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## Original Research Article

# A home away from home for adolescents: Narratives on residential care life in eThekweni, KwaZulu-Natal, South Africa

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### Abstract:

Residential care facilities play a significant role in accommodating orphaned and vulnerable children both in South Africa and internationally. However, there is scant information about the experiences adolescents have of residential care life in South Africa. This study explores the experiences of adolescents at a residential care setting, in the eThekweni region of KwaZulu-Natal, in South Africa. The study was conducted using a qualitative research methodology. Twenty-six participants were recruited using non-probability purposive sampling methods. Findings indicate that children in residential care have both positive and negative experiences of residential care. The findings that were significant highlighted adolescents' emotions related to growing up in a residential care setting and key issues around the experiences of support and care within these settings. Two core themes were identified using thematic analysis. Firstly, the daily life experiences of growing up in the residential care facility, and secondly, their experiences of support and care therein. These findings are relevant to improving child care services at residential care facilities in South Africa and enabling the wellbeing of adolescents.



## Introduction

From 1994 to 2005 South Africa introduced various policies and legislative frameworks to protect children against abuse. These included the Children's Act (no. 38) of 2005 (Malatji & Dube, 2017). Despite these initiatives, the need for children to be cared for in residential care facilities emerged from the growing population of vulnerable and orphaned children in the South African context. The breakdown of traditional family dynamics and the various social issues that children are confronted with contributed to the placement of children in residential care facilities (Berridge *et al.*, 2012; Borg *et al.* 2023). Child protection services play an important role in the South African context, irrespective of the socio-economic status of the society, to enforce equality and the development of all young people (Hendricks & Tanga, 2019). As a result of adverse circumstances, which include the misuse of substances, poverty, abandonment, domestic violence and parents who have passed on, children are moved from their actual home environment to residential care facilities for care and safety reasons (Chimange & Bond, 2020; Santos *et al.*, 2023).

Placing children in residential care facilities as alternative care is practiced across the world. In the South African context, a residential care setting is described as a facility that provides out-of-home care for more than six children (Children's Act, 2005). Child protection services serve an important role in catering for children and adolescents who are from disadvantaged backgrounds, to enforce equality and their holistic development (Hendricks & Tanga, 2019). In South Africa Residential care facilities were established to cater for children and adolescents who cannot be supported by their biological parents or raised in the environments of their origin (Foster *et al.*, 1995). Some children are placed in residential care facilities due to behavioural problems.

Residential care facilities have been described as 'environments where children from various challenging family backgrounds reside, such as orphanages, children's homes, and institutional care' (Roche, 2019, p. 1). In South Africa both children and adolescents are placed in residential care settings following a court order. The children are looked after by child and youth care professionals who are registered with the South African Council for Social Service Professions (SACSSP) and range from age three to 18 years. The children and adolescents are accommodated in different cottages according to their age and gender. Each child and youth care worker is responsible for one to 10 children/adolescents per cottage. A residential care facility accommodates children/adolescents who stay in one setting and share similar spaces and activities (Mazzone *et al.*, 2019). It is acknowledged that there is literature on children and adolescents in residential care in South Africa (Malatji & Dube, 2017), but there seems to be a paucity of research that focuses on the experiences of residential care life for children and adolescents in the South African context



The purpose of the study was to explore the experiences of adolescents cared for in residential care facilities, including their perceptions of the care and support they received whilst in the facility. Despite the complexities of residential care, it remains a needed service, which demands that the care of vulnerable children is optimal. The researchers intentionally focused on adolescents given that they would be more articulate during interviews. Hence younger children were excluded. Research studies related to the experiences of adolescents in residential care facilities are scant (Montserrat *et al.*, 2021), and the current study sought to fill this gap. No prior study related to this research problem has been conducted in the eThekweni region in the Province of KwaZulu-Natal, South Africa. Therefore, this study was valuable in helping those who work with children and adolescents in residential settings in the eThekweni vicinity to reflect on their interventions and services with children and adolescents and to improve them where necessary.

It was hoped that the study would contribute to existing knowledge and enhance the intervention strategies used by various social service professionals working with vulnerable adolescents in residential care facilities. Also, the study has the potential to inform social policy development and programmatic interventions by non-governmental organisations (NGOs) involved in residential care work (Malatji & Dube, 2017). Furthermore, it was envisaged that the study would stimulate further research in this field that could consequently assist policy makers in improving adolescents' experiences of residential care in South Africa and other countries.

## Study aim

The aim of the study was to understand the residential care life experiences of adolescents and their related challenges in eThekweni region. The eThekweni region is located on the east coast of South Africa in the Province of KwaZulu-Natal. The region covers a geographical area of about 2,297km<sup>2</sup> (StatsSA, 2011). The population of eThekweni region is approximately 3.44 million people, 73.8 per cent of whom are Black African, 16.7 percent Indian/Asian, 6.6 percent White, 2.5 percent Coloured, and 0.4 percent undefined. About 30.2 percent are economically active but unemployed (StatsSA, 2011). The region has a high rate of HIV among adults ranging from 15 to 49 years of age (Rajagopaul & Naidoo, 2021). There are also high rates of unemployment, poverty, crime, alcohol and drug abuse, child abandonment, maltreatment, and domestic violence. All these social issues have influenced the need for children and adolescents to be placed in residential care settings.

## Methodology

This study was guided by qualitative research methodology. Levitt *et al.* (2017) have described qualitative research methodology as one that is 'inductive in nature', with the researcher generally exploring meanings and insights in a given



situation. It thus refers to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews. Purposive sampling is a form of non-probability sampling in which the researcher can rely on their own judgement, when deciding which participants of the population should take part in their study (Alchemer, 2021). Therefore, in this study the researchers selected individuals who could guide them in reaching the desired study objectives. After ethical approval was obtained from the institutional research ethics committee of the Durban University of Technology data collection commenced.

Permission was obtained from the Director of the residential care facility through the submission of a gatekeeper's letter. The actual sample size selected was 26 (13 girls and 13 boys), ranging from 14 years to 18 years. Moreover, only participants who had been in the care facility for more than two years were selected to participate. The researchers specifically selected adolescents instead of children because they felt that adolescents would provide enough data and would understand the aim of the study better than younger children. After suitable participants were selected, the researchers informed the potential participants of the purpose of the study.

A respectful approach allowed participants the chance to decide if they wanted to participate in the study or not. An informal screening interview was carried out with each participant who was willing to contribute to the research study to determine whether the selected participants were willing to participate. Each potential participant was given a letter of information and letter of consent to sign. The letters emphasised the importance of voluntary participation and the right to withdraw from the study. The participants were also assured of confidentiality and anonymity, as they would be given pseudonyms, and that no harm would be caused to them through participation, in the study. Participants were informed that the interview would be held at the facility in a quiet room. They were additionally informed that if they were not comfortable with the time of the interview it would be rescheduled.

Semi-structured interviews consist of a dialogue between the researcher and participant, and are guided by a flexible interview protocol, involving both open- and closed-ended questions. This enabled follow-up probing to allow for clarification or more in-depth understanding (Dejonckheere & Vaughn, 2019). In this study semi-structured interviews were used to acquire views directly from the participants being interviewed. The researcher utilised open-ended questions that were regulated by an interview guide for each participant.

## Study sample

Twenty-six adolescents at the identified facility were recruited as the study participants. The sample was recruited using purposive sampling techniques.



## Study setting

This study was conducted in CYCC#3 (pseudonym), a residential care facility that is in eThekweni region, in the Province of KwaZulu-Natal, of South Africa

## Data analysis

Data analysis was guided by thematic analysis. Thematic analysis is 'a method for identifying, analysing, and interpreting patterns of meaning (themes) within qualitative data' (Castleberry & Nolen, 2018, p. 808). In thematic analysis, themes are seen as latent content. This means that the researcher must identify, categorise and look at the reality behind data, and subsequently interpret its overall meaning (Vaismoradi & Snelgrove, 2019). All interviews were audio-recorded and later transcribed by the researcher. Following completion of all transcripts, a list of similar topics was compiled to understand the emerging topics and their sub-themes using thematic analysis. The researcher read the transcriptions multiple times to ensure familiarity with the content. Each transcript was then examined carefully for phrases, sentences, paragraphs, or participant quotes that stood out as central to the broader area of interest. The collected information was analysed qualitatively with the use of thematic coding techniques, and the field notes were also coded and categorised. Thematic evaluation consisted of the organisation and clarification of field notes, interview transcriptions, audio recordings, and documents to make meaning of the material (Creswell & Poth, 2018). Finally, a literature review was carried out to contextualise the findings of the study within the present literature.

## Issues of trustworthiness

Fourie and Van der Merwe (2014) wrote that trustworthiness can be ensured when well-established techniques in a qualitative study such as the collection of information, information evaluation and intervention methods are applied. Trustworthiness is a vital element of qualitative research because the findings need to clearly reflect the experiences of participants from their perspective (Harilal, 2017). According to Malatji and Dube (2017) confirmability, dependability, credibility and transferability are important standards that speak to the trustworthiness of qualitative findings.

To maintain trustworthiness, the researcher used well-established research methods to ensure that the findings were legitimate and impartial. Research cannot add value to child and youth care practice if there is inaccuracy and misinterpretation of findings. The researcher gave an in-depth description of the methodology to ensure transferability, credibility, dependability and confirmability, as outlined above (Chimange, 2019). Furthermore, to ensure trustworthiness in this study, four criteria were adopted and used. Interviews



were recorded by the researcher and transcribed verbatim. The transcribed data was coded according to themes and scrutinised verbatim by the researcher. In addition, trustworthiness was also ensured by using purposive sampling and reflexivity (Chimange & Bond, 2020). The interviews were conducted in a room provided by the residential care director in the facility, with the researcher utilising the same interview schedule with each participant to ensure consistency and reflexivity.

## Results and discussions

### Theme 1: Daily life experiences of growing up in the residential care facility

The first theme reflected the feelings participants experienced in relation to being placed in a residential care facility. Two sub-themes emerged relating to the adolescents' feelings with respect to their placement, namely: (i) mixed feelings about being in a residential care facility; and (ii) inadequate consideration of children's rights by staff members.

#### Subtheme 1: Mixed feelings about being in a residential care facility

The first sub-theme derived from the data was concerned with participants' feelings about being in a residential care facility. For some, a residential care facility was the best place to be, while for others it was a challenging experience. Hence the participants had both positive and negative experiences, as evidenced in the narratives that follow:

##### Positive experience

I feel so happy to grow in a children's home because I'm exposed to many opportunities that other children who stay in their real home do not get (Child D).

I feel so happy to grow in this place because everything is provided to us; there's always enough food to eat (Child B).

Daily experience of this place [residential care facility] is not bad; I [am thankful] that I have a roof over my head, I can sleep, I have food to eat, and I have clothes to wear and attend school (Child G).

Several participants shared that the residential care facility had successfully provided them with their basic needs, including proper shelter, food and clothes. The participants highlighted that being raised in a residential care facility was a much better experience than growing up in their actual home. The residential care facility provided them with everything they needed to grow up like any other children, and they were given opportunities such as schooling.



Children who have been placed in residential care facilities seem to understand the reasons behind their placement and acknowledge the realities of residential care setting life (Nsabimana *et al.*, 2021). Children also acknowledge the resources that are made available to them while in the residential care facility (Haffejee & Levine, 2020).

Children in care also share that they have enough food and access to items that their families could not afford (Montserrat *et al.*, 2019). Delgado *et al.* (2020) stated that most of the children in residential care are eager to use the opportunity that is given to them to change their lives and escape from their challenging family backgrounds.

#### Negative experiences

The following excerpts reflect the negative experiences of participants at the residential care facility. They said:

For me, it's not easy to wake up in the morning thinking that I'm staying in the children's home because we don't have all the privileges that children living with their families have (Child P).

Staying in the children's home can be sometimes good and bad, some of the rules that exist in a children's home make no sense. For an example, we must all wake up early in the morning, even if we are not going to school, and we have to spend the whole day in the home; we don't get a chance to go out of the home, so for me, it feels like we are in jail (Child E).

I don't like it when the aunties and uncles [child and youth care workers and social workers] come to attend our school meetings wearing their t-shirts that are written [with] the name of the children's home because that when the other children at school start noticing that we are from staying in a children's home. They start saying something like, 'this child does not have experience of a family figure' and they start noticing lot of things, like maybe she can't do this and that because she doesn't have a family she stays in a children's home (Child P).

The children who had negative experiences growing up in a residential care facility pointed out specific issues. They shared that living in a residential care facility made them feel like they were not getting the same privileges that other children who were growing up in normal family settings were getting. Some participants expressed that the rules that existed in the facility sometimes made them feel like they were in prison, as they had to wake up early in the morning even if they were not going to attend school. The children spent the whole day on the premises and had no outings, compared to children being raised in their home environments. The adolescents did not get a chance to go shopping like those growing up in normal home environments. Some of the children expressed



that staying in a residential care setting negatively impacted their relationships with their families, as their families did not come to visit them whilst at the facility.

Four of the participants shared their dissatisfaction with the residential care staff members who attended their school meetings wearing their branded t-shirts. The participants felt embarrassed as it became obvious to their peers at school that they were staying at a care facility, and they would direct negative comments towards them as a result.

Delgado *et al.* (2017) and Mukushi *et al.* (2019) similarly reported from their studies that most of the children placed in residential care facilities were not satisfied with growing up in this environment. The children in residential care felt that living there offered less freedom, as compared to living with their actual families. The children therefore preferred to be with their families (Montserrat *et al.*, 2021).

Research by Montserrat *et al.* (2021) and Mukushi *et al.* (2019) affirmed that young people growing up in a residential care facility face victimisation from their peers at school, primarily due to their disadvantaged family backgrounds and being raised in a residential care facility. Most of the children who grow up in a facility are ashamed to tell their friends at school about it (Montserrat *et al.*, 2021). Mukushi *et al.* (2019) stated that the provocative comments made by peers at school and within the residential care facility to other children resulted in low self-esteem and ultimately a loss of self-confidence. The negative comments made towards the children at residential care facilities had a monumental effect on their social development as they minimised their cooperation with other children, both within the facility and at school (Mukushi *et al.*, 2019).

## **Subtheme 2: Inadequate consideration of the children's rights by staff members in the residential care facility**

This sub-theme emerged from concerns related to the rights of children not being considered by those responsible for planning their care. This included (i) participation in decision-making, (ii) poor provision of necessities, and (iii) lack of privacy. The participants' views are reflected in the following excerpts:

### Participation in decision-making

Participants commented on their participation in decision-making saying:

The activities that we do in this home are boring; we are not included when they plan the activities like outdoors and indoors activities, and we therefore find the activities boring (Child L).

I was admitted to prevocational school, and I was not given time to decide on that, I tried to speak with the social worker that I don't like the school





I want to attend a normal school, but the decision was already made, and they never listened to my voice (Child C).

I feel like I was not fully involved in the discussion of enrolling me to the prevocational school. It was discussed with me, but I feel like they had already taken the decision when they explained to me that they going to move me to prevocational school. I had no clear understanding what kind of a school I was admitted to until I attended the first day, I tried to plead with them to deregister me from that school and take me to normal school they refused and influenced me that the school is good for me (Child E).

Most of the participants expressed their dissatisfaction with regards to the activities being offered at the residential care facility, including both outdoor and indoor activities. The participants shared their concerns that they were not included when the activities were planned and that they did not find them interesting. Two participants expressed their dissatisfaction with their admission to prevocational schools without their consent. The participants wanted to attend mainstream schools, but the social workers decided on their behalf that they should attend prevocational instead. Two participants also indicated that they attempted to communicate their dissatisfaction with the prevocational school they were enrolled in. However, the social workers did not heed their views, as they had already made the decision on behalf of the participants. Hence, the participants were excluded from being actively involved in important discussions pertaining to their lives.

According to studies done by Montserrat *et al.* (2021), van Bijleveld *et al.*, (2019), and Collins and Stockton (2018), children are not regarded as full members in terms of participating in decision-making and their voices are either not heard or not taken seriously in residential care. Collins and Stockton (2018) further argued that even though children are invited to participate, their participation does not always entail active engagement; hence, participation must evolve from tokenistic to meaningful engagement. The only way of ensuring that children are protected within the residential care facility is to ensure that they are actively engaged in all discussions about their lives (Kosher & Ben-Arieh, 2020). It is the fundamental right of children to be involved and to be listened to at residential care facilities when decisions are being made about the world around them (Gonzalez *et al.*, 2015).

When the voices of young people are listened to in residential care settings, 'it is more likely to be a positive and safe experience for them' (Moore *et al.*, 2018). Involving young people in decision-making is closely linked to their wellbeing, as it enables them to play a role in transforming their own lives (Rodrigues & Barbosa-Ducharne, 2017).



### Lack of necessities

The participants shared their struggles with regards to a lack of necessities within the residential care facility. The participants' views were expressed in the following excerpts:

Whenever you need something from the storeroom, they always give excuses like we don't have enough money to buy that, no ... this is too much, we don't have this, ... we will try but at the end I don't get it (Child E).

Sometimes we run out of cosmetics then when we go to request them in the storeroom the aunties that are working in the storeroom would tell us that it is finished (Child P).

The home is failing to provide us with clothes to wear, we always depend on donors for old clothes and sometimes you won't find your size on the donated clothes (Child B).

Almost the entire sample expressed their concern about a shortage of clothes and cosmetics in the storeroom at their facility. They shared that when they asked for cosmetics, they were told that it was finished. The participants also shared that the people who worked in the storeroom often made empty promises to the children that they would get them whatever they need, but did not fulfil these promises. One participant stated that they were dependent on donated clothes, which at times did not fit properly. Consequently, the children had to share their clothes with others within the residential care facility. The participants did not just share clothes, but also cosmetics, including toothpaste and bath soap, as the storeroom personnel did not provide them with enough personal grooming items.

Gibson *et al.* (2018) echoed these findings, stating that residential care facilities are ill-equipped to meet the looked-after children's complex developmental needs. A study done by Montserrat *et al.* (2021) argued that children in residential care facilities also complained about having insufficient clothes to wear. The studies done by Mhizha & Nhedzi (2023), and Abdullaha *et al.* (2018) reported that when child and youth care workers were making a requisition for the basic items needed by children the management would take time to respond, which consequently hindered effective provision of necessities and optimal care for the looked-after children.

### Lack of privacy

Participants also commented on the lack of privacy, saying:

Staying in a children's home is different than staying at your own home, here we don't have privacy as we share rooms. Sometimes when you



come from school you find that some of your stuff is missing, and you don't know who to ask because you are sharing the room (Child R).

The aunties [child and youth care workers] invade our privacy when we are from school, we find our stuff in a different position. I remember one day I was sick, and I asked the medication from the nurse and the auntie [child and youth care workers] responded and say, 'there's medication in your locker why don't you go and take it'. I was wondering how she saw the medication because it was under my clothes inside my locker, so to me it's like she searches our lockers when we are at school (Child Y).

Privacy in child and youth care centres was lacking, as evidenced above. The participants stated that they shared bedrooms and had no privacy at all. They shared that when they returned from school, they would find their belongings in different positions, and they would sometimes find their belongings to be missing. The participants do not know who to ask about their missing belongings, as they share rooms. One participant pointed out that she felt strongly that the child and youth care workers searched their belongings, while they were at school, as sometimes they found their belongings in different positions from where they left them.

Montserrat *et al.* (2021) have argued that children in residential care do not have privacy and a protected space to keep their belongings safe. At the adolescent stage privacy is very important to young people and is a major need. The privacy issue is discussed within the context of children's rights as prescribed by Article 16 of the United Nations Convention on the Rights of the Child (1989) (UNCRC). Article 16 states that 'No child shall be subjected to arbitrary or unlawful interference with his or her privacy nor to unlawful attacks on his or her honour and reputation'. Puttall and Hawkes (2023) concurred that Article 16 of the UNCRC underscores the ethical considerations related to children's privacy and dignity.

## **Theme 2: Experience of support and care within the residential care centre**

The second theme reflected the experiences of support from both formal and informal support systems. The experience of living in a residential care facility varies from child to child. Some children find it better to stay in a residential care facility than within their actual family settings, while others yearn to be with their families. Three sub-themes emerged under this theme: (i) mixed experiences of support and care from child and youth care workers and social workers, (ii) mixed experiences of peer support within the residential care facility, and (iii) varied support from family while in the residential care facility.



## **Subtheme 1: Mixed experience of support and care from child and youth care workers and social workers**

When participants were asked for their views on experiences of support and care from child and youth care workers and social workers, the participants had both positive and negative experiences. Those who had positive experiences of support and care from child and youth care workers said:

The aunts [child and youth care workers] are very much supportive of us; I take them as life coaches. Whenever there's something troubling me, I feel free to go to the aunts and tell them about everything that is bothering me. I don't see any need to call my mom to tell her about the things that stresses me. The aunts can listen and guide me as my mom would; whenever I need to talk to someone older, the aunts are the reliable adults to talk to (Child X).

Ever since I have been in this place, I feel supported, especially by the house parents [child and youth care workers]. They treat us like their own children; the warmth and support that our own parents did not give us, the house parents are giving us. They make us feel free to talk to them about anything that bothers us, and they guide and support us (Child T).

The aunts and uncles [child and youth care workers] show us love and they give support as children; they always ask if I'm fine, and if I'm not, they talk to me trying to make me feel good. For an example, whenever I have personal problems, I'm able to talk to the uncles about it and they tell me what to do and my issue go away (Child E).

Most of the participants also shared positive experiences of the care and support they received from the child and youth care workers. The participants who had positive experiences said that they felt supported all the time, that the child and youth care workers were nice to them and showed interest in them, and that they were always available when they needed them. The children in the residential care setting had never experienced love from an adult figure, so to them the feeling of being around a caring and loving adult was meaningful. These participants did not feel the need to stress their mothers outside the home about things that they were going through. Several participants disclosed that they were able to resolve whatever issues they faced with the child and youth care workers because they treated them as their mothers, and the workers treated them as their own children.

Child and youth care workers in residential care facilities are mandated to ensure a stable and consistent milieu that is built on supportive relationships that enable the child's traumatic experiences to be discussed (Haffejee & Levine, 2020; Mhizha, 2020). Nurcombe-Thorne *et al.* (2018) found that children in residential care facilities felt supported in many spheres where they experienced the child and youth care workers being very supportive towards them.



In another study, most of the children in residential care settings, especially the boys, described the child and youth care workers as 'angels' or 'good people', emphasising the practitioners' patience, concern about them, their love and affection, and how they make them feel loved and worthy (Montserrat *et al.*, 2021). Seventy percent (70%) of those interviewed, particularly the adolescent boys, were so satisfied with the treatment they received from child and youth care workers, that they mentioned that the love they received enabled them to love them back (Cote & Clement, 2020).

Those participants who had negative experiences of support and care from child and youth care workers said:

I cannot say staying in a children's home, [it] is not nice, but I feel like the people who are supposed to give us better experience of staying in the children's home are the ones who makes our lives worse. The house parents [child and youth care workers] will punish you for no reason or for small mistake just because you're not their favourite child (Child P).

Sometimes the house parents [child and youth care workers] are not fair to us, they don't treat us the same. When we made mistakes, we won't get the same discipline, to others the discipline is not tough but if you're not their favourite child the discipline become harsh (Child J).

Just a few of the participants were not happy with the treatment they received from child and youth care workers. One participant stated that she strongly felt that the workers made their lives very difficult. The participants shared that they would be unnecessarily punished by the child and youth care workers. Additionally, participants stated that they felt like there was no equal treatment of children by the child and youth care workers. Consequently, the children experienced unequal treatment in terms of discipline. This inequity was perceived as unfair, as those who were favoured by workers received lenient forms of discipline, while those who were not favoured faced more stringent measures. Additionally, the participants stated that those who were less favoured by workers were prone to being punished for small mistakes.

The child and youth care workers' ill-treatment of children and young people within the residential care facility is in violation of ethical child and youth care practice. The Children's Act 38 of 2005 was adopted to mitigate against child maltreatment within residential care facilities and to promote the best interests of the child (Malatji & Dube, 2017). Good child and youth care practice seeks to enable the healing of children from their past traumatic experiences and ensures that the residential care facility is warm, welcoming, enables socialisation and provides a therapeutic space for all the young people within it (Mhizha, 2020). Additionally, good child and youth care practices always seek to ensure the holistic growth of young people through identification and nurturing of their strengths (Teodurczuk *et al.*, 2019). Montserrat *et al.* (2021) found in their



study that regardless of residential care being a place where children are being helped and cared for, some of the children continued to experience hostile attitudes from staff members. Child and youth care workers were described as 'being rude, shouting a lot and punishing the young people for little things'. Studies conducted by Delgate *et al.* (2017) and Delgate *et al.* (2019) stated that some of the adolescents placed in residential care facilities did not feel safe, listened to, or loved by the staff members (Mukushi *et al.*, 2019). Some child and youth care workers may act in a way that encourages children's hostility and leads to violence, or they may act passively and withdraw (Slaatoo *et al.*, 2022).

The child and youth care workers' punitive behaviours towards children resulted in the children failing to develop a sense of reliance on adults when faced with stressful events (Cote & Clement, 2020). Mhizha & Nhezi (2023), and Warf *et al.* (2020) stated that the job of a child and youth care worker is to guide children and young people through their daily routines as well as to carry out their own day-to-day services; they focus mainly on the children's needs and successes. It is also the child and youth care worker's role to assist children to effectively deal with issues of identity such as gender identity, sexual identity and adoptive identity, and not to judge (Warf *et al.*, 2020).

Child and youth care workers must always maintain a supportive stance and establish ample opportunities for children and young people to meet their needs (Warf *et al.*, 2020). However, lack of support and less recognition of the child and youth care worker's role within the sector results in diminished dedication to meeting the needs of children and young people. Abraham *et al.* (2022) opined that child and youth care workers are working long demanding hours which are tiring and emotionally draining. They spend some days away from their families and this might result in them taking out their frustration on the children in their care. In cases of incidents occurring sometimes the care workers had to spend sleepless nights attending to these and were expected to continue with their normal shift the next morning, which is filled with the emotional load of caring for the children and administrative demands (Abraham *et al.*, 2022). Future studies must pay attention to this aspect of the role.

The following excerpts include concerns about the negative experiences of support and care from social workers. The participants shared the following:

To be honest we only get the attention from the social worker when we have done something wrong. When things are going right the social worker does not even check on how we are doing (Child L).

No emotional support is being given by the social workers; they only call you to the office when you do something wrong, and it feels like we are not being noticed by the social workers when we behave well, only when we behave bad that they take notice (Child P).



I cannot say much about support I receive from social workers because I usually don't go there to the office because they are always busy, and they always have excuses (Child E).

I don't feel supported by the social workers because there was a time where I wanted to change my school because it's a prevocational school, but the social worker refused (Child C).

The participants who had negative experiences of care and support from social workers shared that they did not receive any attention from the social workers at the residential care facility. Almost half of the participants stated that they were afforded attention by the social workers only when they did something wrong. One participant stated that she never received any emotional support from the social worker. Five of the participants shared that they felt like the social workers had a lot of work to do, as they would sometimes be told to come back some other time when they needed to see them. The unavailability of social workers resulted in participants not consulting them.

Social service providers play an important role in the lives of the children in residential care facilities; the children's perceptions of the care they receive are significantly influenced by how social workers engage with them (Slaatto *et al.*, 2022). Due to challenges faced by social workers at residential care facilities, they frequently fail to complete tasks, which includes meeting deadlines for court and casework, not managing caseloads properly, and failing to see cases through to their conclusion (Strydom *et al.*, 2017). Nurcombe-Thorne *et al.* (2018) stated that the turnover of social workers was also a hindrance with respect to children building relationships with the social workers. Children whose past is characterised by abandonment exhibit insecure attachment to elders (Baxter, 2001; Doubell, 2014), such that social workers in residential care facilities must provide therapeutic services, including psychosocial, psychological and emotional support (Nurcombe-Thorne *et al.*, 2018).

Social workers should always maintain effective communication with young people (Koprowska, 2020; Montgomery, 2023; Reith-Hall, 2020). Moreover, social workers must ensure that the voices of young people are taken into consideration and that they are part of decision-making about their own lives (Johannisen *et al.*, 2021).

Not all the participants had negative experiences of care and support from social workers. When participants were asked about their experiences of care and support, those who had positive experiences shared their views as follows:

To be honest the social workers are always so encouraging, and they give good advice. Whenever I need them, they always make time for us, and they are always available to give us emotional support (Child Y).



The social workers in this home are so supportive to me, they give me emotional support and they encourage me to do good at school so that I can be a better person in future (Child T).

I feel supported by the social workers because there was a time where I was abused by another child within this home and the matter ended up in the social workers' office and I was happy about how they handled it (Child W).

The social worker assisted me to find my mother, I knew where she stays and told the social worker. She assisted me to find her, and I have recently found out that I have three sisters younger than me (Child I).

Some participants indicated that social workers were very efficient in responding to their emotional needs. One participant shared that his social worker had played a tremendous role in helping him find his mother, and he got the chance to meet his three sisters, whom he never knew existed before. Six participants who felt supported by their social worker explained that the social worker kept contact with them, updated them about their case improvement and assisted them in maintaining contact with their families. One participant shared that she was a victim of bullying at the residence, but the social worker supported her, and the matter was resolved amicably.

Other researchers have reported that children placed in residential care facilities expressed their happiness about the positive relationships that they had with social workers, which helped them feel at home (Johannisen et al., 2019). Kam (2020) and Tanner (2019) posited that the children who received help from social workers appreciated that they were friendly, sympathetic, courteous, good listeners and displayed compassion and understanding. The children within residential care facilities alluded to the fact that the social workers played a crucial role in advocating for their voices to be taken seriously when decisions were being made (Johannisen *et al.*, 2021).

## **Subtheme 2: Mixed experiences of peer support within the residential care facility**

The following excerpts show evidence of participants' experiences of peer support within the residential care centre.

Not all of my peers in this home are supportive, but some of them are supportive (Child O).

The people in this home pretend to be your friends only when you have something nice from your family. After your goodies [are] finished, they start to gossip about you (Child Y).





I prefer my outside friends than the other children in this home because my outside friends support me; they are not like the other children in this home (Child P).

Participants shared different experiences of support from their peers at the residential care facility; some showed them support, while others did not. Four participants stated that some children pretended to be their friends only when they wanted to benefit from something, including the goodies their family would bring for them. Two participants stressed that they preferred friends from outside of the residential setting as they gave them genuine support, they did not gossip about them, and they did not ostracise them for living in a residential care facility.

The young people in the residential care facility enjoyed the company of their outside peers more than that of their peers within the facility (Montserrat *et al.*, 2021). Malatji and Dube (2017) concurred that children in residential care facilities wanted to interact with people from outside because they felt lonely within the facility.

Those who had positive experiences of peer support within the residential care facility shared their views in the following excerpts:

I do receive support from my peers within this home, such as advice; maybe I need advice on schoolwork or maybe I got a girlfriend somewhere (Child C).

As peers, we do support each other in this home; we treat each other as brothers and sisters. We can talk about things that trouble us and give advice to each other (Child T).

Most of the participants in the residential care facility stated that they received support from their peers. One participant emphasised that her peers had assisted her with schoolwork and other age-related matters, such as giving advice with regards to girlfriends. Another participant shared that within the residential care setting, they treated each other as siblings, meaning they were free to share things that were troubling them and relied on each other for support and advice. Almost the entire sample also expressed that the residential care setting felt like a family-like milieu to them, as they had peers whom they treated as their biological brothers and sisters. This could have been influenced by the child and youth care workers who work tirelessly to make the residential care setting feel like a family-like environment for the children placed within it.

Montserrat *et al.* (2021) found that young people expressed happiness about their relationships with other children within and outside of the residential care facility. According to Witnish (2017), supportive peer relationships within the residential care facility play a key role in assisting children in forming relationships with other people in the outside world when they leave the facility,



as this provides them with opportunities to learn social skills. Most of the young people preferred peer relationships when needing support (Goodwin-Smith, 2017).

### **Subtheme 3: Varied support from family while in the residential care facility**

When the children were asked about their views on the support they received from their families while in the residential care facility, they shared positive and negative experiences. The following excerpts reflect some participants' sentiments:

My family is so supportive; they do come and visit me during weekends and bring me nice things; also, during school holidays, I go to visit them, and they buy me new clothes and other stuff that I need (Child Y).

My family supports me; they call me to check how I am doing, and I also call them. Sometimes they come to visit me and during school holidays I also go to visit them (Child L).

A few of the participants shared that they received much-needed support from their families. Some participants stated that they received support and visits from their families, and they also had a chance to visit their families during school breaks. Some participants received phone calls from their families to check how they were doing within the facility. Montserrat *et al.* (2021) argued that children placed in residential care facilities are overjoyed when contact with their real families is made; and would appreciate this being a regular occurrence. Other researchers reported that the adolescents in residential care facilities stated that relatives were one of their major support sources whilst in residential care (van Breda & Hlungwani, 2019).

Children who encountered unsatisfactory support from their families whilst in the residential care facility reported the diminished connection experienced with their families. These participants' views are expressed in the following excerpts:

I don't receive any support from my family; ever since I came [to] this place, no one is checking on me and my mom don't even call to check how I'm doing in this place (Child T).

To be honest, I've lost the connection with my family; they don't call me, and I don't call them too. Even during school holidays, I don't go to visit them, and they don't come to check on me (Child O).

Some participants expected their families to be supportive of them while they were in the residential care facility, but instead were met with rejection. One participant shared that ever since she was admitted to the residential care facility, no one from her family contacted her or checked how she was doing within the facility. Another participant stated that she did not visit her family



even during school holidays and they never visited her at the residential care facility either.

According to Montserrat *et al.* (2021) children have a family visiting agreement with their families that is authorised by the protection team; however, if the visit subjects the child to any form of danger, the agreement can be restricted. However, most children in residential care 'expressed their concern for their families who may have rejected them' (Haffejee & Levine, 2020). In some cases, it is the child's preference not to have any contact with their family members (Montserrat *et al.*, 2021). For some of the looked-after children, being separated from their families was the worst experience ever (Montserrat *et al.*, 2021). Thus, residential care facilities should emphasise the necessity for looked-after children to establish and sustain connections with their biological families (Miranda & Unanue, 2019).

## Conclusion and limitations

This paper highlighted the daily life experiences of adolescents in a residential care facility, in eThekwini, KwaZulu-Natal, South Africa. The study revealed positive experiences of care together with dissatisfactions with regards to the care provided at their facility. The adolescents' satisfactions were closely linked to the residential care facility's ability to successfully meet their fundamental needs, including providing shelter, food and basic education. The findings also revealed that some of the adolescents were not satisfied with being in the residential care facility, which stemmed from the rules therein which led them to experience the residential care setting as punitive. Some of the adolescents' dissatisfaction stemmed from ill treatment by staff members, including unnecessary punishment and unequal treatment of the children in their care. The study findings will assist policy makers and management in the Department of Social Development in reviewing the effectiveness of the residential care facility framework and policy and making amendments where needed for children to have better experiences of living in a residential care facility.

Although this study offers important findings it does have a few limitations. This study focussed on one residential care facility. Although data was collected to saturation, research with similar groups in other residential care facilities will be beneficial. Studies in different residential care facilities with a similar sample group will provide greater support for the shared experience of residential care life for adolescents in the eThekwini region. Examining samples from different organisations in the eThekwini region would also have allowed for the exploration of different perceptions of residential care life in the region.



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