



UNCHARTED THRESHOLDS FOR A FLEDGED CHILD AND YOUTH CARE PROFESSION

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Article abstract

In the child and youth care sector, protecting vulnerable children is a key priority, one that requires a skilled workforce capable of meeting diverse and complex needs. Starting with an acknowledgement of the field's struggle for identity, this article briefly recounts highlights of our journey to achieving recognition as a profession, with an emphasis on the South African context. The profession's early phase is described along with the key developments that have shaped the scope of practice, leading to a discussion of current matters that have the potential to transform the field, and ideas regarding priorities that may need to be considered for a longer-term agenda. Reflections on a journey that builds on lessons from South Africa as they connect to a wider global context are shared. The initiatives shared within this journey reflect a resilient sector that has contributed to the creation of employment opportunities for child carers. They also provide some milestones for the formalising of a sector that requires regulation because of the vulnerable population it serves. From the emerging priorities, pointers for the next steps in the profession's journey are offered.

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Rika Swanzen

Abstract: In the child and youth care sector, protecting vulnerable children is a key priority, one that requires a skilled workforce capable of meeting diverse and complex needs. Starting with an acknowledgement of the field's struggle for identity, this article briefly recounts highlights of our journey to achieving recognition as a profession, with an emphasis on the South African context. The profession's early phase is described along with the key developments that have shaped the scope of practice, leading to a discussion of current matters that have the potential to transform the field, and ideas regarding priorities that may need to be considered for a longer-term agenda. Reflections on a journey that builds on lessons from South Africa as they connect to a wider global context are shared. The initiatives shared within this journey reflect a resilient sector that has contributed to the creation of employment opportunities for child carers. They also provide some milestones for the formalising of a sector that requires regulation because of the vulnerable population it serves. From the emerging priorities, pointers for the next steps in the profession's journey are offered.

Keywords: professionalisation, scope of practice, minimum standards of care, future directions

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In the early days of child protection services, caregivers of vulnerable children were not highly regarded despite the critical support they provided. Over the past four decades, however, reciprocal influence and mutual support among key players in child and youth care (CYC) converged internationally. These key intersecting points will be highlighted in this article, which concentrates on initiatives within the development of CYC towards professional regulation in South Africa, but touches on defining moments from other places as well, especially Canada and the United States. The profession in France and Germany converged briefly with the course of development in the United States in 1952, when the School of Social Work at New York University developed and delivered a curriculum for *éducateur spécialisé* for those two countries, where the new training became a requirement (Stuart, 2013). The profession was growing in Norway and Denmark as well, but in North America, the early practitioners — despite their progressive approaches — did not have the same success in growing the profession; only 20 years later were they ready to take steps to professionalise and to create post-secondary training (Stuart, 2013). The endeavours of the *éducateur* or social pedagogue¹ are integrated with CYC internationally through the work of the International Federation of Educative Communities (FICE). In Israel, CYC workers are referred to as *Kidum Noar BeSicun*, a phrase alluding to the promotion of youth at risk; they are otherwise known as Educational-Therapeutic Workers with Youth at Risk (Yakhnich, 2022). It must be acknowledged, however, that international acceptance of CYC as an academic discipline is not yet universal.

Carol Stuart (2013) confirmed that attempts to define CYC practice have been ongoing since the 1970s and that these debates about what we do form part of our evolution — a struggle for identity that is not unique to this profession. In South Africa, the profession's early start in residential care was precarious (Jamieson, 2013). Residential care is described as a physical setting in which children and young people are offered care, involving physical nurturing, social learning opportunities, the promotion of health and well-being, and specialised behaviour training (Smith et al., 2013). Freeman (2013) confirmed that it is “within these orphanages, industrial and training schools, residential schools, and community-based recreational services that child and youth care was born in North America” (p. 101). Anglin (2019) stated that societal forces and ideologies opposing residential care gained traction in the 1960s and 1970s, and that the Stockholm Declaration on Children and Residential Care of 2003 confirmed the need for a comprehensive and rigorous review of recent residential practice and research.

¹ The term “social pedagogy” refers to “a practice used for addressing issues with clients through social interaction and education” (Fox & Thiessen, 2019, p. 2). Degree courses in social pedagogy are offered by many institutions in Europe and the United States.

However, Anglin (2019) also noted that sources like *Therapeutic Residential Care for Children and Youth*, edited by Whittaker, Del Valle, and Holmes and published in 2014,

share an informed conviction that there is such a phenomenon as good residential care and that many young people need and deserve good residential care, not as a last resort but as a preferred and positive choice when their developmental challenges indicate the need. (p. 31)

One concern was that constructing residential care as a problem intensified its challenges and led to detrimental patterns in staffing; for instance, in Canada, the United States, and Australia, anyone could once legally work in a group care facility regardless of qualifications (Gharabaghi, 2012). Lack of attention to who is qualified to work with young people in such a difficult context was bound to lead to a mismatch between the needs of the young people and the capacity of the caregivers to meet those needs, a problem exacerbated by a misguided reliance on deficit-based treatments implemented under the guise of “behaviour modification” or “corrective experiences” (Gharabaghi, 2012).

Given the significant amount of progress within CYC over the past two decades, it is critical to know what successes have already been achieved when formulating plans for the future. I will therefore start with some relevant history on the profession’s development in order to demonstrate that a process of professionalisation and delineation of the scope of practice has taken place. I end with a reflection on what challenges remain, and considerations for future directions.

Primary Developments in Child and Youth Care

In South Africa, a major policy change that sparked the transformation of the social services professions, and marked the dawn of developmental social welfare, was contained in the White Paper for Social Welfare (Republic of South Africa, 1997), which expanded the occupational categories to be regulated by the South African Council of Social Service Professions (SACSSP) to social workers, child and youth care workers (CYCWs), and community development workers (Gray & Lombard, 2022). Merle Allsopp (2015), as the director of the National Association of Child Care Workers (NACCW), provided some key highlights on the process of development of CYC in South Africa, framing her reflection as three beginnings: (a) the formation of the NACCW in 1975, (b) South Africa becoming a democratic state in 1994, and (c) the new Children’s Amendment Act of 2007 (South African Government, 2007), skills development, the Isibindi model² (NACCW, 2014), and professional regulation. Especially prior to the early 1990s, the NACCW utilised their conferences to establish resolutions that shaped the CYC sector (Allsopp, 2015). While the influence on policies was initially slow, the integration with the global network

² Developed by NACCW as a community-based care and protection intervention option for children, Isibindi projects are implemented by local organisations and communities.

of FICE from 1992 and the start of advocacy to professionalise CYC marked a turn in the sector (Allsopp, 2015).

In 1996, significant changes to the child protection system in South Africa were recommended by the Inter-Ministerial Committee on Young People At Risk (IMC; 1996). At the time, beyond the longstanding concern regarding the detention of young people without trial, recognised difficulties in child protection services included: a lack of residential care facilities for Black South African children, poor salaries for CYCWs, a lack of adequately trained managers and staff in many centres, inadequate subsidisation of non-governmental facilities, and the high ratio of children to staff (IMC, 1996). The core of the recommendations focused on a “continuum of care for children and youth”, ranging from meeting children’s developmental needs using the least restrictive options (from adoption to foster care, shelters, and group care) to meeting their therapeutic needs with the most restrictive options (secure care and youth correctional services; IMC, 1996).

The requirement to reduce the unsustainable weight on statutory and individual services led to increased funding for more preventative and early intervention services (IMC, 1996). This significant change brought to light the potential of using CYCWs for effective service delivery to children and families at an early intervention stage, and training was deployed for CYCWs in both residential and non-residential programmes (Allsopp, 2015). Work on developing children’s rights-compliant norms and standards for care institutions³ resulted in extensive amendments to the regulations of the *Child Care Act* around 1999 (Allsopp, 2015). From there the focus shifted to finding more local solutions, such as the beginnings of the community-based Isibindi programme and the drive for professional regulation, although it would take another decade for the Department of Social Development’s new legislation to be finalised and passed by parliament (Allsopp, 2015). In keeping with the emphasis on developmental welfare, CYC work expanded beyond residential care into the community towards the provision of prevention and early intervention services for children; however, the lack of sufficient funding for the substantive changes required to meet developmental objectives in South Africa limited the ability of the social service professions to achieve transformative results (Gray & Lombard, 2022).

The rise of organised welfare in pockets within the United States in the 1990s showed that as the use of “residential care and treatment programs spread, more professionals began to understand it as a unique ‘holistic method that with the proper skill and adequate knowledge of human development could be used to teach, treat, and nurture troubled children’ (Krueger, 1991, p. 77)” (Freeman, 2013, p. 102). In 2016 there was a gathering of the International Work Group for Therapeutic Residential Care to discuss policy initiatives and research scrutinising the declining confidence in group care interventions (Whittaker et al., 2016). Strathclyde University’s hosting of the Centre of Excellence for Looked After Children (CELCIS), and the modifications made in

³ South Africa ratified the Convention on the Rights of the Child on June 16, 1995.
https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRC

2015 to Spanish law regulating special residential childcare, provided a context for enhancing the quality of alternative care (Whittaker et al., 2016). Unlike “congregate” care⁴, which carries negative connotations, therapeutic residential care (TRC) involves community-based formal and informal helping resources with varying treatment approaches that offer services that support and protect young people according to their identified needs, with cognisance of their family context (Whittaker et al., 2016). Whittaker et al. (2016) set out five principles to illustrate the considerations that should form the foundation of TRC: (a) doing no harm (safety first), (b) partnering with families, (c) insuring that care is ecologically integrated, (d) fostering experiential learning in the context of deeply personal relationships, and (e) identifying effective, replicable, and scalable models for practice. Such principles, which could form the core of the design of all TRC programmes, owe much to the substantial contribution made by the National Wraparound Initiative⁵ developed in the United States.

Considering the extensive transitional needs and obstacles young people in care encounter in their transition into adulthood (van Breda et al., 2012), the research driven by Adrian van Breda deserves mention. Through a review of 40 studies, van Breda (2018) identified facilitators of improved transitional outcomes; on that basis, it was urged that South Africa develop a policy to ensure that social welfare support services would be extended beyond the age of 18. Regarding aging out of care, van Breda found that similar concerns affected young people not in employment, education, or training (NEET); and through his work with Lisa Dickens, he discovered that despite the various resilience processes employed by care-leavers they do not meet all the threshold criteria for each indicator of health, well-being, relationships, and security (van Breda, 2018). The resilience processes captured by van Breda show significant correlation with the theoretical core of CYC.

In 2012, the Child and Youth Care Educational Accreditation Board of Canada was formed to establish quality standards in order to promote recognition of CYC as a profession by licensing bodies, employers, and the public; in Canada, there are now a variety of recognised diploma and degree options available that include practicum experience (Freeman, 2013). The United States has fewer higher education programmes for CYC, resulting in many entry level practitioners entering the field with degrees in sociology or psychology (Freeman, 2013). Similarly, in Israel, CYC practitioners have had difficulty gaining recognition from the professional community, as they enter the field through the disciplines of education, social work, or criminology, albeit with specialisation in CYC (Yakhnich, 2022).

⁴ “A strategy consulting group within the Casey Foundation has worked with public systems to reduce their use of institutional placements (called ‘congregate care’) for children and youth in child welfare systems.” See “Rightsizing congregate care: A powerful first step in transforming child welfare systems” by the Casey Foundation at <https://www.aecf.org/resources/rightsizing-congregate-care>.

⁵ “Wraparound is a method of engaging with children and youth with the highest levels of mental health needs, and their families, so that they can live in their homes and communities and realize their dreams.” See <https://nwi.pdx.edu/>

Scope of Practice for Child and Youth Care

A collegial and reciprocal process of international networking in CYC ensured that the profession could be shaped by various associations and training institutions towards an agreed-upon scope of practice. For registration of professional level CYCWs to move forward in the present day, an understanding of this agreed knowledge base is important.

Jim Anglin’s keynote at the 20th NACCCW Biennial Conference in 2015 indicated six defining elements in the profession that set it apart from others (Anglin, 2017, p. 10):

1. Child and youth care is primarily focused on the growth and development of children and youth ... [according to their] best interest.... Families and communities are ... [the] contexts for the development and care of children. While other professions may be focused on the family or community as units in themselves, we are focused on making sure the families and communities are functioning in a healthy way for the child.
2. We are concerned with the totality of the life of the children and youth with whom we work.... The focus of this profession is on a certain portion of the life cycle.
3. We have a focus on social competence, and on developing strengths. No matter what problems they [young people] were experiencing, no matter how desperate their situation, there was always a belief and trust in the capacity of the child rather than a pathology-based orientation.
4. We remain grounded in the realities of the child in their everyday life space. The notion of “working in the life space” is ... a defining characteristic of child and youth care work. Other professions work on an interview or assessment basis, often in a single setting such as a clinic, school or a hospital. [The] child and youth care worker can be found virtually anywhere a child may be found, and being in their life space includes the internal world as well as the external world.
5. We are concerned with developmental and therapeutic relationships. If there is one [constant] word that one finds in the CYC literature ... it is relationship. ... [The therapeutic and relational way of working] challenges us to be our whole selves in relation to the whole self of the child. That places quite demanding pressures on us in order to set appropriate boundaries.
6. We are actually committing to a lifelong moral and spiritual journey.... We are empowered by the pain and suffering of the people with whom we work, [which] necessitates the spiritual or moral orientation; it’s not just a tactical operation that we are involved in.

“Working in the life space” involves entering into the daily life events of the child or youth. When workers are not oriented to a practice based on infrequent office visits, they can offer in-

the-moment and relational interventions that can be used in a caring way for therapeutic benefit (Fulcher & Garfat, 2015). This can also entail hanging out (i.e., being present in youths' daily lives) and hanging in (i.e., staying with them when the going gets tough; Smith et al., 2013). Acknowledging this space where CYC offers unique contributions is key to differentiating this work from the other social service professions. While the concept of life space is becoming more widely recognised as this differentiated space of practice, involvement in work with families may still be a more contentious matter. In Fulcher and Garfat's (2015) opinion, a CYCW's position in the daily life of the child allows them to intervene proactively and immediately within the family. It remains to be seen how practitioners will continue to navigate this space that has until recently been regarded as the exclusive domain of social workers.

International attempts to address educational outcomes consistent with the emerging agreement about what CYC practice entails have been mutually reinforcing to some degree. With regard to Canada, Stuart (2013) provided the following definition of CYC practice, which originated with the International CYC Education Consortium, was adopted by the Association of CYC Practice (ACYCP), and then was amended by the Council of Canadian Child and Youth Care Associations:

Child and youth care practitioners work with children, youth and families with complex needs. They can be found in a variety of settings such as group homes and residential treatment centres, hospitals and community mental health clinics, community-based outreach and school-based programs, parent education and family support programs, as well as in private practice and juvenile justice programs. Child and youth care workers specialize in the development and implementation of therapeutic programs and planned environments and the utilization of daily life events to facilitate change. At the core of all effective child and youth care practice is a focus on the therapeutic relationship; the application of theory and research about human growth and development to promote the optimal physical, psycho-social, spiritual, cognitive, and emotional development of young people towards a healthy and productive adulthood; and a focus on strengths and assets rather than pathology. (p. 6).

A study aiming to determine how CYC students understand and engage in life-space practice, worked from the premise that "Praxis, relational ontology, and life-space are three core threshold concepts⁶ that underpin students' abilities to understand the nuance relational-centered child and youth care" (Amero et al., 2024, p. 191). Expanding on Kurt Lewis's term for 'behaviour as a function of the total physical and social situation', Fritz Redl coined the 'life-space interview' (LSI) as a way for practitioners to make use of 'daily in-the-moment interactions' (Amero et al.,

⁶ " 'Threshold concepts' are pedagogical constructs that underpin an academic discipline and are instrumental in helping students to construct new and previously inaccessible ways of thinking about their learning experiences" (Amero et al., 2024, p. 191).

2024). Dimensions of LSI subsequently conceptualised by Gharabaghi and Stuart (2013 in Amero et al., 2024) included the physical, mental, relational and virtual dimensions of the young person's environment, with Steckly (2013 in Amero et al., 2024) adding the fifth dimension of social networking that also includes the spiritual world. A theme from this study focusing on what is seen as an obstacle to life-space practice, bureaucratic structures were named – acknowledging that while regulations can provide safety, rigid procedures can inhibit the building of relationships (Amero et al., 2024).

Key Initiatives to Shape Skill Development

To ensure that quality assurance in the CYC profession received immediate attention in South Africa, a set of minimum standards for the South African CYC system was recommended for urgent adoption (IMC, 1996). Implementing these naturally became part of the responsibilities of CYCWs. While showing strong similarity to the original minimum standards provided by the IMC in 1996, the later adopted standards for CYC facilities and secure care centres now required proper processes to be in place for everything from admission to disengagement; these included safety and emergency measures; reporting of incidents; transitions planning; privacy and confidentiality; access to health and legal services; behaviour management; and reviewing of care plans, education, and the developmental milieu (South African Government, 2010).

Given the paucity of relevant formal and academic publications in South Africa at the start of the professionalisation process, the NACCW, through Pretext Publishing in Cape Town, printed two volumes of key readings to be used in the initial training courses offered by the association (NACCW, 1999). Although these volumes are no longer in print, they retain some value as sources that are probably still shaping non-graduate training in operationalisation of the required skill areas. Some of the titles of these readings, which were written by pioneers in the field and used by students and practitioners, demonstrate how the profession started shaping its practice: Behaviour Management; Restructuring Children's Programs; The Dilemma of True Discipline for Direct Care Workers with Children; Understanding the Dynamics of Aggression and Counter-Aggression in Students and Staff; Children and Youth's Growth and Development in Group Care; Essential Components in Care and Treatment Environments for Children; Influence Techniques, a Competence-Centered Ecological Perspective; What Motivates Misbehaviour; The Multi-Disciplinary Team in the Institution; Sexual Abuse and Street Children; The Bereaved Family, Parents as Partners; Modelling; Multiculturalism in CYC Programmes; Children Orphaned by AIDS; Assessment Centres Towards a More Child-Friendly Justice System; Rites of Passage; Symptomatology and Management of School Refusal; Preparation for Life Outside the Institution; Communication Problems of Deprived Children; Activity Groups for Children; and Work With Children and Youth At Risk in Townships (NACCW, 1999).

Initiatives from other countries to describe the profession's scope in print also shaped the curriculum and practice of CYCWs. An early acknowledged work, published in 1969, that still captures the imagination of new practitioners is *The Other 23 Hours: Child Care Work With*

Emotionally Disturbed Children in a Therapeutic Milieu by Trieschman, Whittaker, and Brendtro (Stuart, 2013). This title refers to the work done outside of the counselling hour and, as indicated by Anglin (2019), the “other 23 hours” has been one of the most influential concepts in defining the essence of the CYC role. Anglin noted that it also reflects our tendency, still prominent today, to define CYC as “‘other’, and in terms of what we are not” (p. 28). Similarly influential were the seven components of the “Core of Care” by Henry Maier (1977), a work later revised by James Freeman (2019) in a special edition of *Relational Child and Youth Care* to help readers recognise the enduring relevance of these concepts.

Other sources have been created that demonstrate the interrelated and international development of the theoretical and practice space of CYC. First, three volumes of *Practice Hints*, compiled by CYC-Net (2014) and Kibble⁷, distributed through Pretext⁸, provide reflections on practice to guide interventions, including the identifying of needs, relationship-building, and making daily moments meaningful. The second source comprises projects aimed at providing evidence from practice as a tool for graduate teaching. In one such project, conducted by various Ontario colleges and universities, interviews were recorded with 33 CYC practitioners (Snell, 2013). The resulting resource consists of a folder, with guidance on how to use the content for assignments. Third, Fulcher’s (2003) “Images” project, which also provided recorded encounters, interactively tested the student or practitioners’ listening and observation skills. This online tool formed part of the modules facilitated through *The Learning Zone Network*, on which training institutions could register their students. Fulcher (2005) also facilitated the creation of a CD-ROM with a host of characters that allowed students to interactively explore themes around 40 developmental assets; this was distributed through Kibble Education & Care Centre and Training Connections. Further development in this area resulted in Fulcher and Garfat’s (2012) *Outcomes That Matter*, an innovative web-based solution CYCWs can use to make real-time, confidential, recordings and measurements of observations and commentary specific to an individual child or young person. Fulcher and Garfat have placed the emphasis on the co-created relationship and meaning-making between the practitioner and the child or young person, organised around Brendtro and colleagues’ (1990) Circle of Courage set of developmental needs: belonging, mastery, independence, and generosity.

Apart from resources that were made available through engaged conferences, a number of specialised training programmes for master trainers were also developed, leading to further capacity building of the CYC workforce. These included, for example, Deep Brain Learning⁹,

⁷ Kibble is a charity in Scotland that works to care for and protect vulnerable young people, with a focus on skills and training. <https://www.kibble.org/about-kibble/our-history/>

⁸ Pretext Publishing was started in 1994 in South Africa. In 1996, CYC-Net was established. They have now become one group. <https://www.press.cyc-net.org/aboutus.aspx>

⁹ Brendtro, L., Mitchell, M., & McCall, H. (2009). *Deep brain learning: Pathways to potential with challenging youth*. Starr Commonwealth.

Response Ability Pathways¹⁰, Therapeutic Use of Daily Life Events¹¹, and 25 Characteristics of Relational CYC¹². The 25 Characteristics of Relational CYC programme has become a recognised theoretical framework that underpins current CYC practice (Garfat et al., 2018) and it has been expanded into a training programme with practical tools, distributed through *Training Grounds*.

Michael Burns has produced two books that are ideal resources for practical and field placement modules: *The Self in Child and Youth Care: A Celebration*, a resource for understanding the self, with the aim of guiding CYCWs to use their discovery of self to work from the heart (Burns, 2016a); and *Healing Spaces: Creating and Maintaining Therapeutic Environments for Children and Youth*, which guides the management of therapeutic milieus (physical, social, sensory–emotional, cultural, and ideological), including a manual with activities (Burns, 2016b). Furthermore, the monthly CYC-Online journal published through CYC-Net (n.d.) is an open-source online resource for practitioners that has been freely available since 1999. A platform has also been created through the same publisher for everyone working in CYC, especially students, to engage on topics and ask questions of experienced practitioners and academics¹³. From 2012 until 2022, Wolfgang Vachon (2012) facilitated the C2Y Podcast from Toronto as an extension of *Connect To Youth (C2Y)* — an organisation employing youth who have experienced the social service system in Ontario. Episodes, which are still available online, were released monthly and covered topics such as aging out of care and Indigenous practices.

During the time of professionalisation, the scope and variety of formal academic sources increased markedly, reflecting the expanding complexity of the profession. Such resources are increasingly more available to students and practitioners than was the case in preceding decades.

Requirements for Establishing a Profession

Although there is no universal formula, there are some distinguishing attributes that all professions possess — characteristics that are required for professional identity and status (Curry et al., 2012; Hoffmann, 1999; Kelly, 1990):

- Commitment to a higher calling or service, and an altruistic purpose
- Community sanction, or a clientele who recognise the authority and integrity of the profession
- Having a body of systematic theory incorporating specialised knowledge, with theoretical underpinnings and a defined set of minimum competencies

¹⁰ Brendtro, L., & du Toit, L. (2005). *Response ability pathways*. Pretext.

¹¹ Garfat, T., Fulcher, L., & Digney, J. (2012). *The therapeutic use of daily life events*. Pretext.

¹² Garfat, T., Freeman, J., Gharabaghi, K., & Fulcher, L. Characteristics of a relational child and youth care approach revisited. *CYC-Net*. <https://cyc-net.org/pdf/Characteristics of a Relational CYC Approach Revisited.pdf>

¹³ <https://cyc-net.org/network.html>

- Professional authority, generally accepted by society, to make professional judgements based on specialised knowledge
- Recognition by society of professional autonomy and self-regulation
- Adherence to an ethical code that regulates the profession
- Development of a professional culture, consisting of values to be adhered to, norms to act as guides to behaviour, and symbols
- Formal education consisting of rigorous and extensive training, primarily intellectual in nature
- Research activity
- A professional culture or association supporting a long-term commitment to the occupation

Officially, the professionalisation of CYC work came into effect in South Africa through the published regulations for registration in the amended Social Service Professions Act of 1978 (Government Gazette, 2014), but the regulations were only signed into effect in 2016, following a 30-year struggle. Nevertheless, only a fraction of the NACCW's 44,000 active members had registered with the SACSSP by 2020, though many were likely still in practice (Gray & Lombard, 2022). As part of the professionalisation of the workforce, the Professional Board for Child and Youth Care (PBCYC) developed regulations that included standards for education and training, and scopes of practice for CYCWs at each level (Jamieson, 2013). CYCWs are required to have a bachelor's degree, whereas auxiliary CYCWs are required to have a Further Education and Training Certificate (Jamieson, 2013). Jamieson (2013) noted:

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. (p. 4)

Registrations at the professional level increased from 15 in the 2015–2016 financial year to 159 in 2020–2021, while those at the auxiliary level increased from 4,534 to 7,964 during the same period (SACSSP, 2023, p. 84). While registrations did increase significantly during these 7 years, the number of registered practitioners at the professional level is still too low, considering that lecturers and supervisors must come from this pool as well.

The biggest practice concerns resulting from the large difference in registration numbers are the need for an adequate number of professional level CYCWs to supervise those at the auxiliary level, and the potential limitation of options for career progression for auxiliary level workers. These issues are exacerbated by the limited number of higher education institutions (HEIs) offering the professional level qualification. A technical report on the state of CYC in 2013 revealed that

South African universities offered only three CYC qualifications: Durban University of Technology (DUT) offered a three-year national diploma and a four-year Bachelor of Technology (BTech) in child and youth development; and Monash South Africa (MSA), a private HEI, offered a four-year degree (BA [Hons]). Technikon South Africa ran a pilot research MTech in the early 2000s but only one cadre was registered, while the University of Pretoria [UP] offered a doctorate degree (DLitt et Phil, similar to social work), but people struggled to find supervisors (Jamieson, 2013). The DUT qualifications started in 1999, and the MSA qualifications in 2010. The lack of CYC supervisors for a doctorate topic in CYC is understandable, considering that sufficient articulation from a master's programme in CYC (MCYC) towards relevant doctorate degrees has been insufficient to sustain momentum in the field.

By the time the CYC regulations were approved in 2015, it was required by section 16(1)(a) of the Social Service Professions Act that a bachelor's degree in CYC must be equivalent to a National Qualifications Framework level 8 qualification (honours bachelor's degree) registered with the South African Qualifications Authority (Government Gazette, 2014). This is similar to the requirement for social work degrees. MSA managed a successful transition to the professional degree, followed by the introduction of a Masters in CYC in 2019, as well as accommodating and graduating a working cohort from the Department of Social Development. The programme started to be phased out in 2021. At time of writing, DUT is the only institution offering the BCYC and MCYC degrees.

Perceiving the lack of degree programmes to be a professional crisis, the NACCW has called on the SACSSP to intervene to increase the rate of registrations (Gray & Lombard, 2022). In May 2021, in conjunction with the PBCYC, the SACSSP engaged key stakeholders in an online summit to discuss the challenges in the sector and agree on a course of action (Gray & Lombard, 2022). In November 2021 a follow-up CYC summit was held where the established task-teams provided feedback, and further resolutions were accepted by stakeholders. Through this process it was noted that the University of Johannesburg and the University of South Africa are exploring the possibility of offering professional level CYC qualifications. In June 2022, the fourth council started handover to the newly elected fifth SACSSP members, who now need to take the work forward to address the identified objectives and issues plaguing the profession.

Parallel to the movement in South Africa, the North American Certification Project (NACP) undertook a meta-analysis of existing competencies, and by 2008 had created the framework for a national certification process, with a shared knowledge base encompassing five domains: (1) professionalism, (2) cultural and human diversity, (3) applied human development, (4) relationship and communication, and (5) developmental practice methods (Curry et al., 2012). The process of reaching consensus on the five domains was explained as follows:

Discussions with leaders across the varied fields of CYW [child and youth worker] practice have led to the recognition that a common core of knowledge, skill, and value exists across practice settings. Most established professions have developed

from a common body of knowledge, skills, and values rather than the setting in which work is conducted, the age group of who receives services, or characteristics of the type of population served.... Recognizing the similarities of CYW practice across the varied fields while also valuing the diversity provides the opportunity to develop and sustain the CYW profession in unprecedented ways. With the addition of indirect practice (e.g., administration, supervision, training, research, and evaluation), the five domains provide a comprehensive taxonomy for organizing the knowledge base. (Curry et al., 2012, p. 7)

Despite this significant progress the sector has largely failed in its quest for regulation and governmental mandates, with the exceptions of South Africa and of a practice called *Erziehungshilfen* (upbringing assistance) in Germany, which is based on similar principles (Gharabaghi, 2021a, p. 12).

Remaining Challenges and Future Directions

Two current sources of reading in CYC that carry weight within the profession are the *Relational Child and Youth Care Practice* journal and *CYC Online: e-journal of the International Child and Youth Care Network*. In my informal review of these, a search for keywords like “new”, “future”, “develop”, “profession”, and “emerging” in issues from 2014 to 2022 yielded a sense of the themes the profession has been engaging with. The key opinions and insights that emerged are shared below as background for debates regarding future directions for CYC. It is not meant as an exhaustive list, but as a solid starting point for further discussions.

An Evolving Profession

Initiatives to shape the profession, which is considered one of the most difficult and emotionally exhausting careers in the human service sector, must take into account that CYCWs are impacted by the social, political, and cultural contexts of their employment spaces (Molepo & Delpont, 2015). Marshall (2016) agreed that, in order to clearly define our relationships with clients, there is a need for boundaries to be put in place. It is, however, important to remember what purpose these boundaries serve in our relationships and to question whether blanket policies — such as “no-touch” rules — are effective and, if so, for whom. If helping adults are reluctant to form relationships with their clients, no meaningful therapeutic change can occur (Marshall, 2016). To maintain the core of relational work in CYC, better defining of boundaries has started, but further guiding principles are needed.

Phelan (2014) believed that our field suffers from a lack of applied theory, “not because there is no useful theory available, but rather because it is too easy to ignore theoretical models because the appeal of using common sense is so strong” (p. 38). Phelan further reported having found, in a study done with Gharabaghi in 2011, that “there was lip-service paid to the CYC jargon that each agency claimed as the theory they used, but it did not actually ever get seriously applied” (p. 38). CYC graduates and new workers generally enter the field with a respect for theory that is often not

shared by more experienced practitioners, whose reliance on common sense could block new ways of thinking (Phelan, 2014). In other writings, Phelan has provided guidelines on how to prepare and supervise developing CYCWs.

To serve as starting points for reflection and dialogue, Paget (2016) provided the following set of analogies for professional issues in CYC: ice cubes (restrictive care settings), ocean waves (limited conceptualisations of youth behaviour and accountability), and monoculture agriculture and forestry (homogeneous settings and practices). Although these are useful reminders of issues that should remain central to our practice, the present context of fast-paced change demands greater complexity. Considering the amount of time young people devote to engaging with technology, the “cyber system” should be included as a life-space system; observing a young person’s interaction in the virtual world could allow the practitioner to review conflicts, evaluate cognitive skills, and understand individual aspirations (Diakite et al., 2022). Diakite et al. (2022) highlighted the benefits and challenges of linking technology to intervention with youth: among other benefits, electronic communication with clients increases response rates, is convenient, decreases no-show rates, can promote growth and facilitate change, and improves communication; however, being constantly connected through online tools can also produce a threatening sense of being watched.

According to Gharabaghi (2021b, pp. 44–47), on the macro level there are “at least three developments that are fundamentally changing how we live together as communities and societies in local, transnational and global contexts”:

- The first is the need to find stability in the face of public health hazards like the COVID-19 pandemic.
- The second is what Gharabaghi called “the decline of liberal democracy everywhere” and concern with “the intentional manipulation of physical and virtual realities and facts” (p. 46).
- For Gharabaghi, “The third development that dominates news cycles and yet seems completely irrelevant in terms of coordinated action is ... climate change.” Apart from the significant loss of life, natural disasters are “driving migration patterns, generating famines [and] wiping out the life spaces of Indigenous peoples ...” (p. 46).

CYC should not continue to practise as if public health and democracy are stable and as if biohazards and disasters are extreme exceptions (Gharabaghi, 2021b). Many other disciplines are taking up this call, as is evident through their conference themes and from the fact that the degree offered through MSA (which is now under the purview of The Independent Institute of Education) offered public health as a minor on a set course map. It will become increasingly important for CYC to put forward a coherent position regarding the response to natural disasters.

In many places, the need for integrated service delivery and holistic care, coupled with insufficient resources, brings the incorporation of health care more prominently into the scope of

CYC practice. A programme in New York that seems to have similar elements to the Isibindi project in South Africa is the Youth Advocate Programs (YAP). Youth advocates are recruited from the neighbourhoods served and work directly with children and families; they are responsible for implementing a family- and youth-directed, culturally competent, individualized service plan that includes a holistic approach that takes into account individual and family needs, strengths, and challenges, while ensuring interagency collaboration (Pointer & Petrilla, 2022). The results of surveys and focus group interviews with YAP workers show that the majority found they lacked sufficient knowledge regarding youths' health status and public health issues, but that their knowledge of the youths' families was beneficial for strengthening communication with health care providers (Pointer & Petrilla, 2022). Lack of collaboration with other professionals who did not recognise the role of YAP workers was one of the reasons for the insufficient knowledge of the youths' health status, which limited their ability to respond to the youths' needs (Pointer & Petrilla, 2022). However, this did not diminish the YAP workers' confidence in discussing health issues with youth, who mentioned mental health, nutrition, access to care, substance abuse, and sexual health as their most important health concerns (Pointer & Petrilla, 2022). In South Africa, an exploration of the role CYCWs play in the delivery of paediatric palliative care and public health is only in its early stages, but the need for integrated service delivery and holistic care, combined with insufficient resources, brings the incorporation of health care more prominently into the scope of practice.

In Canada, the history of the CYC profession and of children in care is enmeshed with Canada's historical wrongdoings against Indigenous peoples through its aggressive attempts to assimilate Indigenous children by means of the residential school system (Scarff, 2022), as well as the colonial violence and systemic racism that has been endemic to CYC practice (Mackenzie, 2020). To grapple with this history: "Child and youth care practitioners are encouraged to acknowledge culture as a prevailing factor in shaping behaviours, values and institutions, and to understand when the values of the dominant group are in conflict with those of diverse cultural groups" (Bloom, 2019, in Scarff, 2022, p. 83). Igbu and Baccus (2021) pointed out that the idea of making the relational approach the core of the CYC profession may need to be revisited, since "relationality as currently applied is dehistoricized and depoliticized" (p. 6). Using critical race theory and decolonisation as theoretical frameworks, these authors critiqued and advocated for an action-oriented relation-centered practice through the following considerations (Igbu & Baccus, 2021):

- *Contextualizing historical relational power.* Subjects engage in relational practices based on historical systems of power. Indigenous people, Black people, and people of colour (IBPoC) have been oppressed through numerous forms of White supremacy and through heterosexual patriarchy. The negative impacts on key aspects of their lives, such as sovereignty, spirituality, family connections, language, culture, and relationship to land, can also lead to intergenerational trauma.

- *Mapping Whiteness within CYC*. Naming Whiteness “is important because the CYC field originated as a ‘helping’ profession for individuals, families and communities that ... have been racialized and marginalized. ‘Help’ has often served as a way to control and seek compliance” (pp. 11–12). Many sectors where CYC work is done are dominated by white theories and values, particularly among those with policymaking authority whose decisions can affect the ongoing development of the field. This suggests that increasing accountability and representativeness must be emphasised in the active pursuit of decolonising the field.
- *The discourse on “helping”*. CYC practice concerns itself with the micro and meso systems of the ecological model, setting the exo and macro systems beyond its scope of practice. Under the resulting outlook, the family structure and communal lifespace may appear pathological or deficient. “The outcome is that current CYC relational practices are often contingent on ‘apolitical, uncritical and color-blind’ relationships (Loiselle, De Finney, Khanna & Corcoran, 2012, p. 186) that invalidate the complex identities and lives of youth” (p. 15). Instead, relationships and social structures that support the development of self-represented identities, shaped through critical, non-oppressive, dialogues, are needed to encourage “active survivance” (transcending mere survival to create possibilities for synthesis and renewal).

Jim Anglin (2019) offered reflections on *Child and Youth Care: Critical Perspectives on Pedagogy, Practice, and Policy*, a book edited by Pence and White, and published in 2011. Anglin summarised some prominent notions from the book: post-modern; essentialism; gender diversity; dominant versus critical discourses; social justice; neoliberalism; structural inequities; minoritization; and social inclusion. Consideration of these ideas invites an important question: “How would our relational practice transform if we operated from a new theory of humanness that does not intentionally exclude IBPoC, LGBTQ, differently abled bodies and ‘Othered’ individuals/groups?” (Igbu & Baccus, 2021, p. 18).

Agenda Setting

In order to set an agenda for the future, the CYC profession needs to determine its priorities in the context of global and local realities. Shaping the profession will involve a parallel process between education on the one hand and practice initiatives on the other. Modlin (2017) recognised that, for training to be effective, the content must be conveyed to staff in a way that enables them to transfer the training into practice, and that this is affected not only by the skill of the teacher and the personality of the student practitioner, but also by the latter’s readiness and openness to engage in the training. Modlin proposed that practitioners use Kegan’s constructive developmental theory to examine their personal and professional development by locating themselves within its system of developmental stages: the instrumental, the socialized, and the self-authoring. Modlin argued that many of the responsibilities of CYCWs are best handled by those at the self-authoring stage, and thus training must be “both competency-based and transformational” (p. 14). It has long been

acknowledged that a profession like CYC requires reflectivity of its practitioners, not only because of its effect on the care delivered, but also because of its ability to mitigate against vicarious trauma. We therefore have to challenge ourselves on whether self-reflection is sufficiently integrated into the practitioner's skillset.

Brendtro and Freado (2017) summarised what they regarded as the essential ingredients for effective staff development needed to enable the transforming of young lives:

1. *Shared Vision*. Effective organizations and staff teams have a unifying theme that focuses efforts on meeting the needs of those we serve.
2. *Strengths Lens*. Instead of preoccupation with deviance or deficit, the overriding goal is to identify and develop strengths in all children and families.
3. *Brain Wise*. Neuroscience is deepening our understanding of how positive relationships counter adversity and transform risk into resilience.
4. *Consilience*. The evidence base for positive development integrates values and practice wisdom with findings of the social and natural sciences.
5. *Evaluating Training*: The ultimate measure of effective staff development is that it strengthens enduring positive outcomes in the lives of those we serve.
6. *Universal Needs*: By meeting essential developmental needs, we prevent risk, build health, heal trauma, and enable all to grow and thrive. (p. 41)

Anglin (2019) agreed that, by including the concept of consilience, Brendtro and Freado highlighted the importance of bringing together the knowledge and insights of different disciplines, such as brain science and Indigenous traditions, into CYC practice. Howard Bach (2015) proposed that, in order to create an environment that fosters healing and resilience for relational trauma, it is necessary to address “the three pillars of traumawise care”: safety, connections, and coping. While the importance of addressing these in practice seems to be uncontested, it is not evident currently whether all CYC curriculums are including all of the above perspectives.

In my opinion, some of the current challenges the CYC sector faces result from the successes of the past decade. One instance of such progress is the requirement that lecturers in CYC courses in academic institutions have a master's qualification; this satisfies the rule of the South African Council for Higher Education that students be taught by someone with a higher qualification. Moreover, the Council successfully regulated the need for a 4-year professional degree, which is equivalent to the South African National Qualification Framework level 8 (honours degree level); however, it did not ensure that there would be sufficient master's level graduates with an interest in lecturing, to be in place. With the first CYC master's programme having been launched in 2018, and with initiatives to add a doctorate in CYC to the accreditation pipeline still in the early stages, most of those currently teaching in the field hold degrees from professions such as social work.

Graduates from a CYC programme need to register with the SACSSP to be accredited CYC practitioners, but some applicants have not obtained the expected approval — even some who are recognised contributors to the field. Accreditation can be achieved by presenting a portfolio of evidence to demonstrate engagement in CYC work; however, at present, this is partly structured in the form of a competency test, raising the question of whether the assessors have sufficient qualifications and experience to fairly evaluate the applicants. Without a timely response to applications for professional level registrations, the risk increases that those who have competency in CYC will move to other professions where employment options are not as limited.

Linked to the limited HEI offerings of CYC degrees is the limited number of bursaries available to prospective students. Wider adoption of the profession in higher education programmes is required globally if the sector is to remain viable. The recognition of CYC accreditation in school and health settings in South Africa is also not yet fully established, limiting their appeal as career pathways. Some advancement is evident in the literature on the role of CYC in fields such as disabilities and schools (Bristow, 2015; Eirikson, 2021; Gaitens, 2020), as well as involvement with refugees (Smith, 2021), but these roles are not generally clearly defined or included in all CYC curricula. As mentioned in the previous section, an unexplored area that could create further opportunities for CYCWs is paediatric palliative care; guidelines for its inclusion in the curriculum have already identified (Swanzen, 2022a). A setting where a role for CYCWs has been recognised is that of an intermediary in criminal courts. Research in this area is still limited, but the topic has been explored in the literature (Jonker & Swanzen, 2007) since the inclusion of CYCWs in South Africa’s Criminal Procedure Act 51 of 1977. Under section 170A (4) (a) of that Act, the list of persons competent to act as intermediaries includes: “Child care workers who have successfully completed a two-year course in child and youth care approved by the National Association of Child Care Workers and who have four years’ experience in child care” (Government Gazette, 1993, p. 2, para. D).

As Gharabaghi (2019) noted, for many CYCWs, “Career opportunities are inadequate, compensation is low, upward mobility difficult to operationalize, and respect amongst other professional groups is at best variable, but more often than not underwhelming” (p. 12). For instance, in the national standard of occupational classification used in the United States, tour guides, barbers, porters, ushers, letter carriers, auto workers, and janitors were all placed higher than CYCWs and were reported to earn better salaries with more fringe benefits (Linton & Forster, 2014). Noting that not all CYCWs are struggling, however, Gharabaghi proposed several shifts to help extend the experience of these fulfilled CYCWs to the rest of the profession:

- Let us not limit the description of our field to a few concepts and processes that come across as trivial and self-evident to the rest of the wor[l]d ...;
- Let us move beyond the now well-established parameters of interpersonal connections in child and youth care practice ...;

- [Let us no longer] rely on old and tired structures ... within which we provide some magical solutions to the many forms of oppression, marginalization, pathology, and disconnections suffered by the young people, and usually their families and their communities too. (pp. 13-15)

The challenge of appropriate recognition is also impacted, of course, by the level of professional regulation that has come to be applied in the sector, especially in the past decade. Improving the status of the profession will involve implementing accountable practice techniques backed by evidence-based assessment, similar to the use of psychometric testing to validate assessment within psychological practice. While diagnosis falls outside of the scope of social work and CYC practice, evidence-based measurements do exist for use in those fields. A discussion of econometrics falls outside of the scope of this article, but information on the topic can be found in a recent publication that followed a presentation at the 2021 NACCW conference (Swanzen, 2022b). Broadening the discussion around responsible and effective assessment and measurement is needed to enable social service professions to address the risk that professionally mandated, empirically testable, approaches will be neglected in favour of those that generate the particular statistics prescribed by government and other funders. To make progress in this area, clearer integration with theories accepted and practised in the field will be required.

Following the advocacy for increased involvement with professional associations, James Freeman (2013) explored development opportunities in CYC across practice settings with a panel of experts in the field. He specifically asked them about the status of the field at that time, and tensions within it regarding professionalization during the phase of growth that was then occurring. Following are some key quotes from panel members:

Professionalizing the field won't address all of the issues in child and youth care, but it would certainly help. Even if it's just by enhancing the credibility of practitioners, by sending a message that this is an important job and you have to have certain credentials to be allowed to do it. (Freeman, 2013, p. 106, quoting Dr. Heather Modlin)

If we don't move forward, the unacceptable compensation system for direct care practitioners will certainly remain in place as with the low status the field now has. I think we would want to continue a more open access into beginning the work than many other professions, but ultimately a person would need to participate in legitimate and nationally recognized training and education systems. (Freeman, 2013, p. 108, quoting Prof. Karen VanderVen)

As a field, we need to mentor new leaders and avoid becoming territorial. In general, more attention needs to be paid to what workers and communities are saying. Leadership development and a project-focused approach to engaging

workers and youth will be critical as the field advances. (Freeman, 2013, p. 109, quoting Dr Mark Kreuger)

While admitting that it has been “a fairly quiet debate”, Gharabaghi (2021a, p. 8) highlighted some reasons to consider renaming the profession — mainly, that not all practitioners and cultures can relate to the name “Child and Youth Care”, and that CYCWs also work with the adults in a child or youth’s family. He pointed out that most would agree that CYC is not only about children and youth, and “the characteristics of child and youth care suggest that there is far more to child and youth care than the name is able to convey” (p. 12); we may be holding on to CYC because of the hard work that went into getting it recognised as a professional discipline. In South Africa, with CYC embedded in legislation and policy, and in the very name of the board responsible for regulating the profession, a name change will be difficult to bring about.

Projecting to society what the CYC profession actually does has not been a simple matter. In 2010, the question of to what end the profession should expand was already being asked when Gharabaghi (2010) argued that, while we may feel pride in the fact that CYC professionals are working in areas such as autism, child protection, and youth justice, we should not necessarily “be getting into areas of work for which we are neither qualified nor mentally and emotionally ready” (para. 18). He also questioned the likelihood that “the same theories, concepts and practice principles and strategies are meaningful in the context of profoundly different worlds; ... I don’t think it is useful to try and do one thing through the perspectives of another” (para. 18).

From the points raised in previous sections on expanding CYC relational practice to take into account political influences on equity, one could ask how responsive the current CYC curriculum is to that consideration. Also, does it matter that degree programmes in different countries can have different focal areas? Including children to participate in any process about their lives is not a new concept but may need more emphasis in the curriculum and supervision models to give proper consideration to broader representativeness and agency by clients. Related questions are: who should decide what the priorities should be, and, if the answer is that representativeness should be as broad as possible, how will this be done? Is it even possible for political agendas and resource limitations to be set aside while the profession matures?

Conclusion

What can be deduced from the views of the various CYC authors reported above is that the time has come to practise beyond multiculturalism and diversity, and all levels within the field should be held accountable for the relational space we claim to occupy. Of concern however is the lack of South African and African voices about the profession in the open CYC-Net online source, as well as in the internationally recognised Relational Child and Youth Care Practice journal. It may be that relational practice is generally seen as core to CYC; nonetheless, the viewpoints shared about the profession are unequally weighted towards the views of the global north. While publications in alternative sources were not reviewed, it remains problematic that the voice of the

global south is not equally shared in these two journals that bear the name of the profession. One reason may be that neither of these journals is accredited through the Department of Higher Education and that South African academics thus cannot meet their institutional criteria for publishing output by writing for these journals (although that consideration does not apply to non-academic practitioners).

For the firmer establishment of CYC's scope of practice, the profession needs to continually consider implications of its relational nature, while considering the changes of an evolving society, such as the inclusion of technology in intervention, the role of CYCWs in accountable assessment, and environmental sustainability. Clearly defined specialisations within CYC are required to give authority to those practising in non-traditional CYC settings. The inclusion and participation of young people, differently abled people, and people of all cultural backgrounds are relevant issues that need serious attention, beyond mere lip-service.

There remains a lack of sufficient recognition for the profession. The occupational levels that inform salary and working conditions are in need of critical attention; otherwise, it is likely that qualified CYCWs will be forced to leave the field. Fast-tracking the appropriate recognition of the CYC profession across the globe will help safeguard the workforce. To clarify the boundaries of the profession and separate it from other professions, it will be important to promote the general adoption of formal frameworks and classification systems that regularise the core of what the profession does.

Many challenges remain in ensuring that there are enough sufficiently trained and professional registered CYCWs to meet society's needs. Nevertheless, it is evident that there has been much success in achieving recognition for the profession and in equipping CYCWs for their roles in various settings. Overcoming the remaining challenges is achievable, but will require sufficient resourcing and strong intersectoral collaboration. With so many pioneers who have paved the way, we are indeed standing on the shoulders of giants.

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