only young children may benefit from play-based activities.

CYCCs' main approach is to promote children's development, but according to the participants, promoting children's development does not always address children's need for therapeutic services. Utilising play-based activities in individual counselling would work better to address therapeutic needs (Pearl et al., 2012; Tsai & Ray, 2011; Bratton, Ray, Rhine and Jones, 2005; Bratton & Ray, 2000). A mind shift from promoting children's development

to play-based activities and play therapy is thus necessary. A study by Tarraoja, Catipon, Dey and Garcia (2013) revealed that play therapists experience many barriers when doing their work. Challenges include personal and client barriers and play therapy process issues. Social workers in CYCCs experience similar obstacles with regard to utilising play-based activities. Further subthemes emerged regarding barriers to utilising play-based activities in CYCCs.

THEME 2: BARRIERS OF UTILISING PLAY-BASED ACTIVITIES

Social workers in CYCCs face immense barriers such as a shortage of funds and resources and a lack of time due to high caseloads (Sibanda and Lombard, 2015). Despite the scarcity of social workers and the large number of children placed in CYCCs, social workers are still required to provide therapeutic programmes for children placed in CYCCs. Three subthemes emerged in this specific study as barriers to utilising play-based activities in CYCCs. These were: a lack of time, a lack of funding and a lack of skills/training. Each subtheme is discussed below.

Subtheme one: lack of time

Social workers in CYCCs have high caseloads and do not have the time to implement play-based activities which have therapeutic benefits for children placed at CYCCs (Gutsche, 2015; Ritter, Vakalahi, and Kierman-Stern, 2009). High caseloads inhibit social workers from rendering effective and intense services (Lerwick, 2003). Due to the high caseloads, social workers only have time to deal with a crisis some of the time. According to all of the participants, it is difficult to implement play-based activities due to high caseloads and a lack of time, as reflected in the data:

> "Die pas by die kinderhuis is baie vinnig so daar is nie altyd tyd om met 'n kind terapeuties te werk nie…Ek dink daar moet meer tyd geskep word. Dis 'n massiewe behoefte maar die pas hier is verskriklik vinnig." [The pace at the children's home is very quick so there is not always time to work with a child therapeutically…I think more time should be created, it is a massive need here but the pace is very quick.]

> "Ek dink ons caseload moet minder raak dat ons meer tyd het om met ons kinders te werk. Daar is letterlik nie tyd nie." [I think our caseload

should be less so that we have more time to work with the children. There is literally no time.]

In a fast paced environment with high caseloads, utilising play-based activities can be challenging for social workers, as they may need to slow down and find the time, in particular when individual counselling is needed (Gutsche, 2015; Ritter et al, 2009). Often children need to be referred to psychologists (clinical and educational) or masters' students and social workers who are specialised in play therapy; however external referrals create difficulties such as funding.

Subtheme two: a lack of funding

The shortage of funding for programmes continues to overwhelm social workers (Sewpaul and Holscher, 2007; Bak, 2004). The participants said that funding was an issue which prevented them from utilising play-based activities. Participants commented that the resources are not enough at the CYCC:

> "En ons het nie altyd die hulpbronne in die organisasie nie en nie eers geld vir social workers om te gaan nie. Benadeel eintlik die kinders deur nie die praktiese ondervinding te he nie". [And we do not always have the resources in the organisation and not even money to send social workers (for training). It is to the children's disadvantage that we do not have practical experience.]

> "Ek dink die organisasies sal verseker al ons gestuur het maar ons finansiële situasie is nie so great nie en die subsidies wat nie inkom nie en ons het 'n massive drop in donasies ervaar die laaste paar jaar".[I think the organisation would have sent us (for training) but our financial situation is not great. Subsidies don't come in and we had a massive drop in donations the past few years.]

> "ek dink prakties gewys sal ek se fondse. Ek dink nie ons het die. Ons het speelgoed, maar as jy ordentlike sand tray wil hê met miniatures sal jy dit selfmoet koop" [practically speaking, I would say funding. We don't have

> enough funds. We have toys, but if you want a proper sand tray and miniatures, you have to buy it yourself]

This participant felt that the lack of funding is failing children in CYCCs in Gauteng. It is in contrast with what the Children's Act expects from social workers namely to act in the best interest of the child. The Department of Social Development in South Africa is not able to provide funding for programmes such as training for play-based activities and play therapy (Sewpaul and Holscher, 2007; Bak, 2004).

Despite the fact that social workers in CYCCs in Gauteng feel that they do not have practical experience in play-based activities, such activities may the most successful means of engaging a child in a CYCC and helping the child work through many issues (Boyd-Webb, 2015). Implementing these activities can however be expensive (Landreth, 2011). A lack of funds and resources may therefore also prevent social workers from utilising play-based activities at CYCCs in Gauteng. Social workers in CYCCs are therefore obligated to use the resources available (Tarraoja et al., 2013). Funding shortages contribute to the insufficiency of play-based activities, as the CYCCs may not have the necessary equipment or materials. For example the one participant said that a playroom is required in order to engage in play-based activities effectively at a CYCC. The participant stated.

> "Ek het 'n groot behoefte om 'n kamer te he. 'n Spelkamer." [I have a big need for a room. A play room.]

Also seen in the verbatim quote, which is of more importance than the mere fact that funding is a problem: is that the participant had a desire to provide the best service to the children at CYCCs. A play room which is soundproof and set up specifically for the use of media and for play-based activities is ideal and effective to work with children (Geldard et al., 2013). It is specifically equipped with toys that will encourage the safe expression of feelings and also support the development of healthier behaviour (Eugster, 2007). A playroom is furthermore viewed as a protected space (O'Connor et al., 2016). Unlike an office, a child comes into a playroom and will declare that he/she is free in this room. It should also present a warm and comfortable feeling to the children.

A playroom would thus be more convenient and beneficial for the child, as it would make the child feel safer, but social workers in CYCCs stated that they do not have play rooms

because there is no funding to create them. However the barrier is not about the playroom, but about the intensity of the desire of the participant to be able to work efficiently. A lack of funding furthermore contributes to the lack of skills/training of social workers in CYCCs in Gauteng.

Subtheme three: lack of skills/training

Some participants suggested that undergraduate studies for social workers at CYCCs are inadequate, and that specialised knowledge is required because of children's complex traumas. Training must also be according to the South African context, because South African children may have other issues. The following comment reflects the participants' views that undergraduate studies do not prepare social workers for utilising play-based activities for working with children at CYCCs.

> "Undergraduate is insufficient. If you are going to work intensively at a CYCC… undergrad at a CYCC with children with such rich trauma is insufficient… we need to have studied further for CYCC because undergrad is insufficient".

In addition participants also stated that further training is required in order to work at a CYCC:

> "dit sal amazing wees as ons training kan ontvang. Dis anders as op universiteit". [it would be amazing if we can receive training. It is different than university.]

> "nie almal het altyd die kennis om play-based activities te gebruik nie…het nie kennis in dit nie en is nie opgelei om dit te gebruik nie."
> [Not everyone have the knowledge to utilise play-based activities...do not have the knowledge on it and is not trained to utilise it.]

The participants' quotes confirm the results of a recent study in which social workers revealed that traumatised children in care require specialised training, and a lack of training prevents social workers from working with the children (Gutsche, 2015). Some of the participants in the study were of the opinion that they do not have the self-confidence to use

play-based activities. The participants in the current study believed that they do not have the knowledge and skills to introduce play-based activities to the children, especially adolescents. Participants in this study then do not utilise play-based activities with adolescents and rather refer adolescents to external therapists. The results of the study correlate with research in which the participants were of the opinion that a lack of training and knowledge are barriers that social workers face (Tarraoja et al., 2013). Of special significance was the mention by a social worker from one CYCC that their management do not know what play-based activities are:

> "ouens wat nie weet hoe werk spelgebaseerde aktiwiteite nie. Nie almal weet hoe dit werk nie...As jy 'n presentation kan gee en sê dis hoe dit werk en almal koop in. Dan kan jy bemark…Jy kan nie bemark as jou bestuur nie op dieselfde bladsy is nie. Dan as jy bemark het, kan jy 'n lokaal uitverf en kindervriendelik maak. /[people do not know how play-based activities work. Not everyone knows how it works…If you can do a presentation and say this is how it works and everyone buy in. You cannot advertise it (play-based activities) when your management isn't on the same page. Then you can advertise it…Get a proper play room and make it child friendly.]

As this participant mentioned, management of the CYCCs do not know how play-based activities work, but if management supports play-based activities, social workers at CYCCs may be able to utilise play-based activities more often at CYCCs. Thus, confusion is caused due to the lack of both management and social workers' training (Nhedzi and Makofane, 2015). The implications are that if management of CYCCs become aware of the benefits of play-based activities they may provide social workers with the funding for training and play-based materials.

DISCUSSION

The aim of this study was to explore social workers' utilisation of play-based activities at CYCCs in Gauteng. The research question has been answered after the study has been completed, and findings reflect social workers' utilisation of play-based activities in CYCCs in Gauteng. The results of the study are consistent with literature which indicates that social

workers utilise play-based activities but do not always find the time (Gutsche, 2015; Ritter et al, 2009; Lerwick, 2003).

The results provide empirical evidence that social workers at CYCCs regularly utilise play-based activities when counselling children as well as to promote children's development. In other words: when the social workers utilised play-based activities, they believe children's fine and gross motor skills are promoted. The results confirm the research by Goldstein (2012) who stated that play is crucial in children's development. The findings are significant because it provides an indication that social workers at CYCCs in Gauteng are aware that play-based activities are beneficial for children at CYCCs. The implications are that social workers may therefore be able to advocate for more funding for training as well as request lower caseloads in order to set aside more time for play-based activities. In addition the participants stated that play-based activities are needed both with younger and older children.

The participants mentioned that there is a variety of play-based activities which may be effective and can be used with all ages of children but especially younger ones. This includes: art, storytelling, board games and sports such as soccer. The results correlate with literature by Haen (2017), Gaskill and Perry (2014) and Mullen (2002) who believe that play-based activities could be suitable for all ages. However the results indicated that adolescents are reluctant to engage in therapeutic interventions, especially play-based activities or play therapy. Previous research does indicate that play-based activities can be used with all ages, where the findings of the study indicated that it is only being utilised with younger children. Social workers should be made aware that play-based activities can be utilised with all ages so that both toddlers and adolescents can benefit from play-based activities.

Play-based activities most utilised by the participants' are storytelling and art. But activities less used are game play, toy and object play. Secondly, although time, funding and training may be insufficient, social workers are resourceful with the art materials and play mediums they have by making collages, doing art and telling stories. Social workers work with children in a group context in order to support every member. But individual counselling is preferred, although a lack of time and training are constraints. The results are similar to Ritter et al. (2009) who stated that social workers in CYCCs have high caseloads and do not have the time to implement play-based activities which have therapeutic benefits for children placed in CYCCs. The results revealed the creativity and dedication of social workers at

CYCCs, as they were still eager to give their best to meet the needs of children and young people despite the adversities of working at a CYCC.

The findings indicate that participants perceived play-based activities to be effective with traumatised children and to promote children's development. The social work participants at CYCCs in Gauteng indicated that play-based activities may address several problems such as sexual behaviour, difficult behaviour, low self-esteem, once off incidents/crises, emotions, conflict, anger, trauma, relationships, bullying, boundaries, coping skills, anxiety. Play-based activities can facilitate with emotional intelligence of children, and help them to verbalise their emotions (Porter et al., 2009). It thus appears that play-based activities may have therapeutic benefits as well as helping children to work through emotional difficulties. However research indicates that children who are traumatised may require more specialised therapeutic intervention such as counselling (Yorke, 2016; Agere, 2014). The findings are similar to research by Sibanda and Lombard (2015), Gutsche (2015), Ritter et al. (2009) and Lerwick (2003) who indicated that there is not always time to implement play-based activities.

Play-based activities can be used individually, but participants said they do not always have time, so most use it in groups. The social workers are thus being creative and resourceful by using groups which could be a good way of addressing barriers such as a lack of time. Despite multiple challenges found in literature as well as in the findings of this study such as a lack of time, funding, perspectives with regard to play-based activities and lack of skills/training, participants expressed a definitive need for play-based activities at CYCCs in Gauteng. The new information that the study revealed is that regardless of the lack of time and funding for training in play-based activities, the participants are utilising play-based activities because they are aware of its benefits and believe that it can be effective with children at CYCCs. The implications of the barriers social workers experienced in utilising play-based activities are that social workers do not always find time to utilise play-based activities with children in CYCCs. Even though literature suggests more utilisation of play-based activities in CYCCs, social workers are hampered by the lack of training, funding and high caseloads. This may in turn have negative consequences for children at CYCCs because play-based activities have the potential to address their therapeutic and developmental needs (Hunt, 2009 and Kolos, 2009).

RECOMMENDATIONS

This research adds to the small number of qualitative studies aimed at understanding social workers' utilisation of play-based activities at CYCCs in Gauteng. Children in CYCCs are traumatised and hence have a need for play-based activities. The activities should be used more often when counselling children at CYCCs. Social workers at CYCCs should have additional training and workshops on play-based activities and play therapy. Utilising play-based activities in groups may also address the needs of greater numbers of children. Social workers also need more support relating to administration and their high caseloads so that they can focus on the children. Demonstrating how play-based activities can be used in CYCCs should be presented as well as the benefits of their usage. CYCCs should realise the benefits of play-based activities and use them therapeutically, not only to address the developmental needs to children (Tarraoja et al., 2013). The results correlate with literature that a lack of knowledge presents barriers to the use of play-based activities. Management specifically do not know much about play-based activities which results in confusion (Nhedz and Makofane, 2015).

FUTURE RESEARCH

This study aimed to explore social workers' utilisation of play-based activities in CYCCs in Gauteng. Future researchers may need to explore the utilisation of play-based activities with adolescents, as the results showed that social workers are unsure how to implement play-based activities with them. Future researchers should also explore the utilisation of play-based activities in groups, as this study indicated that CYCCs work mostly in groups. Using groups could eliminate time constraints as was mentioned in this study. Furthermore, future researchers may also develop presentations on play-based activities to make CYCCs (especially the management and multi-disciplinary teams) aware of what play-based activities are, how they can be utilised and with whom. The research study only focused on CYCCs in Gauteng and future researchers may want to explore play-based activities in CYCCs in other provinces of South Africa. Lastly the utilisation of play-based activities with care givers may also be explored in future research.

CONCLUSIONS

The qualitative study aimed to explore social workers' utilisation of play-based activities at CYCCs in Gauteng. The data revealed that social workers utilise play-based activities despite experiencing multiple difficulties such as a lack of time, a lack of funding and a lack of skills/training. The social workers however still perceived play-based activities as a useful intervention although they felt that they do not have sufficient knowledge about it. The results are important because it provides new information that social workers at CYCCs in Gauteng, are creative in addressing challenges they experience and are eager to obtain additional training. The results revealed that play-based activities can be used to address a wide range of issues with children at CYCCs. However social workers should keep in mind that play-based activities cannot solve all the problems of children in CYCCs. For example, long term play therapy might be necessary for some children in CYCCs in Gauteng (Mullen, 2002; Agere, 2014). Social workers can utilise play-based activities in counselling, in groups and even as a way of teaching children new behaviour. Further research is needed however to explore the utilisation of play-based activities with adolescents and play-based activities in groups. Awareness about these activities is of cardinal importance to both social workers at CYCCs as well as management at CYCCs.

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SECTION C
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

In this section, an overview of the study will be provided, and conclusions and recommendations will be given. In Section A the researcher provided an orientation to the study. The aim was discussed, as well as the theoretical framework and applicable research methodology. A literature review was conducted with specific focus on the following concepts: social workers, play-based activities and child and youth care centres. In section B, the findings of the study were discussed in an article format. The researcher will now determine whether the research question has been answered, based on the findings of this study.

2. SUMMARY OF THE RESEARCH PROBLEM AND ACHIEVEMENT OF THE AIM

According to (UNICEF, 2013), children are globally abused, neglected and abandoned and they end up being removed from their parents' care and placed in child and youth care centres (CYCCs). There are 21 000 children staying in 345 registered CYCCs in South Africa (UNICEF, 2013). This causes immense hurdles for children to overcome such as feelings of rejection because of their removal from their parents care (Mocke, 2013:24; Ziegler, 1990; Thesen, 2014:1; Agere, Tanga & Kang'ethe, 2017:77). The purpose of CYCCs is not only to offer security and safety but also therapeutic intervention to address children's developmental and emotional needs (Mahery et al., 2011:31).

Children in CYCCs may have been removed from their parents' care to due several reasons. The removal causes immense trauma (Mocke, 2013:24; Ziegler, 1990; Thesen, 2014:1; Agere, et al., 2017:77). Trauma has an enormous impact on children which creates a need for therapeutic intervention (Yorke, 2016:11). The consequences of traumatic experiences are that children regress in their behaviour. They develop difficult feelings due to the trauma and require counselling. CYCCs therefore have the responsibility to provide therapeutic interventions. Trauma also leads to developmental delays such as language abilities, motor co-ordination and

decision-making (Yorke, 2016:14). Children in CYCCs therefore have developmental needs that need to be addressed through interventions to promote their development. The Circle of Courage serves as a nurturing framework for guiding a child away from isolation and despair into a community of love and care (Brendtro, Brokenleg and Van Brockern, 2002:137). Social workers in CYCCs develop and implement the Individual Development Plan (IDP) based on the Circle of Courage. The IDP utilises a developmental approach to social welfare and is revised at least every six months.

It is clear that there are no consistent therapeutic methods of intervention with children in CYCCs in Gauteng. Social workers focus on the developmental approach (Mahery et al., 2011:31; Brendtro et al., 2002:137; Gutsche, 2015:14). The Circle of Courage however only addresses the belonging and mastery needs of children placed in CYCCs and not the therapeutic needs such as trauma or neglect and abuse. Play-based activities can address a variety of problematic issues that are found in CYCCs such as anxiety, aggression, depression and emotions (Mahery et al., 2011:9).

Children in CYCCs struggle with the ability to communicate and to express their emotions. They lack social skills and often struggle with low self-esteem. Despite the efficacy of play-based activities, social workers in this study find it difficult to utilise interventions like play-based activities which could be effective in helping to overcome the above challenges.

There is sufficient evidence in literature to suggest that play-based activities can be particularly useful for children in CYCCs (Boyd-Webb, 2015:149). However, little is known about the implementation of play-based activities at CYCCs or social workers' utilisation of play-based activities in them, and not all CYCCs are able to provide children with play-based activities. Literature is thus rather limited on play-based activities in CYCCs, and Kolos (2009) and Hunt (2009) recommend that more research is required on play-based activities in CYCCs, given their benefits for children who have been removed from parents' care and placed in these institutions. Therefore the focus of this research was on the utilisation of play-based activities by social workers in CYCCs in Gauteng. The aim of the study was to explore and

describe how social workers' utilise play-based activities in CYCCs in Gauteng through use of a qualitative descriptive design.

The following research question was formulated: how do social workers utilise play-based activities in CYCCs in Gauteng?

The research question has been answered after completion of the study, and findings reflect how social workers utilise play-based activities. Responses from the participants are reflected in the following themes identified during data analysis: utilisation of play-based activities in CYCCs in Gauteng and barriers to utilising play-based activities.

The first theme included three subthemes namely: play-based activities used in counselling; play-based activities used to promote development and categories of children who could benefit from play-based activities. Social workers in CYCCs used different types of play-based activities when counselling children and when they promoted the children's development. Activities such as art, writing, storytelling, drawing, emotion cards and collages are used within counselling. When social workers promote the development of children, they mainly use sports such as soccer. Play-based activities were used individually as well as in groups. Social workers utilise these play-based activities with any age, but especially younger children. Within the second theme, three subthemes arose including: a lack of time; a lack of funding; a lack of skills/training. Social workers do not always find time to work individually with children as they have high caseloads. They also do not have the equipment or tools to utilise play-based activities. Social workers also felt that additional training is needed to utilise play-based activities. Despite the lack of time, funding and additional training the participants were still able to utilise play-based activities and believed it was effective.

In the next section, the overview of the research methodology is provided.

3. SUMMARY OF THE RESEARCH METHODOLOGY

The aim of this qualitative descriptive study was achieved by undertaking a literature review (Section A, Part 2). This enabled the researcher to gain a broad overview on which to build a theoretical framework. Existing literature was used to provide a detailed discussion on social workers' utilisation of play-based activities in CYCCs in Gauteng.

The study was guided by play therapy which argues that children struggle to verbalise themselves, especially in difficult situations, and therefore play can be classified as an appropriate therapeutic mode to help the child express their feelings without verbal communication (Porter, Reif and Jessee, 2009:1025). Qualitative data were collected from participants who were identified through non-probability sampling.

The data were obtained by conducting semi-structured interviews with sixteen participants who fitted the inclusion criteria. The semi-structured interviews were audio-recorded with the informed consent of participants and were guided by a schedule. The researcher made notes during the interviews, and data were obtained until data saturation was reached. After the data were collected, the interviews were transcribed and themes were identified. A co-coder was appointed to assist with the coding of the data. The co-coder signed a confidentiality agreement, and the ethical guidelines were followed throughout the process. The researcher also made use of member checking during the semi-structured interviews to ensure that the information that was shared by participants was the same as that documented by the researcher. Data was then analysed into two themes namely: utilisation of play-based activities in CYCCs in Gauteng and barriers of utilising play-based activities. The findings of the data analysis were compared with the results of the literature study.

4. CONCLUSIONS

The aim of this study was to explore how social workers utilise play-based activities in CYCCs in Gauteng. The data obtained from participants indicated that the

utilisation of play-based activities is needed, and it can be categorised into two themes namely: utilisation of play-based activities in CYCCs in Gauteng and barriers of utilising play-based activities.

The findings of this study showed that social workers mainly employ play-based activities when doing counselling with children. Using these activities in counselling enables social workers to help children to release emotions through action and to solve problems. The children also learn more about themselves and get clarity on their lives, feelings and abilities (Pehrsson & Aguilera, 2007). The main aim of play-based activities is to facilitate communication (O'Connor, Schaefer & Braverman, 2016:38).

Utilising play-based activities while counselling could help the child to communicate with others, learn about roles and social skills, feel connected to others and explore relationships with others (Brems, 2002). Specific play-based activities that are being utilised by the social workers in this study were art, storytelling and board games. According to the social workers, play-based activities were useful with the children in CYCCs in specific contexts such as with expressing emotions and conflict situations. The participants felt that play-based activities are needed in order to address the therapeutic and developmental needs of children and young people. Furthermore, participants utilised play-based activities to promote children's development. In this study, participants felt that play-based activities help with agility, coordination, balance, flexibility and fine and gross motor exploration. Social workers especially used sports such as soccer without the children being aware that they are working on their development.

The participants also stated that the play-based activities are more useful when employed individually with children rather than in groups. However social workers mainly worked with groups due to a lack of time when doing play-based activities to promote development. The findings of this study further indicated that play-based activities would be suitable for all ages, but especially younger children and toddlers. The participants felt that it is challenging to use play-based activities with adolescents, as social workers usually think that adolescents are too old to play with (Gallo-Lopez & Schaefer, 2005).

The results also revealed that social workers experience barriers when utilising play-based activities including a lack of time, a lack of funding and a lack of skills/training. Social workers generally have high caseloads which makes it difficult to render therapeutic services to children (Lerwick, 2003). Due to the high caseloads, social workers only have time to deal with a crisis. Social workers in CYCCs then refer children to external psychologists (clinical and educational), masters' students and social workers that are specialised in play therapy. Referring to external professionals however contributes to another barrier social workers face when utilising play-based activities in CYCCs, namely a lack of funding.

Implementing play-based activities can be expensive, and participants in this study felt that they are obligated to use the resources available. CYCCs also do not have proper play rooms. However, a play room is important when utilising play-based activities especially in counselling, because offices at CYCCs are not set up for all the media and tools that can be used (Geldard, Geldard and Foo, 2013). Lastly, a lack of skills/training of social workers in CYCCs in Gauteng was mentioned during the interviews. Participants in this study felt that an undergraduate degree for social workers in CYCCs is insufficient because children in CYCCs have severe traumas such as sexual behaviour and psychological issues to deal with. Participants learn some theory on play-based activities during their undergraduate studies, but they do not have the practical experience. Participants felt that specialised knowledge is required because of children's complex trauma. Participants feel they lack self-confidence to utilise play-based activities. The results indicate that social workers utilise play-based activities at CYCCs, but management' and multi-disciplinary teams' perceptions of play-based activities influence the utilisation of play-based activities. Even though the social workers were faced with numerous barriers in utilising play-based activities in CYCCs, their desire to improve the well-being of the children may have motivated them to utilise play-based activities.

Summary of the contribution of the study

The study has contributed empirical based research on social workers utilisation of play-based activities and therefore has contributed to the growing knowledge of play-based and play therapy research in South Africa. The study will also add knowledge

to addressing the therapeutic needs of children and young people, as the results indicate that social workers utilise play-based activities in counselling as a form of therapeutic intervention. Indirectly the study has contributed to a needs-assessment of children in CYCCs, where social workers identified the therapeutic and developmental needs of the children placed at CYCCs. The data revealed that social workers utilise play-based activities despite experiencing multiple difficulties such as a lack of time, a lack of funding and a lack of skills/training. The manner in which the social workers utilised play-based activities to promote the development of children at CYCCs can contribute to their knowledge base on addressing the developmental delays of children who have experienced trauma and neglect. Participants' use of different art materials and games could facilitate engagement with children. The results of the study showed that play-based activities can be used to address several issues with children in CYCCs. However, social workers should remember that play-based activities is not the panacea all the problems children in CYCC's experience.. Long term play therapy or other forms of therapeutic intervention might be necessary for some children in CYCCs (Mullen, 2002; Agere, 2014). The study has also contributed to the social work profession by revealing some of the challenges which social workers in CYCCs experience in Gauteng. Importantly, the study contributes to the positive image of social workers as it reveals the creativity of social workers in addressing their difficulties experienced.

5. RECOMMENDATIONS

In the light of the findings of this study, the following recommendations will be made to social workers at CYCCs and future researchers:

5.1. Recommendations for managers and social workers at CYCCs

The following recommendations can be made to social workers:

- To attend training or workshops on play-based activities and play therapy;
- To use play-based activities more often when doing counselling with traumatised children to address therapeutic needs;

- To empower the caregivers to use play-based activities focusing on emotions, emotional intelligence and sensory activities.

The following recommendations can be made to management:

- To give social workers more support with regard to administration so that they can focus more on the children;
- To buy in on play-based activities as it is effective especially in CYCCs;
- To fundraise at the CYCCs for training purposes and play-based activity equipment/rooms.

5.2. Recommendations for future researchers

The following recommendations can be made to future researchers:

- To explore the utilisation of play-based activities with adolescents;
- To develop a presentation for management and multi-disciplinary teams at CYCCs to inform them what play-based activities are, how they are used, what the benefits are and how to use them with teenagers;
- To explore play-based activities in groups;
- This research was only conducted with CYCCs in Gauteng; it is recommended that a similar study be done in other provinces.

6. POTENTIAL LIMITATIONS OF THE STUDY

The researcher explored the social workers' utilisation of play-based activities at CYCCs in Gauteng. Therefore it cannot be generalised to the whole population of social workers within South Africa. The caseloads furthermore differ amongst CYCCs; some CYCCs have thus more time for utilising play-based activities. With regard to the literature review, some of the sources are outdated due to limited research and a lack of recent literature on the topic.

7. REFLECTION

The researcher is a social worker who regularly encounters traumatised children who might benefit from play-based activities, as the researcher is also employed at a CYCC. The researcher thus experiences the same barriers to utilising play-based activities at CYCCs. The researcher thus had to guard against bias and personal feelings.

8. IMPLICATIONS OF THE FINDINGS

This research contributed to the knowledge of social work within CYCCs in Gauteng. It was important to explore social workers' utilisation of play-based activities in CYCCs in order to understand the practical implications of play-based activities in CYCCs, as these are currently unknown. The information gathered from this study can be utilised to develop and implement presentations to the management of CYCCs on play-based activities.

9. CLOSING COMMENTS

Social workers in CYCCs in Gauteng have to render more specialised services to children in CYCCs. Children in these CYCCs are exposed to many traumas such as removal from parents, abuse, abandonment and neglect. They are traumatised, and play-based activities would be beneficial to address their trauma. Thus, CYCCs should make a shift from promoting children's development to utilising play-based activities.

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SECTION D

ANNEXURES

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ANNEXURE C: INTERVIEW SCHEDULE

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ANNEXURE A: PERMISSION LETTER

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOMKAMPUS

Centre for Child, Youth and Family Studies
3rd East Street
Wellington
7655

Tel: 021 8643593
Fax: 021 8642654

12/07/2017

TO WHOM IT MAY CONCERN

I hereby want to ask your permission to do research at your organisation. The research is about exploring social workers' utilisation of play-based activities in child and youth care centres in Gauteng. I would like to provide social workers with the opportunity to share their views about their utilisation of play-based activities in CYCCs.

I plan to do semi-structured interviews with social workers as participants. The interviews will take place at your organisation. The researcher will provide refreshments for the participants during their interview.

I am planning to start with the interviews in July/August 2017. Participation will be voluntary and participants will give written consent before the interviews take place.
What will be expected of you:

- The CEO will be responsible for giving permission that the research may take place at this organisation.
- It will be the manager`s responsibility to identify the social workers who would be suitable for this study and who meet the specific criteria of the study.
- The manager will also approach those individuals and thereafter it will be the researcher`s responsibility to explain the process to the participants and link them with the necessary services afterwards.

I would appreciate it if you would give permission and if you, as the manager, will make contact with the social workers to tell them about the project. If you agree to the above will you please be so kind as to sign below. Individual consent and assent will also be obtained from the participants after you have explained the process with them. Please contact me if you need more information on 073 404 9983.

Thank you
Liezl von Bratt
Researcher
Centre For Child Youth and Family Studies
North-West University
Potchefstroom campus

_____ _____
Manager Date

_____ _____
CEO Date

ANNEXURE B: INFORMED CONSENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR SOCIAL WORKERS

TITLE OF THE RESEARCH STUDY:
Exploring social workers' utilisation of play-based activities in child and youth care centres in Gauteng

ETHICS REFERENCE NUMBERS: NWU-00015-17-S1

PRINCIPAL INVESTIGATOR:
Liezl von Bratt

POST GRADUATE STUDENT:
Liezl von Bratt

ADDRESS:
23 Kingbolt crescent
Wapadrand
Pretoria

CONTACT NUMBER:
073 404 9983

You are being invited to take part in a **research study** that forms part of my Master's degree. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU NWU-00015-17-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be

necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- *This study will be done at your office and will involve one interview that will take about one and a half hours. 15 participants will be included in this study.*
- *We want you to help us gain information on social workers' utilisation of play-based activities in CYCCs in Gauteng.*

Why have you been invited to participate?

- *You have been invited to be part of this research because you are a social worker employed at a CYCC;*
- *You also fit the research because you are registered as a social worker at the SACSSP; and*
- *You will not be able to take part in this research if you are employed at a CYCC that is not registered or if you are a student.*

What will be expected of you?

- *You will be expected to attend one interview that will last about one hour to one and a half hour. During the interview you will be asked semi-structured questions regarding the utilisation of play-based activities in CYCCs. The interview will take place at an office of the CYCC. The interview will be audio recorded.*

Will you gain anything from taking part in this research?

- *There will be no direct benefits in this study;*
- *The gains for you if you take part in this study will be that will have the opportunity to learn more about play-based activities as interventions in child and youth care centres;*
- *You may decide to do further training in social work such as a degree in play therapy*
- *You may learn more about play therapy as intervention in child and youth care centres; and*
- *You will make a contribution towards the field of Social Work and Play Therapy.*

Are there risks involved in you taking part in this research and what will be done to prevent them?

- *There are more gains for you in joining this study than there are risks such as:*
  - ✓ *There will be no direct benefits in this study;*
  - ✓ *The gains for you if you take part in this study will be that will have the opportunity to may learn more about play-based activities as interventions in child and youth care centres;*
  - ✓ *You may decide to do further training in social work such as a degree in play therapy*
  - ✓ *You may learn more about play therapy as an intervention in child and youth care centres; and*
  - ✓ *you will make a contribution towards the field of Social Work and Play Therapy.*

How will we protect your confidentiality and who will see your findings?

- *Anonymity of your findings will be protected by making use of pseudonyms. A pseudonym is a name that will be given to you which differs from your original name so that your real name will not be used in the information or written anywhere. Your privacy will be respected so that no people, other than the researcher, her supervisor and a person helping them will see the information. Your information will be kept confidential by keeping the data safe. Only the researchers, the study leader and co-coder will be able to look at your information or what you said. All the information of the research project will be kept safe by locking hard copies in cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) The information will be stored for five years.*

What will happen with the findings or samples?

- *The findings of this study will only be used for this study.*

How will you know about the results of this research?

- *We will give you the results of this research in a written format after the study has been conducted.*
- *You will be informed of any new relevant findings by email.*

Will you be paid to take part in this study and are there any costs for you?

This study is funded by researcher.
You will not be paid to take part in the study. Refreshments will be served before the semi-structured interview is conducted.
There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- You can contact Liezl von Bratt at 0734049983 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I ……..……. agree to take part in the research study titled: *social workers perceptions regarding play therapy in child and youth care centres.*

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) .....…..…….. on (*date*) ……...…….. 20....

....

Signature of participant **Signature of witness**

Declaration by person obtaining consent

I *(name)* ……..…… declare that:

- I clearly and in detail explained the information in this document to

  …….
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) .....…..…….. on (*date*) ……..…….. 20....

....

Signature of person obtaining consent **Signature of witness**

Declaration by researcher

I *(name)* ……..…… declare that:

- I had it explained by …… who I trained for this purpose.
- I did not use an interpreter
- I was available should she wanted to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that she adequately understands all aspects of the research, as described above.
- I am satisfied that she had time to discuss it with others if she wished to do so.

Signed at (*place*) .....…..…….. on (*date*) ……..…….. 20....

....

Signature of researcher **Signature of witness**

ANNEXURE C: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

RESEARCH: **Exploring social workers' utilisation of play-based activities in child and youth care centres**

SECTION A: BIOGRAPHICAL INFORMATION

HOW OLD ARE YOU?	.....years
ARE YOU REGISTERED AT SACSSP?	
HOW LONG ARE YOU WORKING AS A SOCIAL WORKER AT THE CYCC?	.....years

SECTION B: INTERVIEW SCHEDULE

The purpose of this interview is for us to discuss your current personal experience as a social worker in practice, and how you utilise play-based activities in a CYCC. Everything you share with me is confidential and your identity as well as your organisation's name will remain protected. If you do not want to answer a question, you do not have to, and if you would like to stop the interview at any time, please feel free to do so.

1. *You are a social worker, employed at this CYCC for _____years and you are therefore exposed to working with children.*
2. Describe to me how you utilise play-based activities in the CYCC where you are employed
3. How can the utilisation of play-based activities at this CYCC be enhanced?
4. What are the barriers to utilising play-based activities at this CYCC?

ANNEXURE D: CONFIDENTIALITY AGREEMENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms _____

Identity Number:_____

Address:_____

I hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borcherd Street, Potchefstroom, 2520

(hereinafter the "NWU")

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at _____ this _____ 20____

Witnesses:

1 .....

2 ....

(*Signatures of witnesses*) (*Signature*)

ANNEXURE E: IDENTIFIED THEMES

- Time
- Soek meer training – short courses, practical courses
- Geld is ‘n barrier
- Tyd
- Problem soos developmental phases word in life skills hanteer
- Doesn’t have training – has a passion for play therapy
- Gebruik bordspeletjies
- Individually
- Het nie tyd nie
- Kinderassesserings, tienerassesserings
- Meer fondse – het ‘n behoefte vir ‘n speelkamer
- Benodig equipment
- Life skills, sexual behaviour, gedragsmodifikasie
- Finansies is ‘n barrier
- Gebruik kuns – 7 tot 17 jaar
- Hoe om emosies te hanteer en konflikhantering
- Seuns en dogters
- Erg getraumatiseerde kinders, mishandeling/verkragting en kids wat geseksualiseerd is
- Doen groepsaktiwiteite
- Gevallelading is hoog
- Onbeplande goed wat opduik – min tyd vir terapie
- Uitdagende tieners – wil nie deelneem nie
- Werk ontwikkelingsgerig
- Fokus op ontwikkeling
- Kry nie blootstelling daaraan wanneer jy jou MW graad doen nie
- Ek moet opgelei word daarin en mens sal moet kyk na tyd
- Kan met jonger kinders veral maar tog ook ouer kinders
- Emosionele intelligensie, trauma, verhoudinge
- Tyd en perspektief – gaan nie sommer verander nie
- Baie kids en nie tyd om individueel by elkeen uit te kom nie
- Doen min terapie – gebruik dit in groepe
- Het nie kapasiteit vir terapie nie, het nie tyd nie
- Boelie, seksuele gedrag, kids sukkel met grense, voel verwerp, voel hul het liefde nodig, kan alles daarmee aanspreek en coping skills leer
- Caseloads moet minder raak – daar is letterlik nie tyd nie
- Fondse
- Kantoor nie ingerig nie
- Nie baie tyd nie
- Probeer dit gebruik as daar insidente met kleuters is
- Stories/emosiekaarte
- Definitief ‘n behoefte vir dit
- Al ons kids het een of ander issue
- Fokus op ontwikkeling

- Hang af van ouderdom – kan klei, puppets gebruik, prentjies teken, speletjies speel of stories
- Kry nie tyd om terapeuties met al kids te werk nie
- Tyd is ‘n issue
- Nie almal het die kennis om dit te gebruik nie
- Nie almal is altyd bewus vd voordele wat dit inhou nie
- Presentation om te sê hoe dit gebruik kan word en wat voordele is
- Het goed om te gebruik – puppets, inkleurgoed, verf, klei
- Tieners sê hul is nie mal nie as hul vir terapie gestuur word
- Groepaktiwiteite dan kwaliteittyd
- Tel vinnig temas op wat jy verder in individuele terapie kan hanteer
- Aggressie, lae selfbeeld, swak impulsbeheer, sukkel met interpersoonlike verhouding, hoe om in span te werk
- Ek gaan op kind se behoefte
- Kind se pas en hulle behoefte
- Trauma terapie
- Tyd moet geskep word
- Spesialiseer in spelterapie
- Social skills, angs
- Kuns gebruik en drama, sang, dans om hulself te express
- Board games – poppe en balle
- Daar is heeltyd krisisse
- Een kind het gesê sy is nie klein – tieners is geirriteerd met spelterapie
- Kinders wat dagga gebruik – kan nie terapie doen nie
- Met kleiner kids
- Ons is te besig – kan nie alles inpas nie
- Doen dit in groepe – anger management, coping mechanisms
- Tieners kan rasioneel dink – praat baie met hulle
- Kort ondersteuning met admin
- Tyd is ‘n struikelblok en ouderdom v kids
- Gedragsprobleme, aggressie, seksuele gedrag
- Gebruik dit nie so baie nie, vind dit moeilik met tieners
- Kan klei gebruik want daar is baie woede
- Woede en selfvertroue
- Meer opleiding kry
- Het nie selfvertroue om terapie te doen nie, is nie vertroud met die proses nie
- Weet nie hoe om dit te introduce en gebruik met tieners nie
- Baie v spelterapie gehoor
- Dis nie verbal nie maar aktiwiteite – teken goedjies, enige iets met hul hande
- Hoofsaaklik jonger kids 6-10 jaar
- Trauma, kry gevoelens uit
- Het nie trust nie, attachment
- Meer opleiding
- Tyd is ‘n probleem

- Use all types of things to engage with them to build trusting relationship with them first
- Sandtray especially with cognitive impaired children
- Children want to push you away
- Time consuming – games take a lot of time
- Undergraduate is insufficient if you are going to work intensively at a CYCC
- Smaller kids
- Use stories, video clips
- Low-functioning children
- Our kids lack emotion – don't show emotion
- Outside activities
- Coordination
- Social skills
- Build relationships
- If more of our staff knew how to do therapy
- South-African based
- Proper training
- Time consuming
- Admin is a lot

THEME 1	UTILISATION OF PLAY-BASED ACTIVITIES IN CYCCS
Subtheme 1.1:	Play-based activities used In counselling
Subtheme 1.2:	Play-based activities used Developmentally
Subtheme 1.3:	People Who Can Benefit From Play-based activities In A CYCC
THEME 2	BARRIERS OF UTILISING PLAY-BASED ACTIVITIES
Subtheme 2.1:	Lack of time
Subtheme 2.2:	Lack of funding
Subtheme 2.4:	Lack of skills/training

ANNEXURE F: EXAMPLE OF TRANSCRIPTION

PARTICIPANT 8

LIEZL:	OK SO BAIE DANKIE DAT JY TYD GEMAAK HET VIR HIERDIE NAVORSING. EK WIL NET SE DAT EK HIERDIE INTERVIEW GAAN RECORD. DIT IS MAAR NET VIR MY OM DIE ONDERHOUD TE TRANSCRIBE EN VIR MY STUDIELEIER OM MY TE HELP. OKAY SO EK HET EERS N PAAR BIOGRAFIESE INFO. HOE OUD IS JY
DEELNEMER:	26
LIEZL:	IS JY GEREGISTREER BY SACSSP
DEELNEMER:	JA
LIEZL:	EN HOE LANK WERK JY AL BY HIERDIE SPESIFIEKE KINDERHUIS
DEELNEMER:	3 JAAR
LIEZL:	OKAY. SO EK HET EERS SO ENGELSE STUKKIE WAT DIE DOEL OPSOM VD ONDERHOUD. DIE VRAE IS OOK IN ENGELS MAAR EK SAL PROBEER OM DIT TE VERTAAL. OKAY SO THE PURPOSE OF THIS INTERVIEW IS FOR US TO DISCUSS YOUR CURRENT PERSONAL EXPERIENCE AS A SOCIAL WORKER IN PRACTICE AND TO EXPLORE YOUR SOCIAL WORKERS' UTILISATION OF PLAY-BASED ACTIVITIES IN A CYCC. EVERYTHING THAT YOU WILL SHARE WITH ME IS CONFIDENTIAL AND YOUR IDENTITY AS WELL AS YOUR ORGANISATION'S NAME WILL BE PROTECTED. IF YOU DO NOT WANT TO ANSWER A QUESTION, YOU DON'T HAVE TO. IF YOU WANT TO STOP AT ANY TIME PLEASE FEEL FREE TO DO SO.
LIEZL	OK SO YOU'RE A SOCIAL WORKER EMPLOYED AT THE CYCC FOR 3 YEARS. YOU ARE THEREFORE EXPOSED TO WORKING WITH CHILDREN. DESCRIBE TO ME HOW YOU UTILISE PLAY-BASED ACTIVITIES IN THE CYCC WHERE YOU ARE EMPLOYED?
DEELNEMER:	UHM EK DINK BY ONS IS DIT MOEILIK OM TERAPEUTIES MET KIDS TE WERK WANT ONS HET NIE BAIE TYD DAARVOOR NIE. AS EK DINK WAAR EK DIT GEBRUIK, OMDAT EK DIE KLEUTERHUIS HET, AS DAAR N INSIDENT IS MET DIE KLEUTERS, EN WAAR JY MET OUER KIND GEWONE ONDERHOUD SOU VOER OOR HOEKOM JY VANDAG SKOOL GEBUNK OF WAT HET VANDAG BY DIE KSOOL GEBEUR PROBEER EK PBA GEBRUIK AS DAAR INSIDENT IS MET DIE KLEUTERS.OMDAT HULLE NIE ALTYD KAN SE, KAN VERWOORD HOE HULLE VOEL OF WAT GEBEUR HET NIE. OOR DIE ALGEMEEN DOEN ONS NIE BAIE TERAPIE BY DIE KINDERHUIS NIE.
LIEZL:	WAT SAL JY DAN BYVOORBEELD GEBRUIK AS N KIND GEBUNK HET OF SOOS WAT JY GESE HET MET DIE KLEUTERS? WAT PRESIES SAL JULLE DAN DOEN
DEELNEMER:	IN DIE WEEK WAS DAAR N INSIDENT MET N KLEUTER WAT WEGGELOOP HET VD SKOOL AF HY IS VYF JAAR OUD
LIEZL:	SJOH
DEELNEMER:	SO WAT EK GEDOEN HET, EK HET N SOORTGELYKE STORIE VERTEL EN HOM GEVRA OM DIE STORIE VERDER TE VERTEL EN DAN HET EK OOK GEBRUIK GEMAAK V EMOSIEKAARTE. DAN HET ONS TWEE PRENTJIES GETEKEN. EEN HUISIE WAS DIE SKOOL EN EEN DIE KINDERHUIS WAAR HY BLY. TOE HET EK BEITJIE SY EMOSIES BY DIE SKOOL EN KINDERHUIS GEEKSPLOREER.
LIEZL:	KON JY DAREM INFO KRY
DEELNEMER:	JA REDELIK
LIEZL:	EN AS JY, JYT GESE JULLE KRY NIE TYD NIE, AS TYD NIE N ISSUE WAS NIE, HOE SOU JULLE DIT KON GEBRUIK, PBA BY JULLE KINDERHUIS
DEELNEMER:	EK DINK DAAR IS DEFS N BEHOEFTE VIR DIT. AL DIE KIDS BY ONS HET EEN OF ANDER ISSUE OF HET SEERGEKRY OF IETS. KAN DIT DEFS GEBRUIK. HANG AF VD KIND SE OUDERDOM, JY GAAN ANDER GOED GEBRUIK MET N TIENER AS MET N KLEUTERS
LIEZL:	JY SE DIE KIDS HET BAIE ISSUES BY JULLE. WATTER TIPE ISSUES DINK JY KAN PBA

	ADDRESS.
DEELNEMER:	EK DINK BAIE V ONS KIDS KAN NIE EMOSIES VERWOORD NIE. KAN BAIE AANDAG GEE AAN EMOSIES. KAN HUL LEER OM EMOSIES TE HERKEN EN VERWOORD. JA
LIEZL:	WATTER TIPE PBA DINK JY KAN MENS GEBRUIK MET DIE KIND SE EMOSIES OF SO.
DEELNEMER:	EK DINK MENS, HANG AF V OUDERDOM. KAN KLEI OF PUPPETS GEBRUIK, PRENTJIES TEKEN OF SPELETJIES SPEEL OF STORIES.
LIEZL:	JYT VROEER GESE JULLE WERK DEVELOPMENTALLY MET N KIND EN GLAD NIE TERAPEUTIES NIE. UHM HOE WERK JULLE DAN OM N KIND TE BEVORDER OF AS HY ISSUES HET WAT DOEN JULLE DAN HOE WERK JULLE DAN MET N KIND
DEELNEMER:	ONS FOKUS MAAR OP ONTWIKKELING EN ONS DOEN GROEPSAKT. EK DINK AS JY IN GROEPSAKT MYNE IS IN HUISVERBAND EN ELKE HUIS HET ANDER AKT. AS J SIEN IN GROEPSAKT SIEN N KIND LYK NIE LEKKER NIE KAN JY BY DIE KIND UITKOM. DAN KAN J GEBRUIK MAAK V PBA. FOKUS BY KH IS MAAR OP ONTWIKKELING. KRY NIE TYD OM TERAPEUTIES MET AL DIE KIDS TE WERK NIE
LIEZL:	AS N KIND VIR TERAPIE MOET INSKAKEL EN JY AS KIND SE MWER HET NIE TYD OM TERAPEUTIES, INTENSIEWE TERAPIE TE DOEN NIE. WAT DOEN JULLE DAN
DEELNEMER:	BY ONS MAAK ONS GEBRUIK V M STUDENTE. WAT KIDS SIEN. MAAR EK DINK, ONS HET N HULPBRON OM TE GEBRUIK. SAL VIR MY LEKKER WEES OM DIT SELF TE DOEN. HET KLAAR GEVESTIGDE VERHOUDING MET KIND. SAL VER KAN KOM. ONS GEBRUIK M STUDENTE, SIELK OF MWER. OF EKSTERNE TERAPEUTE.
LIEZL:	ENIGE IETS WAT JY WIL BYSIT OOR HOE JY PBA GEBRUIK
DEELNEMER:	NEE EK DINK TYD IS N ISSUE. EK SAL DIT GRAAG MEER WIL GEBRUIK. EN OMDAT DIE KH SE FOKUS NIE TERAPEUTIES IS ALTYD NIE. JA.
LIEZL:	HOE DINK JY KAN DIE GEBRUIK V PBA BY JULLE KH BEVORDER WORD
DEELNEMER:	EK DINK NIE ALMAL IS ALTYD BEWUS VD VOORDELE WAT DIT INHOU NIE. EK DINK OOK NIE ALMAL HET ALTYD DIE KENNIS OM PBA TE GEBRUIK NIE
LIEZL:	OK. WAT DINK JY KAN MENS DOEN OM DAAI AAN TE SPREEK?
DEELNEMER:	EK DINK UHM AS DAAR MWERS IS WAT OPGELEI IS IN SPELTERAPIE OM PRESENTATION TE DOEN OOR HOE DIT GEBRUIK KAN WORD EN WAT DIE VOORDELE IS. DAT ALMAL BIETJIE MEER INFO HET DAAROOR. NIE ALMAL WEET ALTYD HOE DIT GEBRUIK KAN WORD OF WAT VOORDELE IS NIE. ONS HET GOED WAT ONS KAN GEBRUIK, DAAR IS PUPPETS, INKLEURGOED, VERF, KLEI. DIS NIE DAT ONS NIE DIE HULPMIDDELS HET WAT JY KAN GEBRUIK NIE. UHM JA.
LIEZL:	WAT DINK JY IS DIE BARRIERS TO UTILISING PBA AT THIS CYCC
DEELNEMER:	EK DINK ONS BENADERING IS DEFS N BARRIER. ONS IS VERONDERSTEL OM ONTWIKKELINGSGERIG TE WERK, ONS FOKUS IS GLAD NIE TERAPEUTIES NIE. ALHOEWEL DIT VIR MY LEKKER SOU WEES OM TERAPIE TE DOEN. EN TYD IS DEFS N BARRIER OMDAT JY MIDDAG BESIG IS MET GROEPSAKT OF INSIDENTE HANTEER OF SUP MET HUISOUERS. DINK BY ONS ALHOEWEL DAAR EEN OF TWEE IS WAT OPGELEI IS IN DIT. DIE RES VD MWERS HET NIE KENNIS IN DIT NIE EN IS NIE OPGELEI OM DIT TE GBRUIK NIE.
LIEZL:	JY SE JOU MIDDAE IS BAIE BESIG. HOE LYK N TIPIESE DAG VIR JOU AS MWER BY DIE KH?
DEELNEMER:	IN DIE OGGEND IS DIT ADMIN, VERSLAE SKRYF OF FILING DOEN OF ENIGE ADMIN GOED. IN MIDDAE, SIEN ONS HUISOEURS IN MIDDAE, HULLE IS AF IN DIE OGGENDE. EN SIEN KINDERS, BESOEK HUISE, GROEPSAKT EN INSIDENTE HANTEER AS DAAR IS
LIEZL:	NOG IETS WAT JY WIL SE OF BYVOEG
DEELNEMER:	NEE EK DINK NET PBA IS LEKKER OM TE GEBRUIK. VEILIGE, LEKEKR MANIER OM MET KIDS TE WERK. VERAL ONS KIDS WAT OOR ALGEMEEN WEERSTAND BIED

	TEEN TERAPIE. DIT IS N VEILIGE MANIER OM MET HULLE TE WERK. VERSKILLENDE TEGNIEKE WAT JY KAN DOEN MET VERSKILLENDE OUDERDOMME. SO EK DINK OP N MANIER SAL JY ALMAL KAN HELP DMV PBA. MAAR ONS TIENERS SÊ “EK IS NIE MAL NIE” AS EK HULLE STUUR VIR TERAPIE.
LIEZL:	OK BAIE DANKIE DAT JJY DEELGENEEM HET AAN MY STUDIE. EK WAARDEER DIT BAIE.
DEELNEMER:	DIS N PLESIER.

ANNEXURE G: AUTHOR GUIDELINES

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AUTHOR GUIDELINES

Presentation

1. A minimum length of 3,500 words and a maximum length of 6,000 words (excluding references). No footnotes, endnotes and annexures are allowed.

2. On a separate page, a title of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.

3. An abstract of 150 words plus up to six keywords, which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context. Please note that abstracts are not summaries of research studies. No subheadings should be used in the abstract. For Afrikaans articles, the abstract and keywords must be in English.

4. Headings must be short, clear and not numbered:

• main headings to be in bold capitals

• first stage subheadings to be in bold lower case, with only the first letter of the first word to be a capital (not underlined nor italics); and

• second stage subheadings in normal type to follow the first stage style.

5. Figures and tables:

• All figures (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with arabic numerals. Supply succinct and clear captions for all figures. The maximum portrait width should not exceed 110mm and 160mm depth. For landscape, the maximum width is 160mm with a maximum depth of 110mm.

• In the text of the paper, the preferred position of all figures should be indicated by typing on a separate line the words, "Place figure (No.) here".

• Tables must be numbered consecutively with arabic numerals and a brief title should be provided. In the text, type on a separate line the words, "Place Table (No.) here" should show the position of the table.

6. References:

• In text, publications are to be cited using one of the following examples:

(Adams, 1997), or (Mbatha et al., 2005), or Mercy et al. (2002). Use 'and', not the '&' symbol, for two or more authors, eg. (Weyers and Herbst, 2014).

• If a direct quote is used in text, references should include author's name/s, date and page number, eg; …. "usually to improve the working relationship between members of the group" (Barker, 2003:153). Where there are no direct quotes, page numbers should not be included.

• At the end of the paper, the reference list should be in alphabetical order. Do not use indentations when formatting your references.

• References to publications must be in modified Harvard style and checked for completeness, accuracy and consistency. Include all authors' names and initials and give the book's, or book chapter's, or journal's title in full.

• Please cross check that only references cited in the text are included in the final reference list at the end of the article (and vice versa). Use 'and', not the '&' symbol, for two or more authors as mentioned above. References should follow the style as set out below:

For books: Surname, Initials. (year). Title of Book Place of Publication: Publisher.

Swanepoel, H. and De Beer, F. (1996). Community Capacity Building Johannesburg: Thomson.

For book chapters: Surname, Initials. (year). "Chapter Title" in Editor's Surname, Initials. (Ed.). Title of Book Place of Publication: Publisher, Edition, pages.

Boult, B.E. (1998). "Adoption" in Bezuidenhout, F.J. (Ed.). A Reader in Selected Social Issues Pretoria: Van Schaik, Second Edition, 41-52.

For journals: Surname, Initials. (year). "Title of Article" Journal Name Volume(number):pages

Mda, C.J. (2004). "Population Ageing and Survival Challenges in Rural Ghana" Journal of Social Development in Africa 19(2):90-112.

For electronic sources: If available online the full URL should be supplied at the end of the reference.

Louisiana State Board of Social Work Examiners. (1998). "Guidelines for Child Custody Evaluations", http://www.labswe.org/child.htm (Accessed on 23/08/2006).

For unpublished doctoral theses or master's dissertations: Surname, Initials. (year). Title of Article (Unpublished Doctoral Thesis) or (Unpublished Master's Dissertation) Location: University, Department.

Warria, A. (2014). Development of Psychosocial Intervention Guidelines for Transnational Trafficked Children (Unpublished Doctoral Thesis) Johannesburg: University of Johannesburg, Department of Social Work.

7. Content:

• Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

• The journal will consider articles based on research studies but we will not publish articles which are merely a summary of a research report. The article should have a clear focus that contributes to knowledge building or informs policy and/or practice.

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As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).
2. The submission file is in OpenOffice, Microsoft Word, RTF, or WordPerfect document file format.
3. Where available, URLs for the references have been provided.
4. The text is 1,5 spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.
5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the Journal.
6. If submitting to a peer-reviewed section of the journal, the instructions in Ensuring a Blind Review have been followed.