

Perceptions of social workers regarding life story work with children in child and youth care centres

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Campus of the North-West University

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My family and friends – for all your support

Paul – for all your support and encouragement

FOREWORD

This dissertation is presented in article format in accordance with the guidelines set out in the **Manual for Postgraduates Studies, 2010 of the North-West University**. The technical editing was done according to the guidelines and requirements outlined in Chapter Two of the Manual.

The article will be submitted to the *Social worker Practitioner-Researcher Journal*. The guidelines for the submission of the journal are attached in Addendum 4 Journal submission guidelines.

DECLARATION BY STUDENT

I, Kathrine Gutsche, hereby declare that the dissertation entitled:

Perceptions of social workers regarding life story work with children in child and youth care centres, which I herewith submit to the North-West University: Potchefstroom Campus, is my own work and that all references utilized and quoted were indicated and acknowledged.



Signature: _____

Date: 21/11/2013 _____

Miss K. Gutsche

DECLARATION BY EDITOR

Editor's confirmation signature and contact details

I, Sue von Stein, professional, qualified and practicing editor, hereby confirm that the Dissertation (article format) of Kathrine Gutsche, titled **Perceptions of social workers regarding life story work with children in child and youth care centres** was edited by me in preparation for submission in November 2013.

Should you have any queries, kindly contact me on my cell: 0825749264.

With thanks

A handwritten signature in cursive script that reads "Sue von Stein".

Sue von Stein

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SUMMARY

This study focuses on social workers' perceptions regarding life story work with children in child and youth care centres in South Africa. Life story work is an established form of intervention utilized by social workers with children in care mostly in the United Kingdom. Limited research has been conducted on the subject in South Africa. The research hoped to discover how social workers perceive life story work as a therapeutic intervention technique to be utilized with children in child and youth care centres. Qualitative descriptive design was conducted inductively, through semi-structured interviews and one focus group discussion. A total of six registered social workers at registered child and youth care centres in the Northern and Southern suburbs of Cape Town in the Western Province of South Africa were purposefully selected to participate in this study. All of the interviews and the focus group were audio-recorded. Recordings were transcribed by the researcher to ascertain certain emerging themes and categories. Thematic data analysis was utilized to transform the transcribed data into meaningful information. The principles and strategies for enhancing the trustworthiness of the data were done through crystallisation. The findings of the study revealed that social workers initially perceive life story work as time-consuming and are unaware of what the concept truly entails, but once examples were shown to the social workers, they recognised that they were using some of the activities already and perceived life story work as valuable, effective and essential in child and youth care centres. Life story work was perceived as useful for identity formation, a sense of belonging, relationship-building and family reunification services, for example. It was discovered that the social workers were utilising aspects of life story work, but that there is a shortage of social workers to act as facilitators to possibly complete life story work processes with each child in child and youth care centres. The recommendation was, therefore, made that childcare workers be trained in life story work in order for it to be implemented in child and youth care centres effectively. Further research studies were, therefore, recommended to ascertain how life story work could be practically implemented as a holistic programme with the children in child and youth care centres.

KEY TERMS: child and youth care centres; social workers; life story work; identity; belonging; narrative therapy

OPSOMMING

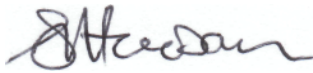
Hierdie studie fokus op die maatskaplike werkers se persepsies rakende lewensverhaalwerk met kinders in kinder- en jeugsorgsentrumms in Suid-Afrika. Lewensverhaalwerk is 'n gevestigde vorm van bemiddeling wat veral in die Verenigde Koninkryk deur maatskaplike werkers wat met kinders in sorg werk, gebruik word. In Suid-Afrika is daar nog net beperkte navorsing omtrent hierdie onderwerp gedoen. Deur hierdie navorsing word daar gehoop om te ontdek hoe maatskaplike werkers lewensverhaalwerk as 'n terapeutiese bemiddelingstegniek met kinders in kinder- en jeugsorgsentrumms kan gebruik. Kwalitatiewe beskrywende ontwerp was induktief uitgevoer, deur middel van semi-gestruktureerde onderhoude en een fokusgroepbespreking. 'n Totaal van ses geregistreerde maatskaplike werkers wat by geregistreerde kinder- en jeugsorgsentrumms in die Noordelike en Suidelike voorstede van Kaapstad in die Westelike provinsie van Suid-Afrika werk, is doelbewus gekies om aan hierdie studie deel te neem. Daar was klankopnames van al die onderhoude en die fokusgroepbesprekings gemaak. Die navorser het die opnames getranskribeer om sekere opkomende temas en kategorieë te bepaal. Tematiese ontleding van data is gebruik om die getranskribeerde data in betekenisvolle inligting te omskep. Die beginsels en strategieë vir die verbetering van die betroubaarheid van die data is deur middel van kristallisering gedoen. Die bevindings van die studie het getoon dat maatskaplike werkers aanvanklik die lewensverhaalwerk as tydrowend beskou het en nie bewus was van wat die konsep werklik behels nie, maar nadat voorbeelde aan die maatskaplike werkers getoon is, het hulle erken dat hulle reeds van hierdie aktiwiteite gebruik en dat hulle lewensverhaalwerk as waardevolle, doeltreffende en noodsaaklik in hulle werk by kinder- en jeugsorgsentrumms beskou. Lewensverhaalwerk was byvoorbeeld as nuttig beskou vir identiteitsvorming, 'n gevoel van behoort, bou van verhoudings en die hereniging van gesinne. Daar is vasgestel dat die maatskaplike werkers gebruik te maak van aspekte van die lewensverhaalwerk nie, maar dat daar is 'n tekort aan maatskaplike werkers as fasiliteerders om moontlik volledige op te tree lewensverhaalwerk prosesse met elke kind in die kinder- en jeugsorgsentrumms. Die aanbeveling is dus gemaak dat kindersorgwerkers opgelei moet word in lewensverhaalwerk sodat dit in kinder- en jeugsorgsentrumms effektief geïmplementeer word. Verdere studies word dus aanbeveel om te bepaal hoe die lewensverhaalwerk prakties as 'n holistiese program vir die kinders in kinder- en jeugsorgsentrumms toegepas kan word.

**SLEUTELTERME: kinder- en jeugsorgsentrum; maatskaplike werkers;
lewensverhaalwerk; identiteit; behoort; verhaalterapie**

PREFACE

The candidate opted to write an article, with the support of her supervisor and co-supervisor.

I hereby grant the candidate permission to submit this article for examination purposes in fulfilment of the requirements for the degree Magister Artium in Psychology.



Dr. S. Hoosain



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MANUSCRIPT FOR EXAMINATION

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SECTION A

PART 1 - ORIENTATION TO THE RESEARCH

1. Introduction

The number of children placed in the child and youth care centres continue to rise in South Africa. According to the Human Rights Commission and UNICEF (2011), there are currently 345 registered children's homes in South Africa providing for approximately 21 000 children. These facilities, known as 'child and youth care centres', are a provision of the new Children's Act No. 38 of 2005 (Mahery, Jamieson & Scott, 2011:9) which aims to establish a system of specialized alternative childcare programmes with proper standards and governance structures. The legislation in South Africa requires child and youth care centres to provide therapeutic programmes to address the needs of children in residential care (Mahery *et al.*, 2011:31). This study explores the perceptions of social workers regarding the use of life story work as a possible therapeutic programme at child care centres.

Children who are placed in care centres are usually in the age ranges from birth to eighteen, but this may be extended to the age of twenty-one if the child is still attending school (Mahery *et al.*, 2011:31). These children in care share similar traumatic experiences, such as abuse, multiple moves and separations that leave them with certain needs, such as identity and the need to know their story and how they came to be placed in care (Barton *et al.*, 2012:24; Jackson & Roussouw, 2006:46; Rose & Philpot, 2005:24). The majority of the children are placed at child and youth care centres after they have been removed from their own families and this may leave them with confusion regarding their identity, therefore, they require specialist intervention (Smith, 2009:71). This would usually be the responsibility of the social worker in a child and youth care centre (Ambrosino *et al.*, 2012:107). Currently, most social workers rely on assessments and treatment plans as a guide to intervention strategies when working with children in care (Walsh, 2009:32). There are currently no consistent or specialised methods of intervention with children in child and youth care centres (Mahery *et al.*, 2011:31).

Life story work, as a method of intervention with children, has become a long-established means of social work intervention and is defined by Rose and Philpot (2004:15) as "a therapeutic tool that deals with the child's inner world and how that relates to the child's perception of external reality." Cook-Cottone and Beck (2007:193) describe a life story work model as an interaction between the self-system and the

external system and define life story work as “the construction, or reconstruction, of an individual’s life-story. Life story work involves the integration of the individual’s internal processes (cognitive, emotional and biological) as well as the relationships and values within the family, community and culture in which the child has developed.”

2. Problem Statement

In the United Kingdom (UK), life story work, utilized by social workers, has been proven to therapeutically assist children in alternative care (Rose, 2012:18; Rose & Philpot, 2005:14). Extensive research has been conducted about this topic in the UK, but not as extensively in South Africa, although some research has been conducted in South Africa regarding life story work. Jonathan Morgan at the University of Cape Town, for example, began composing a life story work manual in 1999. This manual was designed to assist in facilitating memory workshops after he was inspired by the life story work done with the HIV-positive NACWOLA women in Uganda who made use of memory boxes and life story books to help them disclose their status to their children (Morgan, 2004).

The life story work has been successful in helping to address the needs of children in alternative care, such as their identity and the need to know their story (Rees, 2009:16; Rose, 2012:18; Rose & Philpot, 2005:14) and has been acknowledged as critical in the lives of children in care. There is, however, a lack of empirical evidence (Cook-Cottone & Beck, 2007:194). Jackson and Rossouw, (2006:46) at *Ons Plek*, a shelter in Cape Town, identified issues with identity and the need to know their story in the girls at the shelter and decided to intervene by offering the opportunity to complete life story books. It was discovered that completing these books assisted the children with their issues of identity and separation (Jackson & Rossouw, 2006:46). Rossouw believes that the life story book is a technique used in life story work to assist children in alternative care with their issues of identity by allowing them the opportunity to compile a collection of personal items and facts and placing it into something real and tangible (Jackson & Rossouw, 2006:46). Rossouw’s experience has, therefore, shown that children placed in alternative care can benefit from this therapeutic activity, which agrees with the requirements of the legislation and the role of the social worker which is to offer therapeutic programmes to each child in child and youth care centres (Mahery *et al.*, 2011:31).

The researcher believed that an exploration of the perceptions of social workers regarding life story work would assist an intervention strategy in working with children in child and youth care centres (Hepworth, Rooney, Rooney & Strom-Gottfried, 2011:37).

Therefore, the research question for this study was: “What are the perceptions of social workers regarding life story work with children in child and youth care centres?”

3. Concept Definitions

3.1. Child and youth care centres

Child and youth care centres in South Africa are defined by the Children’s Act No. 38 of 2005 (Mahery *et al.*, 2011:9) as: “facilities for the provision of residential care to more than six children outside the child’s biological family environment in accordance with a residential care programme suited for the children in the facility. A Child and youth care centre provides programmes and services outlined in Section 191 (3) of the Children’s Act No. 38 of 2005 (Mahery *et al.*, 2011:9) and includes children’s homes, places of safety, secure care centres, schools of industry, reformatories and shelters for street children. Every child and youth care centre must offer a therapeutic programme – this could be a programme for children with behavioural, psychological or emotional issues, or a programme for children who have been abused” (Mahery *et al.*, 2011:9). In other words, child and youth care centres are a provision of the new Children’s Act (2005) which aims to establish a system of specialized alternative childcare programmes with proper standards and governance structures.

3.2 Social workers in child and youth care centres

In July 2001, both the International Association of Schools of Social Work (IASSW) and the International Federation of Social Workers (IFSW) reached an agreement on adopting the following international definition of social work:

“The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. Social work, in various parts of the world, is targeted at interventions for social support and for developmental, protective, preventive and/or therapeutic purposes.” Social workers in South Africa, therefore, aim to fulfil these purposes.

Social workers in child and youth care centres play an important role in the lives of the children placed in their care as their role involves providing security, safety, assessment and intervention – therapeutically as well as offering support to the caregivers or families of the vulnerable children (Mahery *et al.*, 2011:30; Ritter, Vakalahi & Kiernan-Stern, 2009:32). Their roles are crucial and complex and, therefore, social workers have a reputation for high rates of burnout and high caseloads (Ritter *et al.*, 2009:32).

3.3 Perceptions

The Macmillan (2013) dictionary defines the word “perception” as, “a particular way of understanding or thinking about something.” Dictionary.com which is based on the Random House dictionary (2013) defines “perception” as, “the act or faculty of perceiving, or apprehending by means of the senses or of the mind; cognition; understanding; immediate or intuitive recognition or appreciation, as of moral, psychological, aesthetic qualities; insight; from a psychological perspective, it is a single unified awareness derived from sensory processes while a stimulus is present.” From a psychological perspective, such as Kenny’s PERSON Model (2012:195), perception is related to the six variances from the acronym, namely, personality, error, residual, stereotypes, opinions and norms. In other words, opinions or perception can unfold over time, based on these six variances (Murphy, 2012:195).

3.4 Life story work

Life story work, as a method of intervention with children, has become a long-established means of social work intervention and is defined by Rose and Philpot (2005:15) as “a therapeutic tool that deals with the child’s inner world and how that relates to the child’s perception of external reality.” Joy Rees (2009:12) summarises the aims of life story work as follows: to give details and understandings of the child’s history, to enable the child to share their past with adopters and other individuals, to view their lives realistically and to dispel fantasies about the birth family, to link the past to the present and to understand how events in the past have an impact on present behaviour, to acknowledge feelings associated with separation and loss, to enable adoptive parents and caregivers to understand the child and to feel empathy for the child, to enhance the child’s self-esteem and self-worth, to develop the child’s sense of identity, and to assist the child in developing a sense of security and a sense of belonging.

3.5 Identity

The family is regarded as the central institution of society (McNeill, Blundell & Griffiths, 2003:10) and is the primary medium through which the socialisation of children takes place. The home should, therefore,

be the source of stability in the lives of children. It is from this basis that children develop their identity and where their physical, emotional, and social well-being and sense of belonging is developed (Garbarino, 2009:187; Rees, 2009:20). There are, however, many instances where families, for a variety of reasons, are not able to take care of their children and fulfil their needs. These children may then be removed from their parents' care and be placed in child and youth care centres until the family circumstances have improved. This leaves them with not only a sense of uncertainty and instability (Owusu-Bempah, 2010:50), but it is also another cause for the feeling of rootlessness that they are prone too. Owusu-Bempah (2010:50) and Smith (2011:72) state that multiple moves create instability in a child's life that is detrimental to the child's emotional wellbeing, sense of belonging, self-esteem and identity.

3.6 Belonging

Appiah (2005:231) states that the crucial aspect of the human condition of belonging is experienced through connecting with our past, our narrative or, in other words, our life story. Through knowing our past, human beings feel a sense of belonging and are able to feel secure about the future (Emmanuel, 2003:117) and, as Dryden (2007:404) states, a child without the knowledge of his or her life story, or who is lost in his or her community, is left vulnerable.

4. Central Theoretical Statement

Children in care display certain needs, including the need of identity and the need to know their individual stories (Barton, Gonzalez & Tomlinson, 2012:24). Life story work assists children in meeting these needs (Cook-Cottone & Beck, 2007:194). The researcher, therefore, believed that research concerning the value of life story work in child and youth care centres should be undertaken to assist social workers in meeting the therapeutic needs of children in care.

5. Theoretical Framework: Narrative therapy

Narrative therapy assists individuals to construct personal narratives about their lives and, therefore, to understand who they are (Crossley, 2000:67). The theoretical belief behind narrative therapy is that human beings shape their meaning of experiences and behaviour through stories (Crossley, 2000:397). Stories are a common theme through various cultures that unite all human beings and, therefore, narrative therapy is an effective form of therapy with all children, from various backgrounds. Children naturally tell

stories and, therefore, storytelling is widely viewed as an essential component of narrative therapy with traumatized children (Shapiro, 2013:243), from a therapeutic standpoint.

Life story work is based on the theories and principles of narrative therapy, that being that human beings understand themselves, their experiences and, therefore, their lives, through the medium of language (Dryden, 2007:404; Neukrug, 2011:390). Through communicating, human beings have a means of sharing, connecting and making sense of their experiences, thereby creating themselves and their identities and making meaning of their lives (Dryden, 2007:404). This communication, through various means such as music, drawing, writing or speech, forms the medium through which life story work is experienced (Rees, 2009:16; Rymazsewska & Philpot, 2006:22).

6. Literature review

The following concepts were discussed further in the literature review chapter: children in child and youth care centres in South Africa (Human Rights Commission & UNICEF, 2011; Mahery *et al.*, 2011), the roles of social workers in child and youth care centres in South Africa (Mahery *et al.*, 2011), the needs of identity and a sense of belonging present in a child and youth care centre, life story work (Cook-Cottone & Beck, 2007; Gallagher, 2009; Mason & Davies, 2011; Rose & Philpot, 2005; Ryan & Walker, 2007) and narrative therapy as the theoretical underpinning of life story work (Dryden, 2007; Neukrug, 2011).

The literature was obtained through the following internet databases: Google Scholar, Pubmed and EBSCOhost.

7. Research methodology

7.1 Research approach and design

The study was a qualitative descriptive design to explore perceptions of social workers regarding the use of life story work in child and youth care centres (Monsen & Horn, 2008:5). Descriptive design is an effective way to devise hypotheses and is a design often utilised for qualitative research studies (Monsen & Horn, 2008:5). Fouché (2011:267) suggests that the qualitative method enables researchers to approach research with open minds. Qualitative research is also beneficial when the researcher intends to explore matters or phenomena in depth (Hennink *et al.*, 2011:10). Therefore the research was conducted inductively, through semi-structured interviews with a focus group discussion for triangulation (Hesse-Biber & Leavy, 2011:280). This method assisted the researcher in gaining in-depth knowledge from the social workers' point of view (Hesse-Biber & Leavy, 2011:127).

7.2 Participants

In order to select the participants for the study, purposive sampling was utilized (Hesse-Biber & Leavy, 2011:45). Six registered social workers who work with children in registered child and youth care centres in the Northern and Southern suburbs of Cape Town in South Africa were selected to participate in the study. Qualitative research usually deals with in-depth understanding of a concept or process and, therefore, requires only small samples (Hesse-Biber & Leavy, 2011:45). Convenience purposive sampling was utilised (Hesse-Biber & Leavy, 2011:46) and, therefore, participants were sourced from a wide area, namely, the northern and southern suburbs of Cape Town. The social workers consisted of females between the ages of 25 and 55. The inclusion criteria was that the social workers must have been working with children in child and youth care centres in the Northern and Southern suburbs of Cape Town for a minimum period of six months. Social workers who participated in this study were able to speak English or Afrikaans and were registered with SACSSP. They had to be available to participate in both an interview and a focus group, which was explained to them when gaining informed consent. However, they were also informed that they had the choice to refrain from participating in the research at any time, during the course of the research if they felt they no longer wanted to participate or they found they could not participate, due to other commitments.

7.3 Research procedure

- The researcher, firstly, planned to conduct a thorough literature review on children in child and youth care centres, the needs of children in child and youth care centres, life story work (this included where it is being currently implemented both abroad and in South Africa), social workers' roles in child and youth care centres in South Africa and narrative therapy.
- Permission from the Social Development Department for the Western Cape as well as consent from the managers at the child and youth care centres identified where the participants work, were requested in writing and were obtained.
- The semi-structured interview guide and the focus group questions were designed. The development of the interview guide included consultation of literature. The literature provided the researcher with a base for identifying possible themes for the purposed

study. The themes were further discussed with other experts including social workers in care.

- The child and youth care centres and participants were identified according to the criteria for the selection of participants. Direct informed consent was obtained from the participants after explaining the procedure clearly to the participants and asking them to sign a consent form (see Addendum 3). After consent was obtained from the participants, the interviews and focus group was arranged with each of the social workers.
- A suitable facility to conduct the interviews and the focus group was confirmed and appointments were made with the social workers. Both the interviews and the focus group were conducted at the registered child and youth care centres where the social workers practice.
- The interviews with the participants and focus group were conducted until saturation of data was reached and a clear understanding of the participants' perceptions about life story work and their roles began to emerge. The interviews and the focus group were audio-recorded. The data was then transcribed by the researcher and then read and re-read until themes began to emerge.
- The researcher then analyzed the data for emerging themes based on the findings (Braun & Clarke, 2006:1) and formed conclusions and recommendations grounded on the data analyzed and then wrote the research article for submission.

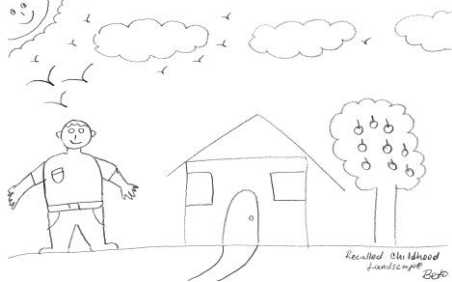
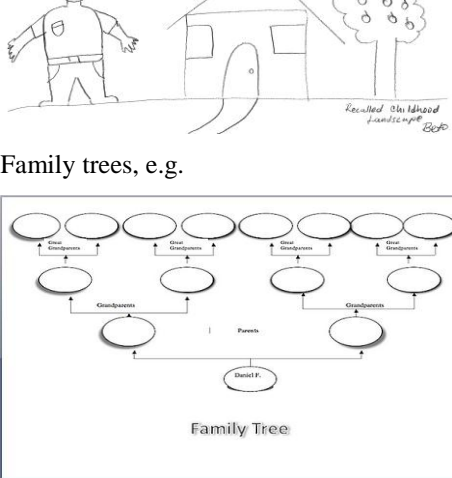

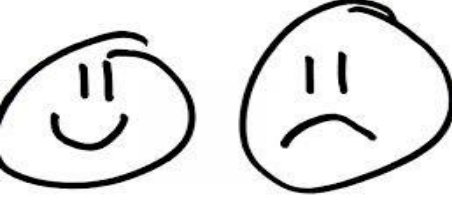
7.4 Data collection method

Data collection was conducted through semi-structured interviews with each social worker (Marshall & Rossman, 2011:7) as well as a focus group with the social workers (Flick, 2009:203) to gain an understanding and to learn about the perceptions that social workers have about life story work and their current ways of intervening with children in child and youth care centres. The focus group provided a group perspective in context and illustrated how the social workers' perceptions about life story work are created, asserted or influenced in the social exchange of the group (Flick, 2009:201). The interviews were conducted first, followed by the focus group.

Semi-structured interviews

Six interviews were conducted. The interview was semi-structured and consisted of open-ended questions (see attached Addendum 3) exploring perceptions of life story work in the child and youth care centre where the social worker practised. Life story work was explored and discussed (see attached Addendum 1) with each social worker. Life story work consists of various methods of data collection, such as using a life graph, a list of facts about each participant, making a life book or making a memory box (Gallagher, 2009:68; Mason & Davies, 2011:36; Ryan & Walker, 2007:39). These examples were shown to each social worker during the course of the interviews which each lasted approximately forty-five minutes long.

The researcher displayed the examples of life story work to the participants in Table 1 below:

Written	Visual
Incomplete sentences, e.g.	Drawings
I like it when _____	
I don't like it when _____	Family trees, e.g.
I feel happy when _____	
I feel sad when _____	Feeling faces, e.g.
<p>Life story books – can include letters, diary, biography</p> <p>To my adoptive family Thank you for all the very nice gifts you gave me I love them very much Quandafe</p> <p>My Nurse helped me write this </p>	<p>Life Graph</p> 

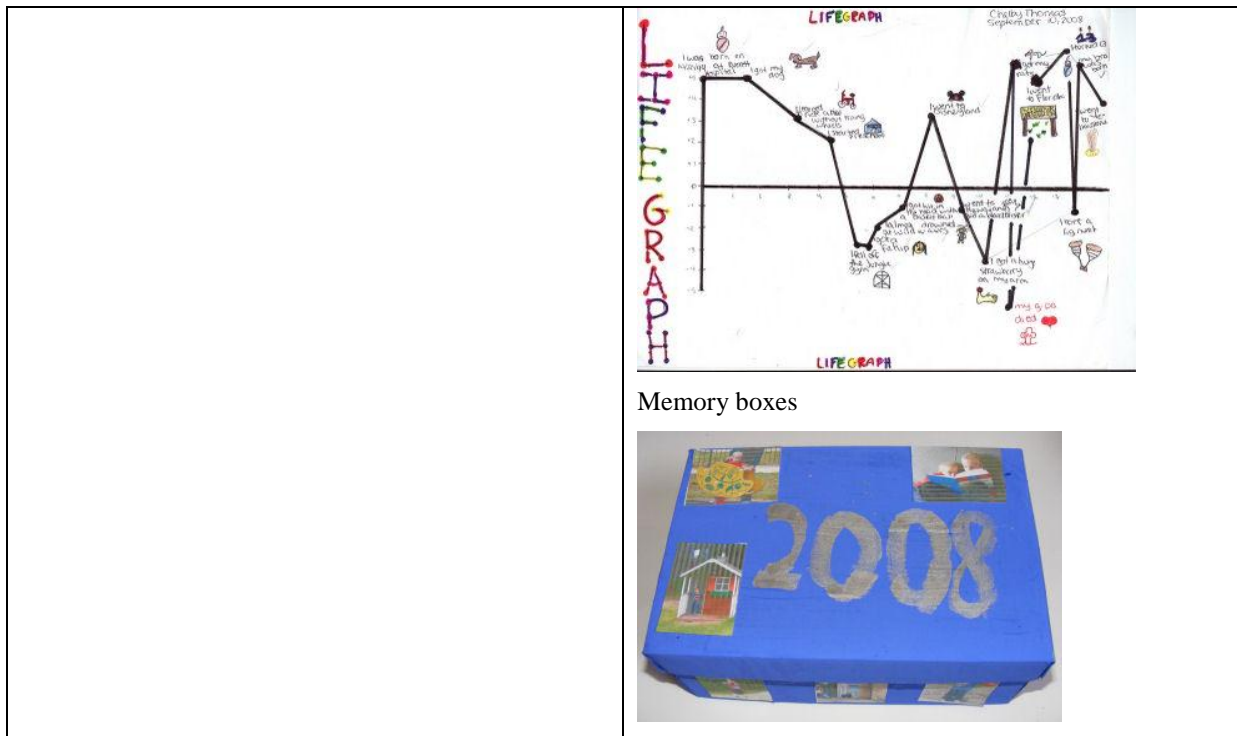


Table 1: Examples of life story work (Images source: Google Images)

Open-ended questions were asked and the interviews were conducted in a safe, private, suitable location within the child and youth care centre and, therefore, familiar and comfortable to the participants. you can give one or two examples of questions asked The researcher audio-recorded and wrote detailed field notes about the interviews, including notes about words used and body language displayed by each of the social workers (Gallagher, 2009:80; Morratmas & Rist, 2009:376).

Focus Group

Three social workers were able to attend the focus group. The purpose of the focus group was to explore the social workers' perceptions of life story work within their field of practice and context of child and youth care centres. Focus group interaction enabled the researcher to obtain information on the attitudes and beliefs of social workers regarding life story work which is not always possible within a one-to-one interview (Flick, 2009:201). In the focus group, all social workers introduced themselves to the group of four, including the researcher. The other three social workers were not able to take part in the focus group discussions due to other commitments. The researcher began the discussion by introducing herself once more and stating the purpose of the group, which was to explore perceptions of life story work as a group of social workers working with children in child and youth care centres. The researcher also discussed the confidential nature of the focus group. Examples of life story work such as a life graph (see Addendum 1), making a life book or making a memory box (Gallagher, 2009:68; Mason & Davies, 2011:36; Ryan &

Walker, 2007:39) were reviewed again. The social workers were then given the opportunity to discuss their perceptions of life story work together, as a group and were guided by the researcher by semi-structured questions (see attached Addendum 4).

7.5 Data analysis

Data from the semi-structured interviews and focus group were analysed thematically following Braun and Clarke (2006:15):

The following steps were followed based on the guidelines provided by Braun and Clarke (2006:15):

- From the onset of data collection, the researcher began to familiarize herself with the data. Detailed field notes were written by the researcher during and after each interview with the social workers and reviewing the audio recordings, (as well as the focus group) and then studied by reading the data collected thoroughly and making a list of essential ideas that began to emerge (Braun & Clarke, 2006:1). Braun and Clarke (2006:17) believe that this familiarizing phase is essential to the process of data analysis as the researcher then begins to see the data as a whole and can see patterns or themes clearly.
- The researcher transcribed the data that was recorded from the interviews and the focus group.
- Once a list of ideas was drawn up, the coding process began by organizing the data collected into meaningful groups (Braun & Clarke, 2006:18). Common ideas were highlighted and noted by the researcher, such as that the social workers were unaware that they were utilizing life story work techniques and that they all perceived life story work as helpful with children in child and youth care centres who had issues with identity and a sense of belonging.
- Once codes were identified, the researcher then analyzed and organized the codes into themes (Braun & Clarke, 2006:19). A visual representation, e.g. a table was utilized for this process as it made the process of selection of candidate and sub-themes clearer (Braun & Clarke, 2006:20). These candidate themes were then analyzed and restructured, until the main candidate themes were apparent to the researcher (see Addendum 2). The main themes included the therapeutic use of life story work, the importance of using life

story work and the negative perceptions of life story work. Sub-themes were then identified and explored further by the researcher.

- Finally, a report was written whereby the data was presented in an analytic narrative (Braun & Clarke, 2006:23) by displaying the results found in a concise manner through the representation of the themes found.

7.6 Ethical considerations

Care was taken to ensure that the study was undertaken in an ethically correct manner and also to ensure that the social workers were not harmed in any way, emotionally or physically, throughout the course of the study (Pitney & Parker, 2009:77). According to Boeije (2010:44), researchers need to consider the moral accuracy of their research activities in relation to the participants. This research formed part of a larger research project being conducted by the Centre for Child, Youth and Family Studies with the research ethical number NWU-00060-12-A1. The researcher also obtained a letter of permission from the North-West University to undertake this research. The following ethical aspects were considered by the researcher:

- Informed Consent

The researcher obtained informed consent (see Addendum 4) from the social workers by making contact with each of their manager's first and then by explaining the study to them and their possible participation (Boeije, 2010:46; Flick, 2009:41; Gallagher, 2009:15; Leadbeater, 2006:7; Marvasti, 2004:139; Pitney & Parker, 2009:73). The researcher informed the social workers of the research aim and procedure, the potential risks and benefits (Pitney & Parker, 2009:73), that their participation was voluntary and that they may withdraw from the study at any time if not comfortable to continue. (Flick, 2009:41; Marvasti, 2004:139; Welman *et al.*, 2005:181).

- No Harm

It was the researcher's responsibility to ensure that the social workers were protected as much as possible throughout the research study (Marvasti, 2004:137). Therefore, potential risks to the social workers were identified by the researcher and explained to them when gaining informed consent (Pitney & Parker, 2009:73). The researcher was aware that as the study explored perceptions of the social workers regarding their current interventions and the manner in which they deal with children in child

and youth care centres, the study could potentially bring subjective reactions to the surface (Flick, 2009:41), depending on the individual (Marvasti, 2004:137). The researcher, therefore, needed to be prepared to refer the individual for counselling, should the need arise, so that none of the social workers were left feeling vulnerable.

- Privacy: Anonymity and Confidentiality

Marvasti (2004:137) states that it is important to ensure that the research participants are not harmed and their privacy is protected. Gallagher (2009:20), Boeijs (2010:46) and Marshall and Rossman (2011:48) state that the participants should not be identifiable through the data. In this study, the researcher protected the social workers at all times and did not expose their identities (Marshall & Rossman, 2011:48) by not revealing their names (Gallagher, 2009:20). For the purpose of confidentiality the field notes and documents collected were kept safe and locked away and the data on a computer was guarded by a password only known by the researcher. When the study was completed the data was locked and stored at the Centre for Child, Youth and Family Studies for the prescribed period of time by the University.

- Trustworthiness

Marshall and Rossman (2011:44) believe that although ethical procedures such as informed consent and respect for the participants need to be followed and are central to ensure trustworthiness of research studies, researchers also need to be ethically engaged during the research study. Marshall and Rossman (2011:44) argue that trustworthiness of the 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.

The guidelines suggested by Lincoln and Guba (1985), will be discussed in the Table below and applied to this study to ensure the trustworthiness of this study.

Standard	Strategy	Criteria used in this study
Truth value	Credibility refers	Multiple data collection methods:

	<p>to the research that is being conducted and whether the collected data is a clear representation of the participants' views.</p>	<ol style="list-style-type: none"> 1. Semi-structured interviews. In this study, semi-structured interviews provided a more comprehensive view of participants' experiences. 2. Focus Group. In this study the focus group provided data from a group perspective and the data collected in context. <p>Document analysis. In the study, field notes taken by the researcher provided an opportunity to check data collected throughout the interviews and focus group and validate the reliability of the study.</p>
		<p>Participants</p> <p>Social workers were registered with SACSSP and practiced at a registered CYCC in the Northern or Southern suburbs of Cape Town.</p> <p>Spoke English or Afrikaans.</p> <p>Had at least six months experience working with children in the child and youth care centre.</p> <p>Member checking</p> <ul style="list-style-type: none"> - Confirmed data collection with participants to ensure clear representation of their experiences.
<p>Applicability</p>	<p>Transferability refers to data collected in such a way that the data is beneficial to other settings</p>	<p>Selection of sources</p> <ul style="list-style-type: none"> - Literature resources from relevant and accredited sources. - Books, Journals, academic articles, Internet sources. <p>Sampling</p>

	as well.	<ul style="list-style-type: none"> - Purposive sampling based on the specific inclusion criteria. - Population available in Cape Town. <hr/> <p>Data saturation</p> <ul style="list-style-type: none"> - Data continued to be collected until data saturation was achieved. <hr/> <p>Research design</p> <p>Qualitative study with qualitative inductive methods of data collection.</p> <hr/> <p>Phenomena</p> <ul style="list-style-type: none"> - Study only based in Cape Town, but phenomenon occurs across South Africa, - Study can be repeated.
Consistency	<p>Dependability refers to the researcher's ability to adapt to the changes in the phenomenon.</p> <p>Refers to the consistency of the measuring.</p>	<p>Semi-structured interviews & focus group</p> <ul style="list-style-type: none"> - Interview schedule provides guidance, but allows for adaptability and flexibility to accommodate change. Input from experts was obtained. - Focus group allowed for a group perspective on the phenomenon. <hr/> <p>Dual perspective</p> <ul style="list-style-type: none"> - Researcher clarified data and research with social workers as professionals working in the field. <hr/> <p>Stepwise duplication</p> <ul style="list-style-type: none"> - Data available on audio recordings and field notes. Backups made and stored separately. - Field notes ensured more detailed data analysis. Field notes recorded non-verbal cues picked up by researcher.

Neutrality	Confirmability Refers to objectivity of the researcher.	<ul style="list-style-type: none"> - Two data collection methods: - Semi-structured interviews with social workers consisting of open-ended questions. - Focus Group with social workers.
		Introspection <ul style="list-style-type: none"> - Field notes allowed researcher to identify own conceptions of interviews and the focus group.
		Professional objectivity <ul style="list-style-type: none"> - None of the social workers were personally known to the researcher.
		Study leader <ul style="list-style-type: none"> - Provided a step by step audit of the research process.

Table 2: Guidelines applied to this study

8. Choice and Structure of Research Article

The dissertation follows the article format as prescribed by the North-West University. The dissertation consists of the following sections:

- Section A: Introduction and Problem Statement, Literature review
- Section B: Article focusing on Problem Statement, Aim, Methodology, Results and Discussion
- Section C: Conclusions and Recommendations
- Section D: Addenda

The Social Work Practitioner-Researcher journal was identified as a possible journal for submission.

9. Summary

Life story work has been identified as an effective therapeutic tool to assist children in foster care with gaining a sense of belonging and identity. The researcher hoped to explore perceptions of social workers regarding life story work to gain a further understanding of if and how it is used within their roles in child and youth care centres in South Africa. In this section an overview of the rationale and the method of the study was described. The problem formulation, aims and objectives, and research question were

discussed. In Part 2, the literature review will be discussed and Section B will include further details of the study.

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PART II - LITERATURE REVIEW

1. Introduction

This chapter serves as the literature review and, therefore, the researcher will aim to describe the key concepts covered in this study. This chapter begins with a description of children in child and youth care centres in South Africa, with a focus on their particular needs and the requirements of the Children's Act (Mahery, Jamieson & Scott, 2011:31) on how those needs should be met. There is a brief discussion concerning the social worker's role in a child and youth care centre and why their perceptions of life story work are relevant to this study. An examination of life story work will be discussed in depth, as well as its connection to the child in care's identity and sense of belonging. The theoretical underpinning of the study; that of narrative therapy will be discussed. The chapter will end with a conclusion.

2. Children in child and youth care centres in South Africa

In South Africa, abuse, neglect and abandonment are the major reasons for children entering the care system (Human Rights Commission & UNICEF, 2011). According to the Human Rights Commission and UNICEF (2011), there are currently 345 registered children's homes in South Africa providing for approximately 21 000 children. These facilities, known as 'child and youth care centres', defined as 'facilities for the provision of residential care to more than six children outside the child's biological family environment, in accordance with a residential care programme suited for the children in the facility. A Child and youth care centre provides programmes and services outlined in Section 191 (3) of the Children's Act No. 38 of 2005 (as amended) and includes children's homes, places of safety, secure care centres, schools of industry, reformatories and shelters for street children. Every child and youth care centre must offer a therapeutic programme – this could be a programme for children with behavioural, psychological or emotional issues, or a programme for children who have been abused' (Mahery *et al.*, 2011:9). In other words, child and youth care centres are a provision of the new Children's Act which aims to establish a system of specialized alternative childcare programmes with proper standards and governance structures. The legislation in South Africa requires child and youth care centres to provide therapeutic intervention programmes to address the needs of children in residential care (Mahery *et al.*, 2011:31). Therefore, South Africa is shifting its social care emphasis from social welfare to social development, and this has an effect on the place of residential care within the system (Stout, 2009:105)

The Children's Act (2005) brings legislation in line with the South African Constitution, with international law, and with the move towards a more social development approach (Stout, 2009:115) as it addresses the needs of children in child and youth care centres holistically (Mahery *et al.*, 2011:30).

The purpose of the child and youth care centre for the child would be to offer safety and security, either temporarily or permanently, as well as to offer therapeutic intervention and to provide therapeutic programmes appropriate to the targeted children's developmental and other needs (Mahery *et al.*, 2011:31). The basic needs of children in care do not differ from those of other children. The need for food, safety, protection is felt by all children. The child in care, however, experiences needs differently due to their traumatic experiences (Blaustein & Kinniburgh, 2010:50).

The legislation, therefore, requires that the child be assessed before and after entering the child and youth care centre. This means that a process is undertaken by the social worker to assess the developmental needs of the child, family needs or any other circumstances which may have an effect on the child's overall well-being and need for protection and therapeutic intervention. According to the Children's Act (2005), the child must be involved in this process with the social worker and the child and youth care worker can also play a role here in supporting the child in gathering information about the child's needs. Regulation 73 in the Children's Act (2005) states the rights of all children in child and youth care centres and states clearly that it is of utmost importance for each child to have an individual development plan, based on their individual needs, describing which programmes and services would best address these needs (Mahery *et al.*, 2011:31).

2.1 Current ways of working with children in child and youth care centres

Social workers rely on assessments and treatment plans to guide them in their intervention strategies with children in child and youth care centres (Mahery *et al.*, 2011:31). The Circle of Courage assessment plan (Steele and Kuban, 2013) makes it clear that the child who does not have access to common resources, such as the support of family, and who cannot have these basic universal needs met, which are: belonging (connections), mastery (self-regulation), independence (view of self as a survivor) and generosity (value for life, others and the community), need additional help, such as therapeutic intervention by a social worker at a child and youth care centre. A developing body of research shows that these four needs are vital for the foundations of resilience and positive youth development (Steele & Kuban, 2013).

The Circle of Courage is based on these four universal needs and is the programme used to assess and plan intervention by social workers for all children placed in child and youth care centres in South Africa (Steele & Malchiodi, 2012:114). The programme addresses the needs of children placed in child and youth care centres, such as belonging and mastery, which is similar to the needs that life story work addresses.

2.2 The challenges and needs of children in child and youth care centres

Rose and Philpot (2005:24) state that several characteristics unite all children in care: most of these children have experienced multiple moves in their lives, most of these children suffer from an attachment disorder and most of these children have a history of abuse, such as physical, emotional, sexual or a combination, as well as neglect (Barton, Gonzalez & Tomlinson, 2012:24).

According to Blaustein and Kinniburgh (2010:24), children in care, often have damaged perceptions of relationships, people and their environments, due to the beliefs that they formed early in life through their experienced trauma. Due to these beliefs, they form certain triggers or cues that set off negative reactions to similar situations to that of the traumatic events (Blaustein & Kinniburgh, 2010:25). These triggers are often feelings of: Perceptions of a lack or loss of power or control, unexpected change, feeling threatened or attacked, feeling vulnerable or frightened, feeling ashamed, feelings of deprivation or need for intimacy or positive attention. From these triggers or cues, apart from their basic physiological needs being of primary importance, the children in care may then present with needs of routine and rituals (Blaustein & Kinniburgh, 2010:50), security, stability, identity, a sense of belonging, acceptance and acknowledgement of their feelings by the child and youth care workers and social workers in child and youth care centres (Blaustein & Kinniburgh, 2010:153; Barton *et al.*, 2012:139).

3. Social worker's roles in child and youth care centres in South Africa

“The idea of a social worker is that they do some case work, some group work, and some community work. But our social workers are bogged down in foster care case work and so for example, therapeutic interventions are very minimal unfortunately”

Supervisor, NGO providing statutory services, KZN.

The social worker's role in a child and youth care centre is to offer safety and security, to assess and develop and implement the individual development plan based on the Circle of Courage and, according to the Children's Act (2005) also offer therapeutic intervention programmes suitable to the child's individual

needs. Social workers in a South African multicultural society deal, on a daily basis, with the challenge of networking between different languages and cultural groups, including those from neighbouring countries. Added to this, they have to find ways of coping with heavy workloads and minimal resources (Jacques, 2013:111). As a result of this, many social workers are struggling to meet the demands of the Children's Act (2005) and to offer therapeutic care to every child at the child and youth care centre where they are placed. However, sometimes children in care are placed with other family members, known as 'kinship care' (Horn, Gray, Pettinelli & Estassi, 2011:61) and this is also part of the role of the social worker at the child and youth care centre – to offer family reunification services to the children. This is usually viewed as a positive alternative for the children as they are then still able to maintain their ties to their cultural heritage and traditions, their siblings and broader families and their communities (Horn *et al.*, 2011:61). It seems that by placing the children into kinship care, they may be able to better adjust and cope with the trauma as a result of the separation from their parents or original caregivers. This may also be due to being able to keep ties with their past and what they know as familiar. By doing this, it may complete their 'story' in a more familiar sense and not create as much rootlessness or a sense of a 'narrative wreckage' (Horn *et al.*, 2011:62). The social worker would be responsible for the reunification services of the child and the well-being of the child.

Therefore, the social worker plays a key role in the child's life in the child and youth care centre. The social worker is the individual who is responsible for the care and safety, and now, the therapeutic intervention, for the child in care. The social worker would, therefore, be responsible for implementing any new programme into the child's therapeutic intervention plan, such as life story work, for example. Therefore, an exploration into the social workers' perceptions, the manner in which they view life story work, would be important.

4. Life story work: Conceptualization and Method

4.1 History of Life story work

As early as 1981, Aust introduced the concept of a life story book to assist caregivers and children in placement (Rose, 2012:26). Aust was soon followed by Backhaus in 1984 and then Fahlberg in 1994, both expanding on the concept of the life story book in alternate care. In 1993, Ryan and Walker promoted the concept of life story work with adopted children and then in 1995, Philpot and Rose

promoted life story work as a therapeutic tool with traumatized children. In 2009, Joy Rees promoted the use of life story book techniques with adopted children. Recent literature by Rose (2012:27) expands on the concept of life story work, exploring the concept as a therapeutic tool to assist caregivers and children to explore their life stories, their experiences and feelings, not only internalise the chronological events in their lives.

Life story work, as a method of intervention with children, has become a long-established means of social work intervention and is defined by Rose and Philpot (2005:15) as “a therapeutic tool that deals with the child’s inner world and how that relates to the child’s perception of external reality.” Cook-Cottone and Beck (2007:193) describe a life story work model as an interaction between the self system and the external system and define life story work as “the construction, or reconstruction, of an individual’s life-story and involves the integration of the individual’s internal processes (cognitive, emotional and biological) as well as the relationships and values within the family, community and culture in which the child has developed.” The information gathered through creative methods, such as listening, talking, drawing, painting, storytelling and family trees, is then recorded and utilized to assist the individuals in care to remember their life journey and to understand their confusions about their past (Rees, 2009:16). Life story work is based on the principles of reminiscence and storytelling, but is unique because it includes a critical review of life events and also identifies the individual’s present and future wishes (Bruce & Schweitzer, 2008:73).

4.2 Life story work in South Africa

Extensive research has been conducted about life story work in the UK, but not as extensively in South Africa, although some research has been conducted in South Africa regarding life story work. Jonathan Morgan at the University of Cape Town, for example, began composing a life story work manual in 1999. This manual was designed to assist in facilitating memory workshops after he was inspired by the life story work done with the HIV-positive NACWOLA women in Uganda who made use of memory boxes and life story books to help them disclose their status to their children (Morgan, 2004). The researcher also discovered that in Cape Town, a child and youth care centre known as, ‘Ons Plek,’ utilizes life story work techniques for teenage girls in care and found it to be successful. Renee Rossouw, the founder of *Ons Plek* (Jackson & Roussouw, 2006:46), believes that it is essential for human beings to know their life stories and that children placed in care often find their place in their families and communities is

disrupted. Rossouw states that this disruption creates instability in the child's identity and they may be confused as to who they are and where they come from. As a result of these beliefs, the counsellors make use of life story books to assist the teenage girls at their facility to establish their identities and feel more secure (Jackson & Roussouw, 2006:46).

4.3 Narrative Therapy as a Life Story work foundation

Life story work, from a therapeutic view, is based on the theories and principles of narrative therapy, that being that human beings understand themselves, their experiences and, therefore, their lives, through the medium of language (Dryden, 2007:404; Neukrug, 2011:390). Through communicating, human beings have a means of sharing, connecting and making sense of their experiences, thereby creating themselves and their identities and making meaning of their lives (Abels & Abels, 2001:16; Dryden, 2007:404). This communication, through various means such as music, drawing, writing or speech, forms the medium through which life story work is experienced (Rees, 2009:16; Rymaszewska & Philpot, 2006:22).

Stories have always been a part of human life. According to Grove (2013:3), storytelling can be traced back through the ages. Stories are viewed as essential to human lives as all human beings, from different cultures, communicate through stories, learn through stories and even base behavior and moral activity on stories (Grove, 2013:3; Headman, 2002:84). The word "story" originates from the Greek word "histor" which is defined as "one who is wise and learned" (Seidman, 2013:7). Abels and Abels (2001:15) define a story as "a true narrative, or one presumed to be true, relating to important events and famous people of the past; a historical account or anecdote...a person's account of his or her experiences or the events of his or her life." Therefore, telling a life story is a way of knowing and it is a process whereby the individual makes meaning of his or her experiences (Abels & Abels, 2001:18). Through putting aspects in order, individuals are able to reflect on their experiences and make sense of them and it is through this meaning-making and interpretive experience that narratives attain their strength (Abels & Abels, 2001:18; Gomez-Estern & de la Mata Benitez, 2013:351; Seidman, 2013:7).

Throughout history, many cultures have a strong tradition of passing down stories about their families, history and cultural traditions to younger generations (Abels & Abels, 2001:5). Abels and Abels (2001:6) state that "every nation, culture, society, organization, family and individual has a narrative – a series of stories that they have put together, usually in a time sequence that helps them make sense of their lives." Stories are a common theme through various cultures that unite all human beings and, therefore, narrative

therapy is an effective form of therapy with all different children, from various backgrounds. Children naturally tell stories and, therefore, storytelling is widely viewed as an essential component of narrative therapy with traumatized children (Shapiro, 2013:243), from a therapeutic standpoint. According to Wertsch (2002), amongst the different tools used in acts of identification, narrative therapy is one of the most studied and meaningful.

Through stories, human beings feel connected to their past and, therefore, to their identities (Torteinsson, 2004:294). Belonging is experienced through connecting with our past, our narrative or, in other words, our life story (Appiah, 2005:231). Through knowing our past, human beings feel a sense of groundedness and belonging and are able to feel secure about the future. A sense of disconnection is a feeling associated with children who are placed in care (Emmanuel, 2003:117) and a child without the knowledge of his or her life story, or who is lost in his or her community, is left feeling vulnerable (Dryden, 2007:404).

4.4 Life story work as a therapeutic tool

Rose and Philpot (2005:15) view life story work as a therapeutic tool that deals with the child's inner world and how that relates to the child's external reality. Life story work may also help the child to piece together fragmented events in his life and help him to understand what led him to be placed in care (Walsh, 2009:9). The researcher states that this process, therefore, assists the child to make sense of his world once more and to clarify his confusion that he may have experienced post-trauma (Mallon, 2011:85; Rymaszewska & Philpot, 2006:22) as well as helps the child to understand himself and his life (Walsh, 2005:9) and, therefore establish his identity (Walsh, 2009:9). Rymaszewska and Philpot (2006:21) and Walsh (2009:9) state that life story work includes the questions: "What?" "Why?" "When?" and "Who?" for the social worker and the child to gain a deeper understanding as to what exactly happened, when did it happen, why did it happen and who were the people involved. Walsh (2009:9) states that the life story work, therefore, assists the child to internalize understandings of what occurred in his life and to form an understanding of their own identities.

4.5 Life story work with children in child and youth care centres

Life story work has been successful in helping to address the needs of children in care and is increasingly recommended to improve care (Thompson, 2011:17), and to assist with addressing their needs, such as their identity formation, creating a sense of belonging and the need to know their story (Rose, 2012:18; Rose & Philpot 2005:14; Thompson, 2011:20). Life story work has been acknowledged as critical in the

lives of children in care, although there is a lack of empirical evidence (Cook-Cottone & Beck, 2007:194). Rossouw (Jackson & Roussouw, 2006:46) at *Ons Plek*, a shelter in Cape Town, identified the needs of identity and the need to know their story in the girls at the shelter and decided to intervene by offering the opportunity to complete life story books. It was discovered that completing these books assisted the children with their issues of identity and separation (Jackson & Roussouw, 2006:46). Rossouw believes that the life story book is a technique used in life story work to assist children in alternative care with their issues of identity by allowing them the opportunity to compile a collection of personal items and facts and placing it into something real and tangible (Jackson & Roussouw, 2006:46). Rossouw's experience has, therefore, shown that children placed in alternative care can benefit from this therapeutic activity, which agrees with the requirements of the legislation and the role of the social worker which now includes offering therapeutic intervention programmes to all children in child and youth care centres (Mahery *et al.*, 2011:31).

4.6 Life story work in multiple contexts

Life story work aims to improve the quality of life and well-being of people by enabling them to document and share their life story in whatever format is best for them. Examples include life story books, leaflets, letter writing, photographs, collages, memory boxes and electronic formats. It is important to choose the format which best suits the child and their individual needs and situation (Abels & Abels, 2001:59; Life Story Steering Group, 2010:4; Thompson, 2011:17) It is their story and puts them firmly in the centre. It gives them the power in telling their own life stories as they construct a narrative identity (Life Story Steering Group, 2010:4; McLean, Wood & Breen, 2013:434; Thompson, 2011:18).

Rose (2012) states that life story work means different things for different people and Gibson (2011) believes that there is no standard way of presenting a record of an individual's life. The table below, based on Gibson's (2011) examples of life story work, includes examples of activities of life story work, which may be performed, visual or written:

Performance	Visual	Written
Audio recording	CD-ROM	Assisted autobiography
Charades and mime	Pottery	Biography
Computer networking	Collage	Blogs

Singing	Mosaics	Book
Cooking	DVD	Diary
Dance	Drawings	Letters
Drama	Painting	Life story books
Outings	Art activities	Magazine or newspaper article
Gardening	Genograms or family trees	Poetry
Musical composition	Embroidery or tapestry	Scrapbook
Storytelling	Maps	Short story
Song writing	Memory boxes	Incomplete sentences
Theatre	Life story books	
Trip, visit or pilgrimage	Photograph albums	
Woodwork or modelling	Portraits	
	Sculptures	
	Story boards	
	Video diary or video portrait	
	Life graph	
	Feeling faces	

Table 3: Examples of life story work activities

5. Definitions and Theoretical Frameworks

Theories of identity formation and creating a sense of belonging explain that narrative therapy assist with this. Life stories and how they influence reframing of how the child views himself, his life and his situation and, therefore, how life story work promote change in the child, is the main focus of the narrative approach (Abels & Abels, 2001:17).

The idea of the narrative approach with children in child and child and youth care centres is that by the time they have been placed in care, they are confused with regards to who they are, where they belong and where they are going (Rose, 2012:18). The social worker, whose role is to provide safety, well-being, as well as therapeutic intervention (Mahery *et al.*), for the child, would then be able to utilize life story work with the child in child and youth care centres to assist him with forming an identity and providing him with a sense of belonging (Life Story Steering Group, 2010:3; Rose, 2012:18).

6. Conclusion

The literature review and orientation began by examining child and youth care centres in South Africa according to the ammended Children's Act (2005), followed by an insight into both the needs of the children in child and youth care centres in South Africa and the roles of the social workers in these centres. Life story work was discussed as well as the theoretical underpinning of the study, which is narrative therapy, which concluded this chapter.

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SECTION B

**Perceptions of social workers regarding life story work with children in child and youth
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Abstract

The aim of this article is to explore how social workers in child and youth care centres perceive life story work. Narrative therapy is used as the theoretical framework of this study which followed a qualitative descriptive design. Six registered social workers from registered child and youth care centres in the Northern and Southern suburbs in Cape Town were purposefully selected for this study. Semi-structured interviews, member-checking, and a focus group were utilized. The findings support the theoretical framework of this study, that narrative therapy assists children in care to form identities and a sense of belonging. The findings show that social workers have a general lack of awareness of what life story is, yet, after exposure to the concept, perceive life story work as essential for children in child and youth care centres in South Africa. The limitations represent a lack of resources such as training and facilitators.

Key words: child and youth care centres; social workers; life story work; identity; belonging; narrative therapy

Introduction

Life story work has been used as a therapeutic intervention technique in care facilities for children in the United Kingdom (UK) for over thirty years (Rees, 2009; Rose, 2012; Rose & Philpot, 2005) and has been proven to be effective with issues such as identity and a sense of belonging (Rees, 2009; Rose, 2012; Rose & Philpot, 2005). In South Africa, however, research on the topic is limited.

A few organisations in South Africa are aware of the benefits of life story work and utilize the therapeutic intervention technique. The Sinomlando Centre in Kwazulu Natal offers a training programme in Memory Work (Denis & Makiwane, 2003), using memory boxes, to communities and organisations in South Africa, for example. A shelter for teenage girls in Cape Town, known as *Ons Plek*, utilizes life story books with the girls in the shelter as the owner, Rene Rossouw, found it assisted the girls with their issues with belonging and a need to know their story (Jackson & Roussouw, 2006).

The mediums used in life story work such as the life story book or memory boxes, for example, are found to be useful with children in care as they assist the children with knowing and understanding their history; with linking the past to the present and understanding how earlier life events can impact on present behaviour; to acknowledge issues of separation and loss; to enhance the child's self-esteem and self-worth; to build a child's sense of identity and to encourage a sense of belonging and security (Rees, 2009).

Children in child and youth care centres often have issues with identity and a sense of belonging (Barton *et al.*, 2012:24; Jackson & Roussouw, 2006:46; Rose & Philpot, 2005:24) and it is the social worker's role at the child and youth care centre to provide programmes suitable for the child that would assist him with his issues with identity and his sense of belonging or any other needs (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2012; Children's Act 38 of 2005). Edith Nicholls, the author of "The new life work Model" (2005), which is a model in social work linking social work to life story work, recognises the key role that temporary carers and social workers play in promoting a child's identity formation and self-esteem and describes them as, "the link to their past and the bridge to their future" (Wrench & Naylor, 2013:61). It is, therefore, the social worker who would implement life story work as a programme with children in child and youth care centres if it was implemented.

Therefore, an exploration into how social workers perceive life story work was undertaken with the objective to describe their perceptions of the concept and with the hope to encourage future research into life story work in child and youth care centres in South Africa.

Method

A qualitative descriptive design was followed (Fouché, 2011) to explore the participants' perceptions of life story work with children in child and youth care centres. The researcher's objective was to explore these perceptions in depth (Hennink, Hutter & Bailey, 2011) through various techniques including semi-structured interviews, member-checking and a focus group for triangulation (Hesse-Bieber & Leavy, 2011). Ethical clearance was given by the North-West University: NWU-00060-12-A1. Purposeful sampling was used (Houser, 2012) and the participants included six registered social workers, all practicing at registered child and youth care centres in the Northern and Southern suburbs of Cape Town, Western Cape, South Africa. Informed consent from each participant was obtained before the onset of the interviews (Boeije, 2010). The participants needed no prior knowledge of life story work before the interviews were conducted, as the researcher wanted to ascertain whether or not they were aware of life story work. During the course of the interviews and the focus group, examples of life story work were shown and explained to the participants. Thematic data analysis was used to transform transcribed data into meaningful information (Braun & Clarke, 2006). The principles and strategies utilized to enhance trustworthiness of the data were achieved through crystallisation (Lincoln & Guba, 2008).

Results

The table below shows the themes and sub-themes that emerged as the perceptions of social workers regarding life story work. Themes and sub-themes which emerged during the thematic analysis are outlined below and are subsequently discussed in detail.

Themes	Sub-themes
Therapeutic use of life story work	<i>Lack of awareness</i> <i>Life story work as a flexible and user-friendly technique</i>
Importance of using life story work	<i>Identity formation</i>

	<i>Embracing the past</i> <i>Sense of belonging</i> <i>Relationship-building</i> <i>Family reunification</i> <i>Self-adjustment in a new environment</i>
Negative perceptions of life story work	<i>Complexity of life story work</i> <i>Shortage of social workers</i> <i>Lack of resources</i>

Table 4: Themes and subthemes

Therapeutic use of life story work

Life story work is useful in child and youth care centres as a therapeutic intervention as it is based on the ideals of narrative therapy (Crawford, 2010; Mehl-Madrona, 2007). The participants claimed to be aware of narrative therapy and to use it with children in child and youth care centres. These findings are displayed in the following comments made by some of the participants.

Participant 4: *“Sometimes we use narrative therapy. They are traumatized and seeking an identity and a sense of belonging. When they were on the streets, they lost touch with themselves and a lot of things about their families, so we help them to remake their lives.”*

Participant 1: *“I use story-telling techniques through therapeutic stories. I know about narrative work and have used that before.”*

Participant 2: *“I know about narrative therapy and letting the children tell their stories in narrative form.”*

However, the participants showed a lack of awareness regarding life story work.

Lack of awareness

Here are some of the responses that participants had which illustrated their lack of awareness regarding life story work.

Participant 1: *“I use life story work and I wasn’t aware of it.”*

Participant 2: *“There is not enough awareness about life story work.”*

Participant 3: *"I use the family tree. I use incomplete sentences a lot. I didn't realise I use life story work this much. Maybe social workers don't have the skills and are not aware of it. There is a lack of awareness."*

The quote by participant 3, for example, indicates the lack of awareness that the participants have concerning life story work and revealed that they do the activities, but they are not aware of the concept of life story work. This indicates that some of the participants were not aware of what life story work was before they were presented with the examples of life story work during the interviews and the focus group.

Life story work as a flexible and user-friendly technique

The findings show that the participants perceive life story work as a flexible technique. This means that it is flexible in that it can be applied to children of various ages and backgrounds, and be adapted to suit the individual child. The following comment was made by a participant about a life story book.

Participant 4: *"They are free to put anything they want in their book. They are individuals. Every book is different."*

Life story work was perceived by the social workers as a user-friendly technique. Below is a response by a participant.

Participant 1: *"Most of the children can't write, but enjoyed to draw."*

The participants claimed that often the children preferred drawing or doing arts and crafts to talking, for example, and this would sometimes prompt them to talk more as they built their confidence in their therapeutic relationship with the social worker.

However, there was a concern for the children that the activities that were utilized with them should be uplifting for them and not damaging. This meant that the participants were concerned that some of the life story work techniques may frustrate the children, if sensitive material was revealed. The following is a comment made by a participant illustrating this concern:

Participant 5: *"The activities should not frustrate them."*

Although the participants were concerned that the children in child and youth care centres may feel frustrated participating in life story work activities, they also revealed positive perceptions of life story work, based on its usefulness. These included the use of life story work with identity formation,

embracing the past, sense of belonging, relationship-building, family reunification and self-adjustment in a new environment.

Importance of using life story work

The participants perceived life story work to be important with the assistance of various difficulties that children in child and youth care centres experience, such as identity formation.

Identity formation

Most of the social workers at the child and youth care centres featured in the research study said that the children at the child and youth care centres were in the adolescent phase of development and they were acting out and struggling with issues with identity (Novak & Pelaez, 2004). This is illustrated in the following comments made by a few participants:

Participant 1: *“Most of the children here are in their adolescent phase and are trying to seek an identity. They need an identity. They are experimenting to find their identity”.*

Participant 3: *“I have heard of life story work before and it is linked to identity”.*

Participant 4: *“We need to use life story work here otherwise the children struggle with a sense of identity. Life story work helps with forming an identity”.*

Embracing the past

The following comment was made by a participant reflecting on the value of life story work regarding embracing the past:

Participant 2: *“I see the value in it because it encourages the child to embrace his story and his past. This is the foundation from which you are functioning from. Then, he can accept the good and the bad and move forward. I think capturing their lives in story form is very powerful for them and they can look back at what they went through and survived. Reframe their stories and see themselves as survivors instead of victims. Life story work is a very useful technique for children in child and youth care centres – it adds to their sense of identity and their foundation that they operate from”.*

Sense of belonging

The findings confirmed that children in child and youth care centres have difficulty with a sense of belonging (Barton *et al.*, 2012; Jackson & Roussouw, 2006; Rose & Philpot, 2005). Comments from the participants were as follows:

Participant 1: *“The adolescents here need a sense of belonging.”*

Participant 2: *“Many of the children here feel lost.”*

Participant 4: *“We need to start life story work otherwise they feel lost and struggle with a sense of belonging. They are traumatized and seeking a sense of belonging.”*

The participants perceived life story work as helpful as a therapeutic intervention with the issue of belonging, once examples of life story work had been presented to them. The following comment reflects how life story work is perceived as useful with a sense of belonging:

Participant 5: *“I think it is useful. Children in South Africa need to know that they are important and they belong”.*

Most of the participants claimed to use group work as their method of therapeutic intervention as it gave the children a sense of belonging in a group. This was reflected in the following comments made by a participant:

Participant 5: *“I have not worked intensively therapeutically with the children, but do some group work sessions.”*

The participants claimed to utilize group therapy with the children and viewed life story work as a possible valuable addition to the group therapy.

Relationship-building

The findings revealed that some participants perceive life story work as useful for relationship-building and the therapeutic relationship is fundamental to any therapeutic encounter with the child (Green, 2010).

The following comment was made by a participant concerning relationship-building:

Participant 3: *“This is good for relationship-building and there is much healing just in that.”*

The participants viewed life story work as useful for relationship-building as children are able to disclose information about themselves through the use of life story work activities (Gibson, 2011). This also made the participants aware of the usefulness of life story work for family reunification services.

Family reunification

The findings show that the participants perceived life story work as useful to gain information about the child and valuable for family reunification. The following comments were made by the participants:

Participant 4: *“I use life story work with the children to touch on all aspects of the child’s life and try to reconnect the dots for them and try to help them to remember and have their life story. It is a good*

method to get the child to talk as many prefer drawing to talking. The family tree, for example, can also assist with reunification services as you can trace family members.”

Participant 1: *“I use the family tree or genogram for assessment purposes, to get to know more about them.”*

Participant 3: *“I use the family tree. I use incomplete sentences a lot and find it to be a very useful tool. I have used the feeling faces so that children can show me their feelings and I have used the memory box before.”*

Self-adjustment in a new environment

The participants viewed life story work as useful for the child’s self-adjustment in a new environment. The social workers were partial to the idea of life story work being applied in the present setting of, for example, the child’s present life; taking photographs, making memories for the children in the present so that they could have a sense of belonging in the context of the child and youth care centre where they currently resided. These findings are reflected in the following comments made by the participants:

Participant 1: *“The orientation and adjustment phase to the child and youth care centre is particularly difficult for them and that’s where I think life story work may be helpful for them.”*

Participant 3: *“We need to also do things in their present and make them feel that this is where they belong and give them a sense of belonging.”*

As the participants became more aware of the concept of life story work, negative perceptions of the concept were discussed. These negative perceptions were concerned mostly with the practical implementation of life story work.

Negative perceptions of life story work

The participants had a few negative perceptions regarding life story work. The negative perceptions included the complexity of life story work, a lack of resources and a shortage of social workers.

Complexity of life story work

The participants’ perception of life story work was that it is complex. The participants became aware of life story work as a full process which would require commitment and were aware of the sensitive issues that may be raised during the process. This concern is reflected in the following comment made by a participant:

Participant 6: *“It’s too sensitive a topic just to give to any volunteer or student. We see the need, but because there are so many other needs as well, it is hard to focus on it. A life story or a memory book – you need to commit to the full process.”*

The participants agreed, for example, that background information on each child had to be sourced beforehand as they are dealing with vulnerable children and sensitive material. These findings are reflected in the following comment made by the following participant:

Participant 5: *“You’ll have to look at the individual himself before you do it, and do a bit of background info checks”.*

The participants, therefore, began to explore how life story work could be practically implemented in a more effective manner with the children in child and youth care centres, but a lack of resources is evident as a limitation to the practical implementation.

A lack of resources

The participants were concerned about their current lack of resources, such as time and funding. The participants were, therefore, concerned that life story work could not be properly implemented due to their lack of resources. This is reflected in the following comment made by a participant:

Participant 6: *“It’s time-consuming. In the context of being a social worker in this home, it would be time-consuming.”*

The participants were also concerned with the current shortage of social workers (Kruger, 2012) and how this would affect the practical implementation of life story work.

Shortage of social workers

There is a lack of social workers in child and youth care centres to facilitate life story work. These findings are reflected in the following comment made by a participant:

Participant 6: *“There is a shortage of about 60% of social workers in South Africa and I think that is the main problem. We have amazing techniques and amazing therapeutic interventions, but it is impossible to implement it because of us having such big caseloads.”*

Suggestions were, therefore, made by the participants to involve the childcare workers in the life story work process with the children in child and youth care centres. These findings were revealed in the following comment made by a participant:

Participant 6: *“One resolution might be to train childcare workers in life story work.”*

The findings, therefore, confirm that the participants viewed life story work as a valuable training opportunity for child and youth care centres that could add value to the overall care environment (Thompson, 2011).

Discussion of Findings

Social workers in South Africa currently work in stressful, time-pressured environments and often these are child and youth care centres (Gillespie, 2013). As a result, social workers are known to suffer burnout (Gillespie, 2013:6) and often do not have the time to fully attend to their clients in a manner they would aspire to do. In other words, even though social workers may have the knowledge of various therapeutic techniques, such as life story work, they may feel that they do not have sufficient time to apply them effectively. The research indicates that social workers are currently using aspects of life story work as they find it a useful therapeutic technique. However, their lack of awareness of the full process of life story work has meant that they are using it in a fragmented way without understanding the real value of life story work (Wrench & Naylor, 2012). The participants' perceptions evolved from a lack of awareness, to an awareness of life story work, as they recognised the examples displayed to them by the researcher. They then began to perceive it as a useful therapeutic technique as they recognised narrative therapy. Once this understanding was developed, they recognised the process of life story work as more than a simple means of collecting basic information about the child. Life story work is based on the theories and principles of narrative therapy, which states that human beings understand themselves, their experiences and, therefore, their lives, through the medium of language (Crossley, 2000; Jones-Smith, 2012:427). Through communicating, human beings have a means of sharing, connecting and making sense of their experiences, thereby, creating themselves and their identities (Crossley, 2000; Jones-Smith, 2012:427). This communication, through various means such as music, drawing, writing or speech, forms the medium through which life story work is experienced (Rees, 2009:18; Rymazsewska & Philpot, 2006).

The findings confirmed that the participants view life story work as a flexible and user-friendly technique. There does not seem to be a clear definition or approach to that of life story work. This is possibly due to the fact that the definition of life story work is not standardized (Rose, 2012; Gibson, 2011). Life story work is a user-friendly and flexible technique to be used with children as children of all

ages can relate to narratives (Sharry, 2004) and life story work allows the child the different mediums to express his story, such as drawing, writing or performing (Chavis, 2011; Rees, 2009:18). Life story work can, therefore, be adapted to all children through the various methods of communication (Rees, 2009) and can be useful in supporting the child in child and youth care centres with issues such as identity formation, a sense of belonging, relationship-building or embracing his past (Crawford, 2010; Kunz & Soltys, 2007; Wrench & Naylor, 2013), for example. The findings confirm the importance of the use of life story work with children in child and youth care centres with these issues, such as with identity formation.

The findings indicate that the participants perceive life story work as a useful therapeutic technique to address the difficulty of identity formation (Wrench & Naylor, 2013; Barton *et al.*, 2012; Jackson & Roussouw, 2006; Rose & Philpot, 2005). The participants claimed to have used some of the life story work activities with children with difficulties with identity formation and a sense of belonging. They perceived the activities, such as the life book, for example, to be helpful with identity formation as it gave the children a sense of ownership in their lives. Children in care are often left with a sense of uncertainty and a loss of control, due to their traumatic pasts (Dryden, 2007:305). The perceptions the participants have of the usefulness of life story work as a therapeutic technique with the difficulty of identity formation, resonates with the principles of narrative therapy. Narrative therapy aims to re-frame the individual's painful experience through reconstructing life stories through the process of identifying the dominant, interpretative lenses individuals form through cultures and societies (Crawford, 2010; Mehl-Madrona, 2007; Payne, 2006). Children are placed in child and youth care centres after they have been removed from their own families and this may leave them with confusion regarding their identity (Barton *et al.*, 2012). They may, for example, view themselves negatively due to their family being viewed negatively in society and this can have a negative impact on their development (Blaustein & Kinniburgh, 2010). By re-framing their life stories and their reasons for being placed in a child and youth care centre, however, the children can learn to view themselves positively (Wrench & Naylor, 2013). For example, children who have been placed in child and youth care centres due to neglect and abuse can no longer view themselves as victims, but as survivors. Therefore, narrative therapy assists with reconstructing identities and perceptions individuals possess concerning themselves (Crawford, 2010:37; Mehl-Madrona, 2007; Payne, 2006). Rose and Philpot (cited in Wrench & Naylor, 2013:72) also refer to this

're-framing' process as integration, whereby the child understands and internalises his life story and, most importantly, the fact that he is not responsible for the traumatic experiences that happened to him. Narrative therapists believe that once individuals know what their beliefs are, they can either accept or deny them and perceive ideals in whichever manner they decide too (Crawford, 2010:37; Mehl-Madrona, 2007; Payne, 2006). Rose and Philpot refer to this integration as self-knowledge for the child and once he has the knowledge of his identity, a factual narrative can be given to him and he can begin to explore where he belongs (Wrench & Naylor, 2013:72).

The findings indicate that social workers perceived life story work to be useful in helping children embrace their past and assist the child with a sense of belonging. According to Appiah (2005:22), the human condition of belonging, is experienced through connecting with our past, our cultural heritage, our narrative or in other words, our life story. Through embracing our past, human beings feel a sense of belonging and are able to feel secure about the future. A sense of disconnection or feeling vulnerable, is a feeling associated with children who are placed in care (Emmanuel, 2003) and, as Dryden (2007:305) states, a child without the knowledge of his or her life story, or who is lost in his or her community, is left vulnerable. Life story work assists the individual child to learn about his own cultural heritage and his own life (Kunz & Soltys, 2007) through learning about his history and his story. Therefore, creating a sense of belonging with life story work is also based on the ideals of narrative therapy. Narrative therapy allows individuals to interpret the experiences they bring to therapy through viewing them through their own cultural and social lenses, rather than through biological or psychological factors (Crawford, 2010). A sense of belonging is a need felt by children in child and youth care centres (Barton *et al.*, 2012:24; Jackson & Roussouw, 2006:46; Rose & Philpot, 2005:24). Therefore, social workers aim to fulfil this need through their therapeutic intervention, such as, for example, through group therapy. This is evident in the findings as the participants utilized group therapy with the children in child and youth care centres and viewed life story work as a possible effective addition to their group therapy intervention. Currently, the participants utilize life story work techniques such as drawings in group therapy to address identity needs, for example. However, without sufficient knowledge about the complete process of life story work, certain issues such as confidentiality and sensitive information being shared or withheld by the children in the groups, could be a risk. The participants mentioned that most of the children in child and youth care centres were in the adolescence phase of development and this could also affect their progress

in the groups and ultimately their identity formation, as during adolescence, children are more susceptible to peer-pressure (Steinberg, Bornstein, Vandell & Rook, 2011). Therefore, life story work could be more beneficial as a therapeutic technique, as opposed to group therapy, as it focuses solely on the individual child (Rose, 2012).

Life story work was perceived by the participants as useful for relationship-building with children in child and youth care centres. The participants claimed that getting the children to disclose and to communicate proved challenging. This could be due to the fact that multiple, short-term placements that are often experienced by children placed in child and youth care centres often contribute to relational difficulties (Kalland & Sinkkonen, 2013). The participants used the genogram or family tree activity with children and perceived it as a useful tool to get to know the child. Therefore, life story work techniques would assist them to obtain information about the children and their background. However, the full process of life story work entails building a relationship with the child and therapeutic intervention which is more beneficial to the child. The other activities, such as drawing the self, incomplete sentences for example, were also perceived as useful techniques to get to know the children and were used by most of the participants. Offering children the choice in therapy not only strengthens the self, but also teaches children that they are responsible for their actions and behaviour (McGuinness, 2011). Therefore, in this therapeutic relationship, the children have the power to choose how they would like to share their thoughts and feelings. Sharing thoughts and feelings is a difficult aspect for the child in child and youth care centres, especially during the initial adjustment phase.

The findings show that the participants viewed life story work as useful for the self-adjustment of the child in a new environment. The participants saw life story work being applied practically within the context of the care setting and to assist the child to adjust to their new environment. During the orientation and adjustment phase, children in child and youth care centres are particularly vulnerable as they have experienced the trauma of being removed from their lives and families and are left with confusion. Therefore, life story work may assist child in child and youth care centres to piece together fragmented events in their lives and help them to understand what led them to be placed in care (Walsh, 2005). Life story work assists children to make sense of their world once more and clarifies the confusion that they may have experienced post-trauma (Perry, 2002; Rymaszewska & Philpot, 2006) as well as helps children to understand themselves and their lives (Walsh, 2005). The general feeling, however, was

that the social workers have high caseloads and a lack of time to conduct individual therapy with all of the children. Therefore, the suggestion was made, by some of the participants, that the childcare workers would be an effective substitute to assist the child, during the adjustment phase, to adjust to the child and youth care centre through the use of life story work techniques. However, the process of life story work may expose the child to sensitive material and, therefore, make the child vulnerable. This made the participants aware of life story work as a complex concept and as they began to understand the complexity of life story work, they began to develop negative perceptions regarding life story work as a therapeutic technique.

The findings show that the participants had a few negative perceptions of life story work as their awareness of life story work began to develop. The researcher realised that the social workers' perceptions may change or evolve over time. Perception is an extensive concept and, from a psychological perspective, it is affected by different variances, such as Kenny's PERSON Model of Perception (Murphy, 2012). The participants perceived life story work as a complex concept that would require more training and more resources available to them to implement it properly and effectively. If one views life story work as a process, as Rose and Philpot (2012) do, then by merely completing a few activities sporadically, implies that the children at child and youth care centres are not gaining the full benefit of the life story work process. A process with the child would be completing a full comprehensive narrative with therapeutic intervention by the social worker (Rose, 2012). Rose and Philpot (2012) view the life story work process as essential for children in child and youth care centres as they are meant to be worked with 'differently', compared to other children in therapy and require specialised intervention (Smith, 2009:71). This means that, the children in child and youth care centres require commitment by the social worker when applying life story work with them. If the full process is not achieved with the child, if the process is begun and then abruptly stopped due to the facilitator leaving or missing sessions with the child, for example, this could have a negative impact on the child and sends the untrue message to the child that, "the child has no value and adults cannot be trusted" (Wrench & Naylor, 2013:19). The social worker's perceptions of life story work were, therefore, also based on their personal experiences of their work environment. For example, the participants were concerned regarding implementing life story work effectively due to the current shortage of social workers in South Africa (Kruger, 2012). This could mean that the life story work process may not be completed with each child and this could leave the children

with ‘unfinished business’. However, short-term life story work techniques like a life story book (Jackson & Roussouw, 2010) or completing a memory box (Morgan, 2004) (which can be completed in one session) can be utilized when there are time limitations, a lack of resources or when the child has to relocate soon.

The participants expressed a concern for a lack of facilitators for life story work. South African legislation requires that child and youth care centres provide assessment, intervention and therapeutic programmes to all children placed in their care (Mahery *et al.*, 2011:31), but social workers roles are pressurised and, at present, South Africa faces a shortage of social workers available to provide these resources to the children in need. Currently, research shows that it would require at least 60 000 social workers in South Africa to implement the Children’s Act (Kruger, 2012). Therefore, due to a lack of facilitators for life story work, practical ways of implementing life story work would need to be considered.

The participants were aware of the risks involved with exposing sensitive material and wished to protect the children from feeling frustrated due to any life story work techniques that could possibly make them feel vulnerable. With the correct training, however, the social workers would know how to effectively implement life story work activities with children in child and youth care centres. This would entail more training in life story work because, as previously mentioned, there was a lack of awareness regarding life story work as a therapeutic technique amongst the participants.

Life story work is vital for children in child and youth care centres. According to Rees (2009:18), children in child and youth care centres often experience multiple placements and through these placements, their histories may have become fragmented. It is, therefore, through life story work that social workers may have the opportunity to assist the children in child and youth care centres to rediscover their histories or to safeguard these for them, through the use of memory boxes or life story books, for example. Due to the lack of time available to social workers, shorter, user-friendly activities would need to be introduced to social workers to assist them in their pressurized work environments.

Recommendations

Children at child and youth care centres would benefit from a holistic programme which includes life story work with the social worker. This would assist the child and the social worker during the

intervention phase with therapy, assist the social worker with assessment, and possibly, assist the social worker with family reunification services. Due to the current shortage of social workers in South Africa and their high caseloads, however, the researcher recommends that childcare workers should possibly also be trained in basic life story work skills. Further research studies would need to be conducted to gain insight into how these life story work programmes could be created and implemented in child and youth care centres with the childcare workers and the children in child and youth care centres. Through exposure to the benefits of life story work in child and youth care centres, such as gaining a sense of belonging and identity, social workers may wish to implement life story work on a daily basis. There are many different methods that life story work may be experienced, such as through taking photographs or keeping a diary, for example. These are short and relatively easy activities that may still benefit the children in child and youth care centres in terms of their needs.

Conclusion

Although social workers in child and youth care centres work with time constraints and minimal resources, the participants found life story work to be beneficial and necessary. All of the participants requested further training in life story work and, with the appropriate training, could implement it effectively and assist children with critical issues experienced in child and youth care centres.

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SECTION C

SUMMARY, EVALUATION, CONCLUSION AND RECOMMENDATIONS

1. INTRODUCTION

The previous sections of the research described the orientation, findings, and discussions of the research project. In this section the findings are evaluated and recommendations made for social workers who work with children in child and youth care centres. A summary of the research together with an evaluation of the research in terms of the findings, meeting the aims and objectives of the study was undertaken and is outlined below. Recommendations are also made that will hopefully inspire future research endeavours.

2. RESEARCH PROBLEM

Children in care display certain needs, including the need of identity and the need to know their individual stories. Life story work assists children in meeting these needs. Research concerning the value of life story work in child and youth care centres was undertaken to attempt to assist social workers in meeting the therapeutic needs of children in care.

3. RESEARCH QUESTION

The research question was formulated from the research problem as: How do social workers perceive life story work? This question was answered by allowing the social workers the opportunity to express their opinions and thoughts regarding life story work in semi-structured interviews and in a focus group. The exploratory nature of the approach to the research resulted in themes describing the social workers' perceptions of life story work, describing how they view it as useful and how they would need more training in the concept.

4. RESEARCH AIM

The aim of the study was to explore the perceptions social workers have regarding life story work in child and youth care centres. The manner in which the research aim was reached is explained in the research procedures below.

5. RESEARCH PROCEDURES

The research followed qualitative research methods, namely semi-structured interviews and a focus group, to address the research problem and to fulfil the aim of the research.

Interviews with six registered social workers at six registered child and youth care centres in the Northern and Southern suburbs of Cape Town were undertaken and revealed consistent information. The interviews and the focus group were audio-recorded and written notes were taken by the researcher.

Inductive data analysis was used to transform the data into meaningful information. Thematic data analysis was done to categorise the data into emerging themes. The data collected from the various participants during the interviews, together with the focus group and the notes taken by the researcher, allowed her to view the social workers' perceptions thoroughly.

The methodology used was effective and does not foresee that different or deeper research results would have been obtained should different research methodology have been utilized.

6. CRITICAL REFLECTIONS

The social workers all practice at registered child and youth care centres either in the Northern or Southern suburbs of Cape Town. All the social workers work with children on a daily basis and have difficulty with the needs commonly experienced by children in child and youth care centres, such as the need of identity and a sense of belonging.

The social workers are aware of the expectations of the Children's Act 38 of 2005 (as amended by the Children's Amendment Act 41 of 2007) which state that they provide assessment, intervention and therapeutic intervention for each individual child, but due to their high caseloads and a lack of resources, such as a lack of time and a lack of social workers, they are often unable to meet these expectations. This, along with certain variances, such as the examples of life story work that were shown to them by the researcher, had an effect on their perceptions of life story work as a method of intervention.

The data shows that there is a general lack of awareness of life story work. The social workers were not aware that they utilized some of the life story work techniques in their everyday practice with the children in child and youth care centres. This meant that they were utilizing some of the techniques with the children, but were not following the process of life story work and, therefore the children were not benefiting from the full effects of the life story work process. The data revealed that the social workers

perceive life story work as useful for identity formation and for a sense of belonging. Children in child and youth care centres have difficulty with these issues and the data confirmed this. The social workers revealed that they found life story work to be useful for getting to know the child and building a relationship with the child, as it could be used as a technique to gain information about the child and his family. This could also assist the social workers with family reunification services as they found family members. The data also revealed that social workers perceived life story work as a flexible and user-friendly technique with children as they had to prepare beforehand, do background checks and adapt the life story work to suit the child's level of functioning. This, they stated, would be to ensure that the therapeutic process did not hinder the child's development, but enhanced it, as any frustration felt by the child could be detrimental. For this reason, the data also revealed that the social workers perceived life story work as simple, but also complex. It is simple as it is realistic and basic social work, and they do use some of the techniques already, but it is also complex as they are dealing with sensitive issues with vulnerable children. The social workers felt that great care needed to be taken with the children and the choice of a facilitator needed to be a careful one. Therefore, they perceived life story work as a complex technique, and they are already using some of the techniques with the children to gather information but are not following through with the life story work process, as they are unaware of it.

Due to the lack of resources, such as time constraints and a lack of social workers, the social workers perceived life story work as a technique that could perhaps be facilitated by childcare workers in child and youth care centres. However, they were concerned about their lack of skills and, once again, mentioned a lack of resources available to them, such as time and training.

All of the participants recommended that life story work be available to child and youth care centres as a training programme or that more training in the subject be available to them or the childcare workers at child and youth care centres.

7. CONTRIBUTIONS OF THE STUDY

It is evident through the data that the participants benefited from the research by gaining an awareness concerning life story work, as they were unaware of the concept before the onset of the research. In a broader sense, the research study may benefit the field of social work as further research studies may be conducted with children and/or social workers in child and youth care centres. This could assist with

practical implementation plans to ensure that life story work be effectively implemented in child and youth care centres and could ensure that social workers receive appropriate training in life story work. The uses of life story work, such as the use of life story work with relationship-building, identity formation and a sense of belonging, outweighed the negative perceptions such as a lack of resources, for example. The researcher hoped that through identifying these themes, that life story work be perceived as a supportive therapeutic intervention for children in child and youth care centres.

8. SELF-REFLEXIVITY OF THE RESEARCHER

Although the researcher had no previous contact with the participants, she did have a few preconceived ideas and notions concerning the research. The researcher's perceptions were based on former research and facts, such as the fact that social workers have high caseloads and there is a shortage of social workers in South Africa. These formerly known facts, gave the researcher the perception that if the participants had the perception that life story work is a useful therapeutic technique in child and youth care centres, they would have difficulty perceiving it as a practical therapeutic technique due to the lack of resources in South Africa. This preconceived perception of the researcher was reflected in the study as the participants perceived life story work as a simple and realistic concept, but also complex, as it dealt with vulnerable children in child and youth care centres. The researcher experienced similar concerns to the participants regarding practical implementation of life story work in child and youth care centres. The researcher was, therefore, concerned with the implementation of the life story work in child and youth care centres due to a lack of training, a shortage of social workers and a lack of resources. However, life story work activities, such as memory boxes and life story books are short and powerful activities that are effective for children in child and youth care centres. The researcher viewed these as vital for children in child and youth care centres as these activities assist the children with their fragmented histories, due to multiple placements and, ultimately, assist the children with their identities and giving them a sense of belonging.

The researcher had the privilege of meeting with six participants for the interviews, from six different backgrounds who work in six different child and youth care centres and this added depth to the study. The participants were all friendly and interested to hear more about life story work and all of them requested more training in the concept. The researcher conducted the interviews and the focus group within the

registered child and youth care centres where the participants practiced and could, therefore, gain insight into the settings of practice. Through this experience, the researcher noticed that the high caseloads were obvious with all the participants and their need for assistance in meeting the requirements of the Children's Act 38 of 2005 (as amended by the Children's Amendment Act 41 of 2007) were clear. On the day of the focus group only three of the six participants could attend.

The researcher found the study to be not only academically beneficial, but personally beneficial as well, as she learnt more about social work and child and youth care centres through her encounters with the participants.

9. LIMITATIONS

The research explored social workers' perceptions of life story work with children in child and youth care centres. However, the sample was only based in the Northern and Southern suburbs of Cape Town and, therefore, cannot be generalised to the whole population of the social workers within South Africa.

Further research on how life story work can be implemented in child and youth care centres is necessary to successfully formulate effective training which the participants requested. The research gap in this regard warrants more case study research, possibly with the children and the childcare workers in child and youth care centres.

10. RECOMMENDATIONS

Practical recommendations for social workers

The children at child and youth care centres would benefit from a holistic intervention programme which included life story work with the social worker or with the childcare worker at the child and youth care centre. The information below describes some practical recommendations to assist social workers in choosing which life story work activity (see Addendum 1) to follow in relation to the difficulty displayed by the child in child and youth care centres:

For example, if the child experiences difficulties with identity formation, life story books, feeling faces, incomplete sentences, the life graph or the family tree could be effective activities to complete with the child. These activities may assist the child as the child is encouraged to explore the self and the stories of his past and his background as he learns who he is and where he is from. If the child experiences difficulties with a sense of belonging, the family tree, self-work, memory boxes, life story books and

photographs could be effective for the child, for example. These life story work activities may assist the child as he is encouraged to feel that he matters, that his story matters and he is able to work out where he belongs. These activities may also assist with self-adjustment in a new environment, such as the adjustment phase in a new child and youth care centre, which is a difficult phase for the children.

Children in child and youth care centres find it difficult to build a relationship with caregivers and to trust individuals due to their past. The life story work activities that may assist with this could be the family tree, self-work, life story books, drawings or collages. Through completing these life story work activities, the social worker can, not only get to know facts about the child which can assist with family reunification services, for example, but can also get to know the child better and this can assist the therapeutic relationship.

Recommendations for child and youth care centre managers

The researcher recommends that managers at child and youth care centres provide training for social workers in life story work. Basic skills training in life story work could also be made available to childcare workers as this was a recommendation made by the participants.

The researcher recommends a possible manual to be compiled with the life story work practical examples (see Addendum 1) for the social workers as mentioned above and made available to the social workers in child and youth care centres. This manual could be available to guide the social workers with practical examples of life story work to be utilized in therapeutic intervention.

11. CONCLUSION

The qualitative study aimed to explore social workers' perceptions of life story work with children in child and youth care centres in the northern and southern suburbs of Cape Town. The data revealed that the social workers' perceptions of life story work were affected by their lack of awareness of the full process and this had an effect on the themes that emerged in the research. The social workers perceived life story work as a useful technique after they were shown examples of the various techniques which may be utilized with children, and they recognised the techniques based on their previous knowledge of narrative therapy. Life story work is based on narrative therapy, but they claimed to not have sufficient knowledge of this.

All of the participants requested further training in life story work and attempted to formulate practical implementation plans for child and youth care centres in the future as they believed life story work to be essential for children in child and youth care centres.

SECTION D

Addendum 1

EXAMPLES OF LIFE STORY WORK

The following examples are some of the examples that were displayed to the participants during the semi-structured interviews and the focus group.

1. LIFE STORY BOOK

Life story books are usually A4-size books that facilitators compile together with the child. They record information about the child's life and history, by drawing a family tree, for example; they can illustrate the child's personal development overall; they can promote connection to the child's birth family and to other individuals in the child's life who have contributed to his care; the book may be used to celebrate milestones and achievements by placing certificates inside; the child can also place photographs or letters inside the book; the book is said to provide a sense of connection and identity for the child.



2. INCOMPLETE SENTENCES

Incomplete sentences are usually used to get to know the child better and can promote relationship-building with the child in the therapeutic process. They can also promote self-awareness for the child.

I like it when _____

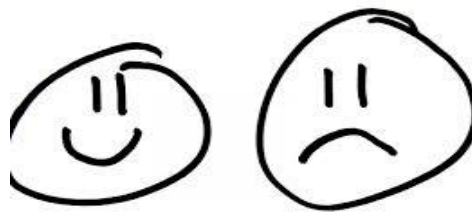
I don't like it when _____

I feel happy when _____

I feel sad when _____

3. FEELING FACES

Children in therapy often struggle to talk about how they feel. Showing the facilitator how they feel is usually an easier way for them to communicate their feelings. The facilitator may also use the faces to teach the child about feelings or emotions as traumatized children are often out of touch with their emotions.



4. MEMORY BOX

The memory box is a technique that may be used for children who have experienced loss, for example. It is usually an empty shoebox that they decorate and fill with memorabilia, photographs, drawings or letters that remind them of a special place, time or person and assist them with the healing process.



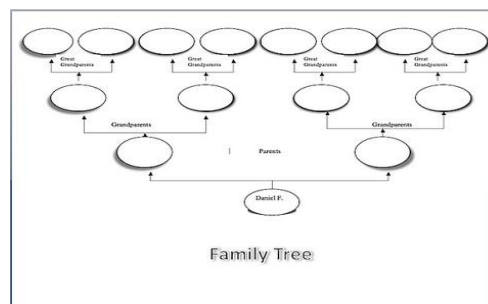
5. LIFE LINE

The life line is a time line that the facilitator may do with the child to gain information about the child, his life and important occurrences in his life. As the facilitator does the life line with the child, emotions may come up as the child remembers what has happened in his life and this may prompt the need for further therapeutic intervention.



6. FAMILY TREE

The family tree is similar to the genogram and is a drawing of the child's family. It is a method the facilitator may use to gain information about the child's family. This may assist the facilitator with reunification services in the future as family members are remembered.



7. LIFE GRAPH

A life graph is a fun way of drawing a life story. It can either be a map or the child can draw a railway track, for example. The important places the child draws on the life graph are the aspects that matter to the child regarding his life story. This can be explained to them as they make their life graphs. The child is encouraged to use his or her creativity and make drawings or feel free to decorate their life graph any way they wish.

Addendum 2

THEMATIC ANALYSIS

Data collected from the semi-structured interviews and the focus group held with the participants were read, re-read and summarised until patterns and categories emerged. The categories were then broadened and themes and subthemes formed.

Transcribing of interviews

Interview 1

Researcher: “If you could just explain how you personally define your role as a social worker or explain what you do here at this facility?”

Participant 1: *“I’m involved in a residential care facility. So, mainly I do the residential care services, but I’m also involved in family reunification services, which means that I have to conduct family case conferences, as well, at the facility. I have a client glove of about sixteen boys. They’re all in the adolescent phase of development stage and, therefore, the focus of our work is more on the adolescent stage of development. The children that come to us are mainly neglected, have been abused, that is, physically, sexually, psychologically; so we actually deal with this whole aspect in terms of this. Rendering care... What I can say, the children are... in terms of... therapeutic and counselling services... we have to render that. The therapeutic curative services are very essential in a facility like this, because when children initially come here, they’ve been traumatized. So, rendering those types of services is very important. Last quarter I mainly focused on the attachment disorder. Attachment problems related to the attachment disorder, because they had a lot of acting out, for example. Children that were... couldn’t be contained, just ran out of the facility, went to go and use substances... which is all problems relating to the attachment disorder. Disciplinary problems were mainly one of the main problems we had here and there was also bed-wetting, a lot of anger, passive anger. We find that they have been wetting the bed and, that, I think, is a neurosis problem, psychological problem, which is also symptoms of an attachment disorder. I’ve run that group, which was mainly dealing with the problems itself, but mainly also attachment – related to attachment, and then the other group I’ve run is mainly anger therapeutic management group - an anger management group. Basically, my primary goal was therapeutic services there as well. Lots of children have unresolved angry emotions when they first come into the facility and*

it can be very aggressive. You get physical aggressive behaviour or you get passive-aggressive behaviours that mainly we've dealt with. Also, we find that sport is a good relief for their frustrations and tensions. So we conducted a sports-management group and there they could relieve their tensions or aggressive behaviour within sport. Soccer, they mainly play, and boys are belonging to clubs. Three are chosen for clubs, and then the recreational groups, dance."

Researcher: "Dance? Ok."

Participant 1: "Art work. Art work was very good because some of them are very talented where art was concerned and in a therapeutic sense they could actually also **verbalise their feelings in drawing.**"

Researcher: "Oh, ok."

Participant 1: "Ja, I've also used art therapeutic techniques quite a lot with play therapy. I do **story-telling techniques** and **art therapeutic techniques** which is good. I stick with the focus of this because I only came in here for the contract period. I mainly focused on story-telling and art therapeutic techniques because some of them refused **to write what they really felt.** They couldn't spell, but then they drew."

Researcher: "And then could they talk about it and tell you about it then?"

Participant 1: "Yes. So that was quite essential that that came up. **A lot of verbalisation took place around the drawing.**"

Researcher: "Yes. I have a few examples of life story work activities that sound similar to that. You could draw, draw yourself, complete life book activities, make handprints, write your birth weight, complete a life graph, draw what happened in your life (where each stage would be a station), for example, where something happened in your life that was important to you or at each year, for an older child, where you'd explain what happened. This is the family tree. You probably use that?"

Participant 1: "I know with the students this is very good. I think you know about the **genogram?**"

Researcher: "Yes."

Participant 1: "Where you do the circles and the squares?"

Researcher: "Yes."

Participant 1: "**We did something like that when I did an assessment.** You know when I first started I did a genogram. So, this is also good to have a family tree."

Researcher: "To get to know more about them?"

Participant 1: "Yes. They actually like doing something like this. They like to be involved."

Researcher: "Life story work is also nice for and linked to their identity."

Participant 1: "*Yes. Do you think it also builds self-esteem in this way?*"

Researcher: "Yes."

Participant 1: "*Most of them in the adolescent phase are trying to seek an identity as well.*"

Researcher: "Yes. Because you said you work with the adolescent stage of development and it is linked to identity, and helping with seeking identity. Talking about feelings, this is quite with life story work where you make sentences, "I like my..." and then they say "friends" or "I like my" whatever they like, "I like ice cream", "I like chocolate", or whatever..."

Participant 1: "*Because this is also feelings.*"

Researcher: "Yes. Or teaching them feelings and then making them point at whatever they're feeling that day or at that stage. Drawing what they like, drawing what they don't like."

Participant 1: "*That's good.*"

Researcher: "This is also drawing themselves and then finishing the sentences. This is about feelings as well, but it's where you say they're "happy" and then taking a colour and then drawing it on the body where you are happy. So maybe happy would be there, sad would be there or angry there, you know. So that they get to also be in touch with their body and feelings. And then the angry volcano... I don't know if you've heard about that?"

Participant 1: "*No.*"

Researcher: "Because you said they deal a lot with anger?"

Participant 1: "*They deal a lot with anger, yes. I did the bird again because of that group and they have a little bit of a literacy problem, so I did the bird and the angry emotions that goes with that.*"

Researcher: "Yes."

Participant 1: "*And you know everything to do with that and then they have to just explore, but this is also effective.*"

Researcher: "This is something similar, yes. So, you do use life story work activities?"

Participant 1: "*And I don't even know that and I'm using it!*"

Researcher: "Yes! It's interesting. Yes. I also brought pictures of a memory box."

Participant 1: "*Memory box, I have heard of.*"

Researcher: “You take the box and then you decorate it and take photographs or something special. It depends if it’s about the person or about your life story. So, I tried to print out pictures to show you.”

Participant 1: “*Yes, that is good. So, photographs from before...*”

Researcher: “Yes, and special items you can put inside.”

Participant 1: “*That’s good, yes. Effective. I didn’t even know I was doing some of this kind of work.*

It’s nice to actually know. What do you do with the fingerprint?”

Researcher: “The handprint, I think when you use the life book then you can do it in the beginning of the book where you start with, you draw yourself and this is me, this is my hand, you can either do finger painting where you print your hand or you can draw your hand.”

Participant 1: “*Onto the book?*”

Researcher: “Yes.”

Participant 1: “*And you keep everybody individually a book? You can when you have your clients?*”

Researcher: “Yes.”

Participant 1: “*That’s good, yes. I did a study at University called the Hero book. It’s all to do with art and narrative work.*”

Researcher: “Narrative, yes?”

Participant 1: “*Yes. That was also good. Which I thought of also using here with memory work.*”

Researcher: “It sounds like you use a lot of narrative work as well, such as the story-telling?”

Participant 1: “*I use therapeutic stories. See, they’ve encountered loss quite a lot. Essentially, where loss is concerned, or bereavement... and stories related to that... and a lot of them have been sexually-abused too. They find it difficult to write, so they draw, they’ve drawn quite a lot. So therapeutic stories I like to use.*”

Researcher: “Yes.”

Participant 1: “*They have an opportunity just to explore. Then we’re also involved with, I don’t know if you know, the equine therapy? We go on a Friday to the horse ranch.*”

Researcher: “Oh yes I have heard of that.”

Participant 1: “*The children, I wanted them to be involved also as a group because it’s very good. That is also a form of therapy.*”

Researcher: “Yes. That’s very interesting?”

Participant 1: *“Yes. I find it very interesting. Although, the difficulty and the challenging thing is to be in the arena where the horses are.”*

Researcher: “Yes?”

Participant 1: *“Very interesting. We’ve just reached a stage where they pick up the cues from four kilometres from how you’re actually feeling when you enter that arena.”*

Researcher: “Really? That must be, that is intimidating, but it is interesting. So, you have quite a holistic approach to your therapeutic intervention here?”

Participant 1: *“I need to learn quite a lot in terms of that.”*

Researcher: “Oh ok, you feel that you need to learn?”

Participant 1: *“I still need to learn quite a lot. We are just told now by the Department that the social worker’s role here would have to be therapeutic and curative.”*

Researcher: “In terms of the new Act?”

Participant 1: *“Yes. They’ve got a whole section and we even have to do individual counselling with all the children here.”*

Researcher: “In terms of the new Act, according to the new name, “child and youth care centres” have to give therapeutic intervention?”

Participant 1: *“Yes and there I still need to go on courses where that is concerned. I have dealt with Edith Kriel a little bit, very interesting, but I believe that life story work and memory work is very essential here and for us to conduct it, we need to have training also. I can pick up here and there and I can read here and there, I can gather from some training, but it is very important for the adolescents here to have an identity. In terms of identity I think they’re all seeking, you know, “where do I belong?” This is the main problem sometimes. You go and experiment most of the time, experiment in finding an identity.”*

Researcher: “So, if you had the training and if you had specific activities or maybe even a programme that you could put into place at child and youth care centres with life story work...?”

Participant 1: *“It would be very essential, very essential. I gather with a group on a Friday, just by the way I’m just saying that, but they come from child and youth care centres and a lot of us look at the university and get a lot of academic work, but where do you get your practical? It would be interesting to have a programme run for all child and youth care centres where the focus can be more on that type of work, you know”.*

Researcher: “Yes. So, you’ve said now that you believe that life story work is essential at child and youth care centres and that a programme with a main focus on life story work would be essential because you’re mostly working with children in their adolescent stage who are seeking identity. If you had a programme with a focus on life story work it would help, especially in terms of the new act that requires a therapeutic focus. What do you think would be the limitations or the obstacles in implementing this?”

Participant 1: *“I think, basically, like I said to you before, if you don’t have much training in life story work, then implementing it is going to be a bit difficult. So you’ve got to, in therapy, you have to have... the focus will have to be on really getting the child to verbalise... so you have to actually work on the problem itself and there’s going to be some difficulty if you are not able to implement memory work or life story work, you understand? There’s going to be some difficulty in that. You also have various different problems and sometimes it’s going to be over-whelming and challenging, you know, to actually do this. Those will be some of the limitations that I can think of - if somebody is not fully-trained in this type of work. You must also know that when you do art therapeutic techniques... when they do something you must be able to read what they’ve done between the lines, okay, so these are the things that I would grapple with. So, a lack of training, perhaps, and then and in a group context too, I don’t know if they will be able to share very personal things. Within the group context there has to be trust, you know, in trust situations there are going to be trust issues. So a child has to keep things confidential in a group, because there are a lot of things coming out. You know, a lot of things need to be shared about their past.”*

Researcher: “Yes, and then, not to bring it up later or hold it against each other later?”

Participant 1: *“Yes, that is the whole thing that I’m getting at. Although, I’ve said to them, this is a confidential group.” They must share, but do they have to share everything from the past? You know, this is my whole thing, the question mark I have in front of the other children.”*

Researcher: “Yes. And then you’re left with unfinished business, maybe. What do you do with that afterwards?”

Participant 1: *“Yes, what do I do with the unfinished business? So, this has been coming up from experience last quarter when I ran the group. This has been coming up a little bit. So those are the basic things that I question. I have a lot of positives where life story work is concerned, but I must admit I still need a bit of training.”*

Researcher: “So, what I get now is you do more group work more than one-on-one therapy with the children?”

Participant 1: *“I enjoy doing the group work because I manage to get to see them. I’m in the life space of the child, but I must do individual work as well. I’ve got to see, according to the department, Social Department, we have to see each child per quarter individually as well. So, I have to also see them individually. Some of them don’t like to be in a group setting. You’d find that they want to share with you privately, but if we have similar problems, like say we have substance dependency, the major problem here, we’ll find that there’s going to have to be a group here in this area. Then of course we’re getting new children in all the time and you know when they come in, the orientation period is very difficult for them to adjust to a setting like this – a child and youth care centre. So, there I would say that these types of memory work, like, life skills, story books, all these things, are very essential”.*

Researcher: “Okay, is there anything else you would like to say about life story work?”

Participant 1: *“I was just thinking, if possible, you know our need at the moment. I had another advantage to listen to them on a Friday, like Professionals from different child and youth care centres, where this type of work is actually lacking and more training needs to be conducted. Even if you can approach the Department to run courses or do a programme for most child and youth care centres, it would be very essential.*

Researcher: “Yes. At the moment that is the general idea that I get - that you use the activities, but you would like more specific training?”

Participant 1: *“Yes, more specific training. The activities are essential, because I also found that is essential, but if I didn’t meet you and didn’t know it, then I wouldn’t know, you see. You’ve come at a point now where we must actually implement it.”*

Interview 2

Researcher: “I would just like to know how you personally define your role as a social worker? What is your role over here at this organisation?”

Participant 2: *“My role is to take care of the needs of the children, especially in terms of long-term, permanency planning, their care long-term care of the child. We’re involved with the external social workers who are responsible for the statutory work and they take the children to court and then they*

place them here and we take care of the child inside of the child and youth care centre. Our role involves the physical care, as well as well as the environmental care of the child.

Researcher: “Would that also involve therapeutic care?”

Participant 2: “Yes.”

Researcher: “How do you address the therapeutic care of the child?”

Participant 2: *“Well, we do counselling. It’s one-on-one counselling with the child and with the parent (if the parent is available). We’re involved in play therapy, we use other therapeutic modalities, like copacitar – it’s a mind, body and soul healing and these are ancient modalities from all parts of the world that I’ve been trained in, which I use over here. It also helps to calm and contain their emotions and we do group work. We see them in groups to use group dynamics to help empower them and they also go for external recreational activities. A lot of them do art therapy and play sport and this involves kapoeira, karate, all of those things.*

Researcher: “What are the ages of the children that are here? In general, mostly what are the needs that you are addressing in the children? What kinds of children are placed in this organisation?”

Participant 2: *“Ages – we have the youngest one was about ten years old and the oldest one is twenty. Ninety percent of them are foreign national children, mainly from the DRC, Angola and Rwanda. We’ve got one from Zimbabwe and one from Namibia. Many of them have come here as asylum seekers, want to seek refugee status. So, they’ve come with parents or relatives.”*

Researcher: “And they have therapeutic needs?”

Participant 2: *“Yes, many of the children have gone through severe traumatic stress, serious trauma in their own lives, personally and en-route to South Africa. Just to give you an example, one little boy was brought here by a group of strange men who his uncle engaged to bring him to South Africa, but en-route he was imprisoned in Mozambique and he was sexually abused, sodomised. He came in with severe trauma and eventually saw a psychiatrist who treated him for post-traumatic stress disorder and major depressive disorder. There are many others who have made the long journeys, horrific journeys down to Cape Town. Some are migrant labourers, but many of them to seek refugee status here. So they’ve escaped their own countries who were in conflict, whether civil war or physical war. They’ve run away from their own countries.”*

Researcher: “So, they’re left with uncertainty and that is traumatic.”

Participant 2: *“So, the children here have gone through more trauma than the average child at an average children’s home, because of the journeys they’ve had to undertake to get here.”*

Researcher: *“You have explained your current methods of therapeutic intervention.”*

Participant 2: *“For some children, we send them to external psychologists and psychiatrists.”*

Researcher: *“When they’re in need of extra care?”*

Participant 2: *“And some are private, some fall under the Red Cross Children’s Hospital.”*

Researcher: *“What do you know about life story work? Have you heard of it before?” (The examples were shown and discussed before the interview commenced.)*

Participant 2: *“I know about narrative therapy, in general, telling their story in narrative form, but not as creatively as this book describes. The methods, the techniques are quite creative and very user-friendly or child-friendly, should I say. They’ll enjoy doing this. It keeps their interest as well and it’s a very colourful way of doing things. It adds more to just the story-telling. It’s capturing the story, but in a very creative way. So, certainly, I see the value in that, because I know I’m encouraging this one child embrace his history, embrace his past. You cannot write it off, as I said earlier. As painful as it was, it is his past so I’m encouraging him to put his story together because this is your foundation, this is the platform from which you’re functioning and one needs to make that a concrete platform and accept it and embrace it because denying it leaves you very empty.”*

Researcher: *“And then from that he can move forward?”*

Participant 2: *“Once he embraces that, he moves forward and embracing it means you’re taking the good and the bad.”*

Researcher: *“How do you think you could, in a practical way, use the examples that I’ve shown you? How do you think you could use it? Or apply it, practically?”*

Participant 2: *“I think what I have been doing with children is having a flip file for each child and we put down their achievements and all their projects that I’ve been doing with them. I hand them a certificate of participation or a certificate of achievement and that just adds and helps to boost their self-esteem and I could use this in a group setting.”*

Researcher: *“Yes.”*

Participant 2: *“With the younger ones I can get a little flip file or a little book for each of them and make it like a scrapbooking thing, but make it relevant to their life stories. They can cut out pictures and make*

it colourful and embrace the challenges that they face as well, because I think capturing that in a story-form is very powerful for them that they could look back and say, “Wow, I got through that and I survived this, I’ve, you know...” It helps them to cope a lot better.”

Researcher: “Yes, I suppose the way you put it now, they could **reframe their story**: That they are survivors instead of victims.”

Participant 2: “Yes.”

Researcher: “Do you see any limitations or obstacles in implementing it to work with the children?”

Participant 2: “No, I don’t think so.”

Researcher: “Why do you think it is not used? When I have asked people about this study, some people don’t know what life story work is or they don’t use it. Why do you think that is?”

Participant 2: “*I think people don’t know. It’s not a very common or popular technique that is used. People are not used to capturing that which is painful and sensitive. If you’re confident and you believe in it, then the child will believe in it too. It’s a matter of you applying it with conviction and sincerity and to see the value in this method and to know it’s okay to capture pain as well as joy. Some people are not comfortable with that. But there isn’t a human being in the world who has not gone through pain, so pain is part of life, part of your life story.*”

Researcher: “That’s true.”

Participant 2: “*But we all experience pain differently, but none of us is without pain, so...*”

Researcher: “In what way do you think we could develop life story work, in general?”

Participant 2: “*I think by you doing what you are doing now, although it’s for your Master’s research. I think taking it to the people and explaining it to them and showing them these practical ways of applying this technique and how interesting it makes it in capturing the child’s story, but I think people don’t know. I finished University many, many years ago, decades ago, so we were not familiar with these techniques, but I know about narrative therapy, but this is a creative way of doing narrative – capturing the child’s story, but in such an interesting and creative way. So, people then know what it’s all about and if they can see the value in that, it’s only when you show them this is what you actually do. So, more of this must be done.*”

Researcher: “So, more training?”

Participant 2: *"I suppose exposure. Show them what it's all about and then training. I don't think you need specialised training, because it's very simple, but exposure to this technique would be good."*

Researcher: "Is there anything else you'd like to add?"

Participant 2: *"I think it's a very useful technique for children, especially in children's homes and child and youth care centres. It adds to their sense of identity and the foundation that they operate from."*

Researcher: "You found in your practice that that is one of the needs that they have? That they have a need for identity and a need for their story?"

Participant 2: *"Absolutely. Many of them feel quite lost."*

Interview 3

Researcher: "Maybe if you could just tell me how this organisation works? What your role is here?"

Participant 3: *"I'm a social worker here. We are four social workers that work here at the organisation. The different roles are: there are two social workers that basically do... we're all case managers, and then we have specific roles. One of my colleagues runs our art unit, which is the unit where all the reunification services that we provide from there, also all the therapeutic services from our organisation are coordinated from that unit. So, all students that come in are coordinated from that unit. That social worker is also currently studying clinical social work, so she works in that direction. So, she does assessments and she also sees children for psychotherapy. Then, myself, I'm the social worker that works with the younger children here at the children's home. So, I run two units – the one unit is the Happy Feet unit and that is for the children between the age of a year and a half to about six then we have next-door here, our Stepping stones unit, which is a unit for children between the ages of seven and ten. I also see some children in therapy and also do a bit of family therapy with some of the families and the children and then the two other colleagues then see, they are the case managers for the rest of the children's home and are the social workers for the majority of the older children here at the children's home."*

Researcher: "Okay, so you work from **one up until eighteen years**?"

Participant 3: *"Yes. If the children... **if they are over eighteen and they're still school-going, then they can stay here until the age of twenty-one**. And all children have been placed here by the court. We don't do place of safety so everyone has already been found in need of protection in terms of section 9 (50) and then they are placed here. We don't do place of safety."*

Researcher: “How would you plan intervention, though? You say you do therapeutic intervention with ages one to six and seven to ten? How do you do therapy with the child?”

Participant 3: *“I don’t only see my children because there is a conflict of interest if I’m the case manager and I’m the therapist. It makes it a little bit challenging, so I do see some of the other social worker’s children. I do see a few kids on my case load and the approach that I use is Gestalt Play Therapy. The type of family work that I do is called Theraplay – a type of filial therapy. The way that we decide how a child is going to be in therapy is through when we have family conferences and when we have multi-disciplinary meetings. That is how we also decide what the plan is going forward. That will form part of the child’s individual development plan.”*

Researcher: “So, you use play therapy, so you would use sand play and art techniques?”

Participant 3: “Yes.”

Researcher: “Have you heard about life story work?”

Participant 3: “Yes I have.”

Researcher: “I brought some examples that I can show you as well. This is a book that I found very practical and very helpful. When I started my study, I found a lot of people use life books with each child and then that becomes their own book and then in that book they could start it off by drawing themselves, because it’s linked to identity.”

Participant 3: “Yes, very much so.”

Researcher: “So, then they could do hand prints and if they have their birth certificate then they could put it in the book, for example, or this is a life graph where you could draw the life story and things that they found important in their lives, for example, moves because a lot of them have had multiple moves in their lives and then this you could do the life line – different years and then what happened and then discuss it with them and then the family tree. Do you do that when you start with them?”

Participant 3: “With some of them, yes. *The genogram.*”

Researcher: “Because that’s also part of life story work. Talking about feelings, you could also do incomplete sentences.”

Participant 3: “*I use that a lot in my therapy. I find it a very useful tool.*”

Researcher: “That’s also life story work and the faces, where you can show how you feel, identifying how you feel today, you feel happy, you feel sad or angry and then talking about that. Because a lot of them,

you know in play therapy, they might not want to talk but then they can show you or they can draw it. Or they can draw things they like or things they don't like. They can draw it, instead of talk about it. This I found when I was searching, when they draw themselves and then what makes them happy or what makes them sad."

Participant 3: *"It's all part of identity, hey?"*

Researcher: "Yes, and this is quite nice when you start working with feelings they can show you where they feel the feelings."

Participant 3: *"Yes, I have actually used that."*

Researcher: "And then, for example, the angry volcano, you could use when they can talk about their anger. This is more a directive approach, to explain I used to live there and explain why I don't live with mom and dad anymore. This is part of life story work as well to link the times – the present to the past at the end in the life book. Then, this is the memory box."

Participant 3: *"I have used that a couple of times with the children, not spent a lot of work on it, but had a couple of sessions especially where there were items that were left behind from the person that they lost, so that those items can be put in there and then allow them to write letters and draw pictures and that sort of thing and that every time they feel sad that they can then go through all those different items and it helps them remember also the person that they lost in a positive light."*

Researcher: "Then they also have that closure. So, it actually sounds like you use a lot of life story work?"

Participant 3: *"Yes, but I didn't realise this much. I actually only remember one distinctive time where I went through a process with a child where I was working with one of the teenage girls and she struggles to make contact. She displays quite difficult behaviour, but she loves doing art. So, I really got lots of arts and crafts activities and we went and looked for photographs of when she was small and when she was in foster care and when she was placed here and her mother passed away. We went and found photographs of that, just in the sessions, so informally, just let her spend time on putting together this book and then we had it laminated and then she could then keep it with her and it was a beautiful, it was a wonderful experience for her. She absolutely loved it because there was that creative aspect to it and what was quite nice is that, before she never wanted to speak about certain things, but having these items here encouraged her to talk without me even probing anything she would then start telling me about her mom*

and how she passed away and about the conflict between mom and dad. She just started sharing all of this information without me even asking and without her ever sharing it with anyone before because she feels as if everyone, or if people ask her they are getting to close, but that was almost a safe way of sharing it. She put together a beautiful book. We managed to get some really nice papers and stickers and all sorts of things. She put together – it was beautiful. This was about two years ago and she still has that book, but that’s actually the only time I’ve walked a path with that, but if I look at some of the examples that you showed me, actually I could be doing this more regularly because I actually am doing a lot of the activities anyway. A lot of them are being done.”

Researcher: “That’s amazing that she could take that book with her.”

Participant 3: “Yes, and she was proud of it. We had it bound. It was big. It was an A4. The only thing is, it can work out quite an **expensive** task if you do it the way that we did it. It doesn’t have to be done like that, but the way we did it, it could work out quite expensive, which is difficult within an NGO setting obviously, but ja, she loved it, loved it and it got a lot of conversations flowing that wouldn’t have normally come up.”

Researcher: “How old was she?”

Participant 3: “She is now sixteen, so she would have been fourteen.”

Researcher: “So, now that I’ve shown you the examples, what is your opinion about life story work in practice?”

Participant 3: “**I think that it’s realistic, but I think that the perceptions from social workers, my perception too, are that it’s hard work – that it’s hard work, that it’s time-consuming, that it’s expensive, but when I look at this we’ve been doing it. So, actually, it’s none of those things. It is realistic. It doesn’t have to be expensive, it doesn’t have to be time-consuming. I mean, even some of these activities can be done within the houses with the child-care workers.** It doesn’t necessarily only have to happen within the social worker’s office or within a therapeutic environment here because the houses, I mean our whole centre and the Children’s Act speaks about it. We no longer, child and youth care centres are no longer organisations where we just make sure that the basic needs are met. You make sure that the basic needs are met within a therapeutic environment, so not only within my office is there a therapeutic environment, it’s everywhere. So, these things can also be done in the house. I mean I’m thinking of like, the incomplete sentences, okay, maybe not the incomplete sentences because things can come up, but the things like the

time-line. These can be group activities. It doesn't necessarily have to be individual. It can be this is what we are doing in our house to get to know each other. This is my time-line, this is my family tree, you know, that sort of thing. I think it's realistic, but I don't think that it's done enough. It's not done enough here. I don't do it enough and I know for a fact that my colleagues don't do it either, so it means that it's not being done and this is especially I mean I know a lot of life story books are done with children that are adopted, but our children don't live with their families, so even though they're not adopted there is that separation. So, actually we need to be encouraging them to remember their past because that is who I am, it's part of your identity. To be collecting photographs, so that they have something when they leave here one day."

Researcher: "Because it's important later on. They will want that."

Participant 3: "Yes. I'm just thinking of myself, personally, if I want to look at baby photographs or to know anything about my childhood, I can go and ask my parents. My parents are still alive and I know that my mom still has those photographs. Our children don't have that, so who is going to be the adult that tries to get it? We need to be the adults that try to get it and we have, the youngest child here is a year and six months, so we need to be starting to take photographs now. We need to be starting that process because they're here and through the process. Last year and the year before last we actually started encouraging our students. I know I encouraged the students that work with me to do that, because I find that through that process you can really engage with the child. It's amazing for relationship-building. So much healing can take place just within that. That you don't need to do anything else. That's all that you have to do. One or two of my students have done it, but actually we should be doing it with every single one of our children here."

Researcher: "It makes them feel part of a family as well."

Participant 3: "Yes. To do things of their past, but to then include in the life story book things that are happening here – at the moment this is what's going on, this is where they belong, this is their family and to then have activities and that's why I say you can do it in groups if you do it in their houses because those are their brothers, those are their sisters, that is their house mother, type of thing. It's just not done enough."

Researcher: "Why do you think that it's not done enough? Do you think it could be lack of awareness?"

Participant 3: *“If I speak for myself, it has to do with it being time-consuming – the assumption that it’s time-consuming. Then, the second thing is that I do think that it has to do with a lack of awareness. That maybe some social workers don’t have the skills, they don’t know how because this is really simple, simple basic social work techniques. You don’t have to be a trained therapist to be able to do this and that’s why I encourage my students to do it, but maybe they don’t know how.”*

Researcher: “So, anyone could actually facilitate this?”

Participant 3: *“I think so - anyone within our setting. Our child-care workers could facilitate it, social work students, the volunteers, we have lots of international volunteers that come and volunteer here. They could be doing it with the children. It can be a process where different people are involved in putting all the significant people within this organisation could be part of putting it together for the child so that when they leave this is what they have here. What we do, is that when the children leave throughout the process of them being here we do take photographs and when they leave they do have photographs, but that’s not life story work. That’s just a part of that. So, in that sense we do that, but to put it together and that the child is part of that and this is mine, I think that it’s a wonderful tool that is definitely under-utilized.”*

Researcher: “How do you think you would be able to use life story work in your work with children and how do you think it could be implemented in a practical way? But I think you have answered that...”

Participant 3: *“I was just thinking that I don’t do, I mean, see a couple of kids for therapy, and the kids that I’m currently seeing I don’t do life story work with them, but a lot of this, what you’ve just shown me I do with them, so why not put it all together so that it’s something that they can have? These tools that you’ve shown me, you use within a therapeutic environment, you use within therapy, you use it to allow the client to gain awareness and then to be able to make choices and that sort of thing, but why not then put it all together? So, I think that that would then be another aspect that maybe I could do in my therapy that forms part of the therapeutic process that I walk with the child, no matter what the issue is here. No matter whether it is aggression, or whatever, that that forms part of it, that when they leave and when therapy is terminated that they walk away and I have this. This is mine and then they can always reflect. If the awareness becomes less, that might bring back the awareness, that they don’t need to go back into therapy, but “Aah, I remember this session...”*

Researcher: “This is who I am.”

Participant 3: “Yes.”

Researcher: “It is also like a diary.”

Participant 3: “Yes. *Actually this teenage girl that I was telling you about eventually, okay, I then finished with her book and wasn’t seeing her in therapy anymore and she’s not on my case load, but this is something she does now. She has several books that she’s actually come to show me where she writes. She writes and she draws and if she gets a certificate, so she has then started the process on her own, so if we can provide the child, and maybe I’m not saying that this is why it happened, but maybe because she was given the opportunity, to explore this, to make use of this and she felt the effects and maybe that’s why she then continued with it. She never had a diary before then.*”

Researcher: “You started that process for her.”

Participant 3: “Yes, *and then she can continue with it because at the end of the day you don’t want the child to be dependent on the therapist anyway, but you almost creating an independency because now she can do it on her own.*”

Researcher: “You unlock that. Every child will be different with life story work that’s what I find nice about it. Some children like drawing, some children like writing.”

Participant 3: “*And you also get to know a lot about the child’s process. In this process, you will then find out what they like, what they dislike and then make it work.* I mean, this child in particular, like I was saying, *she loves arts and crafts, she also likes to write, so together with that, this was just so wonderful for her – all the letters to the boyfriend came in there because that’s part of who she is. She also put her mom’s death certificate in there and I thought it was a good process. It’s a pity we don’t, it’s a pity I don’t do it so much.*”

Researcher: “What do you think are limitations or obstacles in implementing it in care? Why do you think it’s not used?”

Participant 3: “*As much as I suggested that this could be done in a group setting, I’m not sure if the childcare workers would have the skills.* I don’t know if they would have the skills to facilitate that because realistically *we have a house of twelve children with one child care worker and volunteer.* Realistically, *can that be done? Twelve children with one child care worker with a lot of feelings coming up, a lot of unfinished business coming to the fore and then does the child care worker have the capacity and the skills to deal with it within that moment and the after effects thereof? We need to realise within*

this process unfinished business is going to come to the foreground and then do they have the skills to deal with that? Maybe that could be a limitation in terms of in the house. I think that a big limitation is that maybe social workers don't understand or don't know enough about this because even me who has used it a bit when you were showing me these things, I thought, "I'm doing it," but I didn't know that I was doing it so why not just finish it up? We do it little bit, little bit, little bit, when actually you could do something so wonderful with not that much more work because we are doing the work already, so when I say that maybe it's time-consuming, maybe it's not time-consuming because we're doing it already. For example, I'm doing it so that I'm having a session with the child and that forms part of my process notes, but actually what it should be is that, yes, it must be part of my process notes, but that we put it together and it becomes part of the child, so that the child can have this. This is something that they're learning from. You made me think now. Actually, ja, I can think that the benefits can actually be great in that they can have something with everything that they've done. It's not something I do. I think it could be good."

Researcher: "They use it a lot, for example, in England - it is standard that they use life story work. They need training in life story work and attachment."

Participant 3: *"I don't think we have enough training in that, attachment in particular. I mean, if I just think about, I haven't been practicing for that long, but I don't ever remember learning about attachment theory. It's something that I have read up on it, with the Theraplay training that I got and I definitely understand the importance thereof, but I'm not sure if it's part of the training. I can imagine that that is something that is very important. It all has to do with a sense of belonging, identity. We see it. Kathrine, I see it every day. Children who feel like they don't belong. They are the ones that act out. Those are the ones that present challenging behaviour. If we can sort that out. They can belong somewhere and this can help with that. This can help with that. Even if it means they become so aware that they realise, okay my family is not where I belong, but clearly they are not stepping up, but then they can move from there to realising that at least I belong here."*

Researcher: "And why?"

Participant 3: *"Ja, but becoming more aware, but, I mean, you can ask anyone here, I'm thinking of just one child in particular that I was speaking to my manager yesterday about. Acting out like he used to be this wonderful perfect little boy when he was younger and now he's become a teenager and there's chaos everywhere and I know for a fact. I'm seeing him in therapy and I know for a fact that if he could just feel*

like he belonged somewhere all of this would go away. Because he does everything so that he can belong somewhere. He smokes dagga because then I feel part of the group of friends. He steals so then I can feel part of the group of friends. He roughs some children up because then I'm cool and then I'm part of the group. So, everything is being part of, being part of so, that's where the problem is."

Researcher: "That's interesting because now he is at that age where identity is going to be an issue."

Participant 3: "*There you go. So, before they just go with the flow and then during that phase of identity formation that's where the problems start* and he's a mixed race child as well so he asks himself, "Am I white? Am I coloured? What am I? In which community do I belong?" So, there's that plus everything else. So, it's difficult for him. He's not sure where he belongs."

Researcher: "So, with those types of issues, life story work could maybe help with identity, for example?"

Participant 3: "*Yes. Maybe I'll try that. I'm seeing him today. When you contacted me about this I actually started thinking about him and I'd been seeing him for quite a couple of months and he's very lazy in therapy. He doesn't work very hard. I'm quite goal-orientated, so he's been in therapy with me for about seven months, I mean, that's a long time. We need to start moving towards something. He keeps saying that he's not ready for termination, that he feels that this is a space for him to express his anger, but it's important that the therapy is not only supportive-based because that's not what it's about only, it's also about bringing that awareness and this would be perfect. A lot of your activities, if I think from a Gestalt perspective, life story work is really about strengthening the child's self.*"

Researcher: "Yes, it is."

Participant 3: "*That's what it is.*"

Researcher: "There are a lot of similarities between life story work and play therapy. That's why I like it and I think that's why we use a lot of it because we use those techniques in play therapy."

Participant 3: "*Yes. The theory shows and I've seen it if a child's sense of self is strengthened – it's amazing what happens. It's amazing what they can deal with, how aware they can become and how they can change. I had a boy that I was seeing and his father passed away last year and he did receive some grief counselling and at the beginning of the year I approached him and just said, "Do you still feel like you need to see someone?" and he said, "Yes" and I actually am his social worker as well and he said he wants to deal with and he needs someone to speak to about the loss of his father and, you know, the child that had started with me at the beginning of the therapeutic process and the child that I saw in our last*

session were two totally different children. I mean, he's quite a soft and gentle child by nature, but by the third last session, he was able to, and I never thought he would be able to do this because he always feels guilty for the things that adults do to him. He feels guilty to say, "I'm angry with my mom because she drinks," so I thought that he would feel guilty to offend me because I'm also a female and I could represent mom and that sort of thing and he felt confident enough to tell me that he's ready for termination and I was amazed. So something, and I always start my sessions with a little bit of work on the sense of self. That's just part of what we do. Obviously, the sense of self was so strengthened that he could then say I was so shocked the day he told me that I almost didn't believe him. I was thinking, "Are you sure that you are ready?" because I wasn't sure that he was ready and when he told me I respected that and said it's fine. He said he only wants three more sessions left. He was even specific about that and the one day he forgot to come for therapy and I said to him, "okay, well, you missed a session so it means you only have one left" and he said, "no, no, no, he wants two." He said he wants two and I was amazed because that's not how he was and I would never expect him to be like that. I'm not saying that it was only because of the therapy, there can be other aspects as well, but I definitely do think that being in the therapeutic process and work on the sense of self definitely helped him with developing the confidence to be able to make a choice: this is what I want and being able to stand by that and not feel guilty and not feel scared, "is aunty going to be offended by what I'm doing or whatever?" because I was sad. I have a very soft spot for him. I was sad that we were now finishing therapy, but he was amazing. It was my first full therapeutic process that I went through. It's the sense of self. It's these sorts of things like the incomplete sentences, the family tree, or something I do. I have a picture of a house or I let them draw a house especially for the smaller children and then ask them to identify this is your house – you can choose who you want to live in your house and then they identify that and that's all part of the sense of self, likes, dislikes – it's all linked to sense of self and life story work."

Researcher: "Because finding out your likes and your dislikes that helps you to make decisions. That helps you to be more assertive in the end and to make choices."

Participant 3: "*Well, this interview has made me quite aware. This is, ja, interesting.*"

Researcher: "So, is there anything else you would like to add?"

Participant 3: "*You have made me quite aware and we are going to have to, please, even if we don't start with the social workers, but once your study is over, but to start to explain to our staff, like the child care*

workers even just about the benefits and the types of activities. *This is a wonderful training opportunity. This is so important for the relationship-building for the children* and even just you asking questions has made me so aware of how this can be so beneficial for our children and how *simple it is. It is not difficult.* If we can get the childcare workers involved, it would be wonderful because like we said earlier about the relationship-building. You know, and if they have a good relationship with the children, because you feel part of the child's life and this is why the therapy works so well if there's a good relationship, because the child feels part of you. There is this trusting relationship, you know, it's not just him, it's togetherness and from that you get so much honesty, then change can happen. Even this boy that I was now talking about whose behaviour is all over the top, as much as it's sometimes all over the top, there has been an improvement since he's been in therapy. He used to abscond – there's another thing with the sense of belonging. Run away – all over. He doesn't run away anymore.”

Researcher: “A lot of them run away, yes.”

Participant 3: “*Something is happening in therapy that is positive for him because before I used to see him in therapy I was, my husband and I used to sort of be like volunteers for him and that stopped and I explained to him that if I see him in therapy that's the boundary, that I don't get to take you out weekends, I'm your therapist. He struggled with that boundary in the beginning. I've explained to him several times that he can terminate therapy when he wants too, when he feels ready and he's got good insight. He knows that if he terminates that I can then become his volunteer again, and yet he's chosen not to terminate.*”

Researcher: “Interesting.”

Participant 3: “*Ja. So, something about the sense of belonging, because even though he thinks maybe the sense of belonging might be nicer if I'm a volunteer there's something that happens in therapy that we use this stuff even though I don't have a proper life story book, we use these activities that make him feel like he belongs. I'm not sure where, but he belongs somewhere. So, ja, I think this is very interesting.*”

Researcher: “This has been a very good interview, thank you.”

Participant 3: “*Pleasure.*”

Interview 4

Researcher: “If you can just explain to me how you personally define your role as a social worker – what you do here at this facility?”

Participant 4: “I’m responsible for the basic social work services for the home and this means that I take care of the children’s therapeutic needs. My main duty is actually to do counselling with the girls. This is a shelter only for female street children, so we only have girls in the house between the ages of birth to eighteen. So, I basically assist them to adjust to the home. I do the preliminary interview before they are admitted, so basically that first assessment to see can this child fit into our programme, can we stabilise this child because coming from the streets they’ve lived a life where they’ve been up and down and all of that so being in a structured place is sort of hard for them to adjust too. So, those initial days are very important in building that relationship and getting them to try and settle down. So, I’m also responsible for the placement, making it legal, but I don’t do the statutory work, but we compile reports and then the outside social worker who brought the child in is responsible for taking the child to court. So, I just make sure that the child is legal.”

Researcher: “As a practicing social worker, explain how you would plan intervention for the child in care.”

*Participant 4: “We plan the intervention together with the social worker from the community. So, the children that we get are brought in by the outside social workers. These are social workers that have noticed that a child is in need, running around, behaviour problems, at risk of becoming a street child, so then the first intervention is that when they are brought in, we, the first plan is to provide them with a place of safety and then after that, after we try and stabilise them, we have to sit and do what we call an individual development plan within the first two weeks. So in this IDP, that’s where we look at all the interventions that are needed. So, we hope that in two weeks that we at least know what the child needs, in terms of family, what the child needs in terms of their mastery, education-wise, their skills, what can we build upon, we look at their strengths, their weaknesses and then we also look at their capability like being independent – can they make decisions? Where do they need help? And then really help them interact with others, so all our plans are four categories, which is: **belonging, mastery, independence and then generosity.** So, our intervention is based on that model, which is the Circle of Courage, and we try to*

provide all those ways where we can assist and we try to cover those gaps in our intervention plan. Our first thing is to provide a place of safety then we can start getting into what this child needs.”

Researcher: “Working on their needs?”

Participant 4: “Yes.”

Researcher: “So, what are your methods of therapeutic intervention and what do you know about life story work?”

Participant 4: “*Before I started using it I didn’t know about it, but coming into this residential setting for the first time I got introduced to life story work and this is because it is a method that we use to try and get the child to sort-of remake their lives that they whilst living on the streets they lost touch with a lot of things about themselves, a lot of things about their family. We try to reconnect. We try and see, “what do you remember about your family?” Or “what do you remember about where you grew up?” So we’re basically touching on all aspects of the child’s life, but putting it all together to help the child reconnect all the dots and to have the story of their lives. We’ve seen that it is a method to start getting the child to actually talk because they don’t even want to say a thing to you, but if you offer them to write, draw, or do whatever in their book and having something, for them it’s having something, like this is my book, this is my life story. So, we found that, for them, it is like a sense of ownership.*”

Researcher: “I brought some examples with me of life story work as well and I wondered if you use any of these? Drawings of themselves, handprints, life books and putting their birth certificate and birth weight (if they know or have these), life graphs and each stage then they would put different stations, time lines, family tree.”

Participant 4: “Yes, we do that first.”

Researcher: “Getting them to talk about feelings – incomplete sentences...”

Participant 4: “Yes, we do that – open-ended questions...”

Researcher: “Feeling faces, drawings of what you like and what you don’t like, linking feelings to your body, the angry volcano, linking the past and the present and talking about where you lived and where you live now.”

Participant 4: “*I think ours is a little different, but we talk about we are in the children’s home. It’s called me and the children’s home and we look at how did they ended up here.*”

Researcher: “And then memory boxes, where you take a shoebox if you want to and you make it special and you can take out photographs or letters or any special items in there. It’s usually used with loss. So, you use life story?”

Participant 4: “We haven’t really used the memory box, but we use the life story book where they are free to put anything and everything, even photographs. I don’t know if it’s like a box because it’s one person’s thing. That is also a good idea. Because now they just have one book with everything, whether it’s pictures or letters. They just paste it on to the book. We also have a body thermometer where they see how they feel like talking about anger.”

Researcher: “So, you have used most of those examples. Do you find it works with the children?”

Participant 4: “If I compare to being verbal and sitting one-on-one and talking and talking about how do you feel now, I get more when we use images, when we use drawings, when, because maybe they feel it’s not too direct, like you’re not attacking me, you’re not confronting me. They are putting it themselves. It’s their book. So, once a child acknowledges that feeling then already you can reflect it because it’s coming from the child, so it does give us the way in, because the child put it out themselves.”

Researcher: “So, they have more of the power in the session.”

Participant 4: “Yes. I think that helps.”

Researcher: “How do you think, in general, in places of safety, not only here, we could implement life story work?”

Participant 4: “I think it should be part of therapy. If you could actually make it part of the intervention plan. To say, a child needs to reconstruct their life, I found that history and even putting it back to where you’re at now, putting it all together in one place it helps a child to reconstruct their whole lives but then it should actually be part of their intervention, when you’re beginning with the child. Here, because of our children being in and out because they take a long time to stabilise it’s also very difficult to decide when to start the book because you don’t want to start the book and the child is gone in two weeks and they never come back. Some are in and out, but the ones who have at least stabilised because you can’t just start it when a child is coming in and they’re still very emotional trying to adjust and all of that. You can’t then say let’s start going back, then it might be too early, so we also try to find when is it the right time to actually bring life story work into this thing. Because they also need to build the relationship first. They need to trust who is going to do this book. All of our books stay in the social worker’s office for

privacy and you don't want the other girls to then have your book and they start going through it. So, they know that once they start doing life story they trust in you to keep it and they know that you're the one person who can discuss what's in the book with them. Sometimes they just want to go through their book. So, it's not every day that you have to do anything. Sometimes, they just want to remember what we've put in in the past and just go through it."

Researcher: "So, in the first two weeks you would do the circle of courage assessment? And then afterwards, once they are stabilised, once you have assessed their needs, then you would do the life story work?"

Participant 4: "*We can't really put a time-frame like with the assessment, like it's two weeks and it needs to be done. It depends on the child because some will not be stable even after one month but we do try to do it as early as possible because we also don't want the child to feel lost and they haven't even started doing any work in terms of, "who am I?", "Where do I come from?" and things like that, so I think a month, tops. It shouldn't be more than that."*

Researcher: "What would you say are the limitations or the obstacles in implementing life story work with the children in care? It's used overseas, but not officially here."

Participant 4: "*I think maybe because people don't have the training for it. You need to know what, sort of like the examples you have given. They're not aware of it. What I found initially when I came I had a language barrier because this being Cape Town some of the children spoke Afrikaans and I do not speak Afrikaans. So, if a child prefers to do their life story work in their own language you can't say no to that. They can express their story in a way they feel comfortable, as much as you might want to translate it, it might take away from the child's story. So, sometimes you leave them like that and someone who speaks that language can then take from that, but then relationship between child and counsellor is affected because I now have to ask somebody else to get the story out for them. So, that was also a bit of an obstacle for me. I don't see this as a limitation, the child's ability, for example, if the child can't write the child can still draw, put pictures in."*

Researcher: "So, that's actually a strength of life story work?"

Participant 4: "*Yes, there's a lot you can actually do. I think the other thing also for us, because I don't know what the aim of the life story book is if it remains with us because my thing is it's supposed to be a child's thing that they own. They're putting it together for if I leave this place after eighteen I can go*

through what I went through so I always feel like if the books remain here, because some of our children if they leave, they just leave the books. If they leave by running away then they are back on the street. Giving them the book then, then it will just get lost. They don't even ask for it. So, I don't know if it's because there's no connection to my personal story, my personal story that I had. Not everyone looks at it as my diary, my thing that I made. So, sometimes you then find yourself with a bunch of books that have been left, and at the end of the day, I don't know if that was the purpose? For us to just have recollections of children's lives and then they go and they leave it. I would think ideally when you are done with the children's home you can have your book, take it with because this is your story."

Researcher: "Yes, because then you have that thing because with their lives they have moved from place-to-place and are left with nothing."

Participant 4: "Yes."

Researcher: "So, in the end if you get stuck with the books, what happens with the books?"

Participant 4: "*We keep them for as long as it takes. Maybe someone will remember it when they are an adult and say I used to stay at this place, "do you have something that belongs to me?" and then when they come back we can give them that book. I just feel like you go through that effort of putting everything and you're working on your dreams, you're putting your future plan there, you're looking at how far you're come in your life and then you just close that book and leave it. I feel like there's a gap there. You can't force them to take it. If they forget it, if they run away, but if they are transferred and they actually pack their stuff and they leave with a social worker then you can actually say here is your book and say goodbye properly, but it's not always like that."*

Researcher: "So, you normally do actually offer the book?"

Participant 4: "*Yes. But it's like if a child goes through the proper way, through the courts on a day then you can prepare all their stuff, including their book because I always feel they always need to take it with."*

Researcher: "Yes, that's nice."

Participant 4: "*But we have a couple who have just left. I always look at the books and I wonder where are these people from years back."*

Researcher: "Yes, that's sad. And it does happen."

Participant 4: "*Yes, it does."*

Researcher: "Is there anything else you would like to say about life story work?"

Participant 4: *"I think another limitation might be with children with disabilities. I don't know how they would do it. That means there might be a certain group it won't reach, especially if they're blind."*

Researcher: "I have seen life story work could include recordings."

Participant 4: *"Sometimes you give the child a choice, like do you want to talk or do you want to do something in your book. It's up to the child what they want to do. Having teenagers in the house as well, most of the time they don't want to talk they just want to have their book and then you're told to not touch their book and that what they wrote in there is private, so where is that thing, because if you're using it as a form of therapy you're using it to find where the child is at and you're trying to help the child. Can you then, as a counsellor just read the book without the child's permission or do you have access to it? Sometimes they say they don't want anyone to see, but I keep the books, but you may have written something helpful to the intervention and stuff like that. So, that's always been a tricky one. I always wait for them to come back and then I ask nicely what you wrote last time, but what is the line there? I know in terms of handling the client, it's always up to the client, that you can't force them to look at something if they are not ready."*

Researcher: "Yes, because you have to earn their trust as well?"

Participant 4: *"So, yes that has always been one thing I have always wondered about. Some of them write suicide notes and what if I have to address it? I always try to look at what is the motive and is she only saying that. It is a cry for attention. You would not have written it, if you didn't want anyone to know, but they make it clear that I don't want you to know. So, there is just that fine line."*

Researcher: "You mentioned ages and you said you work with teenagers and you said you work with girls from birth to eighteen years. How do you work with toddlers and that very young age? How do you do life story work with them?"

Participant 4: *"It's mostly what I would do in play therapy because we're just playing. We do handprints, drawings, sometimes I write for them, I will say, "tell me about your day" and then we put it in their book and then I write in there that I assisted the child. I put in photographs from when they were babies. It's not as deep because they can't write for themselves. They can draw and sometimes you can get something from it, but it's not as deep as when a teenager is writing about what they've gone through."*

Researcher: "Yes, because they don't really have the reminiscence."

Participant 4: *"We normally have teenagers. It's mostly from twelve up to eighteen, but we are open from birth. It just depends on the needs at the moment. We see can this child fit?"*

Researcher: "Life story work depends on the child. It depends on them, what they need or what they like to do would dictate which life story work activities you would use."

Participant 4: *"Yes, every child is different. They are individuals. Every book is different. Talking can be difficult for them. Sometimes, I use music or narrative therapy."*

Researcher: "When you use narrative therapy, do they make a drawing in their book?"

Participant 4: *"Yes. They do something in their book about the story. Whatever they want to do about it, they can choose."*

Researcher: "So, you can do life story work for six sessions, but you do it for a long time?"

Participant 4: *"It's on-going. Is that right?"*

Researcher: "I don't think there is a right or wrong. I think people would do it as long as they could, but they move from place to place and they can't continue, but I think it's nice that they can leave with their book."

Participant 4: *"Yes, I think they appreciate it. I've seen it as something really good."*

Researcher: "In general, what are the reasons why they are here?"

Participant 4: *"Over twenty years now, firstly it was just street children, but with the new act, it's children with behaviour problems – children who defy rules."*

Researcher: "So, you wouldn't really define the behavioural problem child as a traumatized child?"

Participant 4: *"They become influenced and then the street experience gives them the traumatic experience. By the time they get here they are traumatized. They are seeking a sense of belonging. They need to get back to a feeling of family, some of them feel like they belong here and they find their identity."*

Researcher: "Yes, I was going to say that's that age."

Participant 4: *"Yes, through the life story work it helps with identity, we work with those themes and they can form an identity. It also helps with reunification. All the information they give us helps us to see and we can try to trace those people."*

Researcher: "Thank you for your time. I appreciate it."

Participant 4: *"It's a pleasure. You helped me as well."*

Interview 5

Researcher: "Can you tell me more about this organisation and what your role is and how you see your role, personally?"

Participant 5: *"Okay, we started a few years back and it actually came about that the CEO adopted a child and she later discovered that he has foetal alcohol spectrum disorder and that's how the whole thing came and we later obviously specialised a bit more. What I do is we have I think about two years ago we decided to do cluster foster homes which is a home with either a mom or a dad or both foster parents and they will take in six children from different backgrounds or siblings together and then it basically runs like a house. My role as a social worker is obviously to make sure that these children are safe and I have to deal with each child that comes into the system has their own social worker from the Department or child welfare. I will work with those social workers to do the extensions every two years, to do care plans, to make sure that they receive the therapy that they need to receive and stuff like that, so I basically do paper work and I obviously look at that the children are healthy and happy. So, I basically, you get the mother and then I initiate everything and help the mother to give everything they need to the child. So, I'll make sure that the home is safe and clean, I'll make sure that they are happy with the schools, I'll meet with the parents. There's a lot of stuff that these children deal with and obviously I'll make sure that they can maintain some form of balance."*

Researcher: "So, you do an assessment of their needs?"

Participant 5: *"Yes. I just basically finished a care plan where you basically look at why is the child with us, what is the reason, do we know who their parents are, is there any way we can reunify them, do reunification services, and look at the circle of courage, and then we also look at their education, religion, and we make sure that all of those facets are covered and they can maintain a normal lifestyle. So, there's a lot of different things that I do, but I say mostly it would be to make sure that the children are safe and happy. I work specifically with external social workers, so the child basically has two social workers. I'm now, if you can see it, the private one, or I look at them in the house whereas the external social worker will (a) remove them and (b) go to court and I don't do those things. I work with them in the household."*

Researcher: "You said you also do therapeutic work with the child?"

Participant 5: *“Yes we actually, say for instance, the child was molested or sexually abused, we like to send them to Jelly Beanz Inc. for play therapy or we like to let them work with a counsellor at school. I don’t necessarily, or as of up to now, I haven’t worked very intensively therapeutically with the children. I have group work sessions with them where I ask them how they are and stuff like that, but I haven’t been here for such a long time and at the moment it’s a bit busy. Next year I will actually start working one-on-one with the children. A lot of our children are still very small. They are all under the age of ten. We’ve got four children that are only over the age of ten and with those children I will work more intensely, but with the littlies...especially because they struggle with FAS their intellectual ability aren’t that developed that much, so it’s very difficult especially since they don’t speak and it’s very hard, but that’s what I aim to do when they get older. If they need therapy we have a key worker here who does play therapy with them, but it’s usually outsourced like to Jelly Beanz Inc. or to the school counsellors or stuff like that.”*

Researcher: “So, you’d prefer the play therapy to help the FAS child?”

Participant 5: *“Not necessarily. Like I said with the FAS because most of our children have it and they were with us from babies so we are basically all they know. They basically speak to the mother, the foster mother and stuff like that, so it’s a bit of a different ballgame to your usual cluster home or children’s home. We’ve got a very different set-up. It’s not the same. I think because we understand our children’s needs, so our routines are different. What we eat is different. No sugar, they get special education with our specialised schools, so it’s a very different ballgame, I would say, to other cluster homes or children’s homes. We do offer play therapy and we see what they need, we’ve got an educational psychologist, we’ve got a clinical psychologist that works with us. So, they will do all the testing and seeing if the children are school-ready and stuff like that, so we have all the resources, but they are all external. They just work with us. We don’t have them in the office.”*

Researcher: “I wanted to find out your perceptions of life story work. I don’t know if you have heard of life story work?”

Participant 5: “No, I have not.”

Researcher: “I have brought some examples to show you. Most people use life books with children in alternate care where they could start with maybe drawing yourself, making handprints, stick birth certificates, photographs, birth weight, life graph, where you could draw important parts in your life.”

Participant 5: “Ok. Like a life history grid kind of thing?”

Researcher: “Time line where you would draw the years and you could talk about important years and what happened and then your family tree almost like a genogram. Yes. And then talking about feelings, the incomplete sentences and then showing you how they feel.”

Participant 5: “With pictures and faces, okay...”

Researcher: “And drawing what they like and drawing what they don’t like and drawing themselves and what makes them happy or sad, for example and what they like and what is important to them. Also about feelings, about anger, talking and drawing about the times and bringing them together, like in the past I lived there and now I live here and why. The memory box, for example, you could take a shoebox, and say, for example, they lost someone special to them, then you could take photographs or any special little items and put them inside the box.”

Participant 5: “Reminders? So, they can go into the box?”

Researcher: “Yes, and work through those feelings. So, how do you perceive any of those things?”

Participant 5: “It is great. I agree with doing it and I use some of those things, but, with our kids most of them won’t even be able to read those things and especially with FAS they struggle to think abstractly. It has to be concrete and what I see in front of me. So, for them to be able to do things like that will make them frustrated basically. They won’t be able to, I don’t think they’d be able to do most of those things. I think doing handprints and we actually have a holiday programme at the end of every year and our driver actually took some of the kids to their previous addresses, like, their homes and some of them reacted well and some of them didn’t react well. So, you also don’t know how they will react and what their experience will be because many of our children don’t remember in the long-term, anyway. They remember today and tomorrow will be a whole different ballgame. So, in an ideal world this would be perfect, but I think specifically with our kids only some of it would be able to be used. I mean, they won’t know their life history grid. I mean, they won’t even know last week, but obviously drawing yourself and looking at faces, we use lots of charts and “how do you feel?” That they can do, but not the history or the more abstract, “what do you want to be or wish to be?” thinking. They can’t do that. I think half of it probably would be practical, but the other half just wouldn’t work. It would go completely over their heads. It would actually frustrate them because they actually don’t understand.”

Researcher: “Yes. So it might actually have a negative impact?”

Participant 5: *“Totally. So, I think I would feel 50/50 about it. With a child that doesn’t have FAS or some form of disability, it would probably work better.”*

Researcher: *“So, you would have to adapt it?”*

Participant 5: *“Yes, definitely, adapt it and see because all of our children have different abilities and different levels of functioning, so you would be able to look at the child and then decide, okay they would be able to do this or they would be able to do that. Most of them are two years behind anyway. So, you would most definitely have to adapt the life story work.”*

Researcher: *“I have seen, for example, for blind children for life story work the can, for example, listen to CD’s, instead of writing, so it is adaptable and based on the concept that all children are individuals.”*

Participant 5: *“Ja. Our children did appreciate going to see where they come from because they are still children, I think it is just what their mental capacity will allow. Where I think the challenge will come in, will be with like sentences and stuff like that. More picture-orientated and more listening, but also concentration is also a challenge. Four minutes and then you have to give a break and then continue and they need intense help. So, ja, it would be a struggle but you would be able to do something like this if you dumbed it down a bit and made it a bit more simple. No, not colourful. They like very subtle colours. They don’t do well with bright colours. Our children are very artistic. Two of our kids actually excel in arts and crafts, but they need bare walls surrounding them and greyish colours, light colours, not very over the top.”*

Researcher: *“Okay, so they need a soothing environment?”*

Participant 5: *“Yes, definitely because their brains just can’t take in and it makes them aggressive and frustrated and stuff. So, it’s a whole different ballgame.”*

Researcher: *“It sounds similar to autism in a sense?”*

Participant 5: *“Yes, we actually have one child who has both. It is very similar.”*

Researcher: *“Is there anything else you would like to add?”*

Participant 5: *“Well, I think it is a great concept. I think in our country, if I look at the amount of children we have in foster care and the amount of children who actually don’t live with their immediate family or even maybe with their grandmother. If I look at the family set-ups, because for us we have a mom, we have a dad, you’ve got a gran and granddad and maybe you know your cousins and nephews, so for us it’s different. For many of the children in South Africa, they will live with someone and call her*

“granny”, but actually it’s not your granny, so I think, yes, it’s a good concept, because it gives a child a sense of belonging and “I’m an individual” and “I’m special”, but I think it would be hard for a lot of children to be able to fill in that grid. They won’t know where they come from. I mean, it could actually have a negative effect on them by saying, “Who am I?”, “What do I do?”, “Where do I come from?” and “Who do I belong too?” So, as much as it can be good, I think you need to look at a child’s self before you actually do something like this and take into consideration whether it will have a good effect or bad effect. I can think in my mind, okay, maybe with this child it will have a good effect, but with this child I know it won’t have a good effect because his parents don’t or aren’t a good thing in his life. So, it’s just going to bring up bad memories and let’s rather look at the now, “Where am I now?” instead of where I come from. Sometimes you want them to forget it and not remember it, but then you’ll get another child who has good and fond memories and maybe the mom died, but it was a good relationship and he wants to cherish it and that’s why you’ll have the memory box. So, I think you have to look at the individual child before you think okay maybe “yes” or “no.””

Researcher: “Yes, you can’t just do everything and go through the whole process.”

Participant 5: “Yes, but it is a good concept. I just don’t know with our children, I don’t know if it would be as practical, but I think with some it would who aren’t affected as much. We also do have children that don’t have FAS, but I think also maybe with an older child maybe it would work better, whereas with a younger child it’s more colours and faces and stuff and as you get older you can do the ‘what I like’ and ‘what I don’t like’ and ‘where I want to be’ and stuff. I think, when a child is limited, or when their brains are limited, it’s difficult to even complete a sentence, never mind writing it down. They won’t be able to and that could be very frustrating and cause a chain reaction of acting out and stuff. So, in general I think it’s good, but when you start working with children who have challenges with regards to how they function, I think you have to take a whole different approach. But, I’m sure that this can be adapted. I think it’s important that children know where they come from, but you have to look at what does ‘where they come from’ show and what does it bring up. Which is also good because if it’s bad you can deal with it, whereas you necessarily might not even know if it was good or bad. So, actually it’s good because it can bring up stuff that they can actually deal with.”

Researcher: “So, the facilitator would have to do homework before the time?”

Participant 5: “Yes, most definitely. **They’re going to have to read some kind of background report** because then you can also tailor it to get the information that you actually need and manoeuvre it into the direction you know the child actually needs help with. So, it could be helpful, but I would say that you definitely need to know who you are working with before you start doing something like this. Say for instance, you know in mind that you want to do this activity, but you don’t know that the child can’t sit still for five minutes and then you get frustrated because why does this child not want to work with me or why doesn’t the child do it and then actually the child doesn’t understand what you’re asking him. I think a lot of children out there actually are struggling with FASD. I mean, prevalence is 60 000 births a year of children who are influenced by alcohol and they will be affected by alcohol, so their brains don’t function ‘normally’. So, I think in schools as well, stuff like this is going to be challenging because you don’t know what level the child can function on, so either it’s going to have to be very basic or you’re going to have to know the child very well before you start the process. I would say that most of those activities, like the handprint and the body, that’s fine, but as soon as you get to the more intense life grid and genogram (family tree), I don’t think a child in South Africa that doesn’t have a stable household will be able to fill that gram in further than two or three years. In my experience, I’ve done many genograms with my kids and previous clients and they actually don’t know. They basically know granny and maybe an aunty, my dad’s in prison, I don’t know if he has brothers or stuff like that. So, it would be hard for them to do something like that. I still think it’s important because you need to look at where the child comes from because that usually explains why they show certain behaviour and why they have certain things that they do.”

Researcher: “It does bring about a lot of awareness and that could make you feel uncomfortable.”

Participant 5: “Yes, and then something like this could be good because you’re actually getting information in such a simple and colourful and fun way. So, with children this would work amazingly well if we can say that the child will be able to complete all the activities if you adjust it to suit their needs. I think more stuff like this needs to be done with children because I think in South Africa, specifically, our children need to know that they are important because they don’t receive it at home anymore. In my experience, it’s very difficult for children to know that they are important and they belong, especially because they don’t get that care and support and love that they deserve. Something like this would be able to work really well. I think as soon as you go into foster situations, though, it becomes a bit tricky

because why were those children removed in the first place and that is what this about. It's about 'my family', it's about 'love', it's about all those things which actually signify negativity for that child. So, I think you just have to assess the child and the situation before you start doing this, but if it was an ideal situation or if you could do it then I think it would be a very good tool to have to help this child to get to know himself and to get to know where he comes from and where he or she wants to go. So, I think it has its pros and cons. I would love to use something like that with the children who would actually be able to benefit from it and I should actually do more research about it and I will. I think it's useful."

Researcher: "Thank you."

Interview 6

Researcher: "You can just start off by you telling me more about the organisation and your role?"

Participant 6: *"We are the oldest children's home in South Africa. We are a registered child and youth care centre, so our children come through the children's court. They've been removed for various reasons, such as abuse, abandonment, neglect, living on the streets, parents living on the streets or children displaying uncontrollable behaviour. They may also be at risk if their parents are using drugs or alcohol. We are registered for 44 children. At the moment, we have just over 34 kids between the ages of 6 and 19 years old, boys and girls. Our house is in a hostel set-up, but it's divided up into sections. We've got the girls sections, junior boys and senior boys section and each section has their own bathroom, lounge and bedrooms, but normally during the day they all interact, they're all mixed. We've got childcare workers that work shifts. There's one childcare worker per 8 to 14 kids and they are a wide variety, different languages, different races, so they reflect the demographics of South Africa as well as Africa. My role is the social worker here. I'm the only social worker, so I do all the developmental programmes. I coordinate and implement and facilitate all the developmental programmes. I assist with the recreational programmes. I do all the therapeutic programmes, all the individual counselling, the group counselling or any extra or complimentary programmes that we have running. A lot of the time I also do the work with the parents because it's not happening on the outside, writing court reports, things like that and then I've got two recon workers that work directly with the parents and they do the groundwork with the parents like assisting them to go to SSASSA or to get into counselling, parenting programmes or things like that."*

Researcher: “How do you assess the children’s needs or, in general, what kinds of needs do you see in the children?”

Participant 6: *“We don’t have assessment tools that we use. When the children come in, when the social workers apply for placement with us, they’re supposed to send us an IDP (Individual Developmental Plan) and the child is assessed on the Circle of Courage, so Generosity, Sense of Belonging, Mastery and Independence and then we see which programmes of ours the child would benefit most in and then allocate that. If necessary, if the child needs more intensive services or medication, then we try to refer them to Red Cross and then I’ve brought in a counsellor that comes in once a week to assist with individual counselling of the children. As I can’t get to all the individual therapy, we’ve got one Master’s social worker, registered social worker, that comes in on Fridays and sees three of our kids. So, we do multi-disciplinary team assessments of the kids. When the children come in, we sit with the social worker and the childcare workers as well and then we assess the child’s needs and why they are here, what needs to happen for them to return to the community, what needs to happen with their families and then we try and structure programmes according to that. We have a multi-disciplinary committee - child psychiatrist, two occupational therapists, myself, a board member, the manager of the home, the chief childcare worker and an educational psychologist that usually sit once a month, but it’s tapered down a little bit because they’re all professionals with their own lives, but we used to sit once a month. Then, certain cases that we really needed help with, we would discuss with them and they would help on a consultation basis, so they wouldn’t do anything for us, but refer us or say, “have you tried this?,” “have you tried this?””*

Researcher: “That’s nice. So you get a holistic approach?”

Participant 6: *“Yes, very important. I’m also a part of a social worker’s forum, so cases that I really struggle with then I’ll take to them and we bounce ideas off, or contact this person or try this with the child.”*

Researcher: “As a social worker, how would you plan intervention for a child in care?”

Participant 6: *“Based on the IDP and the IDP is used in all child and youth care centres, but obviously different cases grant different programmes and things like that, but basically on the IDP we will see.”*

Researcher: “What are your current methods of therapeutic intervention? What sort of things would you do in therapy? Do you use play therapy or art therapy, for example?”

Participant 6: *“We have a play therapy room. I’m not a registered play therapist, but I’ve done a couple of play therapy courses, so I don’t put myself out as a play therapist, but I use my social work techniques with the use of play therapy techniques. So, individual counselling, talk therapy, play therapy, where I use the sandbox, the dollhouse, the clay and the paint. We’ve also got the therapeutic puppets and then our children also attend pottery classes, so our littlies do pottery classes every second week and then our middle group and our oldest group do animal-assisted therapy. Our littlies have also done equine therapy. So there’s the underdog programme where our children go once a week and they are matched with a shelter dog, so they are taught about the shelter, the effects of institutionalisation or being kept in closed confinements. The dog’s backgrounds are described to the children and they can relate very much to the dogs and they are matched with a dog and they are used to train the dog. So, the child is gaining a lot of confidence, a sense of mastery over the dog and the situation, but also the behaviours in the group and with the dogs is made relevant to their own lives.”*

Researcher: *“That’s very interesting.”*

Participant 6: *“So, our children have done the equine therapy too, but that’s seasonal, so we used to take our littlies and our teenagers and they did the horse therapy where it’s also about the bonding of the horse, the mastery of being able to control such a big animal and then relating it to their own lives and reading body language and being aware of their own emotions and how it effects animals. The teenagers are also now doing the Underdog programme.”*

Researcher: *“I have heard about that before and how the horses are very sensitive to feelings and picking up on that.”*

Participant 6: *“Yes, very sensitive and they mirror your own emotions. Very intuitive animals. On Tuesdays we are starting with Pets as Therapy as well. A registered therapy dog is going to come to the home, so we’ll have an in-house dog as well. He’s not going to live here, but at least once a week the dog will come and visit the children.”*

Researcher: *“That’s so nice.”*

Participant 6: *“Yes. I’m looking forward to meeting the lady and her dog.”*

Researcher: *“It sounds like you have very different, interesting ways or approaches of therapy?”*

Participant 6: *“Ja, we try because when I started here we used to refer the children to Safeline or to Red Cross and I’m not criticising their services at all, but it wasn’t helping for my children.”*

Researcher: "Yes, and all children are different."

Participant 6: *"Yes, they are different. So, obviously there were some services that did help with the kids, but then other places we saw it wasn't enough and it's really tough for me to get to individual counselling with all of them. So, the group therapy is just an added thing. So, every single week they will have therapy, a therapeutic group and this gets complimented by the individual therapy. Some of our children do see psychiatrists as well, but obviously when volunteers come in, if they are professional volunteers, then we try to put them where they are needed."*

Researcher: "Have you heard of life story work before?"

Participant 6: *"A little bit, ja. Edith and Marita used to speak about it in the courses I attended and I think I have heard other professionals speak about it from other child and youth care centres."*

Researcher: "Well, that's how I started my interest in life story work, also through Edith. I was working with a little girl who had lost her mom and she suggested I make a memory box with the little girl and we made it. I brought some more examples of some life story work and some of the activities that you could do. It is used a lot in foster care, like in the UK, they have used it for many years and it has been found to be very effective. A lot of them use life books where each child gets a book and then the social workers sit down and they work on this book with the child, instead of just finding out their life story, they do therapeutic work with the child, they could draw themselves, or do their handprint, for example. It's a lot to do with identity."

Participant 6: *"That would be very beneficial to a lot of our kids."*

Researcher: "It's saying, "This is me. This is my hand. This is my birth certificate.""

Participant 6: *"And what do you do when the kids can't answer those things or when the parents can't answer it?"*

Researcher: "You don't have to do these specific things. These are just some of the things you could do. For example, if you had photographs, you could put those photographs in the book, but if you don't then you don't have to do those things. Then, this is a life graph. There are different ways you could do this. They have used a railway track, for example, and at every station I was born, for example, in Port Elizabeth and then I had to move to Cape Town, then my mother passed away, then I had to move to granny in East London, those sorts of things."

Participant 6: *"Okay."*

Researcher: “Or a timeline. At every year you write what happened. Then, the family tree, but your family tree doesn’t have to look like this. You could paste photographs, you could make drawings, or any way they want to do it. It’s their book and their process and it gives them a sense of mastery, like you were saying. Talking about feelings, they could do incomplete sentences and through that they discover how they feel by showing you. They could draw or point at a drawing of a face, or draw how they feel, or what they like and what they don’t like. Then, drawing themselves and what makes them happy and what makes them sad. It’s about not having to talk about it sometimes, but having the option to draw it or show you how they feel. Then, joining past and present tense and talking about where I used to live and where I live now. Then, this is a memory box. You can even just take a shoebox and they can make it pretty with you. They can put photographs or write letters or any special items and put it in there and then every time they want to, they can open it. So, those are some examples.”

Participant 6: “It’s really, really nice. I do believe that it works. I really do, but in this instance where I’m the only social worker, I find it very hard to start a process like that with the kids because I’ll see the Department literally requires that in one term you need to see all the children in your home. So, you’re basically doing a half hour session with the child where you’re just touching base or addressing behaviour. They make it very difficult for time allowances for therapy because of all the other requirements. I think it’s very beneficial in all the other children’s homes where there are maybe two or three social workers and they focus on different aspects. I’m a big fan of life story work and play therapy and equine and pets as therapy.”

Researcher: “Yes, but maybe you see life story work as time-consuming?”

Participant 6: “It’s time-consuming, but not in the process itself because it’s beneficial, but in the context of being a social worker in this children’s home, it would be time-consuming.”

Researcher: “Yes, because you would want to do the whole process properly?”

Participant 6: “Yes.”

Researcher: “And you understand that there are a lot of feelings that come up?”

Participant 6: “Exactly. You can’t just do one session and then next week, ok we’re going to miss it unfortunately, I’m busy. It’s not fair towards the child. But, I would love to have students placed here that can do the process with our kids and I have contacted SACAP. I have contacted the Universities and

things like that, but because our children aren't here in the mornings, they say it's very difficult to place students."

Researcher: "So, that's how you could implement it practically, if you had more facilitators?"

Participant 6: "Yes, definitely."

Researcher: "Then you would be able to manage it properly."

Participant 6: "Oh definitely. That would be the ideal. Then you get volunteers that come and they say, "I don't know what to do with the child." You can basically give them the process and then they don't have to think of what to do. Obviously there are certain activities that can be flexible, but at least it's a very good guideline for them to follow."

Researcher: "So, you could then make a programme or a guideline based on life story work?"

Participant 6: "Yes."

Researcher: "That would be good idea. Then, they would see you for supervision?"

Participant 6: "Yes."

Researcher: "Yes, I think that would be important with those issues."

Participant 6: "Yes, very important."

Researcher: "I found that it's not used even though it has been proven to be effective in foster care, but it's not really used in South Africa. What do you think are the obstacles to it?"

Participant 6: "I don't know if you know about the article by the DA? They said that there is a shortage of 60% of social workers in South Africa and I think that is the main problem. We have amazing techniques and amazing therapeutic interventions, but it's impossible to implement it because of having such big caseloads."

Researcher: "It's time-consuming?"

Participant 6: "It's very time-consuming. I think student placements would be the best, but they need to be a six-month or a year placement, where they can do the process with three or five kids. I don't think it's a matter of people thinking it doesn't work or having no faith in the programme or the process. It's literally the large caseloads."

Researcher: "Yes."

Participant 6: "It's really, really difficult to follow a process. In the community, what I found is by the time children reach us they have had no therapeutic interventions. They've been to so many social

workers and so many organisations, but nobody has actually sat down and done therapy with the kid, even if they are in foster care. It's basically crisis-control the whole time.”

Researcher: “So, you have to focus on the basics?”

Participant 6: “When they come to a children’s home it is a little bit easier to start a therapeutic process, but then you need one social worker only doing group work, one social worker only doing individual therapy or having certain cases allocated. But, because the social workers in the community aren’t getting time to do family reunification, we’ve taken that over as well. Not legally, but we have the most contact with the families.”

Researcher: “That does make sense. Is there anything else you would like to say about life story work?”

Participant 6: “I would love to start it. Next year I am moving overseas so I am planning on doing it more. We see the need, but because there are so many other needs as well, it’s really hard to focus on it. A life story or a memory book... you have to commit to the full process. *It’s a too sensitive topic just to give to any volunteer or student. Some can actually do more damage than good if they’re not trained in psychology or social work. One resolution might be to train childcare workers in life story work, but they take care of so many kids per shift.*”

Researcher: “Yes, you said so and that might be a problem to focus on all of them properly.”

Participant 6: “Yes.”

Researcher: “Thank you for your time.”

EMERGENT CATEGORIES	SUB-THEMES & DATA	DISCUSSION
Therapeutic use of life story work	<p>Lack of awareness</p> <p><i>“I use life story work and I wasn’t aware of it.” (P1)</i></p> <p><i>“There is not enough awareness about life story work.” (P2)</i></p> <p><i>“I didn’t realise I use life story work this much. Maybe social workers don’t have the skills and</i></p>	<p>The participants seemed to have a lack of awareness regarding life story work initially, but once examples of life story work activities were shown to them, they recognised them and then stated that there needs to be more awareness about life story work as they do use it and they do find it useful.</p>

	<p><i>are not aware of it. There is a lack of awareness.” (P3)</i></p> <p>Life story work as a flexible and user-friendly technique</p> <p><i>“They are free to put anything they want in their book. They are individuals. Every book is different.” (P4)</i></p> <p><i>“You’d have to adapt it to suit the child’s level of functioning.” (P5)</i></p>	<p>The life story work activities you do would depend on the individual child, therefore, the child has the power in the sessions and this would build the child’s sense of self in therapy.</p> <p>Life story work is flexible – it can be adapted to the child’s level of functioning.</p>
<p>Importance of using life story work</p>	<p>Identity formation</p> <p><i>“Most of the children here are in their adolescent phase and are trying to seek an identity. They need an identity. They are experimenting to find their identity.” (P1)</i></p> <p><i>“I have heard of life story work before and it is linked to identity.” (P3)</i></p> <p><i>“We need to use life story work here otherwise the children struggle with a sense of identity. Life story work helps with forming an identity.” (P4)</i></p>	<p>The participants identified the issue that children in care have difficulty with identity formation, especially once they reach the adolescent phase of development.</p> <p>Life story work has been known to assist with the issue of identity formation with children in care.</p>

	<p>Embracing the past</p> <p><i>“I see the value in it because it encourages the child to embrace his story and his past. This is the foundation from which you are functioning from. Then, he can accept the good and the bad and move forward. I think capturing their lives in story form is very powerful for them and they can look back at what they went through and survived. Reframe their stories and see themselves as survivors instead of victims. Life story work is a very useful technique for children in child and youth care centres – it adds to their sense of identity and their foundation that they operate from.”</i></p> <p>(P2)</p> <p>Sense of belonging</p> <p><i>“The adolescents here need a sense of belonging. The orientation and adjustment phase to the child and youth care centre is particularly difficult for them and that’s where I think life story work may be helpful for them.”</i> (P1)</p>	<p>The participants identified the issue of a sense of belonging that children in care have difficulty with.</p>
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	<p><i>“Many of the children here feel lost.” (P2)</i></p> <p><i>“We need to also do things in their present and make them feel that this is where they belong and give them a sense of belonging.” (P3)</i></p> <p><i>“We need to start life story work otherwise they feel lost and struggle with a sense of belonging. They are traumatized and seeking a sense of belonging.” (P4)</i></p> <p><i>“I think it is useful. Children in South Africa need to know that they are important and they belong.” (P5)</i></p> <p>Relationship-building</p> <p><i>“This is good for relationship-building and there is much healing just in that.” (P3)</i></p>	<p>Many of the children have been through multiple moves and do not know where they belong.</p> <p>Life story work has been known to assist with the sense of belonging.</p> <p>It seems there was a general consensus that children initially have difficulty with trust in the therapeutic relationship. Life story work activities seemed to assist with this and to also assist the social worker to gain the information he or she needed to assess the child, but in a non-threatening way.</p>
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	<p>Family reunification</p> <p><i>“I use the family tree or genogram for assessment purposes, to get to know more about them.” (P1)</i></p> <p><i>“I use the family tree. I use incomplete sentences a lot and find it to be a very useful tool. I have used the feeling faces so that children can show me their feelings and I have used the memory box before.” (P3)</i></p> <p><i>“I use life story work with the children to touch on all aspects of the child’s life and try to reconnect the dots for them and try to help them to remember and have their life story. It is a good method to get the child to talk as many prefer drawing to talking. The family tree, for example, can also assist with reunification services as you can trace family members.” (P4)</i></p> <p>Self-adjustment in a new environment</p> <p><i>“The orientation and adjustment phase to the child and youth care centre is particularly difficult for</i></p>	<p>If the children can remember their family members, the family tree activity can be helpful with reunification services for the social workers.</p>
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	<p><i>them and that's where I think life story work may be helpful for them.” (P1)</i></p> <p><i>“We need to also do things in their present and make them feel that this is where they belong and give them a sense of belonging.” (P3)</i></p>	
<p>Negative perceptions of life story work</p>	<p>Complexity of life story work</p> <p><i>“It's difficult to know when to start the process with them. You can't start the process and then the child leaves in two weeks. You also can't start when they're still adjusting and emotional. You need to build a relationship first. They need to trust the facilitator.” (P4)</i></p> <p><i>“It's too sensitive a topic just to give to any volunteer or student. We see the need, but because there are so many other needs as well, it is hard to focus on it. A life story or a memory book – you need to commit to the full process.” (P6)</i></p> <p>Lack of resources</p> <p><i>“It's time-consuming. In the context of being a social worker in</i></p>	<p>Some life story work activities are used by social workers, such as the family tree, for example, and it is simple social work, but the emotions some of the life story work brings up makes it a complex concept and it needs to be prepared for and done over time to complete a full therapeutic process with the child.</p>

	<p><i>this home, it would be time-consuming.” (P6)</i></p> <p>Shortage of social workers</p> <p><i>“There is a shortage of about 60% of social workers in South Africa and I think that is the main problem. We have amazing techniques and amazing therapeutic interventions, but it is impossible to implement it because of us having such big caseloads.”</i> (P6)</p>	<p>Life story work, being a complex concept and bringing up emotional issues for the child takes time.</p> <p>There is a shortage of social workers in South Africa and they do have high caseloads. They are required to see each child individually for therapy, but they claimed to not be able to do this due to time constraints.</p>
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Table 5: How themes emerged

Addendum 3

Semi-Structured Interview

Questions:

The purpose of this interview is for us to discuss your current personal experience as a social worker in practice, and to explore your perceptions of life story work. Everything you share with me is confidential and your identity as well as your organization'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. How do you personally define your role as a social worker?
2. As a practicing social worker, explain how you would plan intervention for a child in care?
3. What are the current methods of therapeutic intervention for children placed at the child and youth care centre and what do you know about life story work?
4. After reading/seeing the attached document regarding life story work, what are your thoughts and what is your opinion concerning using life story work in practice? *(Before asking this question the researcher will explain what life story work is and will show practical examples of life story work).*
5. How do you think you would be able to use life story work in your work with children? How do you think it could be implemented in a practical way?
6. What do you think are limitations or obstacles in implementing it in your work with children in care?

Addendum 4

Focus Group

The focus group will be an informal gathering for the participants and an opportunity to discuss life story work including its application in the context of working with children in child and youth care centres. Examples of life story work will be shown to the group and an opportunity will be given to the group to offer their opinions.

Introduction:

The purpose of this focus group is to discuss and explore your perceptions of life story work. Everything you share within the group remains confidential and your identity as well as your child and youth care centre's name will remain protected. Participation remains your choice at all times.

Possible Questions:

1. After seeing the examples of life story work, what are your thoughts regarding using life story work with children in child and youth care centres?
2. Do you feel that life story work can be implemented in child and youth care centres? How?
3. If not, why do you feel it cannot be implemented?
4. What do you think are the benefits of life story work with children in child and youth care centres?
5. What do you think are the limitations of life story work?
6. As social workers working with children in child and youth care centres, what would your recommendations be with regards to life story work in practice?

Addendum 5

CONSENT FORM FOR PARTICIPANTS: SOCIAL WORKERS

1. Title

Perceptions of social workers regarding life story work with children in child and youth care centres

Before you agree to participate, please ensure that you have read and understood this explanation of the study. It describes the procedure, benefits, possible risks and discomfort pertaining to the study. It is important to understand that there can be no guarantee as to the results of the study.

Aim of the study

I am a Master's degree student and the aim of this study is to explore the potential use of life story work (with the use of examples of life story work), with social workers at child and youth care centres in Cape Town. I hope to explore the usefulness of this method of data collection and consequently assist social workers and therapists when planning intervention programmes for children in child and youth care centres.

2. Procedures and time frame for study

Upon agreement of participation, the participants will be asked to participate in an interview and a focus group with other participants. During the interview and the focus group, the researcher will display examples of life story work to the participants and the potential use thereof will be explored and discussed. Each session with each participant should not exceed 60 minutes. The interview and the focus group will be recorded by the researcher by audio recordings and written process notes. The place and time of the interviews and focus group will be scheduled according to the participants' needs and convenience.

3. Possible risks and discomfort

The researcher will explain to the participants that they may stop the procedure at any time.

Possible benefits to participants and/or community

The aim of the study is to explore the potential use of life story work with the social workers who work with children in child and youth care centres. The researcher hopes that through conducting this study, life story work will be viewed as possibly useful by social workers in designing effective therapeutic programmes for children in child and youth care centres in South Africa.

4. Incentives

Please be aware that there will be no financial incentive to participate in this study.

5. Confidentiality

I undertake that I will treat any information disclosed by whatever means as being strictly private and confidential, and that I will take all reasonable measures to maintain its status as such. No information will be used for something other than this research study. In the publishing of results, recommendations and conclusions of the research, your identity will remain anonymous.

Participation and withdrawal

You can decide whether to participate or not in this study. In the case of agreement of participation, you are allowed to withdraw your consent at any time, without any obligations or explanations.

6. Competence of researcher

I, the researcher, am qualified, competent and adequately skilled to complete this research procedure. I declare that I am registered with the HPCSA (registration number PRC0019615).

I have enough knowledge about life story work to sufficiently conduct this study. I will strive to act professional, sensitive and respectful at all times towards the participants during the study.

7. Identification of participants

Researcher: Kathrine Gutsche, Master's degree student, Centre for Child, Youth and Family studies, NWU (Potchefstroom campus).

Contact number: 082 8748603

8. Rights of participants

As stated previously, withdrawal at any time is acceptable. Participation in this research study does not exclude you from any legal rights. If you have questions about your rights as a participant in this research study, please contact:

Ms. Shanaaz Hoosain

Study leader for research study

Centre for Child, Youth and Family studies, NWU (Potchefstroom campus)

Tel: 021-864 3593

9. Declaration of social worker

The above mentioned information has been explained to me by Kathrine Gutsche in English, I understood and did not need a translator. I had the opportunity to ask questions that were answered to my satisfaction. I hereby agree willingly to participate in this research study. I understand what the study is about and why it is being done.

Name of social worker

Signature of social worker

Date

10. Declaration of researcher

I declare that the information in this document was extensively explained to the participant. He/she was adequately informed about the study and its uses and adequate time was given to ask questions. The conversation was in English and no translator was used.

Signature of researcher

Date

Addendum 6

TECHNICAL GUIDELINES FOR JOURNAL

Journal submission guidelines

The Social Work Practitioner-Researcher

Author Guidelines

Editorial Scope

The *Social Work Practitioner-Researcher* is a refereed interdisciplinary journal 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. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, groups, organisations and communities to promote development and human well-being in society. The journal is committed to the creation of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: (1) conceptual analyses and theoretical presentations, (2) literature reviews that provide new insights or new research questions, (3) manuscripts that report empirical work. Topics that will be considered include, but are not limited to, the following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, welfare systems, development management, social security, social policy, human rights, community-based development, social development, comparative health, mental health, education, urban and rural development, civic service, voluntarism, civil society, social movements and social change.

As it is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

Submissions

A decision to submit an article to this journal means that you will not be able to simultaneously submit the same article to another journal in South Africa or elsewhere.

If there is more than one author, we require a letter stating that all the authors agree to submit the article.

If a person has contributed to the research of the article and is not going to be included as a co-author, then that person needs to be acknowledged at the end of the article.

The Reviewing Process

Each manuscript is reviewed by the Editor and Assistant Editor. If it is judged suitable for this journal, it is sent to two reviewers for blind peer-review. Based on their recommendations, the editorial committee decides whether the manuscript should be accepted as is, revised or rejected. If a manuscript is published, the author or their institution will be invoiced for page fees at the rate of R100,00 per page.

Presentation

1 Manuscripts should be submitted as electronic attachments to the journal

administrator swjournal@uj.ac.za in Word format. All authors should be shown but the authors should not be identified anywhere in the article.

2. A *minimum length* of 3 500 words and a *maximum length* of 5 000 words (excluding references). No footnotes, endnotes and annexures are allowed.

3. 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.

4. 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 sub-headings should be used in the abstract.

5. *Headings* must be short, clear and not numbered. Headings should be formatted in capitals and bold, and subheadings in bold only (not underlined or italics). Refer to a copy of the journal.

6. *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.

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)".

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

The maximum width for diagrams, line drawings and tables, should not exceed 104mm for portrait and 164mm for landscape (with a maximum depth of 104mm).

7.References:

References to other publications must be in modified Harvard style (see below) and checked for completeness, accuracy and consistency. Include all authors' names and initials and give any journal title in full.

· You should cite publications in the text: (Adams, 1997) or (Mbatha et al., 2005). At the end of the paper a reference list in alphabetical order should be supplied using the following style. Do not use indentation when formatting your references.

If a direct quote is used in-text references should include name of author, date and page number. All other references should not include page numbers.

Ensure that only references cited in the text are included in the final reference list at the end of the article.

Please cross check that only references cited in the text are included in the final reference list and that references follow the format set out below.

Books: Last name, Initials. (year). *Title of Book* *Place of publication:* *Publisher.*

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

· *For book chapters:* Last name, Initials. (year). "Chapter Title" in Editor's last name, 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 Publishers, Second Edition, 41-52.

For journals: Last name, 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).

8Content:

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.