CHILD AND YOUTH CARE WORKERS IN SOUTH AFRICA

"Child and youth care workers are the Anti-Retro Virals in the family, they are the treatment."

— *Maria Mabetoa, Deputy Director General, Social Development*

INTRODUCTION

Almost two decades after the end of apartheid, inequality still shapes every facet of life in South Africa. A child in the poorest 20% of households is 17 times more likely to experience hunger than a child in the richest 20% of households (South African Human Rights Commission, UNICEF, 2011). In 2010, 35% of all children lived below the ultra-poverty line (R290 per month[1]); this rises to 60% of all children who lived below the lower poverty line (R575 per month) (Hall, 2012). South Africa is also home to the highest number of people living with HIV/AIDS—over 5.6 million (UNAIDS, 2012). The HIV/AIDS crisis has weakened family structures and accelerated the demand for social services. In 2010, there were more than 1.5 million maternal and double orphans,[2] and approximately 90,000 children in child-only households (Meintjes and Hall, 2012).

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1. This equates to the international 2 USD/per day poverty line when purchasing parity is taken into consideration.
2. In 2010, there were also 2.2 million paternal orphans (Meintjes and Hall, 2012). Over 70 per cent of paternal orphans live with their mothers and do not require child protection services.

Legislation such as the Children's Act of 2005 provides for a range of innovative care and protection services to fulfill children's rights, including measures to support families in their communities. However, the implementation of such services has met a number of challenges, from a lack of inter-sectoral coordination, to inadequate funding (Budlender and Proudlock, 2012), and a shortage of social service professionals (HWSETA, 2011).

As a result, "the assistance from the state or NGOs does not cover a big proportion of the vulnerable children who need it" (The Presidency, 2009: p.129). Since the distribution of social welfare services still reflects the deep inequalities from historical under-resourcing (Patel, 2009), most of the children who fall through the welfare net are poor and black and live in rural communities. ■

TABLE OF CONTENTS

ACRONYMS

ANC	African National Congress
BQCC	Basic Qualification in Child Care
BTECH	Bachelor of Technology
C4C	Care for Caregivers
CBO	Community-based organization
CHED	Council for Higher Education
CYCW	Child and youth care worker
DDG	Deputy Director-General of Social Development
DPSA	Department of Public Service Administration
DSD	Department of Social Development
DUT	Durban University of Technology
FETC	Further Education and Training Certificate
HWSETA	Health and Welfare Sector Educational Training Authority
IMC	Inter-Ministerial Committee
NACCW	National Association of Child and Youth Care Workers
ND	National Diploma
NGO	Non-governmental organization
OSD	Occupation Specific Dispensation
PBCYC	Professional Board for Child and Youth Care
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SACSSP	South African Council for Social Service Professionals
SAQA	South African Qualifications Authority
SASSA	South African Social Security Agency
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
USAID	United States Agency for International Development

ACKNOWLEDGEMENTS

> *"True country ownership is the full and effective participation of a country's population via legislative bodies, civil society, the private sector, and local, regional and national government in conceptualizing, implementing, monitoring and evaluating development policies, programs and processes."*
>
> — *Inter-Action Aid Effectiveness Working Group, 2011*

The HIV/AIDS epidemic and other risk factors have led to a growing number of highly vulnerable children, not just in South Africa but across sub-Saharan Africa. Efforts to care for this growing population have created an increasing demand for social service programs and services as well as an array of social service workers with the skills and experience needed to implement programs and meet a complex range of social service needs. Faced with these overwhelming needs, limited resources and competing priorities, some countries have made efforts to address constraints through the creation of community-based social service workers.

In South Africa, social services during the apartheid era were concentrated in white, mostly urban areas and built on a residual model of welfare whereby child protection experts intervened after abuse occured. The Children's Act aims to transform welfare services along a developmental model, and fulfill all children's constitutional rights to protection from abuse, maltreatment and neglect. It provides for a continuum of care[3] to strengthen families and prevent abuse from happening, and also introduces new services such as support systems for child-headed households and places obligations on Ministers of Social Development in every province to fund prevention and early intervention services. The move

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3. Continuity of care means ensuring both that services are offered throughout the lifecycle of a child and that the full range of services from prevention to after care are integrated seamlessly and available in the places where children need care.

to a developmental model of social welfare and equitable provision of services requires a huge expansion in the workforce (Barberton, 2006). The Children's Act allocates tasks to a range of social service professionals to diversify the services offered and relieve the burden on social workers.

The Child and Youth Care Worker (CYCW) workforce originally provided care for children in residential facilities. However, from the outset, CYCWs were trained to work not only in institutional settings, but in the 'life space' of children, focusing on the growth and development of children and youth in different contexts such as the family and the community. Two factors led to the development of community-based services: Firstly, CYCWs recognized that working with children and families and in their communities was the key to reducing the number of children coming into residential care. Secondly, the HIV epidemic increased the number of orphans and vulnerable children in poor rural areas where there were few support services. CYCWs wanted to go where children needed them. In response to demand from their members, the National Association of Child and Youth Care Workers (NACCW) developed training for CYCWs working in poor rural areas.

After almost 10 years of piloting and development, the Department of Social Development (DSD) has commenced the national roll-out of community child and youth care services through a program called Isibindi (DSD, 2011a) described

in this brief. The scale-up includes deploying and training 10,000 community-based child and youth care workers (CYCWs). The estimated cost of this investment is R3.8 billion (444 million USD) over a five year period.

The purpose of this technical brief is to describe the process behind the scale-up of this cadre of community-based child and youth care workers, including the rationale for its expansion, the proposed regulations for ensuring an educated, trained and qualified CYCW workforce, the plans for supporting this cadre, the lessons learned to date in this particular aspect of South Africa's drive to transform its social services, and recommendations for others on how to plan and operationalize a similar program. Providing this information may enable interested countries to replicate and adapt successful processes in their own context.

The information provided in this brief was gathered from many sources, including a desktop literature review, key informant interviews, and a focus group discussion with CYCWs who have training and supervision experience. The main sources of information for the literature review comprised documents collected by the DSD and the NACCW, and journal publications on the subject. Semi-structured interviews were conducted with key informants, including government at national levels, UNICEF, the statutory body regulating social service professionals, higher education training institutions, and the national professional association. ∎

A CYCW working in a rural community

"Remaining invisible to many who miss the subtlety of child and youth care work, a challenge in the South African context is the appropriate articulation of the work, its complexity, professional requirements, and what would be missed in children's lives without this kind of intervention."
— *Allsopp, 2011: 82*

The International Child and Youth Care Education Consortium defines child and youth care practice as:

> *Child and Youth Care practice includes skills in assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive and therapeutic requirements into the life space, contributing to the development of knowledge and professions, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation and advocacy* (CYC-Net: The International Child & Youth Care Network).

In South Africa, child and youth care is in the process of becoming a recognized profession. At present, all the legislation and regulations defining the profession are in draft form. The DSD is drafting the Social Service Professions Policy (DSD, 2012c). This policy will guide the reform of the Social Service Professions Act. The act defines the categories of practitioners that are to be registered and deals with other matters such the requirements for registration and disciplinary procedures. It also establishes the South African Council for Social Service Professionals (SACSSP); sets out the criteria for the creation of professional boards; and defines the powers and functions of these regulatory bodies. In 2012, the DSD held four rounds of consultation with key stakeholders on the draft policy. NACCW mobilized CYCWs around the country to participate in these consultations and share their views on how social service

professions should be regulated. They argued that the definitions should be based on the international definitions. The most recent draft contains the following definitions of child and youth care practitioners:

Child and Youth Care Worker:
A person who works in the life space of children and adolescents with both normal and special development needs to promote and facilitate optimum development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts…

Auxiliary Child and Youth Care Worker:
A person who has obtained the relevant qualification to perform child and youth care worker at an auxiliary level…

Learner Child and Youth care worker:
A person who is in a learnership programme being trained to enter the field of child and youth care…

Student Child and Youth Care Worker:
A person who is in the process of being trained to become a professional child and youth care worker (DSD, 2012c).

A critical debate during the drafting of the policy was on the definition of the term 'auxiliary.' The role played by auxiliaries varies from each profession, therefore it was not possible to have a common definition. In some professions, such as social work, auxiliaries assist professionals with

complex tasks. However, in child and youth care, the auxiliary CYCWs work independently and perform basic child care tasks.

At present all practitioners are called CYCWs and there is no distinction between learners, auxiliaries and professional level CYCWs. However, as part of the professionalization of the workforce, the Professional Board for Child and Youth Care (PBCYC) has developed draft regulations that include standards for education and training and scopes of practice for CYCWs at each level. CYCWs will be required to have a bachelor's degree whereas auxiliary CYCWs will be required to have a Further Education and Training Certificate (FETC). A student child and youth care worker is a person who is registered at an institute of higher learning for a National Diploma or a Bachelor Degree in child and youth care. A learner child and youth care worker is someone who is registered for the FETC in child and youth care. When the Minister of Social Development

publishes the final regulations, these requirements will become mandatory. Figure 1 presents an illustration of the proposed career path.

Auxiliary level qualifications give people who were previously deprived of access to education an opportunity to join the profession (Allsopp, 2011). A career path allows individuals to progress and develop on a continuous basis. Training people at a professional level ensures that the workforce has skilled practitioners who can deal with complex problems and take on management and supervisory roles. The sector and NACCW in particular strive to ensure that research and practice are integrated in meaningful ways; however, offering advanced degrees supports the profession to generate its own research, new theories, and innovations. It is also a requirement for university lecturers to have a master's degree.

FIGURE 1.

Career path for child and youth care workers

SPECIALIST CYCW
Masters or Ph.D.

CYCW
Degree

AUXILIARY CYCW
FETC

LEARNER CYCW
Ten years of school
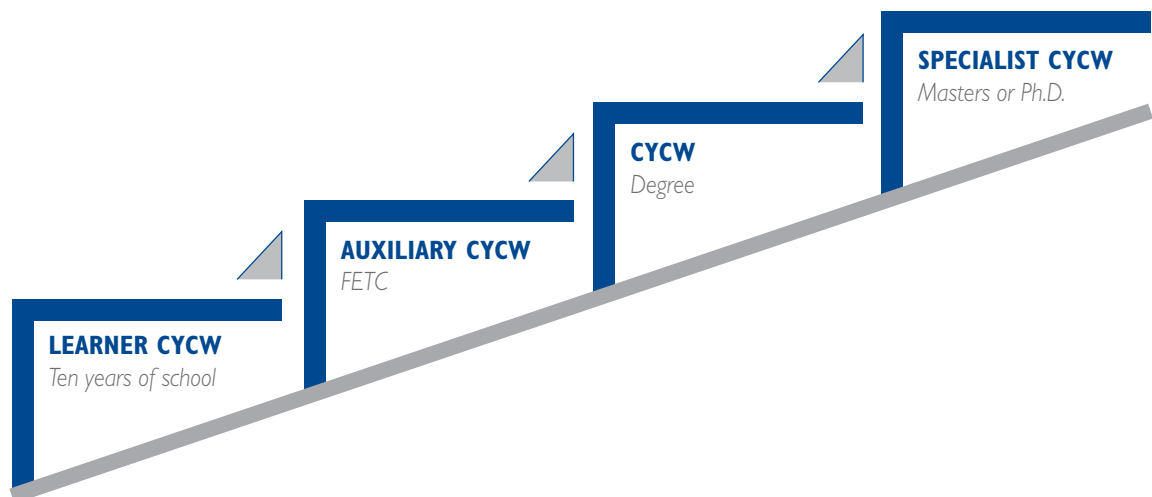
BOX 1.

Scope of practice of CYCWs[4]

The scope of practice of a child and youth care worker who has complied with the requirements for registration within the auxiliary category may include the following activities practiced under the supervision of a child and youth care worker:

- the provision of basic and developmental care of children and youth where their physical, emotional, spiritual, cognitive and social needs are protected

- the application of behavior management and support techniques in routine child and youth care work

- assistance with the implementation of programs and activities for children and youth on the basis of their identified developmental needs

- participation in the developmental assessment of children and youth

- the undertaking of basic child and youth care work administration

- participation in a multi-disciplinary team

- the implementation of life space work in the routine child and youth care work context

- the promotion of the rights of children and youth.

For an insight into how this scope of practice translates into reality, watch the short video clip of CYCW Lungi working with a child-headed household in a remote rural village:

http://www.facebook.com/video/video.php?v=10151343508465132

4. Draft Regulations Regarding the Registration of Child and Youth Care Workers in DSD, 2011a: p. 61

What does a community based child and youth care worker do?

Community based auxiliary CYCWs start to practice after three months of training and continuously combine classroom based learning with on-the-job training. They support families to care for children on a daily basis, for example they help with homework, cooking and hygiene; assist families to access basic services such as health and social security. They are trained to do developmental assessments and identify potential problems. When a CYCW or an auxiliary discovers that a child is being abused or is in need of more intensive child protection services she or he will refer the case to a social worker. Social workers are the only professionals authorized by the Act to conduct investigations to determine if a child is in need of care and protection, and to write reports for children's court inquiries. Social workers can also do emergency removals without a court order. When a child is placed in alternative care a social worker manages the case, but CYCWs undertake therapeutic life space work with the child, supervise foster care placements, or mentor the children in a child-headed household.

> *"Social work focuses more on knowing about children and families, child and youth care, more on living and working with them."*
> — *Anglin, 2001*

Life space work

Child and youth care is distinct from other services as it is practiced in the life space. CYCWs use day-to-day environments and daily life events to promote the social competence and healthy development of children. The life space of children and families is deeply imbued with culture and traditional practice, and CYCWs constantly blend the science they learn in the classroom with their own knowledge of local customs. Thus the latest advances in therapeutic techniques reflect the culture and nuance of the environment in which they are practiced. They are challenged in each moment to apply the theory, values and skills they have learned to create therapeutic and developmental opportunities.

The Children's Act allows all recognized social service professionals to do developmental work such as prevention, early intervention, and family support. One source of tension between the professions is that social workers no longer have time to perform these functions as they are overburdened with child protection work.

BOX 2.

Example of an auxiliary CYCW supporting a family

> When Nomsa met the Smith family they lived under a corrugated iron lean-to with virtually no income at all. The mother was very ill with TB, none of her three children was attending school as there was no money to buy school uniforms and the fear of leaving the sick mother was too great. The eldest girl of twelve had lost an eye through medical neglect, the youngest was obviously ill, probably with TB, and the father, also showing signs of being ill, was drinking alcohol with any money he earned through itinerant work.
>
> Nomsa, a trained child and youth care worker from the same community, was not daunted by the overwhelming and apparently intractable hopelessness of the family's circumstances, and she set to work right away. Food parcels were accessed to relieve immediate hunger; the matter of possible infection was approached with Mother Smith and she was taken to the clinic, treated for TB, and then placed on antiretroviral (ARV) medication. Father and baby were also placed on medication. Nomsa, herself infected with the virus and familiar with the regime of antiretroviral treatment, supported the family in successfully administering their medication; the children were placed in school, and Nomsa found a donor to supply school uniforms. Over the months she pressed authorities from the department of housing and managed to secure a brick house for the Smith family. Social security was accessed, and the family now lives together in safe and manageable circumstances. Three children still have parents as a result of Nomsa's commitment to the concept of preventing orphanhood.
>
> Abridged from Allsopp, 2011

A profile of child and youth care workers

There are no accurate figures on the total number of practicing CYCWs, as there is no central database. The South African Council for Social Service Professionals (SACSSP) has registered 2,674 CYCWs to vote in the election of members to the Professional Board; 1,532 are employed by the provincial departments of Social Development, and just over 800 community based CYCWs are working in the Isibindi program (DSD, 2012a). NACCW has 1,562 paid-up members, but they have 11,833 distinct records of individuals who have attended one of their training courses, including 10,070 women and 1,763 men. The median age of this group is 34.

"The way you are with a child when you are doing the assessment as opposed to the way you are when you disengage is very different. These things are very difficult to articulate. It is the synthesis of all child and youth care theory applied in the moment. What is the behavior, and what is the best intervention in that moment. The next moment is different and the needs and the intervention have to be rethought ."

— *CYCW, focus group, 2012*

"Child and youth care workers are going into people's homes, into their most private space. They must be able to be with them in their culture."
— *CYCW, focus group, 2012*

Establishing systems for workforce planning

The South African Government, with the support of USAID, is working to establish systems for social service workforce planning. The *Situational Analysis* (DSD, 2012a) attempts to provide the numbers of social service professionals and the functions they are performing; it also makes recommendations regarding how to improve the effectiveness of the workforce through task shifting and task sharing.[5] Task shifting is critical to reducing the burden on social workers and ensuring access to services; however, it has led to professional rivalry or "discordant relationships" between professions (DSD, 2012a). To help strengthen these relationships and help focus all professionals in the field on the key objective of delivering high quality services to children, the DSD plans to introduce a general code of ethics and ensure the professionalization of all the cadres (DSD, 2012a: p. 63). The *Khusela Capacity Building Framework* uses a systems approach to build the capacity of all social service professionals. The conceptual framework includes a plan for targeted training to develop the skills of the workforce to perform new child protection tasks in line with the Children's Act (DSD, 2012b). The SACSSP and the DSD are drafting new legislation and policy to allow for the recognition of

different cadres in the social service workforce, the establishment of professional boards that will work collaboratively to determine each profession's scope of practice, and allow for task sharing between professionals to meet the demand for services (DSD, 2012c).

Rationale for establishing and expanding the cadre

The need for community-based services

Three key factors fueled the government's demand for community-based services: the introduction of a new paradigm of social service delivery, the desire to reduce inequality in access to services, and an increasing demand for services. Social service approaches from the apartheid era (pre-1994) were criticized for following a medical model of diagnosis and treatment, for creating dependency, and for not promoting the rights in the Constitution (DSD, 2005). The *White Paper for Social Welfare* (DSD, 1997) outlined a new approach based on a developmental paradigm that emphasizes the empowerment of individual, groups and communities. At the same time, the ANC pledged to build a "better life for all"—a commitment that required eradicating inequalities in service provision by extending services into rural areas. The transition to a new developmental model of services was also coupled with an increase in demand for services, as the death toll from the HIV/AIDS epidemic rose the number of maternal orphans was predicted to rise to 1.8 million by the year 2010 (Dorrington, Bradshaw

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5. The term 'task shifting' is used to describe a situation where a task normally performed by a specific professional is transferred to another professional. Tasks can be transferred horizontally to other professionals with different education or vertically to someone with a lower level of education and training. 'Task sharing' means allowing more than one profession to perform the same roles and functions.

and Budlender, 2002). The Minister of Social Development announced that relatives caring for orphans would qualify for the foster child grant (Skweyiya, 2002); since then the number of children in foster care has risen from just over 50,000 to almost 600,000 (SASSA, 2012). As a result, social workers' caseloads have increased in some instances to 2,000 cases per worker[6] (Barberton, Carter, and Kriegler, 2006).

Recognizing these competing tensions, the DSD commissioned a study to develop policy recommendations for the care of orphans and vulnerable children in poor rural areas. Loening-Vosey and Wilson (2001) reviewed different care options and recommended community-based services to strengthen and support families.

Legal obligations under the Children's Act

As an example of one mechanism for providing community-based services, the Deputy Director of NACCW was invited to present the results of the first Isibindi pilot program and explain the work done by community-based CYCWs to Parliament. At the time, MPs were deliberating on the draft Children's Act. The final Children's Act makes the prevention of child abuse, maltreatment, and neglect mandatory; mandates early intervention; and introduces community-based services such as support to child-headed households as a potential prevention strategy. To address the shortage of social workers, the Act shares tasks such as the monitoring and evaluation of foster care place-

6. The target, based on international norms, is 60, according to the Integrated Service Delivery Model (DSD, 2005).

ments between all 'social service professionals' including CYCWs—the role of the community-based CYCWs has subsequently been developed in line with the legislation (DSD, 2011a).

The Act places an obligation on the national and provincial Ministers of Social Development to ensure sufficient social welfare service coverage in every province to meet all children's needs. To reduce historical inequalities, the Act also requires the DSD to prioritize services in communities where families lack the means of providing proper shelter, food and other basic necessities of life for their children.

The need for child and youth care services

There were four main reasons to expand the child and youth care work force. Firstly, child and youth care services aligned with the new model of social services outlined by the Children's Act. CYCWs integrate developmental, preventative and therapeutic services in the life space of children. Secondly, measures to expand the social work workforce are not enough to address the shortage of skilled social service professionals. The National Minister for Public Service and Administration declared social work a scarce skill in 2003. Subsequently, the DSD adopted a recruitment and retention strategy that included bursaries, payment of student debts, and higher compensation packages (DSD, 2009). Despite these efforts to increase the number of social workers, many skilled personnel left the profession and growth in the workforce has not kept pace with demand

"[National Treasury] were sympathetic to the bid because it articulates with other government priorities around youth employment and rural development. It is also seen as a cost-effective investment: the program ensures that children stay in school and complete their education, it ensures healthy development and that orphans and vulnerable children are well-socialized."
— DDG, interview, 2012

(DSD, 2005). Thirdly, training was an important consideration. Both auxiliary social workers and auxiliary CYCWs train on the job. Seven out of nine of the accredited providers of the FETC in Social Auxiliary Work are based in Gauteng province; consequently most auxiliary social workers are located in Gauteng. NACCW delivers the child and youth care training anywhere there is demand, even in the most remote rural communities across the country, so auxiliary CYCWs train and work in the communities where they are needed most. Fourthly, the development of the CYCW workforce also aligned with other government priorities and promised to reduce the cost of social services. The annual costs of the scale-up increase each year from R269 million in year 1, to R1.2 billion (from 31 million to 140 million USD) in year 5 (DSD, 2011), but this is an extremely cost effective method of providing services and should decrease the cost of child protection services and residential care. The full cost including monitoring and evaluation, and support to the workforce, is less than R100 per child per month in year three, when half of the CYCWs will be earning full salaries (Cohen, 2011).

Calculating the critical need for social services by children in rural areas

A specialized unit in the DSD assesses demand for social services. This unit analyses data collected in national surveys, for example the General Household Survey, the Demographic Health Survey, and other national databases such as the child-headed household register, the orphan and maternal database, and the system that administers social assistance applications. This unit also reviews research, some of which is commissioned by the DSD. Additionally, the Minister engages directly with the public, at a series of indabas (community consultations) around the country. During these consultations the Minister discusses with the public the need for services and how services might best be delivered. A critical concern identified by these assessments is the lack of access to social services by children particularly in rural areas (DDG, interview).

> *"The Isibindi programme is reviving [the] spirit of Ubuntu and reminding communities that **Umuntu ungu Muntu ngabantu** *"*
>
> — *Visser, Zungu, & Ndala-Mogoro, forthcoming, p. 142*
>
> *African proverb 'A person is a person because of other people'*

BOX 3.

Isibindi: An indigenous community-based child and youth care service

To provide a framework for the delivery of community-based child and youth care services, the NACCW developed the Isibindi program. A team of CYCWs provides services in remote, rural areas with high HIV and AIDS prevalence rates, large numbers of orphans and vulnerable children, high rates of unemployment and poverty, and few existing social services (NACCW, 2010 and 2010a). Children served by Isibindi projects are mostly orphaned, or living in child- or youth-headed households with incomes well below recognized poverty levels. Typically, they experience multiple deprivations of their rights. The first site was established in 2003; today there are 67 sites across the country. Although the DSD is a key partner, the Isibindi program relies on national and international donors such as the US President's Emergency Plan for AIDS Relief (PEPFAR) and De Beers for funding.

The social franchise model

To establish Isibindi programs locally, the NACCW relies on what it calls the social franchise model. The NACCW enters into formal partnerships with implementing organizations, either well-established NGOs or emerging community-based organizations (CBOs). In areas where there are no existing services, the DSD supports the community to register a CBO to run the program. Partners are supported to implement a set of core services that have been tried and tested by the NACCW and that are approved by government and donors with strict standards set for monitoring the quality of their work. The community task team adapts the model to suit local conditions and cultural contexts. As a result, Isibindi is able to provide quality services even in the most remote and poorly resourced communities. The partnerships are based on a philosophy of participatory development, where children and adults have a genuine voice within the project and are treated not as beneficiaries of charity but as co-creators of the emerging model. Decisions about where to locate sites, recruitment for the training, appointments for vacant posts and on-going monitoring and evaluation are made by a task team in each community. The task team includes representatives from the community, the provincial Department of Social Development, implementing organizations and the NACCW (DSD, 2011a).

Recognition

Isibindi has been recognized both in South Africa and internationally as a model of best practice. In 2005, the Umbumbulu site won the Impumelelo Award for an innovative public-private partnership reducing poverty and addressing developmental issues of national concern. In 2012, the NACCW received the LARISSA Award for Isibindi (African Child Policy Forum, 2012), as seen in the photo. This recognition has raised the profile of CYCWs and legitimized the work they do.

FIGURE 2.

Planned scale-up of community-based CYCWs in all provinces
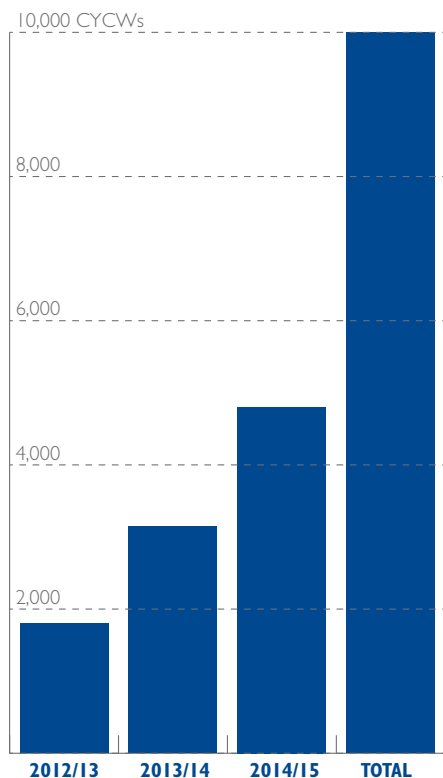
TABLE 1.

Planned number of community-based CYCWs per province

NUMBER OF CHILD AND YOUTH CARE WORKERS (CYCWs) PER PROVINCE				
Province	2012/13	2013/14	2014/15	Total
Eastern Cape	252	444	684	1,425
Free State	120	204	312	650
Gauteng	348	600	934	1,925
KwaZulu-Natal	504	888	1356	2,825
Limpopo	144	252	396	825
Mpumalanga	168	300	444	925
Northern Cape	24	36	60	125
North West	144	252	372	775
Western Cape	96	168	252	527
Total	1,800	3,144	4,800	10,000

Plans to scale up the workforce: the Minister's Plan

Currently just over 800 CYCWs provide community based services to approximately 100,000 children through the Isibindi program (DSD, 2011a). However, the DSD, in partnership with the NACCW, has developed a plan to scale-up the workforce over five years by training and deploying more than 9,000 additional CYCWs (DSD, 2011a). These CYCWs will be employed by one of the partners in the Isibindi sites either the provincial DSD or the implementing organization.

Number of CYCWs

The DSD used national statistics to determine need. "We decided on a target of 1.4 million children from looking at the orphan data," (DDG, interview, 2012). Then the NACCW calculated the number of CYCWs required to meet the target by dividing the number of children by the average caseload of a CYCW, which the DSD determined as between 38 to 45 children (DSD, 2011a).
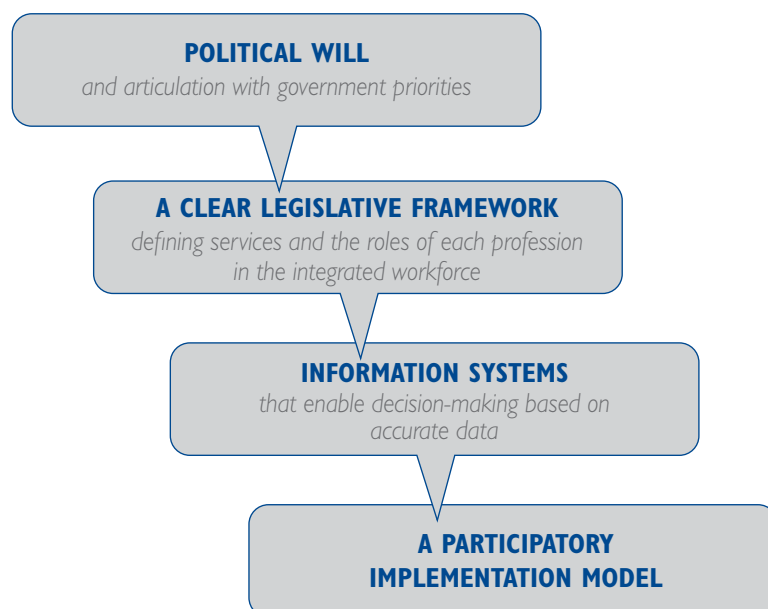
Targeting

Each province works out how many CYCWs they need by analyzing the total number of children; the number of orphans and child-headed households; and the HIV prevalence rates and poverty data for each district. The next consideration is current service provision; this information should be available from the provincial profiles. The Children's Act requires provincial Ministers of Social Development to write profiles that detail the needs of children in their province, and to keep updated records of the services available for planning, monitoring and budgeting purposes. Ministers are also expected to review and update these profiles every year so that the Children's Act implementation plans, which include human resource capacity, can be adjusted to match actual levels of need. The national DSD has developed a framework to ensure that provinces collect information in a standardized and uniform manner; however, not all of the provinces have completed their profiles. To bridge this gap in information, Isibindi mentors set up dialogues with community leaders to establish needs and local resources. The exact location of services is determined during these consultations, thereby ensuring that services are correctly targeted and local ownership exists from the start.

It is important to note that the lack of capacity to collect and analyze data at the provincial level created challenges for planning. Where provincial officials did not have the capacity to analyze survey data, the monitoring and evaluation unit at the national DSD assisted them. Additionally, lack of a central database has made planning difficult and not necessarily informed by accurate and reliable data on the dictates of demand and supply, an essential principle of workforce planning for any cadre. ■

FIGURE 3.

Critical factors in planning for the workforce

POLITICAL WILL
and articulation with government priorities

A CLEAR LEGISLATIVE FRAMEWORK
defining services and the roles of each profession in the integrated workforce

INFORMATION SYSTEMS
that enable decision-making based on accurate data

A PARTICIPATORY IMPLEMENTATION MODEL

"As we fill our heads with knowledge about mental health, psychology, developmental theory and the like, how do we maintain respect for knowledge that is based on personal stories, experiences, spiritual conventions, rituals and other informal ways of knowing?"
    —*Gharabaghi, 2011, p. 12*

Developing the workforce means providing education and training to social service practitioners at all levels to ensure that they have the correct skills and knowledge to meet the needs of the communities they serve.

History of child and youth care training in South Africa

Training courses in child and youth care were first introduced in the 1980's in South Africa by the NACCW. At that time, CYCWs were mainly employed in child and youth care centers, where facility managers frequently adopted a "control and punishment approach" (Allsopp, 2011). No formal qualifications were required and in many instances, CYCWs were simply expected to look after the children. While there were pockets of enlightened practice in line with international trends towards creating therapeutic residential care for children, the prevailing attitude in detention centers was, "You don't do programs with these children. These children are criminals, we look after them" (Provincial government official, interview). However, the NACCW network actively promoted the role of the child and youth care worker as a therapeutic agent operating in the life space of children—in line with a child rights perspective and developed and trained the Basic Qualification in Child Care (BQCC) in most metropolitan areas. In 1995, the promulgation of the Correctional Services Amendment Act 17 of 1994 meant that children could no longer be held in prisons or police cells to await trial. The Department of Correctional Services released children to the care of their parents, or placed them in places of safety—temporary residential care units that were operated by the DSD. At that time there was no inter-sectoral planning, and the DSD was unprepared for the influx of children from prisons to the places of safety. Some children could not be released from prison because the staff in the child and youth care centers did not have the skills to look after them. There was an urgent need to expand services to accommodate these children and provide prevention and early intervention to create a continuum of care to reduce the number of children ending up in the criminal justice system. The Inter-Ministerial Committee on Young People at Risk (IMC) was established to manage the process of crisis intervention and the transformation of the child and youth care system. They found that CYCWs in residential settings were insufficiently trained and needed higher levels of skill and training:

> *It was found that in Schools of Industry and Reform Schools, only 11% of the 313 child and youth care staff had a qualification in child and youth care; 30% of 563 in Places of Safety and 54% of management had a basic qualification (IMC, 1996).*

The IMC recognized the importance of therapeutic and developmental programs in child and youth care centers and recommended training requirements for CYCWs.

The NACCW developed the Basic Qualification in Child Care (BQCC). The BQCC has four modules based on the Circle of Courage which is used widely in South African child and youth care services, particularly in developmental assessment and programming. The BQCC modules are: Belonging, Attachment and Relationships; Mastery and Competence, Independence and Empowerment; Generosity and the Spirit of Ubuntu. Each module is offered in eight three-hour sessions and can be run over eight weeks or four days. A number of themes are reinforced throughout all four modules. The themes are: child and youth care policy and principles; the child and youth care perspective/life-space work; reclaiming environments; self-awareness; teamwork; strengths-based work; working in the moment; creativity; values/spirituality; and cultural sensitivity. In 2002, the course was expanded to include three modules focusing on child and youth care in the community context. NACCW still offers the BQCC as basic training on demand to organizations in South Africa. As part of their outreach program in Zambia and Zimbabwe, the NACCW has trained trainers to deliver the BQCC and the additional modules for community-based CYCWs in both countries.

The BQCC is not accredited; it is not recognized as a formal qualification by the SAQA or the HWSETA. When the sector is regulated, CYCWs with the BQCC will have to complete the FETC in order to register at the auxiliary level.

The Further Education and Training Certificate (FETC) in Child and Youth Care

The FETC in Child and Youth Care is recognized under the National Qualifications Framework (NQF) as a Level 4 qualification (that is the equivalent of graduating from high school). Once the profession is regulated, it is expected that the FETC will be the minimum qualification required to practice as an auxiliary CYCW.

TABLE 2.

Accredited Qualifications: Educational requirements

LEVEL OF OPERATION	ENTRY LEVEL QUALIFICATION	ENTRY LEVEL QUALIFI-CATION OFFERED BY	DURATION
Specialist CYCW	Ph.D.	■ University of Pretoria ■ Durban Univeristy of Technology (DUT) from 2014	3 years
	Master's degree	■ University of South Africa (UNISA) offered a Masters until 2006 ■ DUT from 2014	2 years
CYCW	Bachelor's degree	■ Monash[7] offers a four years BA (hons) ■ DUT offers a BTech	4 years
Auxiliary CYCW	FETC	NACCW, and three private training providers	18–24 months
Learner CYCW	Grade 10	Schools	

7. A private university

Training providers must be accredited in order for students to receive the accredited qualification. The NACCW and three other training bodies offer the accredited course.

Requirements for entry, selection process for community based CYCWs

A local selection committee comprising community members, the NACCW, the DSD and the implementing partner is responsible for recruiting learners and selecting CYCWs. Applicants from the local community are interviewed before they can commence training. The NACCW drafted standard selection criteria (Thurman, Yu and Taylor, 2009) and a pre-course test but the local selection committees can use their own criteria—as a minimum all learners are expected to have completed Grade 10 schooling. Because the assignments are written, it is also important that learners are literate.

Among the qualities that the selection committee looks for in potential CYCWs are tolerance, patience, passion and commitment.

These qualities cannot be demonstrated in an interview, which is why CYCW workers are not appointed immediately. The learners are tested during the training/probation period and only appointed after they complete the third module, which takes approximately three months.

Content of the course

The National Qualifications Framework stipulates that all FETCs must include a minimum of 120 credits. Credits are earned for completing different courses called unit standards. The FETC in Child and Youth Care is composed of:

- 14 core unit standards (see Table 3, next page)
- 11 fundamental unit standards, 8 literacy plus 3 numeracy (common to all FETCs)
- 1 elective unit standard, HIV and AIDS and treatment options in community care and support situations.

TABLE 3.

Core Unit Standards

CORE UNIT STANDARD		LENGTH OF TRAINING (face-to-face contact), CREDITS which can be gained, and NQF LEVEL
1	Fundamentals of CYCW	30 hours, 10 credits, Level 3
2	Communication skills in interactions with children and youth at risk	24 hours, 8 credits, Level 4
3	Children's rights	12 hours, 4 credits, Level 3
4	Basic caring skills for children and youth at risk	18 hours, 6 credits, Level 3
5	Personal development strategies and skills to enhance effective service delivery in child and youth development	24 hours, 5 credits, Level 4
6	Teamwork and supervision	12 hours, 5 credits, Level 4
7	Lifespan development theories for application in child and youth care work	18 hours, 5 credits, Level 4
8	Developmental approach to therapeutic work with children and youth at risk	15 hours, 5 credits, Level 4
9	Report writing and other monitoring activities	15 hours, 5 credits, Level 4
10	Programs and activities in CYCW	24 hours, 10 credits, Level 4
11	Basic interpersonal skills with children and youth at risk and their families	30 hours, 12 credits, Level 4
12	The use of relationships for developmental and therapeutic ends	18 hours, 8 credits, Level 4
13	Behavior management and support techniques	30 hours, 10 credits, Level 4
14	How to conduct a developmental assessment and write an independent development plan	18 hours, 8 credits, Level 4

Modes of teaching and learning

The training gives you the theory, 99% of what you learn needs to be practiced on the job, but other things you learn through doing (CYCW, focus group, 2012).

Community-based training

Internet-based distance learning is often not possible in rural communities because there is no internet access, and much of the practice is based on relational work, so many of the techniques are modeled in the classroom. The NACCW provides locally-based training courses run in churches, community halls, schools, places of traditional authority, or other suitable locations. To ensure that all the venues meet the stringent health and safety requirements set by the HWSETA, the NACCW has developed a standard kit for trainers that includes laminated signs to mark exits and a first aid kit (training manager, interview, 2012).

The FETC is 30% classroom based and 70% practice based. The learners are supervised in the workplace by a senior CYCW, and by a mentor in the Isibindi program. The supervisor signs a

"The training gives you the theory, 99% of what you learn needs to be practiced on the job, but other things you learn through doing."
— CYCW, focus group, 2012

"[CYCW students] come from families who have nothing and if they need to bring their own food they won't, because they will be embarrassed about what they were eating yesterday so they will come empty handed. So the one who does [bring food] she will share and she will not get enough."
— Trainer, focus group, 2012

page in the logbook to testify that the student completed the assignment and the trainer moderates the assignments.

The CYCWs are taught from day one to integrate the theory into daily practice and adapt it to the needs of the children they are working with. As a result, the CYCWs are highly adaptable, innovative and resourceful. There is a module on job descriptions in the training, but in reality job descriptions are not standardized and do not capture everything CYCWs do. As one focus group participant noted, "Working in the life space of children you have to think on your feet using your skills in different ways" (CYCW, focus group, 2012).

If done continuously, the FETC can be completed in 18 months, although typically students complete it in about two years. The ratio of trainers to learners is a minimum of 1:15 to be cost effective, and a maximum ratio of 1:30 to maintain quality. If more than 30 learners are in a class, two trainers are employed but this is discouraged.

The entire course costs between R16,000 to R17,000 (1,884 USD to 2,002 USD), paid for by students or their employers. Isibindi, for example, pays the full cost of training for all volunteers and staff.

Requirements for trainers

Trainers are practicing CYCWs who have the FETC or a degree in child and youth care, plus three to five years' experience in the field, who have a reputation for their quality of practice. Trainers complete an initial 5-day accredited course

on assessment, and a 5-day course on training of trainers. Once judged competent as an assessor, they are mentored by a senior assessor/moderator until they are ready to train independently. They receive on-going mentoring and leadership development from a senior assessor/moderator and are accountable to this person regarding their training and assessing. The NACCW pays them an hourly rate that varies according to their qualifications and experience.

All the trainers are issued a list of standard materials. The standard kit includes: learners' and trainers' guides, flip charts, colored pens, other learning resources (such as games), and information on ice-breakers and other educational techniques. Trainers are refunded for all training-related expenditures. The provision of food is dependent on who is paying for the training, but trainers felt that it should be included as standard:

NACCW training infrastructure

A team based at the NACCW head office manages the training in accordance with statutory provisions and standards required by SAQA and the HWSETA. The training management team consists of a training manager; training coordinators; data capturers; and general administrative staff. The trainers, assessors and moderators are based in communities and facilities across the country. The NACCW contracts them to run the courses wherever the training is required.

The training database was established in 2004 as part of the introduction of the accredited training, and contains records on everyone who

has ever registered for training with NACCW, from CYCWs with the BQCC, to learners going through the accredited program FETC and those who have completed the FETC. Table 4 gives a breakdown of how many people have completed training.

TABLE 4.

Number of CYCWs with NACCW training

TRAINING COMPLETED 2004–2013	NUMBER
BQCC registered learners	1,876
1 or more modules of FETC	10,904
Full FETC: all modules completed	2,341
Full FETC: verified by HWSETA	1,033

The scale-up plan for Isibindi includes targets for deploying 10,000 trained CYCWs over five years, as shown in Table 5 below. The challenge is to train enough CYCWs to meet the target, especially as the training will be spread across the country (DSD, 2012a).

The NACCW has 123 registered trainers on its training database. If all the existing trainers were deployed as part of the roll-out, the ratio would be 52 students per trainer or two groups per annum in year three, when the greatest demand occurs. However, the roll-out plan also includes

provision for training more trainers, and for the capacitation of up to 10 new accredited training providers by the fifth year. If the trainers are to role model the therapeutic techniques in the classroom, they must have experience of putting it into practice with children. Three private training providers have been accredited to run the FETC; the learners complete the course successfully but the levels of competence are lower than those who complete the course with the professional association (DSD, 2011a). Many of them have not developed the necessary skills in relational work to practice and some are unemployed as a consequence. The HWSETA scrutinizes the quality of the training, but their focus is on the training environment and ensuring that trainers, moderators, and assessors work to the same standards, rather than the quality of the relationships and this is a lingering challenge that needs to be addressed.

To increase capacity and simultaneously maintain the integrity of the training, the Minister's Plan includes the creation of training hubs in one Isibindi site per province; this will include decentralizing the administrative functions. Dedicated staff will be capacitated to run the FETC in their province and update and maintain the training database using technology developed for this purpose (DSD, 2011a).

TABLE 5.

Projected position of community-based CYCWs

POSITION OF ISIBINDI CYCW	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Total CYCWs deployed	3,758	6,575	10,002	10,002	10,003
Learner CYCWs receiving stipend	2,961	5,200	6,500	3,931	805
Qualified CYCWs (excluding team leaders and supervisors)	46	60	1,502	4,071	7,198
CYC Team leaders	601	1,052	1,600	1,600	1,600
CYC Supervisors	150	263	400	400	400

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Higher education qualifications

To register as a CYCW at the professional level, it is likely that individuals will have to have a degree. Currently only three universities offer higher education qualifications in child and youth care. Durban University of Technology (DUT) offers a three-year national diploma and a four-year bachelor of technology (BTech) in child and youth care. Monash, a private university, offers a four-year professional degree (BA [Hons]). Technikon SA ran a pilot research MTech in the early 2000's but only one cadre was registered. The University of Pretoria offers a doctorate degree, but people struggle to find supervisors who are interested. DUT plans to introduce a new coursework master's degree starting in 2014 in conjunction with the new professional degree. DUT has also received approval for a generic Health Sciences Doctorate, which could be offered to people specializing in child and youth care. Demand for places on the child and youth care worker degree outstrips supply, and many potential students do not apply because they cannot afford to study full-time in Durban. Expanding the number of opportunities for study in institutions of higher learning will be a priority for the SACSSP and the PBCYC once the profession is recognized. Lecturers must have an advanced degree; therefore, as more universities offer the bachelor's degree, the demand for the master's degrees and doctorates will increase.

Quality assurance for education and training

The NQF is a quality assurance system that allows for the development and registration of qualifications according to national standards. The South African Qualifications (SAQA) is responsible for the NQF. SAQA sets general standards for qualifications and ensures that qualifications are comparable nationally and internationally. The responsibility for ensuring quality of the courses offered falls to one of the different councils depending on the type of qualification. The Council for Higher Education (CHED) quality assures qualifications offered by universities. The FETC was developed by the Standards Generating Body (SGB) for Child and Youth Care Work, group a made up of key education and training stakeholders with expertise and experience in the field. The Health and Welfare Sector Educational Training Authority (HWSETA) ensures that training providers, such as the NACCW, meet the general standards set by SAQA and the specific course standards set by the SGB. ■

FIGURE 4.

Critical factors in developing the workforce

A PROFESSIONAL ASSOCIATION
or other such body is key to the development of the workforce

BUILDING A COMMUNITY-BASED WORKFORCE
depends upon a local recruitment and training approach

AUXILIARY LEVEL QUALIFICATIONS
allow people with lower levels of formal education to enter the profession

A STRUCTURED CAREER PATH
allows individuals to grow and develop

"In the context of poverty and consumerism, material benefits and social status are powerful factors which influence decisions at individual, community and national level. As such, it is probable that the number of applicants to the Child and Youth Development program would increase even further if it had status and prospects similar to those in related fields such as teaching, social work or community development "

— *Winfield, 2011, p. 21-22*

Supporting the workforce means putting systems in place to improve and sustain social service practitioners' performance and their well-being, leading to increases in individual productivity, job satisfaction and improved retention rates.

Statutory Regulation of the Child and Youth Care Profession

According to the Social Service Professions Act of 1998, the purpose of the SACSSP is to "protect and promote the interests of the professions in respect of which professional boards have been registered or are to be established" and "to enhance the prestige, status, integrity and dignity of the professions" (section 3). The SACSSP and the professional boards are required to support a profession by regulating who can practice the profession; determining and enforcing professional codes of conduct; and regulating training and education. The SACSSP should also provide a forum where different social service professions can interact.

Statutory regulation and professional recognition has taken decades. Years of advocacy to expand the Social Work Act to include other professions resulted in the passing of the Social Service Professions Act. Once the new SACSSP was inaugurated, the NACCW applied, on behalf of CYCWs, for the establishment of a professional board. The PBCYC was elected from a list of persons (not necessarily members of the NACCW) who had committed themselves to the 'shadow' registration process set up by the NACCW in the absence of a statutory regulation mechanism. The PBCYC was inaugurated in April 2005. However, under the terms of the Act, the SACSSP is composed of six social workers and only three representatives from other professions, thus the body has an inherent bias in favor of social workers.

The SACSSP cannot register CYCWs until it has regulations to define the scope of practice and determine which qualifications are required at each level. The SACSSP and the PBCYC struggled to reach consensus on the regulations, during which time the PBCYC revised the draft regulations 17 times. There was disagreement on whether CYCWs could register at auxiliary level, at professional level or both. After five years, the term of office of the board expired. Because none of the child and youth care workers were registered, the SACSSP could not draft an electoral roll to organize new elections. The Minister of Social Development intervened and amended the regulations regarding the election of professional boards. Following her announcement that the PBCYC would be re-established, the Director of NACCW wrote, "We felt recognized for the role that we play in service delivery to children and families" (Allsopp, 2011, p. 2). The new PBCYC should be inaugurated in early 2013 and can resume the task of regulating the profession.

Reflecting on the process, the Registrar of the SACSSP said that in future she would establish "new professions with an open-ended register." She recommends a period of provisional registration during which all practitioners, regardless of their qualifications, would register in a generic category. The administrative body could collect full details from practitioners, including their qualifications, so that when the Professional Board and SACSSP finalize the regulations, individuals would be automatically re-registered at the learner, auxiliary, student, or professional level based on the agreed minimum qualifications.

Professional standards and codes of ethics

All practitioners and students in a recognized social service profession must register and agree to be bound by the profession's code of ethics. The professional board writes the code and publishes it with the regulations. The SACSSP ensures that the public is aware of these codes, receives complaints and holds disciplinary inquiries. If an inquiry finds that someone has violated the code of ethics, the SACSSP can order the individual to pay a fine, or in severe cases, bar the individual from practicing. At present, there are no mandatory professional standards or codes of ethics for CYCWs. However, NACCW has developed a code of ethics and all learners on the FETC course must become familiar with it as part of their training. Although this code is not enforceable by the SACSSP, many employers have voluntarily adopted it; for example, CYCWs must comply with the code in order to

be employed in the Isibindi program. Other organizations and child and youth care centers may have their own in-house codes of ethics that employees have to comply with.

Developing and implementing a code of ethics is central to establishing a profession. The ethics cannot just be a set of rules; they have to be experienced and practiced continuously.

The leadership is constantly transferring those ethics. If you are in their presence you see them communicating those ethics, in the way that they are and in what they expect of the child and youth care workers. The model will not succeed unless you transport it with those ethics (Child Protection Specialist, UNICEF, interview, 2012).

The challenge is to go beyond creating a code of conduct and establish a new work ethic. Children have needs around the clock but most services operate during standard working hours; for example drop-in centers in some provinces close on weekends and are not available when children are out of school. The NACCW believes that the working hours of services should match the needs of children. CYCWs are expected to work flexible hours to respond to children and families when they need them most—early in the morning getting the children ready for school or late in the evening to assist with homework, hygiene, and cooking.

"When 17 year old John approached Themba, one of the Isibindi community child and youth care workers, for help, he was on the brink of doing something bad. Themba realized immediately that John was in a bad state emotionally, and that he had finally gathered enough courage to take this step of asking for help… Themba realized that there was no way he could suspend this intervention for the next day. Tired as he was, he identified a quiet place on the street where he engaged in an intensive and healing conversation with the young person."
— NACCW, forthcoming, p. 21

Compensation package, terms and conditions of service

There are considerable variations in the terms and conditions of service for CYCWs and the levels of compensation are not comparable with other social service professions. Learners in recognized learnerships[8] receive a minimum allowance that is regulated by law (Department of Labour, 2011). Learners in the Isibindi program receive R1,320 per month in the first year and R2,100 per month in the second year, approximately US$155 and US$247, respectively (DSD, 2011a).

The Department of Public Service Administration (DPSA) develops and implements a compensation policy for public sector employees including social service professions; each sector has an Occupation Specific Dispensation (OSD). The OSDs regulate the terms and conditions of service and institute clear job and pay categories based on skills, qualifications and career history. The OSD for CYCWs only applies in institutions and not to community-based CYCWs (DPSA, 2008). CYCWs employed in the public sector are paid less than comparative grades in other social service professions. For example, in the Western Cape province, social auxiliary workers are paid between R7,685 and R13,757 per month (approximately 905 USD to 1,620 USD), whereas auxiliary CYCWs receive between R7,308 and R9,735 per month (860 USD
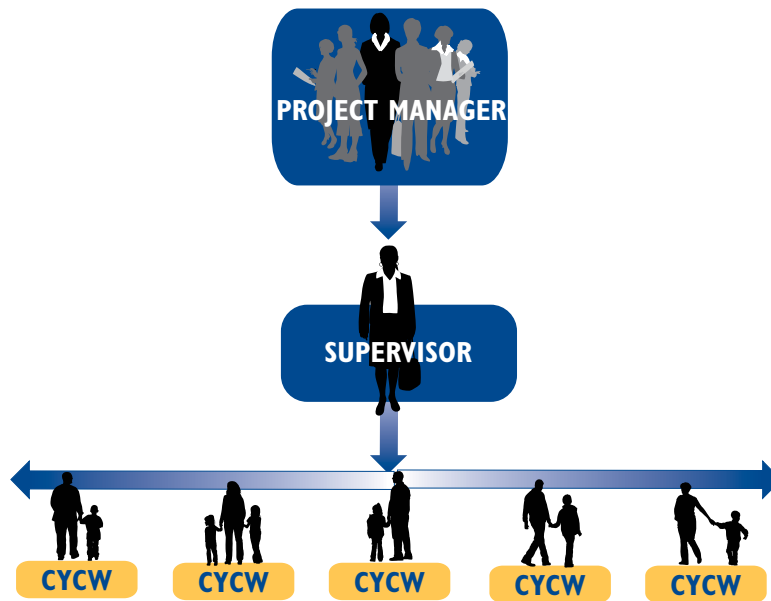
to 1,146 USD). CYCWs with a degree are paid the same rates although they can function at a higher level of competence.

There are large discrepancies between the rate that the government pays CYCWs in the public sector and the subsidies it gives to NGOs for CYCWs. Government subsidies to NGOs include the OSD basic salary for every social worker employed, but CYCWs' salaries must be paid out of the per capita subsidy for each child in the center. Some organizations pay their qualified CYCWs as little as R3,000 per month (353 USD), often without medical or pension benefits. The Minister's Plan costs qualified CYCWs in the Isibindi program at the OSD rates, but because the OSD only applies to CYCWs in institutions there is no obligation on provinces to pay these rates in the Isibindi sites. According to the plan (DSD, 2011a) the junior mentors will receive salaries of R111,700 per annum (entry level; approximately 13,156 USD) and R122,067 (competent level; approximately 14,377 USD). Senior mentors will be paid at the equivalent rate of a first level manager in the public sector (assistant director) that provides a salary of R232,235 per annum (27,352 USD).

The attrition rate is low in the sector, indicating that CYCWs are motivated by reasons other than compensation.

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8. A learnership is a work-based learning program that leads to a nationally recognized qualification. While a qualification consists of theory-based learning that can be gained at a university, a learnership combines both classroom-based learning and on-the-job training.

FIGURE 5.

Overview of supervisory system within the Isibindi sites

The supervisory system

The local implementing partners employ up to 25 CYCWs at each Isibindi site.[9] The team includes a manager and four supervisors who each supervise five CYCWs. The manager also plays a role in supervision in that he/she supervises the supervisors.

There are three kinds of supervision for community-based child and youth care workers. "Formal" supervision takes place weekly. The supervisor meets with CYCW in one-to-one sessions, during which they discuss the CYCW's work and specific challenges that need to be addressed. In "peer" supervision, a group of CYCWs reflect on

the challenges they face and support each other (Scott, 2009). There is also "on-line" supervision where the supervisor, project manager or mentor (see page 26) accompanies the CYCW on home visits—the frequency depends on the level of experience of the CYCW but it is usually twice a month. At first, the supervisor acts as a role-model demonstrating competent practice and as the CYCW gains experience, he or she starts performing tasks with the supervisor. Once the CYCW is competent, the supervisor observes the CYCW to assess progress and the quality of the relationship between the CYCW and their family; the supervisor then gives feedback on the assessment.

9. The budget for the scale-up plan includes the funding for all of the cycws to be paid at the OSD levels. The implementing organization will receive a subsidy from the provincial DSD for the provision of the Isibindi program.

"Resourcefulness comes through practice… this is why the online supervision is so important. Some things come through observation, watching a skilled and experienced child and youth care worker you will learn things that are not part of the curriculum."

— CYCW, focus group, 2012

> *"They should understand the characteristics of a child and youth care approach to working with young people and/or their families as well as be able to demonstrate these characteristics in their child and youth care supervisory practice."*
> — *Scott, 2009, p. 68*

Qualifications of the supervisor

Isibindi team leaders and supervisors are required to participate in a four-day provincial training workshop on supervision. The training course equips participants with fundamental skills used in supervising CYCWs; it also covers ethics, values and principles of supervision as well as the training responsibilities of supervisors (DSD, 2011a).

When the first Isibindi sites were started, the CYCWs had limited experience in working in the community context, but because of their training in life-space work, they were able to adapt. The rapid expansion of the Isibindi program requires training new supervisors, some of which will be recruited from the pool of existing community-based CYCWs. To supplement the numbers, experienced staff from centers will be deployed following a short orientation course and, finally, some of the learners who show leadership potential will be fast-tracked.

Mentorship

Mentors are experienced, skilled CYCWs with an in-depth knowledge of the Isibindi model. The NACCW employs the mentors to initiate Isibindi projects at site level, build the capacity of the implementing organization, train CYCWs, supervise project managers, and improve the quality of services provided to children through hands-on supervision. The mentors visit each site at least once a month (junior mentors support three sites, with up to 75 CYCWs). During their visits, they meet as a team with CYCWs, provide individual case consultations to address issues facing CYCWs and the families they serve, and accompany CYCWs on home visits as needed. Outside of these visits, CYCWs can call them for support in dealing with challenging situations.

Mentors assure the quality of the monitoring data collected by CYCWs and provide assistance to the project coordinator, team leader and supervisors in meeting their monitoring and reporting obligations. They also analyze the data with the CYCWs to identify common challenges that may need a program response; for example, the data may reveal that children in the area are dropping out of school, or not receiving the grants they are due from the State. The team will discuss these issues and work out strategies to deal with common problems.

> *"The National Association of Child Care Workers is an independent, non-profit organisation in South Africa which provides the professional training and infrastructure to promote healthy child and youth development and to improve standards of care and treatment for troubled children and youth at risk in family, community and residential group care settings."*
>
> — *NACCW mission statement*

Role of the professional association in supporting the workforce

A group of forwarding thinking child and youth care workers founded the NACCW in 1975 to act as a network for sharing information and supporting the development of the profession. Today it is an independent body offering professional training, a range of support services to CYCWs and piloting innovative programs such as Isibindi. The NACCW is funded by international and national donors such as PEPFAR and the De Beers foundation amongst others. The staff of the organization is accountable to the National Executive Committee (NEC) that is elected by the members. Membership in the NACCW is open to anyone practicing or studying child and youth care. Members meet regularly in their region forums to share experiences, discuss new research, and support each other.

In addition to the professional training outlined above, the NACCW offers the following support for the child and youth care sector and CYCWs:

Psychosocial support

CYCWs are often required to work after hours and are constantly dealing with stressful situations. To maintain their well-being, the NACCW offers CYCWs in the Isibindi program psychological support through the Care for Caregivers (C4C) program (Thurman, Yu, and Taylor, 2009). Each Isibindi site is assigned a psychologist who visits once a month for an initial period of six months. The C4C model consists of group and individual counseling sessions facilitated by clinical psychologists. Each site has different needs and the psychologists draft a plan with the staff. When the initial period is over, the number of visits are reduced. The model is designed to promote sustained systems of ongoing assistance, so at the end of the first six months the mentors and the CYCWs can continue to run the C4C activities. Outside of the scheduled sessions, the CYCWs can telephone one of the psychologists. The individual sessions allow CYCWs to deal with their own issues

> *"We had a child and youth care worker who had an accident and she had to sit at home for almost four months. We supported her. One would buy a packet of rice, another would buy a packet of potatoes, and we would take that to her family. She was getting a salary from the organization, but they said on these days there is nothing to report to the funder so they did not pay. That is why we were taking from our own pockets just to show that support that we are there."*
>
> — *CYCW, focus group, 2012*

Creating a culture of care

NACCW has created a nurturing organizational culture where every aspect of the training and work they do is designed to give people a positive experience of being cared for. Members and staff are trained to notice things, to respond positively, and support one another.

Leadership development

The leadership program organized by the NACCW, funded by the Swedish Adoptionscentrum, is another very popular and useful forum that is available to CYCWs. The forum has been in place since 1999 and brings together CYCWs nationally and at the provincial level to share experiences, learn from and support one another, engage with policy, strengthen their capacity to advocate for the rights of children, and learn new insights and approaches from experts in different subject areas of interest in the field of practice. For example, participants in the leadership program learn soft skills, such as how to make a presentation, while updating the group about the latest developments in policy. Celebration is also a critical part of supporting one another—and is done through song and dance and getting together informally (Allsopp, 2011).

Development and replication of best practice models

In response to challenges facing the sector, the NACCW has drawn on international and national research to develop best practice models such as Isibindi (see page 12) and the C4C (see page 27).

Knowledge exchange and dissemination

Development and dissemination of indigenous child and youth care knowledge, and context-specific practices, occurs through the publication of the CYC journal, the website, Facebook, other publications, and regional, national and international conferences. Members meet regularly in regional forums that are used to share experiences or to invite speakers to present information relevant to field.

Each region also has a youth forum, where the children in residential care or the Isibindi program can discuss issues that affect them. Representatives from these forums attend the youth conference that runs alongside the NACCW's biennial conference.

Advocacy

The NACCW organizes consultation with CYCWs on topical issues that impact on children and professionals. It uses all of its communication channels to ensure that its members and the children they work with have access to debates on policy and legislation. For example, at the 2007 Youth Conference, youth delegates were educated about the draft Children's Act and supported to reflect on how it impacted on their own lives. After the conference, the NACCW, through its regional youth forums, supported children to attend public hearings and share their views with Members of Parliament.

"At every leadership they always sing… They get up and they move and they dance in the pauses between sessions… it is not on the program someone; starts and everyone just joins in ."
— Course Convener, interview, 2012

Promotion and encouragement of international transfer of knowledge, tools, training materials and expertise

Over the years, the NACCW has been actively working to support the work of similar professional associations in Zambia and has trained trainers in child and youth care work in Zimbabwe. A professional exchange visit is planned to Rwanda as well. In Zambia, the NACCW assisted their Zambian colleagues to establish their own association and begin to offer the basic foundational course to CYCWs. As the workforce develops in other countries, members of the NACCW are trying to establish an African network that will enable CYCWs across the continent to share their experiences. At their biennial conference, the NACCW creates a platform for delegates from other African countries to present their work, attend special workshops, and write for the journal.

Professional and specialized training

In addition to the FETC (see pages 15 to 17), the NACCW provides training for the following specialist positions: trainer, supervisor, Adolescent Development Program coordinator, project coordinator, disability coordinator, and non-profit organization management. The NACCW offers courses at NQF level 5 (equivalent to the first year of a bachelor's degree) on child protection, disability, behavior management, and supervision training, as well as train the trainer/assessor training. The NACCW is working to get these courses accredited, so that CYCWs who take these courses can get credits towards the first year of a national diploma or a bachelor's degree. ■

FIGURE 6.

Critical factors in supporting the workforce

REGULATION IS IMPORTANT
but too much early on can slow the development of the workforce

A PROFESSIONAL ASSOCIATION
adds value at multiple levels

PROFESSIONAL CAREGIVERS NEED SUPPORT
and should receive psycho-social support from skilled professionals

"[CYCWs] are not coming from outside so they relate to the local culture and sensitivities...They can offer appropriate assistance that takes these factors into account alongside a rights-based approach."
— *DDG, interview, 2012*

The lessons learned from the planning, development and support of community based CYCW cadre in South Africa to date include:

1. **Political will, embodied in the leadership of a supportive Minister, is critical to the development of a new cadre.** The process of recognizing the profession has taken years. Barriers have included professional rivalries between CYCWs and social workers, and unclear and overly restrictive legislation. Having a supportive Minister has cleared the path for progress both in terms of professionalization and in the expansion of the cadre. As such, ongoing high level political support is the foremost instrument of success in the establishment of such cadres in any country.

2. **Expanding the social service workforce meets a range of top political priorities.** The government has identified inequality, poverty, and unemployment as the three major challenges facing South Africa. Learner CYCWs are predominantly young women from poor rural communities; therefore expanding the workforce meets the critical goals of reducing youth unemployment, creating jobs for women, and reducing poverty in rural communities.

3. **A clear legislative framework helps to secure financial resources to fund the expansion of the cadre.** The promulgation of the Children's Act provided the impetus to transform social services in South Africa. It sets out the services that children are entitled to

and that the State must provide, and specifies which professional can deliver these services. In order to implement the Act, the DSD and other government departments have written implementation strategies, and developed norms and standards for service delivery including ratios of professionals to children. This in turn has created a framework for planning the right cadre and gives the DSD leverage with National Treasury when it submits its budget bids.

4. **Having the right systems in place is essential for proper workforce planning.** As noted earlier, the combination of a lack of technical systems (such as a central database) and weak capacity in terms of data collection and analysis hindered planning for this workforce. Use of accurate and reliable data is an essential principle of workforce planning for any cadre, and is especially important when developing a new one.

5. **The success of this cadre also depends upon a participatory approach to program implementation.** Community members are involved in all the major planning decisions in relation to the delivery of child and youth care services. These meetings take place in the traditional structures, whether it is the school or the kraal (enclosed structure common to rural villages). This approach to decision-making ultimately benefits everyone: children and youth, community members, and the CYCWs themselves.

6. **A professional association or other such body is key to the development of the workforce.** In South Africa, the CYCW profession was built from the bottom up. A body such as a professional association can provide the leadership essential to driving a process such as the development of a new workforce.

7. **Building a community based workforce depends upon a local recruitment and training.** Many children who are orphaned or abused need daily support; the CYCWs live in the same community so they are accessible. As a result, children get services where they are and when they need them. CYCWs train on the job in their local communities and most of them stay in the area once they qualify, whereas social workers are trained at universities and—despite special bursaries to attract them to practice in rural provinces— are found predominantly in urban areas (DSD, 2012a). Local recruitment has additional benefits. A key concern for the Ministers and the Provincial Heads of Department was that any professional support offered to families in their homes would respect the local culture and strengthen their capacities. Practitioners who are recruited locally demonstrate a drive and a passion in the training and professional practice that comes from investing in their own community.

8. **A well-structured career path allows individuals to flourish.** A career path that starts with auxiliary qualifications allows people with limited formal education to enter the profession. Higher qualifications allow individuals to continue to grow and develop and expand their skills.

9. **Regulation is important, but too much early on can slow the development of the workforce.** Regulation brings standardization and systems, and professional recognition raises the profile and status of the cadre. Also, statutory bodies have more influence especially when it comes to negotiating policy. However, premature regulation can stultify the creative processes that are necessary when starting to develop a new cadre. as is the case with the CYCW. Clearly, a balance is needed and in this case, it made sense to start with a professional association to develop standards for training and voluntary codes of conduct and ethics.

10. **A professional network adds value at multiple levels.** The network allows individuals to learn from each other, support one another and share experiences. NACCW provides this support to its members at a provincial and national level. It is also developing links with professional associations in other countries in the hope of establishing an African network that will provide support to CYCWs across the continent. Individuals get a sense of being part of building a unique practice in Africa.

11. **Caring professionals need professional care and support.** Every interaction the NACCW has with its members creates a supportive environment and a culture of caring. Trainers teach by caring so that learners experience how they are expected to perform. CYCWs share their experiences to help each other. Mentors and supervisors provide regular supervision and offer professional support. Finally, CYCWs in the Isibindi program can access professional psycho-social support services through the Care for Caregivers program.

The child and youth care workforce in South Africa has been built step by step from the bottom up. Starting with a group of forward-thinking practitioners, through the creation of a professional association and the development of various training programs, the members of this workforce have sought to not only address, but to continually stay ahead of the growing needs for increased child and youth support in a country profoundly impacted by the HIV/AIDS crisis. A key to success has been their approach of blending the best of global practices with their own local knowledge and insisting upon the local recruitment of the workforce, reinforcing the idea that new members of the workforce are making an investment in their own communities. As the professionalization of the child and youth care cadre moves through legislation and is integrated into policy, the plans for the expansion and support of this workforce indicate the serious approach South Africa is taking in its drive to transform it social services. The experiences and lessons learned outlined in this technical brief offer solid suggestions and a way forward for other countries seeking to develop their own child and youth care workforce.

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Focus group participants

Ten child and youth care workers participated in a focus group in KwaZulu-Natal, a rural province with the largest share of children in South Africa and the highest rates of HIV infection. Half of the members of the group were community-based CYCWs, the other half are employed in residential care. All have participated in leadership training, and are trainers or supervisors.