

**A HOLISTIC FAMILY REUNIFICATION SERVICES MODEL FOR
CHILDREN IN ALTERNATIVE CARE**

By

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DECLARATION

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ABSTRACT

A holistic family reunification services model for children in alternative care

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Placement of children in alternative care is supposed to be a temporary and not a permanent arrangement (Children's Act 38 of 2005). However, most children in alternative care stay for longer periods than needed because family reunification services are not being effectively practiced in the absence of a family reunification services model in South Africa.

The goal of the study was to develop a holistic family reunification services model for children in alternative care. The researcher used the Design and Development model to undertake intervention research. The study employed the exploratory sequential mixed methods research design, which combined qualitative and quantitative research approaches in a two-phased study. Case study and survey designs were adopted in the respective phases. The researcher collected data for the qualitative phase of the study by means of one-on-one semi-structured interviews and used a questionnaire to collect data for the quantitative study.

The findings indicate elements of successful family reunification cases as well as measures to overcome challenges in family unification services and to ensure that social workers render holistic family reunification services. Findings also indicate cases where family reunification is not a possibility.

The study concludes that the success of family reunification depends on a wide range of factors. For family reunification services to be effective, these services should be

adapted to accommodate diverse, specific and unique needs of families. Furthermore, family reunification services should allocate sufficient time and activities to develop relationships between the key role players involved in the family reunification process.

The study recommends that the types of services rendered in the family reunification spectrum should be aligned to a rights-based approach. As an outcome of the study, the researcher designed a holistic family reunification services model to guide and assist social workers who work in child protection services to render effective, comprehensive and timely reunification services to children and their families.

KEY WORDS

Child protection

Children in alternative care

Family reunification

Family reunification model

Family reunification services

Intervention research

Rights-based approach

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ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
CMR	Christelike Maatskaplike Raad
CPO	Child Protection Organisation
CWT	Child Welfare Tshwane
CWV	Child Welfare Vereeniging
D&D	Design and Development
DSD	Department of Social Development
FRS	Family Reunification Services
GCW	Germiston Child Welfare
HIV	Human Immunodeficiency Virus
ISDM	Integrated Service Delivery Model
JCW	Johannesburg Child Welfare
MECs	Members of Executive Councils
N	Number
NGO	Non-Governmental Organisation
RSA	Republic of South Africa
SACSSP	South African Council for Social Service Professions
SPSS	Statistical Package for Social Sciences
SW	Social Worker
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Education Fund

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CHAPTER 1

GENERAL INTRODUCTION AND ORIENTATION OF THE STUDY

1.1. Introduction

The most important unit in a society, which should ensure the safety and wellbeing of a child, is the family. However, the nature and dynamics of families have significantly changed in more recent years (National Planning Commission, 2011:361). The phenomenon of family life has become more diverse, complicated and complex in such a way that families are no longer resilient and united compared to the way they were in previous years. Families used to be characterised by the presence of both parents, and in circumstances where parents were not there, extended families would take responsibility for children (Department of Social Development [DSD], 2012:20). Families are now being compromised by neoliberal policies and global social problems, which include unemployment, increased migration, increasing levels of poverty and the effects of the HIV and Aids pandemic (Noble, Wright & Cluver, 2007:39). These negative changes expose family members, especially children, to risk, harm and hardships (DSD, 2012:22). In South Africa, apartheid contributed to the disintegration and fragmentation of families through its restriction of movement laws (Posal & Van der Stoep, 2008:4). Therefore, the starting point was for the democratically elected South African government to reverse the legacy of apartheid, and address the challenges it had inherited from its predecessors (Hölscher, 2008:116).

The process of transformation commenced with the adoption of a developmental approach to social welfare as a new perspective for achieving social justice and human rights for all (Patel, 2015:58). The mandate for developmental services is outlined in the White Paper for Social Welfare (Republic of South Africa [RSA], 1997). Regarding family life, the White Paper for Social Welfare states that government's highest commitment priority is promoting family life and the survival and protection of all South African children (RSA, 1997). This mandate for preserving and strengthening family

life is embedded in the developmental social welfare policy which entails a deliberate shift from a “racial, paternalist and residual apartheid welfare system [...] to the developmental approach to social welfare intended to modernise the welfare system to be more just, equitable, participatory and appropriate in meeting the needs of all South Africans” (Patel, 2005:1). The DSD (2013:13) postulates that the White Paper for Social Welfare of 1997 provides a framework for social welfare service delivery in the country. Child protection services, including family reunification services, are included in the “basket of developmental social welfare service delivery” (Lombard & Kleijn, 2006:214).

As part of the global community, South Africa commemorated 1994 as the international year of the family, as proclaimed at the 1989 United Nations (UN) General Assembly, under the theme “Promoting families for the wellbeing of individuals and societies” (DSD, 2012:31). This shows a high level of acknowledgement by government that family life is important and that a family is a fundamental unit of society that should be preserved and strengthened by all means possible. In line with the preservation and strengthening of family life, the South African government has remained true to its prioritisation of children’s issues. This is evident in the fact that, “It has enshrined children’s rights in its Constitution (1996) [in addition to their human rights] and ratified the UN Convention on the Rights of the Child (1989) in 1995, and the African Charter on the Rights and Welfare of the Child (1990) in 2000” (September & Dinbabo, 2008:113). The government introduced the Children’s Act 38 of 2005 in order for these commitments to children’s rights to materialise into and harmonise with domestic law, and to suit the new developmental paradigm.

The Children’s Act 38 of 2005 has been praised for being developmental in nature (Proudlock & Jamieson, 2008:38). However, studies show that this new legislation has serious shortcomings and that social workers working in child protection services face numerous institutional and infrastructural barriers in implementing the Children’s Act (September & Dinbabo, 2008:118; Sibanda & Lombard, 2015:339-345). One of the shortcomings is that fewer children are being reunited with their families of origin and these children stay in alternative care on a long-term basis (Smith & Lidström, 2020:7; Nephawe, 2011:2). Epworth Children’s Village (2015:2) noted that in South Africa

there is a tendency to keep children in alternative care until they turn 18, instead of rendering timely family reunification services. The fact that South Africa does not have a reunification services model makes it very difficult for social workers to render comprehensive and holistic reunification services to children in alternative care and their families (Smith & Lidström, 2020:7), thereby impeding on the rights of children to family care.

Given the foregoing, the outcome of the study is to design a holistic family reunification services model for children placed in alternative care, to be utilised by social workers working in child protection services.

Key concepts

The key concepts for the study are as follows:

Family

Family refers not only to biological parents and persons who have parental rights and responsibilities in respect of the child, but also to a grandparent, brother, sister, uncle, aunt, cousin, guardian, caregiver or any other person with whom a child has developed a significant relationship, which resembles a family relationship, such that a child can be placed in the care of the family (Children's Act 38 of 2005).

Family reunification services

Family reunification services refer to goal-directed strategies, interventions, planned support and empowerment services rendered to the child, as well as to the parent, grandparent, brother, sister, uncle, aunt, cousin, guardian, or caregiver of the child placed in alternative care to allow systematic family reunification and facilitate the restoration of the child to the care of such parent(s), guardian or caregiver, or community of origin (Child Welfare Information Gateway, 2012:1). Reunification services often strive to facilitate the development of mutually reciprocal relationships between children who have gone through statutory processes to be placed in

alternative care, and their biological parents and families. Family reunification services aim to address the issues that led or contributed to the removal of the child into alternative care. Family reunification services are effective and efficient when children do not unnecessarily stay for extensive periods in alternative care.

Model

For purposes of this study, the researcher adopted the view of Kühne (2005:2) that a model refers to a collection of information on family reunification services (content and meaning) created by the researcher (sender) for social workers in the field of family reunification services (receiver) for the purpose of assisting them in rendering holistic family reunification services (usage context). The designed reunification model from this study is intended to guide the implementation of family reunification services in South Africa. It facilitates understanding of various components of family reunification. In addition, it contains principles and key features of family reunification services that can be used to explain, control and predict the likelihood of reunification between a child and family.

Children in alternative care

In terms of section 167 of the Children's Act 38 of 2005, a child is in alternative care if the child has been placed in foster care, a child and youth care centre, or in temporary safe care.

Social workers

Social workers are graduates of schools of social work, who use their knowledge and skills to provide family reunification services to children and their families (National Association of Social Workers, 1983:4). By law they are registered with the South African Council for Social Service Professions in terms of the Social Service Professions Act 110 of 1978. In addition, for purposes of this study, they are social workers in the employment of Non-Governmental Organisations (NGOs) that have been designated, in terms of section 107 of the Children's Act 38 of 2005, to render

family reunification services. Organisations use different terms to refer to social workers that render family reunification services, including reunification social workers, child protection social workers, and statutory social workers. In this study, the three terms are used interchangeably.

1.2. Rationale and problem statement

Placement of children in alternative care is supposed to be a temporary and not a permanent arrangement (Children's Act 38 of 2005). However, most children in alternative care stay for longer periods before they are reunified with their families. Some children stay in alternative care until they "age out of care" (Van Breda, Marx & Kader, 2012:1). Similarly, Epworth Children's Village (2015:1) has observed that most children are placed in alternative care as babies and remain in alternative care until they are 18 years of age by then a foster family or a child and youth care centre is the only place they call home. Many children stay in residential care centres on a long-term basis. The situation has not changed much since 2007 when Moses and Meintjes (2007:7) stated, "Of 677 children over 3 years across 28 homes, 57% had been resident for over 2 years, 35% for over 4 years and 7% for over 10 years". Approximately 3,9 million children in South Africa do not live with their biological parents (Statistics South Africa, 2018). Additionally, the children's court places thousands of children in alternative care outside their parental home (Smith & Lidström, 2020:7). In addition, there is evidence of a decline in numbers of successful reunification cases (Nephawe, 2011:2). Family reunification services are not being effectively practised, resulting in "bed blocking" by children who unnecessarily stay for longer periods of time in alternative care (Epworth Children's Village, 2015:3).

The lack of effective family reunification services does not serve the best interest of the child. It impinges on the children's attachment, linguistic, social, intellectual and cultural development (Epworth Children's Village, 2015:3). Van Breda et al. (2012:2) further note that when children are not reunified timely and "age out of care", they experience an emotional fallout that stimulates renewed behavioural difficulties associated with drug abuse, violence, crime, conflict with parents, indiscriminate friendships, abusive relationships, hopelessness and poor education. Epworth

Children's Village (2015:2) notes that children who have been deprived of a normal home, experience difficulty in accounting for themselves and find general questions regarding their background, history and family to be loaded and embarrassing.

In terms of establishing a successful reunification, research points out the importance of collaboration between the parties involved in the reunification process (Lee, Hwang, Socha, Pau, & Shaw, 2013; Chambers, Crutchfield, Goddu Harper, Fatemi, & Rodriguez, 2018; Potgieter & Hoosain, 2018). This includes parental involvement, the child's involvement, a functioning communication between the parties, and a lower caseload for the social worker. Programmes that implement family involvement in the reunification process were more likely to achieve a family reunion than if the parents were excluded (Geurts, Noom, & Knorth, 2011; Lee, Hwang, Socha, Pau, & Shaw, 2013; Chambers, Crutchfield, Goddu Harper, Fatemi, & Rodriguez, 2018).

There have been several studies examining the different challenges impacting the family reunification process. Some of these challenges include parental substance abuse, mental health issues among parents, and different types of abuse such as physical, sexual and emotional (Fernandez, Delfabbro, Ramia, & Kovacs, 2019; Martín, GonzálezNavasa, & Betancort, 2020; Cheng, 2010). The caseworkers' working conditions is another challenge that could hinder a successful reunification (Chambers, Crutchfield, Goddu Harper, Fatemi, & Rodriguez, 2018; Sauls & Esau, 2015).

The researcher's interest in the proposed topic stems from his years of experience in the child welfare sector, cultivating his passion for the reunification of children with their families of origin. The absence of a family reunification services model in South Africa for children placed in alternative care (Moses & Meintjes, 2007:1), contributes to social workers not being well equipped to render adequate services to children and their families (Van Breda et al., 2012:1). It is against this background that the researcher developed a holistic family reunification services model for children in alternative care. This model is intended to guide and assist social workers working in child protection services to render effective, efficient, comprehensive and timely reunification services to children and their families.

Family reunification programmes are not listed in section 191(2) of the Children's Act of 2005 as programmes which may be provided by a child and youth care centre. Therefore, social workers in the employment of child and youth care centres are not mandated to provide family reunification services, since these centres are not designated child protection organisations. For that reason, the study only focused on social workers that are designated to render family reunification services in terms of the Children's Act 38 of 2005.

1.3. Goal and objectives of the study

The goal and objectives of the study were as follows:

1.3.1. Goal of study

The goal of the study was to develop a holistic family reunification services model for children in alternative care.

1.3.2. Objectives of the study

The objectives of the study were:

- To contextualise and conceptualise family reunification services for children in alternative care from a rights-based perspective.
- To determine obstacles faced by social workers working in child protection services in rendering family reunification services to children in alternative care.
- To explore and describe successes that social workers encounter in rendering family reunification services.
- To explore and describe the views of social workers on what constitutes a holistic family reunification services model for children in alternative care.

- As an outcome of the study, to design a holistic family reunification services model for children in alternative care.

1.4. Research question and sub-questions

The study was guided by the following research question:

- What constitutes a holistic family reunification services model for children in alternative care?

Sub-questions that assisted the researcher in answering the research question were as follows:

- How are family reunification services rendered by social workers working in child protection services?
- What obstacles do social workers working in child protection services face in rendering family reunification services to children in alternative care?
- What success do social workers encounter in rendering family reunification services?
- What components constitute a holistic family reunification services model for children in alternative care?

1.5. Research methodology

Chapter 2 presents a detailed description of the research methodology, including the research approach, type of research, research design, methodology, measures that were taken to ensure the trustworthiness of the data, as well as the ethical considerations of the study. The following discussion presents a brief overview of the research methodology utilised for the study.

A mixed methods research approach was the most suitable approach for the study. A mixed methods approach provided an in-depth understanding of the research problem as opposed to either a quantitative or a qualitative approach (Creswell, 2014:4). This

has counteracted the weaknesses inherent in each approach and provided more in-depth results and inferences (Delport & Fouché, 2011:446).

The study was exploratory and descriptive in nature (Maree, 2020:34) and therefore the researcher simultaneously addressed a range of exploratory and descriptive questions (Creswell, 2014:225). The study explored the phenomenon of family reunification services in South Africa by asking the “what” questions followed by asking the “how” and “why” questions (Fouché & De Vos, 2011:96). There is no holistic family reunification services model in South Africa and the researcher explored what the components of such a model should be and subsequently designed a reunification model as an outcome of the study.

This research was applied in nature; more specifically, it was intervention research (using the Design and Development [D&D] model) since it sought to “apply and tailor knowledge” to develop a holistic family reunification services model for children in alternative care (Jansen, 2020:10). Applied research often tries to solve policy problems and also seeks to help social work practitioners accomplish tasks such as timely reunification of children in alternative care with their families (Fraser & Galinsky, 2010:453). The practical outcome of the study is the design of a family reunification services model aimed at enhancing the well-being of children and their families (De Vos & Strydom, 2011:475).

The researcher used a mixed methods research design, or more specifically, an exploratory sequential mixed methods design in the study (Creswell, 2014:225). An exploratory sequential mixed methods research design enabled the researcher to first gain an insight and understanding into the perspectives and experiences of social workers regarding the rendering of family reunification services to children in alternative care by using explorative qualitative methods to identify qualitative themes (Delport & Fouché, 2011:441). Based on the qualitative information, the researcher then applied quantitative research methods to gather information from social workers on how to design a holistic family reunification services model for children in alternative care. The exploratory sequential mixed method design was very useful as the

principles, features, values and key themes of the developed model were not known (Ivankova, Creswell & Plano Clark, 2020:337).

The researcher utilised a non-probability sampling technique, namely purposive sampling, to select a sample of 15 social workers for the qualitative study. For the quantitative study, the researcher applied total population sampling. The quantitative phase targeted 183 respondents from five child protection organisations based in the Gauteng Province.

The researcher collected data for the qualitative phase of the study by means of one-on-one semi-structured interviews and used a questionnaire to collect data for the quantitative study. In analysing qualitative data, the researcher utilised Creswell's (2014) model of data analysis. Quantitative data from the questionnaires was analysed by using a computer based statistical software programme, specifically Statistical Package for Social Sciences (SPSS) version 23.

1.6. Division of the research report

The research report consists of seven chapters. The contents of these chapters are as follows:

Chapter one provides an introduction and general orientation to the study including an introduction to contextualise the study, the rationale and problem statement, the goal and objectives, research questions, and a brief overview of the research methodology.

In chapter two, the researcher presents a description of the research methodology used for the empirical study. The chapter starts with a discussion of the research approach, followed by type of research, research design, study population and sampling. The discussion continues with data collection methods and data analysis, including issues of trustworthiness, credibility, validity and reliability of data. Thereafter, the chapter discusses a pilot study and ethical aspects relevant to the study, and concludes with a discussion of the limitations of the study.

Chapter three focuses on legislative frameworks and approaches to family reunification. This chapter first unpacks international conventions and regional charters that South Africa ratified and integrated into policies and legislation. The policies and legislation mandate intervention with children and families, including family reunification services. Thereafter, the chapter provides a national legislative framework for family reunification, followed by a summary of how it links with the regional and international declarations. Lastly, the chapter discusses approaches that support family reunification.

The focus of chapter four is on an in-depth literature review of family reunification services. The chapter begins with an overview of the family reunification process, positioning family reunification within the child protection processes. Thereafter, the chapter explores characteristics of family reunification services, followed by a discussion on the type and nature of services provided in the field of family reunification. Subsequently, the chapter discusses principles of family reunification, followed by an analysis of practice interventions that lead to successful family reunification. The chapter also outlines the reunification milestones and the role of a social worker in family reunification services before ending with a discussion on challenges in rendering family reunification services.

Chapter five provides a theoretical framework of the study. The focus of this chapter is on the conceptualisation and contextualisation of family reunification services from a rights-based approach. The chapter starts by defining a rights-based approach. Then it moves to interrogating the principles and strategic focus areas of a rights-based approach, integrating how family reunification services can be rendered from a rights-based approach. Moreover, the chapter contextualises rights-based family reunification services from a developmental approach. Lastly, the chapter discusses aspects pertaining to the development of a rights-based family reunification programme.

Chapter six presents and discusses the research findings. The chapter starts with a presentation of participants' demographic information in the respective quantitative and qualitative phases of the study. Thereafter, the researcher presents and discusses the empirical findings from the qualitative and quantitative phases of the study in an

integrated manner according to themes. The integrated findings are informed by statistical data and the direct quotes from participants. Findings discussed in this chapter are substantiated with literature. Finally, the chapter concludes with a summary of the key findings of the study.

The focus of chapter seven is on discussing key findings, conclusions and recommendations of the study. The chapter starts off by discussing how the goal and objectives of the study were reached. Furthermore, the chapter presents and discusses key findings of the study, followed by conclusions derived from the key findings. Finally, as an expected outcome of the study, the chapter presents a holistic family reunification services model for children placed in alternative care. The model is based on the literature review, key findings and conclusions of the study. The chapter ends with recommendations for implementation of the model and recommendations for further research.

CHAPTER 2

RESEARCH METHODOLOGY

2.1. Introduction

This chapter presents a description of the research methodology used for the empirical study. The chapter starts with a discussion of the research approach, followed by type of research, research design, study population and sampling. The discussion continues with data collection methods and data analysis, including issues of trustworthiness, credibility, validity and reliability of data. Thereafter, a pilot study and ethical aspects relevant to the study are discussed. The chapter concludes with a discussion of the limitations of the study.

2.2. Research approach

A mixed methods research approach was the most suitable approach for the study. There is no family reunification services model in South Africa and the researcher intended to develop a holistic family reunification model as an outcome of the study. Therefore, the topic required that the researcher simultaneously addresses a range of exploratory and descriptive questions (Creswell, 2014:225).

A mixed methods approach provided an in-depth understanding of the research problem as opposed to either a quantitative or a qualitative approach (Creswell, 2014:4). This has counteracted the weaknesses inherent in each approach and provided more in-depth results and inferences (Delpont & Fouché, 2011:446). In addition, a mixed methods approach did justice to the study in that it enabled the researcher to use triangulation, where he sought divergence and corroboration of results from different methods and designs (a qualitative case study and a quantitative survey), studying the same phenomenon of family reunification services (Ivankova et al., 2020:330). Lastly, a mixed methods approach enabled the researcher to compare various methods' results to seek elaboration, enhancement, and clarification of findings (Delpont & Fouché, 2011:446).

The study was exploratory and descriptive in nature (Maree, 2020:34). The study explored the phenomenon of family reunification services in South Africa by asking the “what” questions (Fouché & De Vos, 2011:95). Thereafter, the study described family reunification services in South Africa by asking the “how” and “why” questions (Fouché & De Vos, 2011:96).

2.3. Type of research

This research was applied in nature; more specifically, intervention research (using the D&D model) sought to “apply and tailor knowledge” to develop a holistic family reunification services model for children in alternative care (Jansen, 2020:10). Applied research often tries to solve policy problems and also seeks to help social work practitioners accomplish tasks such as timely reunification of children in alternative care with their families (Fraser & Galinsky, 2010:453). The development of a family reunification services model aimed at enhancing the well-being of children and their families was the intended practical outcome of the study (De Vos & Strydom, 2011:475). According to Fraser, Richman, Galinsky and Day (2009:9), intervention research is a purposeful action that is concerned with improving outcomes. In the case of this study, the outcome that needed to be improved was the reunification of children in alternative care with their families of origin.

In line with the facets of the D&D intervention research model, the study was structured in the following six phases as outlined by Rothman and Thomas (1994):

1. Problem analysis and project planning
2. Information gathering and synthesis
3. Design of intervention
4. Early development and pilot testing
5. Experimental evaluation and advanced development
6. Dissemination

However, the researcher did not rigidly follow these phases, but used the phases to guide the research process (De Vos & Strydom, 2011:476). Due to time constraints

inherent to intervention research (Fraser et al., 2009:26), the researcher ended at the design phase (phase three). In addition, by law, family reunification services should be reviewed after the initial placement period of two years (Children's Act 38 of 2005). Therefore, it was not possible to proceed to phase four of the model, which would have entailed early development and pilot testing, since the pilot test would have required a minimum of two years to undertake. Phase three entailed the development of a holistic family reunification services model (Fraser et al., 2009:31).

The D&D intervention research model was implemented as per the afore-mentioned phases. In phase one, the researcher conducted problem identification and project planning (see chapter 1 and 2). This phase entailed writing a research proposal and obtaining permission to conduct a study from participating NGOs; it also involved acquiring ethical clearance from University of Pretoria's Ethics Committee (see Appendix 6). In phase two, the researcher conducted information gathering and synthesis, which entailed interviewing experts in the family reunification field and reviewing existing literature on local, regional and international strategies, legislation, policies and models of family reunification. In addition, the literature review also involved identifying elements, characteristics, principles and features of successful family reunification practice interventions. Phase two also entailed gathering and analysing data from participants in order to derive empirical findings, key findings and conclusions. The researcher gathered information on how participants were rendering family reunification services, and identified indicators, strategies and components of a holistic family reunification services model from documentation of successful family reunification cases, (see chapters 3, 4, 5 and 6). Finally, in phase three, the researcher designed a holistic family reunification services model for children in alternative care. The model was based on the literature review, key findings and conclusions of the study (see chapter 7). Phase three also entailed engaging with social workers through a virtual seminar (see Appendix 11) to reflect on the proposed model, incorporating recommendations and subsequently finalising the design of the holistic family reunification services model for children in alternative care. Table 2.1 below depict detailed information guided phase by phase in terms of the practical implementation of the D&D model in this research study.

Table 2.1 Practical implementation of intervention research (D&D) model

Phase	Step	Operational Steps	Section in report
PHASE 1: Problem analysis and project planning	<ul style="list-style-type: none"> ➤ Identifying and involving respondents ➤ Gaining entry and cooperation from settings ➤ Identifying concerns of the population ➤ Analysing identified problems ➤ Setting goals and objectives 	<ul style="list-style-type: none"> ✓ Wrote a research proposal and obtained ethical clearance from University of Pretoria's Ethics Committee ✓ Identified child protection NGOs in Gauteng ✓ Briefed the management of NGOs about the purpose of the study ✓ Obtained permission to conduct a study in their organisations ✓ Identified social workers to participate in the study ✓ Obtained consent from participating social workers ✓ Scheduled appointments to collect data 	<ul style="list-style-type: none"> - Chapter 1 - Chapter 2
PHASE 2: Information gathering and synthesis	<ul style="list-style-type: none"> ➤ Using existing information sources ➤ Studying natural examples ➤ Identifying functional elements of successful models of intervention 	<ul style="list-style-type: none"> ✓ Interviewed experts in the family reunification field ✓ Reviewed existing literature on international, regional and local strategies, policies and models of family reunification ✓ Learnt lessons from existing sources on how to address challenges faced in the family reunification sector ✓ Identified critical elements of successful interventions to be incorporated in the envisaged model ✓ Interviewed participants to gather data on how they rendered family reunification services; identified elements of their successful cases; obtained views on indicators and components of the envisaged model ✓ Analysed data gathered from interviews to derive themes ✓ Used themes from qualitative data to design a questionnaire and a quantitative study ✓ Conducted a survey and gathered further information about family reunification services ✓ Analysed data; identified key findings and conclusions of the study 	<ul style="list-style-type: none"> - Chapter 3 - Chapter 4 - Chapter 5 - Chapter 6
PHASE 3: Design of intervention	<ul style="list-style-type: none"> ➤ Designing a system ➤ Specifying procedural elements of the intervention 	<ul style="list-style-type: none"> ✓ Used literature, key findings, conclusions and a rights-based approach to develop a holistic family reunification services model ✓ Engaged with social workers through a virtual seminar to reflect on the proposed model, incorporated recommendations and subsequently finalised the design of the holistic family reunification services model for children in alternative care 	<ul style="list-style-type: none"> - Chapter 7

2.4. Research design

The researcher used a mixed methods research design, more specifically an exploratory sequential mixed methods design, in the study (Creswell, 2014:225). An exploratory sequential mixed methods research design enabled the researcher to first gain an insight and understanding into the perspectives and experiences of social workers regarding the rendering of family reunification services to children in alternative care by using explorative qualitative methods to identify qualitative themes (Delpont & Fouché, 2011:441). Based on the qualitative information, the researcher then applied quantitative research methods to gather information from social workers on how to design a holistic family reunification services model for children in alternative care. The exploratory sequential mixed method design was very useful as the principles, features, values and key themes of the developed model were not known (Ivankova et al., 2020:337). The explorative mode of inquiry is appropriate to explore or learn more about issues where little is known about a topic and the process starts off by building knowledge about the problem under study (Neuman, 2012:16), which in the case of this study was the lack of a family reunification services model for service delivery in order to effectively render family reunification services to children in alternative care.

2.4.1. Qualitative research design

For the first phase of the study, the researcher used a qualitative research design, more specifically the collective case study design (Neuman, 2012:21; Rubin & Babbie, 2011:442). As Nieuwenhuis (2020:90) indicates, a collective case study enables the researcher to explore, gain insight into and understand the perspectives and experiences of participants, which in this case were social workers working in child protection services. Exploring the phenomenon of family reunification through a case study also enabled the researcher to gather detailed and rich-in-context information from research participants (Fouché & Schurink, 2011:321). This phase included an in-depth exploration of social workers' experiences of rendering family reunification services. They identified successful practices and at the same time identified

challenges that hinder the success of reunification. Participants identified components that constitute a holistic family reunification services model.

The advantages of using a collective case study design is that, “Evidence from multiple cases is often considered more compelling, and the overall study is therefore regarded as being more robust” (Yin, 2014:53). This advantage proved to be true for this study, because diverse and fascinating information was obtained via the one-on-one semi-structured interviews.

A disadvantage of using a collective case study is that it required the researcher to travel to various child protection organisations in Gauteng and this proved to be a cumbersome, tiresome and expensive process; it required extensive resources and time that exceeded the means of a researcher (Yin, 2014:53). However, the researcher was flexible and improvised by travelling at times when he could reduce costs by using public transport. He also took research leave from work to ensure that he had enough time dedicated to conducting one-on-one interviews in various parts of Gauteng. This indeed required resilience, passion, perseverance and dedication, as advised by Yin (2014:53).

General disadvantages of qualitative research indicated by Creswell (2015:5) are the limited generalisability of the findings, because only soft data can be collected, only a few people are studied, the data might be highly subjective, and the expertise of the researcher may be minimised due to reliance on participants. However, it is fair to state that all these disadvantages have been addressed by the mixed methods nature of this study, since the qualitative data was supported, strengthened and expanded by the quantitative data.

Informed by information from the first phase of the study, the researcher then proceeded to the second phase of the sequential mixed methods research design to collect quantitative data (Creswell, 2014:225).

2.4.2. Quantitative research design

For the quantitative study, the researcher used a non-experimental design, namely a survey design (Leedy & Ormrod, 2013:184; Neuman, 2012:22). The survey was informed by the findings of the qualitative study. In line with this design, the researcher did not collect data over a long period of time, but only at one point in time (Creswell, 2014:225). Social workers in selected organisations completed questionnaires as part of a survey method. The survey sought to explore issues around the rendering of family reunification services, including the context and nature of family reunification services rendered by respondents, their views on principles applicable to family reunification, the indicators of successful family reunification, and the components of a holistic family reunification services model.

One of the advantages of survey research is that it is flexible, and many questions can be asked on a given topic (Babbie, 2013:262). This advantage allowed the researcher to explore various aspects of family reunification services, including how respondents were rendering family reunification services, the principles of family reunification, indicators of progress towards successful reunification, as well as the components for a holistic family reunification services model for South Africa. Some of the advantages of quantitative research mentioned by Creswell (2015:5) are that it allows for efficient data analysis and the investigation of relationships within data. These advantages benefited the study, because the researcher could adequately analyse the data using the Statistical Package for the Social Science (SPSS), and investigate relationships within data by using cross-tabulation.

A disadvantage of survey research is that a desire to design a questionnaire that will at least be applicable to all respondents may result in a survey that appears superficial in its coverage of complex topics (Babbie, 2013:263). In the study, this disadvantage was countered by designing a questionnaire using data from a qualitative study, which ensured that the questions were relevant to family reunification. Equally significant is the fact that the qualitative research methods used in the first phase of the study addressed the general disadvantages of quantitative research (Creswell, 2015:5), such as not recording the words of participants, being impersonal, and providing a limited understanding of the context of the participants. In the interviews, the

researcher made a verbatim recording of participants' statements, views and sentiments and this provided the researcher with a unique understanding of the context of the participants.

2.5. Study population, sample and sampling methods

The population for this study were all reunification social workers in the employment of selected child protection NGOs in Gauteng that are involved in rendering family reunification services to children in alternative care. The social workers from the DSD were not considered for the study due to the fact that NGOs do the bulk of reunification services in South Africa. The study was conducted at five child protection agencies based in the Gauteng Province, namely, Johannesburg Child Welfare (JCW); Christelike Maatskaplike Raad (CMR); Germiston Child Welfare (GCW); Child Welfare Tshwane (CWT); and Child Welfare Vereeniging (CWV) (see Appendixes 1-5). Each of the five selected NGOs has more than 50 years of service delivery experience in the field of child protection. The selected organisations render services in the greater Gauteng area, namely the greater Johannesburg area, greater Germiston area, the greater Tshwane area and the greater Sedibeng region. Moreover, they render services not only in urban areas but also in the rural and peri-urban areas of Gauteng, including farming and mining towns. Targeting these selected child protection organisations provided a true reflection of the foundation and nature of family reunification services in the Gauteng Province. At the time of the study, 183 statutory social workers were in the employment of participating NGOs.

2.5.1. Qualitative phase

It was not feasible to include the entire population in a qualitative study (Nieuwenhuis, 2020:93). Therefore, the researcher utilised a non-probability sampling technique, namely purposive sampling, to select a sample of 15 social workers (Rubin & Babbie, 2011:355). However, the researcher was prepared to recruit more participants in the event that data did not get saturated (Creswell, 2014:189). The researcher first wrote to the management of the organisations to seek permission to conduct the study. Upon acceptance of the request, the management furnished the researcher with a list of

social workers in the employment of participating organisations. The list contained the contact details of participants, he then contacted them and requested them to participate in the study. Those who agreed to participate were then sent the letter of informed consent that they had to complete prior to the interview sessions. The purposive sampling method allowed the researcher to intentionally seek typical and divergent data (Rubin & Babbie, 2011:355; Strydom & Delport, 2011:392). This was vital to the study in that, “a sample of information rich participants” was selected (Grinnell & Unrau, 2008:153). The researcher drew a sample using the selection criteria listed below.

Participants must:

- Be willing and available to participate in the study.
- Have at least two years' experience in rendering family reunification services.
- Serve different population groups in terms of race, culture, religion, beliefs and social status.
- Be in the employment of participating organisations for at least one year.
- Not serve a notice of resignation during the month in which selection takes place.

2.5.2. Quantitative phase

For the quantitative study, the researcher applied total population sampling. Studying a population in its entirety is feasible for a relatively small population size as in the case of this study (Strydom, 2011a:223). Since total population sampling involves all members within the population of interest, it is possible to get deep insights into the phenomenon being studied (Lund Research, 2012). With such wide coverage of the population of interest, there is also a reduced risk of missing potential insights from members that are not included (Crossman, 2020). As such, the use of total population sampling enabled the researcher to make analytical generalisations about the population being studied (Crossman, 2020).

The quantitative phase targeted 183 respondents from all five organisations. However, only 69.4% (127 out of 183) of respondents participated in the study, and, accordingly,

completed and returned the questionnaires. Despite numerous reminders, 30.6% (56 out of 183) of social workers did not complete the questionnaires. However, the response rate was generally good; literature states that a questionnaire with 9 to 14 questions have an average completion rate of 56.28% (Liu & Wronski, 2017:117).

2.6. Research methods for the qualitative study

Research methods for the qualitative phase of the study, namely the data collection method, data analysis, trustworthiness, reliability and validity of data, are discussed below.

2.6.1. Data collection method

To explore perspectives and experiences of social workers in rendering family reunification services to children in alternative care, the researcher conducted one-on-one semi-structured interviews with 15 social workers (see Appendix 8). One-on-one interviews are the prime mode of collecting information in qualitative studies (Neuman, 2012:197). The researcher used semi-structured interview schedules to collect data, which helped him to understand the world from the participants' point of view (Greeff, 2011:347).

Since the topic under study was exploratory and descriptive in nature, during interviewing sessions, the researcher made use of open-ended questions (Greeff, 2011:352). Open-ended questions are not based on already conceived answers, and therefore are well suited for exploratory studies (Nieuwenhuis, 2020:108). Semi-structured interviews also allowed for a greater flexibility for both the participant and the researcher (Neuman, 2012:197), and produced rich data by allowing the interviewee to pursue areas of interest that arose throughout the interview (Creswell, 2014:225). The interview process provided participants with power and ability to narrate their own experiences.

During an interview, the researcher was able to probe, paraphrase, seek clarity, and follow up on interesting issues that emerged (Greeff, 2011:352). Furthermore, semi-

structured one-on-one interviews accorded participants ample time to tell their stories (Maree & Pietersen, 2020:202) and to give fuller pictures of how family reunification is implemented in their respective organisations. However, the disadvantage of using semi-structured one-on-one interviews as a method of data collection was that they generated voluminous, unstructured and less systematic data (Rubin & Babbie, 2011:488). The researcher managed data by carefully adhering to the facets of qualitative data analysis, as described below.

2.6.2. Data analysis

In analysing qualitative data, the researcher took into consideration that in qualitative studies, there is an inseparable relationship between data collection and data analysis (Schurink, Fouché & De Vos, 2011:402). The researcher utilised Creswell's (2014) model of data analysis. This model's premise is that data analysis is always an on-going process that routinely starts prior to the first interview (Creswell, 2014:195). The model further postulates that, "The process of data analysis and interpretation can best be represented by a spiral image – a data analysis spiral" (Schurink et al., 2011:403). In accordance with the said model, the researcher analysed qualitative data in a step by step (stages) manner. However, in practice the process of data analysis was more iterative and not in a linear hierarchical approach since the various stages interrelated (Creswell, 2014:196). The thematic data analysis steps that the researcher used are as follows:

Step 1 - With permission from participants, the researcher recorded data from semi-structured one-on-one interviews using an audio recorder. The advantage of doing this was to ensure verbatim recording and at the same time enable the researcher to communicate, listen and probe participants attentively (Rubin & Babbie, 2011:468). The researcher recorded the proceedings and simultaneously took down sketchy notes (Creswell, 2014:195). These notes were written unobtrusively in the form of words and phrases to avoid disrupting the sessions. This aided the researcher to keep abreast of what was happening in the interview sessions (Rubin & Babbie, 2011:470).

Step 2 - Away from the field, data analysis involved the researcher listening to the recordings to develop transcripts and write comments on page margins (Creswell, 2014:197). This step provided the researcher with a general sense of the information and an opportunity to reflect on the meaning of information (Schurink et al., 2011:399).

Step 3 - The researcher then started with open coding of the data. This coding entailed the researcher organising data by bracketing chunks and writing a word representing a category in the margins (Creswell, 2014:197). The data was labelled into categories using terms based on the kind of language used by the participants.

Step 4 - The researcher then compressed the volume of data by generating categories, key themes and salient themes that appeared and reappeared among the interview transcripts (Schurink et al., 2011:410). More so, in analysing data, the researcher considered the words, the context, frequency of comments, extensiveness of comments, specificity of comments and what was not said (Greeff, 2011:373). Once themes have been identified, the researcher went beyond data coding done in step 3. Coding now entailed a colour coding scheme, whereby he used a highlighter to highlight all the similar categories and patterns using one colour (Rubin & Babbie, 2011:480). This helped to interconnect themes into a story line (Nowell, Norris, White, & Moules, 2017:10).

Step 5 - The researcher then advanced to how the description of the research findings and themes will be represented in the qualitative narrative (Creswell, 2014:200; Nowell et al., 2017:10).

Step 6 - Finally, the researcher interpreted the data, and presented and discussed it using a hierarchical tree diagram that depicted all themes accordingly. After that, the researcher started to report on research findings and integrate acquired data with literature on the topic.

2.6.3. Trustworthiness of data

The researcher enhanced the trustworthiness of qualitative data through strategies that enhanced data credibility, reflectivity, transferability and confirmability. These strategies are discussed below.

2.6.3.1. Credibility

The researcher increased credibility of data through prolonged and repeated interviews until data saturation occurred (Creswell, 2014:189). In addition, he read interview transcripts numerous times to enable him to capture accurate descriptions of the experiences as reported by the social workers. Moreover, he adhered to respondent validation (Maree, 2020:44). This entailed the researcher interpreting information and then inviting five participants to check whether the interpretation and thematic analysis were consistent, correct, and congruent with their experiences (Nieuwenhuis, 2020:144). Only three out of five participants were able to participate in respondent validation; the other two participants did not honour the invitation for respondent validation. The participants felt that the findings were a true reflection of their views and opinions.

2.6.3.2. Reflectivity

The researcher employed data neutrality as a way of safeguarding against attaching preconceived ideas or own perceptions to the experiences of social workers (Creswell, 2014:186). The researcher achieved this by avoiding being judgemental and being mindful while becoming closely involved with the social workers' experiences (Greeff, 2011:372). It is important to note that the researcher has worked in the child protection environment and that some participants and respondents might have been his colleagues at some point. Therefore, he strove to be objective by not influencing colleagues to respond in a manner they might have thought he wanted (Leedy & Ormrod, 2013:98). Furthermore, the researcher kept a reflection journal that he used to do deeper self-introspection and consider how his prior knowledge of family

reunification services might have impacted on his ability to interpret and understand the experiences of participants (Lietz, Langer & Furman, 2006:448).

2.6.3.3. Transferability

The researcher strove to provide rich and thorough information regarding a description of the research setting (context), observed transactions and processes. In addition, he provided an in-depth discussion of findings and themes as a mechanism for ensuring rigor and transferability of data to similar settings (Nieuwenhuis, 2020:144).

2.6.3.4. Confirmability

To ensure confirmability, the researcher provided a detailed description of the methodological process as a way of ensuring that the research findings were a result of the experiences of participants, rather than preferences of the researcher (Leedy & Ormrod, 2013:101). The researcher also ensured data confirmability by being objective throughout the study; this was done by acknowledging that his professional background, values, perceptions and roots in the child protection field could influence the manner in which he conducted the research study (Creswell, 2014:186; Schurink et al., 2011:421). As such he guarded against potential researcher bias by keeping a research diary, and eliciting member checking (Best, 2012:110). In addition, the researcher made sure that data was well recorded, in detail and that it was a correct reflection of the views of participants. The researcher was neutral and averted any form of bias by seeking opinions of the study supervisor to determine whether she agreed or disagreed with the researcher's analysis and interpretation of data (Anney, 2014:277; Nieuwenhuis, 2020:144). Moreover, the researcher kept an audit trail which shows the whole research process, including how data was collected, analysed and interpreted (Anney, 2014:277).

2.7. Research methods for the quantitative study

Research methods for the quantitative phase of the study, namely the data collection method, data analysis, reliability and validity of data, are discussed below.

2.7.1. Data collection method

The data collection method for the quantitative phase of the study was a self-administered questionnaire (see Appendix 9). The researcher developed a questionnaire and then hand-delivered it to the NGOs where the 183 respondents work. The researcher asked directors of respective organisations to avail a name list and e-mail addresses of all participating social workers and then from time to time, he would email them a reminder to complete the questionnaires. The researcher gave social workers a period of two months to complete the questionnaire prior to visiting the organisations again to collect completed questionnaires. In total, the researcher collected 127 completed questionnaires.

The advantage of using self-administered questionnaires was that it saved time, was convenient for both the researcher and the respondent and therefore increased the response rate (Delpont & Roestenburg, 2011:188). However, the disadvantage of using hand-delivered questionnaires was that the process of disseminating and collecting questionnaires was costly and exhausting. Despite having the questionnaire, some respondents did not complete the questionnaire. The researcher prompted the directors three times to encourage social workers in their respective organisations to respond. However, 56 out of 183 social workers still did not complete the questionnaire. In a survey, it is very likely that not all respondents would respond. The decision to participate in a study remains voluntary. Some participants might not participate in a study due to time constraints and some due to survey fatigue, a condition whereby a survey taker gets tired or bored of answering questions (Liu & Wronski, 2017:117).

2.7.2. Data analysis

The researcher analysed the quantitative data from the questionnaires by using the computer based statistical software programme, SPSS version 23. The use of this programme enabled the researcher to enter data and perform statistical computations (Fouché & Bartley, 2011:249). With the assistance of the Department of Statistics at the University of Pretoria, the researcher:

- “Converted to a numerical form and subjected to statistical analysis” (Fouché & Bartley, 2011:249) of data gathered from the questionnaires.
- Performed the Pearson chi-square tests, Fisher’s tests and Cronbach’s alpha test on the data (Field, 2014:871).
- Used descriptive statistics, bivariate statistics, univariate statistics and inferential statistics to interpret data (Monette, Sullivan & DeJong, 2008:414).
- Presented data in graphs, diagrams, and tables (Rubin & Babbie, 2011:552).

2.7.3. Reliability and validity of data

The researcher strove to ensure the reliability and validity of data gathered through quantitative means (Creswell, 2014:201). The researcher ensured internal validity by designing a questionnaire in such a way that the yielded data was enough to allow the researcher to draw sound conclusions (Leedy & Ormrod, 2013:101). Validity was further strengthened through triangulation, which involved examining data from both qualitative and quantitative studies and using it to develop a family reunification services model (Maree, 2020:45). To ensure external validity of data, the researcher strove to make sure that the research findings can be applied and generalised to other situations and contexts (Leedy & Ormrod, 2013:101). To ensure that the questionnaire was valid and measured what it intended to measure, the researcher consulted with the Department of Statistics, University of Pretoria.

The researcher enhanced the reliability of the questionnaire as a data gathering instrument through criteria stipulated in Delport and Roestenburg (2011:177), namely using multiple questions on key variables, clarifying concepts and excluding unclear concepts, aiming at consistency in scoring processes, and providing clear instructions

to the respondents. The researcher further enhanced the questionnaire's reliability by conducting a pilot test in order to ascertain whether the questionnaire presented relevant responses to answer the research questions and meet the objectives of the study (Neuman, 2012:121).

In addition to a pilot test, the researcher subjected responses on the questionnaire to a Cronbach's alpha test. According to Pietersen and Maree (2020:261), a Cronbach's alpha test is a correlation coefficient that is used to measure the internal reliability of a questionnaire. The minimum score that the test can give is 0, meaning there is no internal reliability, while the maximum score it can give is 1, meaning there is a 100% internal reliability (Pietersen & Maree, 2020:261). The rule of thumb of the Cronbach's alpha test is that a score of 0.7 and higher indicates a good internal reliability (Pietersen & Maree, 2020:261). The full results of the Cronbach's alpha test for responses on different sections of the questionnaire are attached to this report (see Appendix 10). A summary of the results per section are as follows:

Table 2.2 Cronbach's alpha test

Scale: Section B

Cronbach's Alpha	N of Items
.897	8

Scale: Section C

Cronbach's Alpha	N of Items
.860	12

Scale: Section D

Cronbach's Alpha	N of Items
.875	10

Scale: Section E

Cronbach's Alpha	N of Items
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.868	10
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Scale: Section F

Cronbach's Alpha	N of Items
.819	9

Scale: Section G1

Cronbach's Alpha	N of Items
.929	7

Scale: Section G2

Cronbach's Alpha	N of Items
.873	7

The overall results of the Cronbach's alpha test for responses on the questionnaire used in this study were all above 0.8, meaning that the data had consistency and internal reliability (Pietersen & Maree, 2020:261). This score indicates that social workers really read the questions and answered reasonably, that they were familiar with terminology used in the questionnaire, and that the terminology matched the terminology used in the family reunification field. As such, the gathered data has a high internal reliability and can be fully trusted.

2.8. Pilot study

The researcher found the pilot study advantageous in that it improved the success and effectiveness of the investigation (Strydom, 2011b:241). Moreover, it enlightened the researcher on the feasibility of the study in terms of financial resources, time and willingness of participants to participate in the study. Furthermore, a pilot study informed the researcher about the suitability of sampling and data gathering instruments (Leedy & Ormrod, 2013:92). Participants in the pilot study signed informed consent letters.

2.8.1. Qualitative phase

The researcher conducted a pilot study with the first three social workers who were interviewed from participants selected for the qualitative study. Information obtained from the pilot study was used in the main study. The pilot study found that the questions were proper and did not require any major restructuring. Participants gave input in the review and final formulation of a semi-structured interview schedule (Greeff, 2011:370).

2.8.2. Quantitative phase

The researcher did a pilot test of the questionnaire with three social workers from Child Welfare Tembisa. The pilot test found that the questionnaire was clear and easy to understand and respond to (Leedy & Ormrod, 2013:199). The advantage of doing a pilot test in a quantitative study was that data obtained served as a preliminary check on the reliability of a measuring instrument (Rubin & Babbie, 2011:235). Information obtained from the pilot study was not used in the main study.

2.9. ETHICAL CONSIDERATIONS

Throughout the entire research process, the researcher maintained an active awareness and adherence to the following ethical issues, as suggested by Maree (2020); Creswell (2014); Neuman (2012); Strydom (2011c); and Rubin and Babbie (2011):

2.9.1. Avoidance of harm

The purpose of the study was to develop a holistic family reunification services model for children in alternative care. As such, there was bound to be some emotional issues at play because of the demands on social workers to deliver services despite limited resources, coupled with the non-existence of a family reunification services model. Moreover, social workers might have been frustrated by the amount of time it takes to reunify children with their families. The researcher therefore did everything in his

power to ensure adherence to the principle of avoidance of harm, so that the study did not leave participants (social workers) psychologically distressed (Creswell, 2014:98). To minimise the possibility of harm resulting from this study, the researcher thoroughly informed all participants and respondents about the potential impact of the study and then gave them an opportunity to withdraw from the study if they so wished (Rubin & Babbie, 2011:77).

Furthermore, the researcher offered debriefing sessions to participants who needed to debrief. This happened after interview sessions and accorded participants an opportunity to ventilate and work through their experiences. Moreover, it gave the researcher an opportunity to correct any uncertainties that might have been generated by the research experience (Strydom, 2011c:122). The researcher was prepared to refer participants to social work supervisors at participating organisations and to specific officials in the DSD if they wished to further discuss challenges they encountered in rendering family reunification services. However, none of the participants needed a referral.

2.9.2. Informed consent

The researcher adhered to the principle of informed consent by providing adequate and all possible information to social workers selected for the study on the goal and objectives of the study; procedures to be followed during one-on-one interviews and filling in of questionnaires; possible advantages and disadvantages of the study; as well as the credibility of the researcher (Strydom, 2011c:117). After all the above-mentioned information regarding the study had been disseminated, participants were in a position to choose to participate or not to participate in the study (Maree, 2020:48). The researcher never coerced any social worker to participate in the study; he adhered to the principle of voluntary participation (Neuman, 2012:56). The researcher asked each participant to sign a consent form prior to being involved in the study (see Appendix 7). Key information regarding an informed consent form was repeated at the beginning of every interview session and the researcher clarified any uncertainties to participants.

2.9.3. Deception

The researcher did not inflict any form of deliberate deception on participants of this study (Strydom, 2011c:118). The researcher did not withhold any information from participants and did not collect any data in a secretive manner (Maree, 2020:44). There were no hidden agendas in this study; every participant received adequate and correct information (Creswell, 2014:98).

2.9.4. Privacy, confidentiality and anonymity

The researcher strove to ensure anonymity and privacy of participants by treating interview transcripts and questionnaires as confidentially as possible (Maree, 2020:44). However, he was not able to ensure the anonymity of participants in the qualitative study due to the fact that information was shared during one-on-one interviews. However, participants were assured of confidentiality. The researcher informed participants that no information that would identify them (particularly names, surnames, post numbers and addresses) would be included in the transcriptions, research report or any other further publications (Creswell, 2014:100). This ensured that “those outside the study will not know the identity of the participants” (Mclaughlin, 2012:62). The researcher used codes to present the data. As such, no comments could be linked to specific participants and respondents. The informed consent letter also indicated that raw data, transcriptions and recordings would be securely stored for a minimum of 15 years at the Department of Social Work and Criminology, according to University of Pretoria’s stipulations (Creswell, 2014:100).

2.9.5. Actions and competence of the researcher

The researcher was competent to undertake the study because he has research experience gained from studies he undertook in partial fulfilment of his masters’ degree. Moreover, he was competent to conduct one-on-one interviews due to the fact that he is well versed in interviewing and facilitation techniques and skills. In addition, he possesses the necessary questioning, probing, listening and report writing skills

(Greeff, 2011:368). Furthermore, he conducted the study under supervision of his study promoter.

2.9.6. Collaboration with contributors

The researcher gave proper credit to all people who contributed to this study (Strydom, 2011c:125), namely the supervisor allocated to the researcher by the University of Pretoria, the participants, the management of participating organisations, and the Department of Statistics at the University of Pretoria.

2.9.7. Compensation

The researcher did not offer any incentives in monetary value to participants and participating organisations for being involved in the study (Strydom, 2011c:113). The one-on-one interviews were held at a time convenient to participants, at the offices of participating organisations. The participants did not need any reimbursement for transport costs because they were already in their offices for work purposes. The same applied to questionnaires. The researcher delivered questionnaires to offices of participants, and when participants had finished completing the questionnaires, the researcher collected them (questionnaires) from their offices. As such, participants did not incur any travelling, printing or communication costs.

2.9.8. Publication of findings

The researcher reported the findings of this study in a morally and ethically sound manner (Strydom, 2011c:126). He ensured that there was no deception in the findings by not manipulating results, by compiling the research report as far as possible in an accurate and objective manner, and by reporting on the limitations of the study (Creswell, 2014:100). As a form of recognition and expression of gratitude, the researcher will inform participants and the management of participating organisations about the findings of the study. The researcher properly acknowledged and correctly referenced other sources and publications that he had consulted in order to avert

plagiarism (Strydom, 2011c:126). More importantly, the researcher will publish the research results in a scientific journal.

2.10. Limitations of the study

A few limitations pertaining to this study are worth mentioning.

Firstly, the study was undertaken in a period when there were strong movements towards strengthening family reunification services in South Africa. As such, the participants might have been influenced by these open debates, which in turn, could have influenced the findings, conclusions and recommendations of the study. However, findings still reflect the participants' personal experiences with the rendering of family reunification services.

Secondly, the sample was too small to produce valid results that warrant generalisation. Such small samples do not represent a diverse and broad range of views, which could have been obtained if the samples had been larger. As a result, this calls for a replication of this study with a larger sample drawn from across the entire country that would involve more child protection organisations and a large number of social workers.

Lastly, due to the nature of the study and to time constraints, a pilot study of the designed holistic reunification model was not conducted. According to section 159 of the Children's Act 38 of 2005, the placement of a child in alternative care is reviewed after every two years. As such, it would have taken a minimum period of two years to conduct a pilot study of the model. In line with the D&D intervention research model, the researcher focused only on the first three phases of the model, namely problem analysis and project planning, information gathering and synthesis, and design of intervention. As such, a further study should be conducted in order to attend to the remaining three phases of the six phased process of D&D intervention research as outlined by Rothman and Thomas (1994). The remaining steps that should receive attention are as follows: early development and pilot testing, experimental evaluation and advanced development, and dissemination.

Notwithstanding above-mentioned limitations, the study has produced much insight into the development of a holistic family reunification services model for children in alternative care.

2.11. Summary

This chapter presented all aspects pertaining to the research approach, type of research, research design and methodological aspects. The chapter made specific reference to the intervention research (D&D) model as a sub-type of applied research. The mixed methods research design, particularly an exploratory sequential mixed methods design, was relevant for the study in that it enabled the researcher to explore and describe the phenomenon of family reunification. The population and sampling method that was applied in the study was relevant; the participants had experience in implementing family reunification services and provided valuable insights into the development of a holistic family reunification services model. Interviewing, as a method of data collection for the qualitative phase of the study, enabled the researcher to have an in-depth understanding of the context of family reunification in South Africa. Furthermore, the questionnaires used in the survey method enabled the researcher to gather numeric and quantitative data which could be subjected to tests to statistical data. The researcher took care to ensure the trustworthiness, validity, confirmability and reliability of data. Data analysis enabled the researcher to make sense of gathered data, and to derive themes and subthemes that were vital in drawing key findings and conclusions of the study, which, together with literature, were used to develop a holistic family reunification services model for children in alternative care.

CHAPTER 3

LEGISLATIVE FRAMEWORKS AND APPROACHES TO FAMILY REUNIFICATION SERVICES

3.1. Introduction

Family reunification services operate within legislative frameworks, international protocols, regional charters and domestic laws. It is important to be familiar with the legislative frameworks in order to advocate for the provision of family reunification services according to international, regional and national standards. This chapter first unpacks international conventions and regional charters that South Africa ratified and integrated into policies and legislation which mandate intervention with children and families, including family reunification services. Thereafter, the chapter provides a national legislative framework for family reunification, followed by a summary of how the framework links with the regional and international declarations. Lastly, the chapter discusses approaches that support family reunification, and then provides a summary.

3.2. Frameworks for family reunification services

As part of the global community, South Africa commemorated 1994 as the international year of the family, as proclaimed at the 1989 United Nations General Assembly under the theme “Promoting families for the wellbeing of individuals and societies” (DSD, 2012:31). Based on this commitment, South Africa continues to commemorate the International Day for Families on 15 May every year. Equally significant is Heritage Day, which is commemorated annually on 24 September with the main purpose of stimulating positive values in families and ensuring unity and cohesion among family members. The celebration of these two significant days confirms the South African government’s high level acknowledgement that family life is important and that a family is a fundamental unit of society that should be preserved and strengthened. In line with the preservation and strengthening of family life, the South African government has remained true to its prioritisation of children’s issues.

This is evident in the fact that, “It has enshrined children’s rights in its Constitution (1996) [in addition to human rights] and ratified the UN Convention on the Rights of the Child (1989) in 1995, and the African Charter on the Rights and Welfare of the Child (1990) in 2000” (September & Dinbabo, 2008:113). In order for these commitments to children’s rights to materialise into and harmonise with domestic law, the South African government introduced the Children’s Act 38 of 2005. The international convention and regional charter that were ratified and endorsed by South Africa, and thus integrated into South African law, are discussed next.

3.2.1. The United Nations Convention on the Rights of the Child

Like most services in the basket of services for children in alternative care, the provision of family reunification services in South Africa reflects commitments and declarations that the country made to the international community. The most significant international framework in the provision of family reunification services is the United Nations Convention on the Rights of the Child. This Convention provides international standards for rendering not only family reunification services but child protection services in general.

South Africa ratified the 1989 United Nations Convention on the Rights of the Child (UNCRC) in 1995, soon after becoming a constitutional democracy. Article 7 of the UNCRC protects the child’s rights to identification and to be cared for by the parent. It states,

The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents.

The convention also imposes a duty on the state to support parents to care for their children. Article 18(2) states,

For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

In addition, the UNCRC obligates member states like South Africa to protect the family. This is stated in Article 16,

No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honour and reputation. The child has the right to the protection of the law against such interference or attacks.

Furthermore, the convention enforces ratifying countries to ensure that children are separated from their parents only when it is in the child's best interest. This line of thought is reflected in Article 9(1), which states,

States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

Article 9(1) does not only safe-guard the best interests of the child but also directs that the removal of children from their parents must only be effected by competent and designated authorities who should also be subjected to a judicial review. Moreover, such separation should be for the shortest possible period of time. In the event that a child has been separated from family care, the child has a right to maintain contact with his or her family. Article 9(3) of UNCRC states that,

States shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

It is evident that the right of the child not to be separated from family care is at the centre of international conventions on children.

3.2.2. The African Charter on the Rights and Welfare of the Child

Although there are international standards of rendering child protection services, including family reunification services, the realities of continents differ. As such, continents must tailor-make the Convention to address their unique situation.

To Africanise the convention, make it context-specific and acknowledge the different socio-economic and political contexts that children grown up in, the African continent introduced the African Charter on the Rights and Welfare of the Child (ACRWC) (African Union, 1990). The Charter serves as a regional instrument for guiding the provision of child protection services, including family reunification services in Africa. Both UNCRC and ACRWC speak of children's rights, and are hence relevant to direct family reunification services.

The African Charter on the Rights and Welfare of the Child was the first regional treaty to address child rights, and was created partly to complement the UNCRC, but also because African countries were under-represented in the drafting process of the UNCRC, and many felt another treaty was needed to address the specific realities of children in Africa (Morna, Dube & Makamure, 2015:70). As a democratic African state, South Africa saw it fit to ratify the ACRWC. South Africa ratified the Charter in 2000, a few years after adopting its constitution. Article 19(1) of the ACRWC protects the rights of children to be cared for by the parent and that children should be separated from their parents only when it is in children's best interest. It states,

Every child shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents. No child shall be separated from his [her] parents against his [her] will, except when a judicial authority determines in accordance with the appropriate law that such separation is in the best interest of the child.

In addition, the ACRWC obliges member states like South Africa to protect the family. This is stated in Article 18(1), "The family shall be the natural unit and basis of society. It shall enjoy the protection and support of the State for its establishment and development."

The charter also imposes a duty on the state to support parents to care for their children. Assistance from the state would enable biological parents to be in a position to change their circumstances so that they are reunited with their children in alternative care. The mandate of the signatory states to assist parents in looking after their children is evident in Article 20(2) of the charter, which directs that member states should put measures in place to do the following:

- (a) To assist parents and other persons responsible for the child and in case of need, provide material assistance and support programmes particularly with regard to nutrition, health, education, clothing and housing;
- (b) To assist parents and others responsible for the child in the performance of child-rearing and ensure the development of institutions responsible for providing care of children; and
- (c) To ensure that the children of working parents are provided with care services and facilities.

South Africa's ratification of international conventions and regional charters show the country's commitment to child protection but does not bring tangible benefits if they are not articulated into domestic law. In South Africa, the provisions of the United Nations Convention on the Rights of the Child and the The African Charter on the Rights and Welfare of the Child are reflected in the Constitution of the Republic of South Africa, 1996.

3.2.3. The Constitution of the Republic of South Africa

To align international and regional commitments to child protection, including family reunification, so they become a lived reality for children and their families, the government of South Africa put in place national legislative frameworks and policies to guide family reunification services. Although the national framework has been influenced by international conventions and regional charters, the framework is specific to South Africa. From a human rights perspective, family reunification services in South Africa are significantly influenced by the Constitution of the Republic of South Africa, which was passed in parliament in 1996.

Section 9.1 and 9.4 of the Constitution contain a Bill of Rights which also applies to children (RSA, 1996). In addition, section 28 is principally on children's rights, specifying that every child has the right to family care, parental care or appropriate alternative care; the right to social services; and the right to have their best interests given paramount importance in all matters concerning them (RSA, 1996). In section 28(2), children's best interests are of utmost significance in every matter concerning them (RSA, 1996). The provisions of the Constitution of the Republic of South Africa

are reflected in the White Paper for Social Welfare (RSA, 1997), and reunification services in particular fall within the mandate of social welfare.

3.2.4. The White Paper for Social Welfare (1997)

In order to reverse the legacy of apartheid and embrace the new constitutional democracy as enshrined in the Constitution of the Republic of South Africa, the democratically elected government had a tremendous task of addressing the inequalities it had inherited from its apartheid policy (Hölscher, 2008:116). The welfare sector adopted a developmental approach to social welfare as a new perspective for achieving social justice and human rights (Patel, 2005:98). The mandate for developmental services is outlined in the White Paper for Social Welfare of 1997 (Lombard, 2007). This mandate entails a deliberate shift from a racial, paternalist and residual apartheid welfare system, to a developmental approach which was intended to reform the welfare system to be inclusive and more appropriate in meeting the needs of all South Africans (Patel, 2015:29). The DSD (2013:12) postulates that, “The White Paper provides a framework for the transformation and restructuring of social welfare services in South Africa.” Therefore, it also forms a framework for child protection and family reunification service delivery within a developmental policy framework. It should be noted that child protection services, including family reunification services are included in the “basket of developmental social welfare service delivery” (Lombard & Kleijn, 2006:214).

The developmental approach focuses on cultivating human potential through promotion of self-reliance and participation in decision making (DSD, 2013:13). Moreover, it is geared towards family orientated services and highlights the importance of children in alternative care to be reunified with their families. The facets of the developmental approach, as advocated for in the White Paper for Social Welfare, aim to empower service users to be in control of their lives by developing their potential, skills and knowledge.

After realising that it had been 17 years after the passing of the White Paper for Social Welfare, the then Minister for Social Development appointed a committee to review

the White Paper in 2014 to determine which aspects of the mandate had been achieved and what new challenges were unfolding. The task team completed the review in 2015. The report on the Review of the White Paper for Social Welfare stresses the importance of strengthening the families in promoting family reunification by employing the empowerment approach to service delivery (DSD, 2015:145). From a family reunification services perspective, this entails focusing on strengths of families, encouraging contact between children in alternative care and their birth parents, recognising the families' capacity for growth and involving the family to participate in the development of reunification and permanency plans for children in alternative care.

While the White Paper for Social Welfare provides a policy framework for the rendering of social welfare services, the White Paper has gaps in terms of developmental social welfare service delivery. The White Paper does not unpack the different fields of social welfare service delivery, including the rendering of child welfare services, and only alludes to family reunification services. The most specific document on child protection and family reunification services is the Children's Act 38 of 2005, as discussed next.

3.2.5. The Children's Act 38 of 2005

The Children's Act guides the rendering of child protection services in South Africa. It stipulates the type of services to be rendered, the persons to render them, and the procedures and principles to be followed when rendering them. The Children's Act is thus a comprehensive piece of legislation with the purpose to afford children the necessary care, protection and assistance to ensure that they can develop to their full potential (Children's Act 38 of 2009). The Children's Act 38 of 2005 has been praised for its developmental nature (Proudlock & Jamieson, 2008:38).

The objectives of the Children's Act 38 of 2005 that are relevant to family reunification are as follows:

- To promote the preservation and strengthening of families.
- To give effect to certain constitutional rights of children.

- To strengthen and develop community structures which can assist in providing care and protection for children.

As earlier indicated (see 3.2.1), South Africa had to amend its laws to align them with international and regional commitments on child protection. Section 2(2) of the Children's Act states one of its objectives as, "To give effect to the Republic's obligations concerning the well-being of children in terms of international instruments binding on the Republic." Globalisation, through the UN Convention on the Rights of the Child, precipitated and provided a philosophical framework for the Children's Act. Besides the constitutional need to draft the Children's Act 38 of 2005, children in South Africa are affected by widespread poverty, social fragmentation, high rates of unemployment, and HIV and Aids (Proudlock & Jamieson, 2008:35). These new complex social challenges facing children and their families demanded a new approach; hence the introduction of the Children's Act 38 of 2005.

A developmental social welfare policy implies a pertinent role for the state. The Children's Act ensures that government takes the lead in moving into a rights paradigm, in that each chapter of the Act, relating to each area of service delivery, has strategy, provisioning, and norms and standards clauses (Proudlock & Jamieson, 2008:36). These clauses are new in South African law governing social services. The Children's Act shifts the country from an apartheid policy to an approach that recognises that children have a constitutional right to social services and that the state bears the primary duty to ensure that these services are delivered.

Furthermore, the Children's Act has a sharp focus on the strengthening of families. This is evidenced by its significant conceptual move from parents having authority over children to parents having responsibilities and rights (Children's Act 38 of 2005). In addition, the Children's Act emphasises mediation and family group conferencing to resolve family challenges before resorting to the court. Moreover, the presiding officers now have more powers to promote the strengthening of families and the best interests of the child. The new provisions seek to ensure that children are reunified with families of origin. Reference to family reunification is well stated in the Children's Act. The

provisions of the Children's Act with regard to family reunification services are discussed below.

3.2.5.1. Reference to family reunification in the Children's Act 38 of 2005

The reunification of a child with the biological parent is legislated for in section 187 of the Children's Act 38 of 2005, which states that if a children's court placing a child in foster care is of the view that reunification between the child and the child's biological parents is possible and in the best interest of the child, the court must order a social worker to facilitate such reunification, as contemplated in section 156(3)(a) of the Children's Act 38 of 2005. Section 187(2) of the Children's Act 38 of 2005 further states that if the child has not been reunited with his or her biological parents two months before the expiry of the initial court order or any extension of the order, the designated social worker appointed to facilitate the reunification must submit a report to the children's court explaining why the child was not reunited with the biological parents, and recommending any steps that may be taken to stabilise the child's life. The presiding officer of the children's court considering the report may order that the designated social worker must continue facilitating the reunification; or order the termination of the reunification services if there are no prospects of reunification.

A study by Sibanda and Lombard (2015:340) concludes that most of the problems faced by social workers in the implementation of the Children's Act stem from the problems they experience in their association and dealings with the presiding officers of the children's courts.

The fact that the reunification of a child with the family is being decided by presiding officers of the children's court is cause for concern due to the fact that the presiding officers lack uniformity; are not well versed on the provisions of the Children's Act; look down upon social workers; are unprofessional; and burden the already burdened social workers with unrealistic demands (Sibanda & Lombard, 2015:340).

Section 171 of the Children's Act 38 of 2005 also covers reunification of children with their biological parents, guardians or former caregivers. Section 171(3)(a) states that

if the provincial head of social development transfers a child to the care of the child's parent, guardian or former caregiver under the supervision of a designated social worker, the order must specify the requirements that the child and that parent, guardian or former caregiver must comply with. This section goes further to state that if any stipulated requirement is breached or not complied with, the designated social worker may bring the child before a children's court, which may, after an inquiry, vary the order issued by the provincial head of social development or make a new order in terms of section 156. This division of responsibilities between the DSD and the Department of Justice and Constitutional Development has the potential to create administrative bottlenecks and cause ambiguity in the statutory status of children. For example, if the DSD transfers the child back to the biological parents and the Department of Justice revokes the transfer order, there is likely to be conflict between these two role players.

The fact that one department (DSD) is responsible for issuing a transfer order while another department (Department of Justice and Constitutional Development) is responsible for overseeing the transfer order is a "complex and unwieldy arrangement" (Gray & Mubangizi, 2009). Unfortunately, in this terrain marked by "institutional confusion", social workers end up being "caught in a vortex" (Gray & Mubangizi, 2009). For family reunification services to be successful there should be cooperation and collaboration between the presiding officers and social workers. The presiding officers of the children's court should track permanency timeframes and continue to monitor families after reunification. However, this might be challenging to implement due to the high caseloads of both the courts and the social workers. Failure to put measures in place which support family reunification violates the rights of the child to be reunified with a family of origin.

Reunification of a child with the family is every child's basic human right. Therefore, service rendering must prioritise reunification as the DSD (2006:19) aptly states, "Reconstruction enables a client to return to the family as quickly as possible." The Children's Act 38 of 2005 implies that social service delivery to children lies on a continuum of care that ranges from prevention to early intervention, statutory intervention and finally reconstruction and after-care services. Within a developmental

approach, the continuum of care should rather be seen as an open system/cycle as opposed to a linear process (Lombard & Kleijn, 2006:218). This view aligns with the Integrated Service Delivery Model (ISDM) (DSD, 2006:18) stating, "...whilst these levels seem to be distinct, a client may enter (or exit) the system at any of the levels and the levels may overlap in practice." Timely, efficient, effective and successful family reunifications are determined by decisions taken in the initial placement of a child into alternative care (Smith & Lidström, 2020). During the initial placement of the child, logistical issues regarding the contact of parents with the child should be considered. In the event that the child is placed in an area that is inaccessible to the biological parent, the parent may find it difficult to establish contact. Minimal contact reduces the success of family reunification services.

There is a clear linkage between South African law and international and regional conventions. The legislative framework that mandates family reunification serves as a starting point for designing a holistic family reunification services model. The framework to family reunification influences approaches to support family reunification. Therefore, approaches that support family reunification services also serve as a good starting point for developing and designing a holistic family reunification services model. The approaches to family reunification are discussed below.

3.3. Approaches to family reunification services

There are a number of approaches that promote family reunification. However, the approaches that are more influential in directing the rendering of family reunification services are the systems approach (Goldenberg & Goldenberg, 2008:23), the bio-ecological systems approach (Berns, 2013:6), the strengths-based approach (Saleebey, 2013a) and the best interests approach (Melbourne Department of Human Services, 2006:17). These approaches are discussed below.

3.3.1. Systems approach

In systems theory, the child is considered as a sub-system of the family and the family is considered as a sub-system of the community (Birkenmaier, Berg-Weger & Dewees, 2011:209). The tenets of a systems approach lay a foundation for developmental

social welfare services that are characterised by an integrated approach to service delivery; hence it is fundamental for reunification social workers to apply it along with other approaches and perspectives.

From a systems approach, services should be designed to promote an environment to which a child can be safely returned and to help maintain that environment after reunification. A number of studies have supported the use of interventions that have a behavioural, skills-building focus and that address family functioning in multiple domains, including home, school, and community (Smith & Lidström, 2020:13). The most effective treatment involves all family members and addresses not only parenting skills but also parent-child interaction and a range of parental life competencies such as communication, problem solving, drug abuse, stress management and anger control (Chambers, Crutchfield, Goddu Harper, Fatemi, & Rodriguez, 2018).

The systems approach is drawn from structural perspectives, where the family as a whole is viewed to be greater than its family members (Kirst-Ashman & Hull, 2009:9). In this way, the family is considered as a social system because its members are inter-reliant and any change in the circumstances of one family member will have a significant impact on the circumstances of other family members. As such, the systems theory empowers family reunification social workers to analyse and interpret family-related issues, enabling them to locate the position of the family in a society. The family does not operate as an island but has to be considered in the overall national development plans, has to be linked to overall national development goals, and should not be viewed in isolation. Therefore, reunification social workers have to consider South Africa's contemporary issues and socio-economic challenges when they analyse the family. From a systems approach, the preservation, strengthening and promotion of family life is central to the stability and general well-being of the society.

Goldenberg and Goldenberg (2008:23) note that in the pre-systems theory era, practitioners aimed interventions at addressing family problems while focusing only on one specific family member with a "problem", who was generally blamed for the challenges that the family was facing. Practitioners viewed the behaviour of a family member in isolation from the family as a whole. A social worker operating from a systems approach may recognise that children with behavioural problems are

separated from their families of origin not because of their own behavioural problems alone, but because of certain behavioural patterns prevalent in the family system. Prochaska and Norcross (2010:375) define a system as a set of units or elements that stand in some consistent relationship with one another and it comprises both the separate elements as well as the relationships among those elements. According to Goldenberg and Goldenberg (2008:78), the systems theory focuses on the relationship between elements rather than on the elements themselves.

Benokraitis (2011:39) is also of the opinion that the systems theory is a perspective that views the family as a functioning unit with the ability to solve its own problems, make decisions, and achieve collective goals. The emphasis of the systems theory is not on individual family members, but on how the members interrelate within the family system, how they communicate, how family patterns evolve, and how individual personalities affect family members.

3.3.2. Bio-ecological systems approach

The bio-ecological systems approach is an extension of the systems theory and it offers a rounded view of how individuals interact with the numerous environmental systems that are linked to them (Berns, 2013:6). The bio-ecological systems approach also provides an explanation on how an individual influences and is influenced by reciprocal interactions within his or her environment (Sigelman & Rider, 2009:22). In addition, the bio-ecological systems approach provides multiple perspectives about the individual's situation (Lewis & Greene, 2009:232). The bio-ecological systems approach is based on Bronfenbrenner's ecological theory of human development, which articulates the importance of the child's relationship with the family and community, and creates change through environmental interventions, whilst concurrently supporting the individual (Bronfenbrenner, 1979). The focus of practice is the "person-in-environment", which acknowledges that social support is an essential component of practice and that social interventions can take many forms. An ecological perspective also directs attention to children's living conditions and to the organisational impacts and policy consequences that impinge on them.

Proponents of the bio-ecological systems approach are of the view that biological, psychological, social, economic, political, spiritual and cultural factors have a significant bearing on the behaviour of human beings (Durlak, Taylor, Kawashima, Pachan, DuPre, Celio, Berger, Dymnicki & Weissberg, 2007:270). Consequently, for the social worker to comprehend why some families have registered strides towards family reunification services whilst others have not, it is critical for the social worker to contemplate on how the biological, socio-economic, political, spiritual and cultural factors interact and influence family reunification. Hence, the social worker must undertake a holistic assessment within the context of all the interconnected and interacting systems. Doing so enables the social worker to understand the circumstances of biological parents being engaged in family reunification services as well as to understand how the parents' behaviour affects other systems, such as the organisations and community that they are part of and vice versa. Each of these systems is dependent on the nature of the individual parent's life and presents both protective and risk factors that would result in either positive or negative behaviour (Swick & Williams, 2006:371). From the bio-ecological systems approach, the world of the biological parent consists of basic structures in which mutual interactions and influences take place, namely micro, meso, exo, macro and chrono systems (Berns, 2013:17).

The bio-ecological systems approach is useful for family reunification social workers in that it reminds them that problems associated with removal of children from their families and subsequent failure to reunify them with their biological parents are not caused by a single factor, but by multiple intertwined factors that interact with each other. Family reunification social workers who use the bio-ecological systems approach should hold a two-pronged focus and pay attention to both personal and external environmental factors that influence family reunification. It is imperative for the social worker to focus on the reciprocal interaction between the person and their environment rather than focusing on the one at the expense of the other (Jack, 2012:130). The bio-ecological systems approach would enable family reunification social workers to make accurate assessments and judgements by paying attention to reciprocal mutual interactions and exchanges between the family and the environment. Sigelman and Rider (2009:23) support this view and state that the bio-

ecological systems approach believes that there is continuous influencing and shaping of one another's development in a dynamic, reciprocal and sustainable manner. Thus, family reunification workers who hold a narrow focus, and only pay exclusive attention to factors within families, are at risk of failing to challenge structural inequalities that contribute to a family's failure to address issues that led to the removal of the child.

On a similar note, Rothery (2008:92) calls upon practitioners to be critical and outspoken about issues of injustice and oppression that have a profound impact on the success of family reunification. In demonstration of the views of bio-ecological systems thinking, social workers should commit to advancing social justice by ensuring that the rights of children and families are protected, and refrain from blaming the biological parents for the situation in which they find themselves (Rothery, 2008:92). This call challenges social workers in the field of family reunification services to be culturally sensitive and conscious of their own biases and prejudices when rendering family reunification services (Sigelman & Rider, 2009:23).

The bio-ecological systems approach has been hailed for being holistic, as it provides multiple views with regard to the circumstances of an individual (Berns, 2013:17). The approach allows for a broad understanding of the contextual issues that affect families and is helpful in guiding family reunification social workers to intervene at multiple levels (Lewis & Greene, 2009:242). It is therefore a very useful approach to draw from when rendering family reunification services. The bio-ecological systems approach aids practitioners to view family reunification from multiple circular perspectives, as opposed to narrow linear perspectives (Sigelman & Rider, 2009:23). Multiple perspectives are essential when rendering family reunification services due to the fact that behaviour is dynamic and not static as it changes overtime. It is also helpful for the social workers to understand how reciprocal interactions between all the interconnected environmental systems influence family reunification and how these interactions change over time.

3.3.3. Strengths-based approach

Child protection perspectives from the pre-1994 era were condemned for not being developmental and for creating a dependency syndrome in clients (Patel, Schmidt & Venter, 2017:2). Social workers allowed clients to be dependent on them for guidance, support and advice regarding their circumstances. Services were individualistic and were similar to a remedial model in which the focus was on the analysis and rehabilitation of the client, with the client being a submissive receiver of social welfare services (Patel et al., 2017:2). Therefore, implementing strengths-based approaches became imperative. The strengths-based approaches enable practitioners to discover and explore the service users' strengths and resources in empowering them to achieve goals and realise dreams (Saleebey, 2013a:1). The strengths-based approach acknowledges that individuals, groups, families and communities have strengths to improve their lives; these strengths are visible in their knowledge, talents, resources and capacity (Saleebey, 2013a:17). From a strengths-based perspective, a holistic family reunification service is achieved when families are encouraged to use their knowledge, skills and expertise of their own situations to address their social and economic needs (Green, 2001:317).

Family reunification social workers practicing from a strengths-based perspective facilitate the assessment, detection, exploration and use of family strengths and resources, enabling families to achieve their reunification goals (De Villiers, 2008). The social worker should assist families to mobilise and organise their strengths in the process of achieving their reunification goals and concurrently enable families to use their own terms in addressing the reason for the removal of the child, making family reunification a possibility.

The strength-based approach is premised on the principles of inclusion and participation in decision making (Saleebey, 2013a:19). It encourages both children and their families to be active participants and to tap into their innate abilities, strengths and resources to address issues that led to the initial removal of the child from the family. The principles fundamental to the strengths-based approach are discussed below.

3.3.3.1. Principles underlying the strengths-based approach

Nefdt (2003:26) is of the opinion that principles underlying the strengths-based approach originate from the perspectives of regeneration and healing from within, empowerment, dialogue and collaboration. These principles are in line with the principles underpinned by the human rights bill of a democratic South Africa, as outlined in the White Paper for Social Welfare (RSA, 1997). Social workers should embrace these principles in the delivery of family reunification services in South Africa.

The first principle of a strengths-based approach is the principle of regeneration and healing from within (Saleebey, 2013a:15). This principle originates from the belief that people have the strength, capacity, capability and ability to heal from within. Given considerate empowering opportunities, families can develop a sense of wellbeing through forming their own resources to address the challenges that they are battling with. In addition, from a family reunification perspective, the regeneration and healing from within principle is based on the belief that families have intrinsic powers of transformation to build themselves up from the inside out.

The second principle of a strengths-based approach is the principle of dialogue and collaboration (Saleebey, 2013a:15). This principle embraces the values of participation and partnerships; it holds a view that families can only come into being through affiliation with the greater society, which can only be made possible by active communication (Saleebey, 2013a:15). Thus, through creative dialogues, cooperation, collaborations and partnerships between the families, social workers and other stakeholder groups, the delivery of family reunification services can become more efficient and effective.

The third principle of a strengths-based approach is the principle of empowerment (Saleebey, 2013a:13). The principle of empowerment enables social workers to convey a sense of partnership and shared responsibility for meeting family needs, resolving problems, encouraging decision making by the family and promoting the family's use of their own resources. The empowerment principle further holds that every family has an intrinsic power and that the empowerment agenda should discover the power within the family (Nefdt, 2003:27). The empowerment agenda further

obliges reunification social workers to recognise that families have the capacity to participate in decisions and actions that affect them (Nefdt, 2003:70). The shift towards an empowering practice requires social workers to adopt an anti-oppressive practice which involves changing the traditional oppressive structures, reducing bureaucracies and removing the power structures within child protection organisations.

The successful application of the principle of empowerment by reunification social workers has its roots in their ability to adopt a critical practice in social work, which according to Adams (2002:91) is a perspective concerned with change, the promotion of people's rights and the elimination of injustices. Reunification social workers should be able to critically engage with contexts, engage with themselves, engage with the knowledge, and engage with the practice and with the paradoxes and dilemmas. The field of family reunification requires social workers' maturity of judgement in making decisions and calls for social workers' use of reflection, a skill which social workers should develop. Family reunification social workers have the responsibility to empower family members by enabling them to develop the essential skills and knowledge to improve their parenting abilities and living circumstances.

In the application of a strengths-based approach, the social worker will have a specific and empowering way of contacting the family, contracting the family, conducting a family assessment, delivering family reunification services, monitoring and evaluating the process of the family and conducting a termination session with the family. The reunification worker should identify strong and positive aspects of the parent-child relationship and capitalise on them to address weak and negative aspects of the relationship. According to Barker (2003:72), doing so will move the social worker towards creating a balanced view of the family's capacity to provide appropriate care for the child. Moreover, doing so will unlock the family's potential to make the necessary adjustments and address the future needs of the child (Saleebey, 2013b:103). When social workers assess children and their families' strengths during the assessment phase, the focal point should include personality traits and behaviour of both the children and their families; interaction with the environment; communication ability; coping mechanisms and social skills. Utilising the strengths-based approach, the reunification social worker does not only identify the resources of the child and

family, but also empowers them to achieve their reunification goals in line with their personal aspirations, capabilities and capacity. The utilisation of a strengths-based perspective can enhance the motivation of the family to move towards reunification with their child in alternative care. If the social worker focuses on the problems, weaknesses, failures and deficits in the assessment of the family, it leaves the family feeling depressed and unhappy. Focusing on the family's strengths during the assessment could motivate the family to do more and get ready for being reunified with a child in alternative care (RSA, 1997).

In summary, a strengths-based approach builds interventions on strengths and de-emphasises problems. The disadvantage of a problem-centred intervention is that it weakens the family's confidence in their ability to develop in self-reflective ways, believing that they are incapable of resolving their own problems (Guo & Tsui, 2010:237). Social workers have to plan for developmental reunification services that are based on discovering and building on the strengths of the family.

3.3.4. Best interests' approach

From a best interests' approach perspective, the child's best interests must always be paramount in the delivery of family reunification services. The Best Interests Framework for Vulnerable Children and Youth encapsulates that a child's experience of safety, stability and development must be viewed through the lens of their age, stage of life, gender and culture (Victoria Department of Human Services, 2006:17). The Children's Act 38 of 2005 highlights key components of the best interests' principles that must be considered for family reunification, including the following:

- Strengthening, preserving and promoting positive relationships between the child and parents, family members and significant others.
- Protecting and promoting a child's cultural and spiritual identity and development by maintaining and building connections to their family and community.
- Only removing a child from their parents' care if there is an unacceptable risk of harm.

- Planning the child's reunification with their parents when a child is removed from their parents' care.
- Considering parental capability to provide for the child's needs and any action taken by the parents to give effect to the planning goals set out in the best interests' plan.
- Arranging access between the child and parents, siblings, family members and significant others.

In the event of removal of a child from family care, the best interests' approach holds that social workers should arrange access visits between the child and parents, siblings, family members and significant others (Melbourne Department of Human Services, 2006:14). Additionally, the best interests' principles are clear about the desirability of continuity and stability in the child's care, and the possible harmful effect of delaying decision making or taking action. These considerations are based on the philosophy of preserving families as "the fundamental group unit of society" (Victorian State Government, 2007:2); the knowledge that children's continuity and stability in care are pivotal to their healthy development; and, equally, the importance of timeliness as children's developmental timeframes do not allow them to wait indefinitely for their future care to be resolved (Brydon, 2004:17). The challenge in planning and decision making is for the social worker to find the right balance between these considerations that serve the child's best interests.

The social worker should consider the best interest of the child not only when it comes to issues of family reunification, but right from when the child is removed into alternative care. Problems of immense proportions have resulted from the application of sections 151 and 152 of the Children's Act. These sections are on the removal of children from their families into alternative care. It should be noted that the dilemma faced by social workers on whether or when to remove children is a practical reality (Sibanda, 2013:34). Misjudgements and prejudicial decisions on the matter (removal of children) are likely to be traumatic for children and their families; in worse case scenarios, children can even die. Prior to removing a child, the Children's Act requires a preliminary hearing. Section 151 of the said Act covers such removals with prior court approvals, whilst section 152 provides for emergencies where there are time

constraints in getting a prior court authorisation. These sections came under the spotlight in a 2011 high court case of Chirindza and others vs Gauteng Department of Social Development and others. This was after some social workers in the services of the Pretoria East DSD, escorted by the police, municipal officials and media personnel used section 152 to forcefully remove children from men and women who were using children to gain sympathy when begging on the streets. After being denied access to their children and not being told where they were, two of those adults, through the Centre for Child Law at the University of Pretoria subsequently challenged the process in the high court. During a hearing, the court established that the first applicant was not begging at all. Instead, he was trading as a shoe repairer, and had been caring for his child while his partner was hospitalised. The second applicant, who is blind, had been begging. However, she had the assistance of another person who helped her to look after the child in question.

In his judgment, High Court Judge Fabricius found the Children's Act to be deficient in that it fails to provide adequate post-removal procedures where children have been removed and placed in temporary safe care. The Children's Act should have provided for an immediate review hearing by the children's court to determine whether the removal was in the child's best interests. It is because of this shortcoming that the High Court Judge Fabricius found and declared the Children's Act to be unconstitutional (Matthews, 2015:15). He ordered that additional wording requiring reviews be inserted. According to Gilliat (2008:2), "The court should begin with a preference for the less interventionist rather than the more interventionist approach. This should be considered in the best interests of children...unless there are cogent reasons to the contrary". Of significance is that this is in line with article 14 of the United Nations Guidelines for the Alternative Care of Children (United Nations, 2009:7) which clearly states that:

Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family.

Apparently, in the Chirindza case, the social workers in question did not apply a “less interventionist approach”. Infantino, as cited in News24 (2010), is of the view that even with street begging, “Separation of the child from his or her parent or primary care giver should happen only after a full investigation and with thorough preparation.” As elucidated by Lombard in News24 (2010), “Good practice requires thorough investigation and assessment to determine whether children are in any immediate danger.” It is a matter of great concern that the South African child protection system is in crisis and that, “...it tends to be remedial, residual, individualistic, deficit-based and adversarial” (Schmid, 2008:215). Fortunately, the Chirindza case clearly exposed this.

3.4. Summary

The chapter has focused on legislation mandating family reunification, and examined the international and regional frameworks for family reunification services. Thereafter, the chapter provided a national legislative framework, followed by a summary of how the framework links with the regional and international mandates. Lastly, the chapter discussed approaches that support family reunification.

The approaches provide a context for explaining and describing family reunification services and a milieu for a holistic family reunification services model. Approaches also provide a theoretical framework upon which practice frameworks for guiding the rendering of family reunification services are based.

The discussion in the following chapter provides an overview of family reunification services.

CHAPTER 4

FAMILY REUNIFICATION SERVICES

4.1. Introduction

The chapter focuses on family reunification services. The first section provides an overview of the family reunification process and positioning of family reunification within the child protection processes. The next section explores the characteristics of family reunification services, followed by a discussion on the type and nature of services provided in the field of family reunification. Subsequently, the principles of family reunification are discussed, followed by an analysis of practice interventions that lead to successful family reunification. The sections thereafter outline reunification milestones, discuss the role of a social worker in family reunification services, and focus on the challenges in rendering family reunification services. The chapter concludes with a summary.

4.2. Overview of the family reunification process

The process of family reunification is best understood within the broader context of child protection. According to Kirst-Ashman (2007:248), child protection services are interventions that are designed to promote, protect and fulfil children's rights to protection from abuse, neglect, exploitation and violence. Such services are often aimed at preventing, responding to, and resolving the abuse, neglect, abandonment and exploitation situations experienced by children in all settings (DSD, 2006:22). Section 105 of the Children's Act 38 of 2005 defines child protection services as follows:

- Services aimed at supporting the proceedings of the children's courts.
- Services aimed at the implementation of orders issued by the children's courts.
- Services aimed at prevention and early intervention.
- Services related to the removal and placement of children in alternative care (foster care, temporary safe care and children's homes).
- Services aimed at reunification and reconstruction for children in alternative care.

Within the context of protection services, a family reunification model should reflect the importance of implementing all the above services. However, it is important that adequate and holistic services are rendered to children and their families. A failure to provide one of the above-mentioned services in a timely and proper manner has a bearing on the success of family reunification. As such, the following section provides an overview of the family reunification process, starting from prevention and early intervention, moving on to the removal of the child and ending at reunification with the family of origin. It is imperative to discuss these components since they underpin the family reunification process.

4.2.1. Prevention and early intervention

Chapter 8 of the Children's Act 38 demonstrates unwavering commitment to prevention and early intervention services. This is the first point of entry for a child protection social worker. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the family. At this level the family is functioning adequately but there is a possibility of at-risk behaviour at a later stage. The typical risk factors are caregivers' failure to control the behaviour of the child; the abuse and neglect of the child; and the abuse of substances by either the child or the caregivers (section 150(1) of the Children's Act). When the family appears to be at risk, the social worker provides early intervention services to the family members. Services provided at this level utilise developmental and therapeutic programmes to ensure that family members who have been identified as being at risk are assisted and that the removal of a child from the family is avoided at all costs. Prevention and early intervention services are cost effective because they reduce the demand for costlier services such as state alternative care (Proudlock & Jamieson, 2008:38). They are also an investment in human capital because they ensure that children develop to their full potential. As described in section 144 of the Children's Act 38 of 2005, prevention and early intervention programmes must focus on:

- Preserving a child's family structure.
- Developing appropriate parenting skills.

- Promoting appropriate interpersonal relationships within the family.
- Preventing the neglect, exploitation and abuse of children.
- Preventing failures in the family environment to meet children's needs.
- Avoiding the removal of a child from the family environment.

The prevention and early intervention programmes discussed above are linked to risk factors that lead to the failures of a family environment, which in turn lead to the removal of a child from a family. The strengthening of prevention and early intervention programmes result in reducing the number of children that are removed from their families. The successful implementation of prevention and early intervention programmes might appear to be costly in the shorter term. However, they are a long-term, cost-effective solution to costly alternative care services (foster care and institutional care).

A focus on prevention and early intervention reflects a developmental approach to social welfare. This is one of the strengths of the Children's Act that Dawes (2009:4) identifies. In his analysis of the Children's Act 38 of 2005, Dawes (2009:4) states,

...one of the interesting features of the Act, and an advance on its predecessor, is the recognition of the importance of services to vulnerable families and children in order to reduce the probability of abuse and neglect, and the need for statutory intervention. In the previous Act [Child Care Act 74 of 1983], the focus was on statutory care rather than early intervention and the intention of the new legislation is to shift the emphasis to the latter while strengthening statutory processes.

Although this focus is a substantial strength of the Children's Act, the implementation of the Act, which would make the focus a lived reality for children and their families, is still lacking. The failure of prevention and early intervention services leads to statutory intervention. A statutory intervention is geared towards the removal of a child from a family of origin and placing the child in alternative care.

4.2.2. Statutory intervention / alternative care

When a family has been subjected to unsuccessful prevention and early intervention services and the risk of the child continues to be apparent, then statutory services need to be initiated. A child can be removed from the care of the parents if the social worker is of the view that a child is in need of care and protection. According to section 150(1) of the Children's Act 38 of 2005, a child is in need of care and protection if the child:

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

Problems of immense proportions have resulted from the wording of section 150(1)(a) of the Children's Act 38 of 2005, which states, "A child is in need of care and protection if, the child; has been abandoned or orphaned and is without any visible means of support." This section has proved problematic when a social worker tries to open and finalise a children's court enquiry for a child in foster care whose order has lapsed (Sibanda & Lombard, 2015). The same is true for an abandoned or orphaned child requiring foster care who is staying with alternative parents on a private arrangement when the alternative parents need state assistance because their small source of income is only sufficient for them but not for an additional person (the child concerned).

Such caregivers are usually relatives receiving some form of state assistance (for example a disability grant, older persons grant, and child support grant). A 2008 study conducted by the National Welfare, Social Service and Development Forum (2008) found that most children who require foster care reside with elderly relatives. Besides section 150(1)(a), there is usually no other ground for finding such children “in need of care and protection”. Unfortunately, most presiding officers reject the grounds based on section 150(1) saying, “The child is not without ‘visible means of support’ as required by section 150(1)(a)” (Hall & Proudlock, 2011:2). Such children can only be eligible for a foster care grant if the children’s court issues a court order placing them in foster care (be it with a relative or a non-relative). It is noteworthy that the children’s court has rejected foster care applications on a “literal and strict” interpretation of “visible means of support” (SS v Presiding Officer of the Children’s Court, Krugersdorp and others, 2011).

Most participants (social workers) in a study by Sibanda and Lombard (2015:340) expressed serious concerns over the wording in the Children’s Act, “*a child is in need of care and protection if, the child; has been abandoned or orphaned and is without any visible means of support,*” and indicated that it should be changed. They questioned what exactly the phrase “visible means of support” entails (Sibanda & Lombard, 2015:340). They stated that it is a very subjective phrase and that lack of clarity on section 150(1)(a) makes it inevitable for different stakeholders and office bearers to have different interpretations of the Act (Sibanda & Lombard, 2015:340).

The social worker initiates children’s court proceedings based on evidence that prevention and early intervention services have failed or are inappropriate. According to the DSD (2013), statutory intervention by a designated social worker may include:

- Removal of a child to temporary safe care with or without a court order.
- Investigation of the circumstances of a child and his or her family.
- Compilation of a report advising the children’s court as to whether a child is in need of care and protection.
- Investigation of the circumstances of the prospective foster parent(s) or adoptive parent(s) if either foster care or adoption is the most appropriate

placement option.

- Investigation of the placement option of a child in a child and youth care centre. This should only be considered if other placement options are not viable and/or would not be in the best interest of the child. It should be an option of last resort.
- Investigation of the option of court ordered early intervention services, including counselling, mediation, therapy, behaviour modification, problem solving or rehabilitation programmes for the child and his or her family.
- Bringing a child before the children's court.

From the above discussion, it is evident that the removal of the child is a serious, thorough and intensive process. Therefore, family reunification services should be implemented with the same level of intensity if a child is to be successfully reunited with a family from where he or she was removed. In an attempt to maintain family contact and to foster reunification, the Children's Act 38 of 2005 directs that, where possible, children should be placed in an alternative care placement located as close as possible to their family. This is to ensure that families have easy access to the child. As evident from the above discussion, the statutory removal of a child from a family is not an abrupt event; it is rather a gradual process which begins with pre-placement services. The pre-placement services are an integral part of statutory services, as discussed next.

4.2.2.1. Pre-placement services

Pre-placement services are services rendered to children and their families prior to placement in alternative care. The role of the social worker during this phase is to prepare the child and his or her family for placement. If the child is going to be placed in alternative care, the relevant person(s) or family with whom the child will be placed should also be prepared. According to the DSD (2013), the social worker is responsible to do the following:

- Assess or re-assess the developmental needs of the child in order to determine, review or institute appropriate placement.
- Prepare the child and/or his or her family for the placement.

- Consider the educational needs of the child and the likely effect of change in schools.
- Consider the likely effect of any change in the circumstances of the child, including the likely effect of any separation from siblings, friends or significant others.
- Prepare the foster parent(s) or caregiver(s) for the child's placement.
- Plan for ultimate restoration of the child to the family of origin or family reunification.

The social worker must render proper pre-placement services to ensure the success and suitability of a child's placement. The social worker should consider issues of family reunification right from the pre-placement services phase. It is essential that, before the child is even placed with the alternative care family, both the family of origin and the alternative care family are made aware of family reunification processes. The events in an alternative care placement process have an influence on family reunification outcomes.

4.2.2.2. Continuum of care (alternative care)

Continuum of care includes the care and placement of a child into alternative care by a court order, ranging from placement into foster care, to placement in temporary safe care or placement in a child and youth care centre (DSD, 2013). Services rendered include the reception, assessment, care and exit of a child from the child protection system. The child may exit the continuum either through discharge from alternative care, termination of alternative care or movement to an independent living programme after reaching the age of 18 or 21, whichever is applicable.

Social workers play a significant role in providing alternative care services. According to the DSD (2013), the role of the social worker in the continuum of care includes:

- To ensure the care and placement of a child in alternative care by court order ranging from placement into foster care, placement in temporary safe care or placement in a child and youth care centre.

- To ensure that a child placed in alternative care is adequately cared for and the conditions of care as defined in section 1 of the Act are complied with.
- To ensure provision of services, including the reception, assessment, care, therapy and exit of a child from the child and youth care system.

The case manager, who finalised the children's court proceedings, where applicable, is responsible for the process of the review of court orders, family reunification services, and any movement of the child within or out of the child protection system (Children's Act 38 of 2005). Once children are in alternative care, social workers should begin reunification services, where the focus is on the reunification of the children with their family of origin (Kleijn, 2004:26). The social worker should arrange constant visits between the child and the parent(s). Moreover, the social worker should deliberately focus on addressing issues that would have led to the removal of the child. Once issues that led to the child's removal have been successfully addressed and the child is ready, then family reunification can occur.

4.2.3. Reunification services

The statutory intervention (see 4.2.2) is aimed at providing alternative care, which should wherever possible be a temporary measure, followed by reunification services to enable the child to return to the family of origin as quickly as possible. Services delivered at this level are aimed at reintegrating, supporting and enhancing self-reliance and optimal social functioning of the family (Child Welfare Information Gateway, 2012:1). Reconstruction services address the issues that contributed to the removal of the child into alternative care. The social worker must render family reunification services to the child's family immediately after the removal of the child. Although cases and families differ, a closer analysis of family reunification services portrays similar principles.

4.3. Principles of family reunification

Some core principles, values, attitudes and beliefs should guide the field of family reunification as an arena of service delivery. According to the DSD (2012), the principles of family reunification are as follows:

Family-centred orientation: Services should focus on the family in its entirety. The family should not be seen as disintegrated. Decisions made must be in the best interests of all family members.

Strength-based approach: This principle states that the core focus of family reunification is the application of approaches that seek to strengthen the capacity of family members. This may include training family members to acquire new interpersonal and life skills, for example, anger management strategies, negotiation and conflict resolution techniques, problem solving and decision making skills. The belief is that these strategies will enable family members to address reasons that led to the initial removal of the child from the family.

Partnerships: This principle is premised on the view, “Nothing for family members without the family members”. The family and significant others that the child has built a bond and established a relationship with should be seen as significant role-players in the multidisciplinary team.

Empowerment: The empowerment principle of family reunification services directs that the reunification process has to be edifying for the family members. Moreover, the process should be geared towards nurturing a spirit of resilience and self-reliance in families.

Case management: The case management principle recognises that family reunification is a rigorous and exhaustive process which requires effective and efficient case planning and management. Given the multifaceted needs of families, provision of an array of support services and resources remains a vital component of family reunification services.

Collaboration: All stakeholders in a family reunification case must collaborate and cooperate with one another; they must share the same vision and goal of improving the circumstances of the family so that reunification can become a possibility.

Participation: This principle is important for all family members as individuals, as well as for the whole family. Like with the principle of partnerships, the relevant stakeholders must give due consideration to the views of families. Active participation must happen throughout the entire process, from removal up to reunification.

The above principles of family reunification have a significant influence on family reunification practices. The principles are reflected in the characteristics of family reunification services, as discussed below.

4.4. Characteristics of family reunification services

Characteristics of family reunification services must be imbedded in a family reunification model. Although families' circumstances are different, calling for different types of services, it is important that the nature of family reunification service delivery has similar basic references. Similar characteristics should be visible in all family reunification services. An in-depth analysis of family reunification services reveals the following characteristics:

- Family reunification services are provided to families who have gone through a statutory process that resulted in the removal of a child and subsequent placement of the child in alternative care through the children's court.
- Family reunification services refer to services rendered to empower members of the family to address the risk factors that necessitated the removal of the child. The services also seek to support family members to come to terms with the removal of the child.
- The duration of family reunification services depends on the reasons that led to the removal of the child and on the ability of the family to address those reasons.

- The removal of a child from the family is a loss for both the child and the family. A child may have feelings of being rejected by and being detached from the family and may have lost a sense of belonging. New relationships will have to be built between the child and the family. Regular contact between the child and the family needs to be maintained so that everyone learns to trust each other again. For biological parents, there may be feelings of guilt and inadequacy. The removal of a child from the parents carries a negative reflection on the capabilities and skills of the parents.
- The removal of children from a family of origin sometimes separates them from their familiar environment, culture, language, traditions, religion, school and friends. Some children find themselves in places of care that do not necessarily recognise their culture.

Social workers must be aware of the above-mentioned characteristics so they can render effective family reunification services to children and their families. Failure to comprehend the basic characteristics of family reunification services results in social workers rendering inappropriate services.

4.5. Services provided in the field of family reunification

Numerous services provided in family reunification programmes seem to be yielding good results. According to Dougherty (2004:1), these entail intensive services, after-care services, concrete services and home-based care services. A closer analysis of these services reveals that family reunification services should be holistic and on-going. For the services to be rendered effectively, social workers need to work from a developmental approach and collaborate with other stakeholders in the child protection field. Services should be designed to promote an environment to which a child can be safely returned and to help maintain that environment after reunification. Chapter 9 of the Children's Act 38 of 2005 is very clear on the fact that children should be protected from an environment that poses any form of harm to them. Therefore, social workers must conduct regular visits to the family prior to reunification and post-reunification to ensure that the environment is conducive to the child's safety. An important factor in these regular supervision services is that they also target

behavioural issues. The use of interventions that have a behavioural, skill-building focus and that address family functioning in multiple domains, including home, school, and community are key in family reunification (Macdonald, 2001). However, it should be noted that the most effective treatment involves all family members and addresses not only parenting skills but also parent-child interaction and a range of parental life competencies such as communication, problem solving, and anger control (Corcoran, 2000).

The types of services provided in the sphere of family reunification range from intensive services, concrete services, home-based care services, treatment of substance abuse services, and post reunification services. These services are discussed below.

4.5.1. Intensive services

Intensive family-based services are often cited as a critical component of effective reunification programmes (Dougherty, 2004). A study of the Utah Family Reunification Services project found that children whose families received intensive family-based services were much more likely to be reunified within 90 days and to remain at home one year later (Child Welfare League of America, 2002:15).

The National Family Preservation Network (2003:6) recommends that intensive family reunification services include: social workers who are readily available on call, 24 hours a day, seven days a week; caseloads that are limited to two to four families per social worker; intensive services that are rendered 5 to 20 hours per week; and services that are available during evenings and on weekends. Given the high caseloads and shortage of social workers in South Africa, these recommendations are challenging to address in constituting a holistic family reunification services model (National Planning Commission, 2011:361). Currently, much of social workers' time is spent on monitoring and supervising long-term foster care placement. A family reunification services model is geared towards ensuring that children who can possibly be reunified with their families do not stay unnecessarily long in care, thus reducing the numbers of foster care case-loads.

Intensive in-home services for reunification focus on making sure that families are able to meet the basic needs of their children. Parents are given hands-on learning

experiences in areas in which they are experiencing problems such as meal planning and preparation, food shopping, or housekeeping tasks (Dougherty, 2004:3). However, the difficulty in funding intensive in-home services challenges the provision of these services. In a country like South Africa, NGOs face resource constraints to an extent that, in 2013, a number of NGOs had to close down (Hofisi & Hofisi, 2013:528). The situation has not changed at the time of writing as the welfare sector is currently still facing major resource challenges. A family reunification services model should address this funding challenge and advocate for networking and collaboration between the various stakeholders in the child protection sector, thus ensuring an effective and efficient use of scarce resources.

4.5.2. Concrete services

Reunification is not an abrupt event; like other forms of permanency, it is a gradual process that needs to be sustained with post-permanency services (Brydon, 2004). In order to attain successful reunifications, families need services that specifically address the issues that led to the removal of the child in the first place; this may entail the provision of concrete services. The provision of concrete services such as food, transportation, and assistance with housing and utilities has been demonstrated to be an important aspect of family reunification services (Cheng, 2010:115). Likewise, a study on family-centred service programmes identified concrete services as critical elements of practice (Wells & Fuller, 2000:20). The most effective programmes in the study did not only provide services to meet concrete needs, but also offered families guidelines in accessing community resources (Wells & Fuller, 2000). In a study of 1,014 families participating in a family reunification programme in Illinois, 50% of families who experienced reunification demonstrated high utilisation of concrete services such as finance and transport assistance (Rzepnicki, Schuerman & Johnson, 1997:7).

Family reunification services should be adequately packaged. For family reunification to be successful, the basket of services should target all the aspects of the child and family, in a comprehensive manner.

4.5.3. Home-based care services

A home-based services model was originally developed to prevent out-of-home placement; however, it has shown some success in effecting family reunification (Walton, 1998). In one experimental study, families in the treatment group received intensive casework services, parenting and life skills education, family-focused treatment, and help in accessing community resources (Walton, 1998:207). The treatment group had a reunification rate three times that of the control group and remained intact at a far higher rate seven years later (Walton, 1998:211). It is important to note, however, that while some short-term intensive models (see 4.5.1) have demonstrated success in achieving family reunification, not all such programmes appear to substantially reduce the risk of re-entry into foster care (Wulczyn, 2004:96). Many families who have experienced placement of one or more children in foster care require longer term intervention and support (Gaudin, 1993:83). Therefore, family reunification services should not be rushed, the family should be allowed to move at its own pace and family reunification should happen only when the family is ready. Even after reunification, both the child and the family still need support to sustain the new relationships and placement arrangements.

4.5.4. Substance abuse treatment services

Well-documented evidence shows that most children are removed from their biological parents due to issues of alcohol and drug abuse that make parents neglect and abuse their children (Child Welfare Information Gateway, 2011:9). Therefore, it is critically important that resources should be readily available for the assessment and treatment of substance abuse. A study conducted by Green, Rockhill and Furrer (2007) found that parents who entered substance abuse treatment faster after their children were placed in alternative care, stayed in treatment longer and completed at least one course of treatment. The study found that such parents were significantly more likely to be reunified with their children, compared to their counterparts who were not engaged with substance abuse treatment services. Therefore, child protection organisations must establish partnerships with drug and alcohol treatment centres and bring addiction specialists into organisations to ensure more effective assessment of

drug-related needs, treatment planning, and monitoring of progress (Maluccio & Ainsworth, 2003).

Research has shown promising results from three types of service delivery to parents who abuse substances, as discussed next.

➤ ***Intensive case management***

A study by Ryan, Marsh, Testa, and Louderman (2003) found that families made significant progress in dealing with substance abuse challenges when they received intensive case management that entailed intensive assessments, proper service planning, and elimination of barriers to accessing substance abuse treatment. In a separate study, Choi and Ryan (2007) established that the possibility of both completion of substance abuse treatment and family reunification was enhanced when parents also received services to deal with mental health issues, housing, family therapy, anger management strategies, problem solving and parenting skills.

➤ ***Tailored programmes for women with children***

For women with children to fully complete their drug and alcohol treatment plans, substance abuse treatment services should be tailored to meet their unique needs. A study involving 1,115 mothers found that the likelihood of reunification was enhanced when mothers received an array of services ranging from access to facilities of employment, education, and children's services, in addition to substance abuse treatment services (Grella, Needell, Shi & Hser, 2009).

➤ ***Strong social support***

Social support is a significant factor in the successful treatment of addiction. Therefore, assessment and intervention activities should be conducted using an integrated social work model, which would entail the involvement of the family in its entirety, especially spouses. In addition, intervention should include regular support from social workers, addiction specialists and rehabilitation centres (Gregoire & Schultz, 2001).

Social workers should consider non-traditional ideas to ensure that all children for whom reunification is an appropriate plan are identified and returned to their parents'

custody in a timely manner. The non-traditional ideas include residential treatment programmes where children are placed with their mothers during treatment and parents who have completed treatment programs live with the children in the homes of mentors who can continue to guide their process of becoming self-sufficient in recovery (Dougherty, 2004).

From the above discussion, it can be concluded that parents whose children were removed due to substance abuse related issues, require a specialised form of services and more intense support. The success of support programmes is embedded in continued family support services after children are placed back with the family. Post-reunification services are therefore of critical importance, as discussed next.

4.5.5. Post-reunification services

Reunification is the preferred permanency “outcome”, but that does not mean it is an event (Dougherty, 2004). Like other forms of permanency, it is a process that needs to be sustained with post-permanency services. Wulczyn (2004) indicates that about 25% of all children who get reunified with biological parents will be removed again at some point, often within one year. Reunification, although a positive milestone for the family, is also a time of readjustment. Parents already under stress can find it difficult to maintain safety and stability for the children. The difficulty is compounded when children and parents have complex personal needs or when environmental factors, such as extreme poverty and a lack of social support, are present (Terling, 1999). Follow-up services that enhance parenting skills, provide social support, connect families to basic resources, and address children’s behavioural and emotional needs must be provided if re-entry into foster care is to be prevented (Terling, 1999).

Most child protection social workers consider post-reunification services to be indispensable (Dougherty, 2004). Therefore, post-reunification services should be customised to the distinct needs of the child and family. Freundlich and Wright (2014) classify post-reunification services as follows:

- Clinical services such as individual, couples, or family therapy, substance abuse treatment, domestic violence intervention, and crisis intervention.
- Material or financial services such as income support, job training, health care coverage, or housing assistance.
- Support networks such as day care, peer support groups, linkages with the health and education systems and other community-based services. The intensity of needs may vary as the family experiences challenges after the child returns home. Effective programmes will respond to this fluctuation with higher levels of wrap-around services when they are needed.

The rendering of post-reunification services ensures that the reunification of a child with the family is sustainable and that any adjustment challenges are immediately addressed. The flexibility of a social worker is fundamental in rendering post-reunification services; families should receive services that address the unique and specific needs of that particular family. A blanket approach is not ideal in family reunification. The importance of post-reunification services is an integral part of practices that achieve successful family reunification.

4.6. Practices that achieve successful family reunification

A review of literature points out common characteristics of practice interventions that contribute to reunifying children in alternative care with their families and communities of origin (Children's Bureau, 2010; Dougherty, 2004; National Centre for Youth Law, 2007; Wulczyn, 2004). However, limited literature identifies practices that are successful in reunifying children in alternative care with their families of origin. Instead, much of the research has looked at characteristics of children and families that help or hinder family reunification.

The National Centre for Youth Law (2007:27) suggests that social workers who have adequate and appropriate training, specialised competencies, maturity of judgement and greater experience in child protection work are better able to facilitate effective family reunification services. Wulczyn and Martin (2001:19) provide another point and state that more flexible funding that allows agencies to provide better community-based services to families can also lead to greater rates of reunification.

Meaningful family engagement has been identified as another practice that achieves successful family reunification (Yatchmenoff, 2005). Effective family engagement activities include involving birth families in planning and decision making, encouraging foster parents' support of the biological parents, and facilitating visits between children in foster care and their parents (Children's Bureau, 2010:4). Family engagement is facilitated by the following:

- The use of family team meetings, especially the use of family group conferencing (Child Welfare Information Gateway, 2012:4). Family group conferencing facilitates reunification efforts by promoting active involvement of both biological parents, extended family, and others to achieve permanency for children. Families should participate in decision making, not just in terms of where the child will live while in out-of-home care, but also to discuss issues such as long-term safety and well-being.
- Foster parents' support of contact between children and birth parents and the foster parents' direct support of biological parents through mentoring.
- Increasing the frequency of visits leading up to reunification. This helps to facilitate achievement of family reunification goals and decreases re-entries to foster care.
- Early and diligent search for extended family members and use of kinship care to maintain parent-child connections during out-of-home care episodes.
- Neighbourhood-based family foster care. This helps to keep children connected with their friends, schools, churches, and culture. More importantly, it allows for frequent parent-child visits and contacts. Targeted recruitment efforts should provide the social worker with a sufficient pool of competent foster families who reflect the cultural and racial diversity of children in need of alternative care in the communities from which they come.

Assessment and case planning is another fundamental practice in the reunification process. Individualised needs assessment and clear goals are critical to case planning (Macdonald, 2001). Other critical activities to achieve family reunification goals include emphasising early on that reunification is the most desirable permanency goal;

adequately assessing the strengths and needs of children and families; involving parents and children in case planning; building on family strengths and addressing specific needs. According to the Children's Bureau (2010:5), experiences in assessing the strengths and needs of families indicate that initial assessments can be vital to the implementation of case plans that ultimately lead to reunification. Conversely, early assessments can also lead to the decision that reunification is not in the best interest of the child, prompting social workers to seek alternate routes to permanency for some children.

The above discussion indicates that besides assessment and case planning, meaningful family engagement influences the social worker's ability to reunite children in alternative care with their families of origin. It is therefore important to look at the dimensions of family engagement.

4.6.1. Dimensions of family engagement

Family engagement plays a central role in family reunification. It ensures that the social worker, the family of origin, the foster family and the child have a common understanding of reunification goals, activities and timelines. The dimensions of family engagement entail the caseworker-family relationship, the parent-child visitation, the involvement of foster parents, and the involvement of a parent mentor.

4.6.1.1. Relationship between the social worker and the family

The frequency and nature of the social worker's contact with the family is important in facilitating meaningful family reunification services. According to the Children's Bureau (2010:6), regular contact between the social worker and the family enables family reunification. In a study analysing 411 children who spent three years in alternative care, social worker engagement with the family was positively associated with permanency outcomes of family reunification (Cheng, 2010). However, the challenge is that parents are sometimes mistrustful of child welfare social workers, and blame them for the removal of the child; thus they are unwilling to cooperate, share

information or establish a relationship with the social workers (Landman & Lombard, 2006:1).

Family engagement becomes significant when family members believe that their participation in case planning and services is appreciated and respected; when family engagement provides them with the information they need to successfully advocate for themselves and their children; and when it enables them to access the services and resources they need to achieve reunification (National Resource Centre for Permanency and Family Connections, 2009). The relationship between a case worker and the biological parents is further strengthened if the case worker advocates for competent legal representation of birth parents. Legal representation is vital in that it enables families to take a more effective role in court proceedings. A study by Oetjen (2003) confirmed that in a pilot programme in Washington State where parents were provided with attorney representation, the results indicated a number of improved outcomes, including increased numbers of family reunifications.

In another study, researchers examined engagement in a sample of 63 families receiving child protective services and found that the interpersonal relationship with the caseworker was the strongest predictor of the family's engagement (Regional Research Institute for Human Services, 1998).

The above studies, as well as engagement research in related fields, suggest that the following behaviours of social workers are important in alleviating families' fears and building the rapport necessary for effective engagement:

- Establishing open, honest communication with parents.
- Requesting family participation and feedback in the planning process.
- Providing instruction and reinforcement in the performance and completion of mutually agreed-upon activities.

Social workers require a paradigm shift and a change of attitude to successfully engage with families (Mbambo, 2004:40). According to September and Dinbabo (2008:121) this means, "Acknowledging that old ways [pre-developmental service framework] of doing things may not be the best." It is unfortunate that some social workers have been in the child protection field prior to the adoption of the

developmental approach and are opposed to change and not very accommodative to the new ways of rendering reunification services. The failure to embrace the developmental approach to service delivery derails the reunification of children in alternative care with their families of origin and undermines the success of family reunification services. Patel (2005:3) articulates that moving from an old way of doing things is always challenging and causes considerable tension and uncertainty. Without a new mind-set and attitude shift, the reunification services will be discarded as impossible.

4.6.1.2. Parent-child visitation

From practice experience, the researcher concurs with Leathers (2002:597) that parent-child visitation is a significant predictor of the reunification of a child in alternative care with the biological parents. A study of family reunification in a sample of 922 children aged 12 and younger found that children who were visited by their mothers were 10 times more likely to be reunited with them (Davis, Landsverk, Newton, & Ganger, 1996:374). Visiting maintains the connection between parent and child during placement and allows the social worker to assess the readiness of parent and child for reunification.

Effective visitation practice goes far beyond attention to the logistics of scheduling and transportation; it provides an opportunity to build parental skills and improve parent-child interaction. Haight, Sokolec, Budde and Poertner (2001) suggest that visitation should have a psycho-social focus. Thus, any social worker who supervises visits must have knowledge and skills on how to do therapeutic work with families.

Visits between children and parents should not be limited to short visits in the agency office. Burke and Pine (1999) describe as follows some of the components of parent-child visiting that can lead to reunification:

- Structuring visits in ways that enhance opportunities for parents to practise and enhance their care giving skills.

- Scheduling visits at the home of foster families at times that include increasingly more challenging situations such as meal times and bedtimes, and for longer periods of time.
- Including parents in activities that allow them to be part of their children's lives, such as school activities, doctor appointments and recreational opportunities.
- Encouraging foster parents to interact with biological parents.

Parent-child visiting must be applied in all forms of alternative care, including placements in both foster care and in institutions. The Nashua Children's Home in New Hampshire, provides services to children between the ages of six and 18, and considers family involvement to be the ingredient behind the success of their family reunification services programme (Nashua Children's Home, 2016). At this residential care facility, it is not only children who visit the homes of their biological parents, but the biological parents also visit their children in the facility and join their children for activities such as family days, public holidays, heritage days and mealtimes (Nashua Children's Home, 2016). Contact throughout the child's stay in alternative care ensures that parents remain involved in the lives of their children. According to Dougherty (2004:3), placement of a child in alternative care, particularly a teenager who may be displaying behavioural problems, allows the family to "close the hole", attempts of reunification in such a family are more difficult, because the family becomes used to not having the child around. Good reunification programmes ensure that the family does not get comfortable with the child's absence (Freundlich & Wright, 2014) by structuring visits in a way that guarantees the joint involvement of both the parent and the child in family activities.

Parent-child visitation enables the parent and the child to be in constant contact. This makes it possible for them to build a relationship and to form a bond, which are necessary ingredients of family reunification.

6.2.1.3. The involvement of foster parents

Foster parents may facilitate family reunification through both mentoring the biological parents and supporting their visitation. The development of a positive relationship between the foster parents and biological parents may allow children to avoid the

stress of divided loyalties. Practice experience shows that that some family reunification efforts fail due to the fact that the child sees a relationship with the biological parents as a betrayal to the foster parents and vice versa. At times, foster parents become overprotective and develop a tendency to discourage children in their care from having contact and a relationship with biological parents and they often remind the children of the reasons why the children were removed from the care of biological parents (Sanchirico & Jablonka, 2000:186). Therefore, when recruiting and selecting foster parents, social workers must consider foster parents' experience, maturity, intension, communication skills, ability to handle multiple roles, and the possible need for additional training.

In addition, foster parents should be made aware of the fact that foster care is a temporary placement option for children, whilst the families of origin are attempting to address the reasons that would have led to the removal of the child. Foster parents should be prepared to facilitate, and not obstruct, reunification efforts, since the ultimate goal of every child in alternative care is to be reunified with the family or community of origin.

Making foster parents equal partners in the permanency team, which comprises social workers, biological parents, children and other significant professionals, empowers foster parents to step up and participate in working with biological parents towards the goal of reunification. Foster parents, who facilitate parent-child visiting, teach and mentor birth parents in parenting skills and participate in placement conferences, contribute to the reunification effort. Most of the programmes mentioned earlier (see 4.5 encourage foster parents to act as mentors to biological parents. According to Dougherty (2004:6), child protection organisations team up to provide a combination of home and community-based treatment for families when children are temporarily removed from the home in first time placements because of child abuse or neglect. Foster parents are recruited and trained with the understanding that they will be actively involved with the placement and reunification plan and, should reunification not occur, agree to provide a permanent home for children placed with them.

The “family to family initiative” of the Annie E. Casey Foundation, America uses the idea of “building bridges” to represent the process of spanning the gap between foster parents and biological parents (Annie E. Casey Foundation, 2016). The foundation

lists four stages of contact, namely basic meetings, meetings on neutral territory, visits to the biological family's home, and biological family visiting the child at the foster family's home. Each stage has tips for social workers, birth parents and foster parents (Annie E. Casey Foundation, 2016).

Foster parents' involvement in the reunification process makes them stakeholders, thus availing an opportunity for them to network and build a relationship with the significant others, and to contribute positively to family reunification efforts.

4.6.1.4. The involvement of a peer mentor

When children are removed from their biological parents and placed in alternative care, the biological parents have to interact with an array of systems, including the designated child protection organisation, the children's court, and one or more service providers. In order to negotiate their way through unfamiliar systems, the biological parents can benefit from having a designated peer (Marcenko, Brown, DeVoy, & Conway, 2010). The designated peer can act as a mentor and empower the parents to understand children's court and organisation's processes, protocols and procedures, normalise their experiences, and focus on adjustments they need to make in order to have their children reunified with them. Such peer mentors can be foster parents or other biological parents who have gone through the system and successfully accomplished the goal of family reunification.

A study by Anthony, Berrick, Cohen and Wilder (2009) found that biological parents participating in a programme that paired them with parents who had successfully navigated the system were more than four times as likely to be reunified with their children as parents in a comparison group.

A programme that takes foster family mentoring much further is "shared family care", in which the child enters care along with his or her birth parent (Barth & Price, 2005:58). One such programme operates in Contra Costa County, California (Barth & Price, 2005:58). In this programme, biological parents move into the foster family's home for about six months (Dougherty, 2004:6). In addition, biological parents are served by a family support team that helps them to identify goals and develop a plan

for achieving those goals, and provides intensive case management services and links to community resources. Families also receive six months of aftercare services based upon individual needs (Dougherty, 2004:6).

The above discussion has revealed a number of practices that achieve successful family reunification. Most of these practices are evidenced-based. Taking into consideration that contexts differ, South Africa could learn from these practices in developing a locally relevant family reunification model. One significant difference in the contexts of family reunification is the time-frame, which is discussed next.

4.7. Time-frame for family reunification

Family reunification is a process rather than a placement event (Brydon, 2004:13). As discussed above (see 4.6.1), the process includes continuing family relationships while children are in alternative care, careful planning and continuous support after reunification. Wulczyn (2004:99) echoes similar sentiments:

Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left.

Reunification requires a range of appropriate services, from the point that a child first enters into alternative care to beyond the return home, in order to meet the child and family's needs. Strong engagement and partnership between the family, the child, the social worker and significant systems in addressing the protective concerns are necessary to make the process of reunification possible.

Family reunification involves a process of assessment, and planning and executing the plan of action (see 4.2). Reunification takes place on the continuum of family preservation, ranging from preventing alternative placement to long-term alternative care. All intervention and planning options have a place for each child and his or her family, depending on their specific qualities, needs and circumstances, and intend to achieve stability for children (Tilbury & Osmond, 2006). For the majority of children in alternative care, the benefits of pursuing reunification are unquestionable. The child's best interests, assessment of the child's developmental needs, present and future risk

of harm, and parental capability should be at the core of all decision making for family preservation, reunification or long-term alternative care.

In the process of family reunification with a child in alternative care, there are significant milestones for tracking a family's progress. These milestones are discussed below.

4.7.1. Reunification milestones

Two milestones are associated with a child in alternative care being reunified with his or her biological parents and these may occur on the same day or on different days, depending on the nature of the case (Child Welfare League of America, 2005).

The first reunification milestone entails the physical removal of the child from alternative care and placement in the care of the family of origin. The second reunification milestone entails the children's court's legal authority for placement of the child back into the care of the family of origin. This is usually through a court order, which specifies conditions that the family has to meet for the child to remain in the care of the family.

Generally, an alternative placement of the child ends in one of the following ways, depending on how the child entered into alternative care (Child Welfare League of America, 2005):

- The state's legal custody of the child ends pursuant to a court order, so the designated child protection organisation no longer has authority over the child's physical placement.
- Temporary custody (granted by the court for a limited time) expires and the court does not order the child into state custody, so the child returns to the family.
- A voluntary placement agreement ends and the child exits care to his or her permanent setting; so the child returns to family.

When these two milestones happen on the same day, the child physically returns and the legal authority of the child protection organisation for care and placement ends. Therefore, the child is considered reunified with biological parents. When these milestones occur on different days, there are essentially two points of reunification, namely, “returned home on a trial basis” and “legally reunified” (Child Welfare League of America, 2005). “Returned home on a trial basis” refers to cases in which the child is physically returned but the state retains legal authority, as defined below. “Legally reunified”, also defined below, includes cases in which the milestones occur on the same day or different days, as long as both have occurred (Child Welfare League of America, 2005).

➤ ***Return home on a trial basis***

“Return home on a trial basis” is defined as the physical return of the child from an alternative care placement to live with his or her biological parents or with the primary caregiver from whom the child was removed while the designated child protection organisation retains legal authority for the placement and care of the child, with the plan that the child will be legally reunified with the family after a time period in the home, if the trial period is successful (Child Welfare League of America, 2005).

➤ ***Legally reunified***

“Legally reunified” is defined as the end of the child protection organisation’s legal authority for the placement, supervision, monitoring and care of a child who has been in alternative care, and who has returned home to live with his or her biological parents or with the primary caregiver from whom the child was removed. In reunifications, the end of the state’s legal authority for placement and care occurs when a court order ends state custody, a temporary custody status expires with no further order or placement agreement, or a voluntary placement agreement ends, and the child has entered his or her permanent setting.

The term “legally reunified” includes cases where the two milestones, namely when the child physically returns home and the state’s legal authority ends, occur on the same day or different days, as long as both milestones have occurred. In some cases, the court may order supervision to continue after the state’s authority for placement

and care ends. In these cases, the child is still considered legally reunified, since it would take a court order, temporary protective custody or voluntary placement agreement to remove the child from home. Social workers have particular roles to play in facilitating the reunification milestones which form part of the process of family reunification.

4.8. The role of a social worker in family reunification services

The Children's Act 38 of 2005 lucidly states that family reunification services can only be rendered by a designated social worker, who is in the employment of a designated child protection organisation. As discussed earlier (see 4.2; 4.3; 4.6), the DSD (2012) states that the role of a social worker providing family reunification services include the following:

- Assessment.
- Therapeutic or rehabilitation services.
- Provision of parenting skills.
- Provision of life skills.
- Provision of family preservation services.
- Counselling.
- Marriage counselling.
- Referral for relevant services.
- Support services.

In South Africa, a social worker responsible for family reunification services must provide six-monthly progress reports to the social worker (case manager) rendering services to the child while the child is in alternative care (Mahery, Jamieson & Scott, 2011). The case manager then combines the progress report with a supervision report and sends it to court. The social worker who is responsible for monitoring the child's placement and family reunification is also responsible for providing six-monthly progress reports on both the child and the family/parent(s). Before reunification may be considered, the social worker rendering family reunification services must recommend such reunification if it will be in the best interest of the child. In addition, it

is the responsibility of the social worker to facilitate visitations and leave of absence from alternative care if it is in the best interest of the child, with the aim of family reunification.

Although social workers have a critical role to play in family reunification, their capacity to successfully implement family reunification services is undermined by many challenges discussed below.

4.9. Challenges in rendering family reunification services

Since the Children's Act 38 of 2005 has been in operation, social workers involved in its implementation have identified numerous institutional and infrastructural challenges (Dawes, 2009:5; Sibanda & Lombard, 2015:339-345). It is important to note that family reunification services are part of services mandated by the Children's Act 38 of 2005. Therefore, barriers that social workers experience working in child protection services have a direct bearing on the challenges they face in rendering family reunification services to children placed in alternative care. Jamieson (2011:14) documents concerns children in alternative care have expressed, regarding inadequate family reunification services rendered by social workers:

They take us back in places where we were abused and they expect us to live and say nothing. They tell us people have changed. ... After they have forced us to go back, just because they believe family is family. They don't check up on us. They promise that they will but they don't. And the same situation takes its course again, you being abused. We have to suffer for their mistakes they don't do their job properly (Girl, 18, Kwazulu-Natal).

We want to know that when we are in children's homes you [social workers] are doing something to help our families. We don't want to go back to the same problems (Girl, 17, Western Cape).

The above statements confirm that timing in family reunification services is key for children in alternative care. Moreover, it indicates serious challenges in the South African child protection system in that family reunification happens without the required post reunification services to monitor the outcome. According to Jamieson (2014:225), the challenges of implementing timely reunification services stem from the shortage of social workers, unavailability of resources and social workers' high caseloads.

4.9.1. Shortage of social workers

Through the rendering of family reunification services, social workers can turn the Children's Act into lived reality for children and their families (September & Dinbabo, 2008:12). However, social workers are not sufficient in numbers to render adequate services and, in addition, they are not being employed after graduation (Cronje, 2015:1; Earle, 2008:74). A study by Alpaslan and Schenck (2012:374-376) found that social workers work in environments characterised by lack of offices, inadequate office equipment, shortage of vehicles, high caseloads and shortage of staff.

In 2011, Proudlock and Debbie (2011:2) predicted that the country would need between 16,000 and 66,000 social workers to provide direct welfare services for the Children's Act alone. A study in 2012 by The South African Institute of Race Relations (SAIRR) (2012:1) pointed out that 7,451 (45%) registered social workers were either not practising or were employed in the private sector, despite shortages of social workers in the public sector. By 2018, the situation had not changed in relation to shortage of social workers, as is the case in 2021. However, there is now an added crisis of social workers not being employed after graduation (Cronje, 2015:1). The shortage has now shifted from not enough graduates to thousands of graduates that are not employed to fill the gap (DSD, 2019). The non-employment of new social work graduates has been a point of discussion amongst academics, practitioners and the regulatory body alike (Alpaslan, 2019; Botha & Gykes, 2019; Gavrilă-Ardelean, 2016).

In his State of the Nation Address of 9 February 2007, then President of the Republic of South Africa, Thabo Mbeki, highlighted the need to "Accelerate the training of family social workers at professional and auxiliary levels to ensure that identified households are properly supported and monitored." This statement represents government's high-level public acknowledgment of the critical role social workers play and their shortage in the country. In 2015, then Minister for Social Development, Bathabile Dlamini, reiterated the shortage, "Insufficient numbers of available social workers make it difficult to deliver social services where they are needed" (Cronje, 2015:1). Subsequently, with the support of government scholarships for social work studies, the higher education institutions delivered social work graduates as a result of the call.

There is clearly a gap between the political will and the reality of a high unemployment rate among social workers in the country.

The National Development Plan states that South Africa will need 55,000 social workers by 2030 (National Planning Commission, 2011:361). In 2019, only 32,000 social workers were registered with the South African Council for Social Services (SACSSP, 2019). This means that the country still needs 23,000 social workers to meet the 2030 target. There is a huge possibility that the target of 55,000 will not be met. Although social workers are urgently needed in South Africa, there is a lack of political will to absorb them in the employment sector. In 2015, more than 2,000 social workers were struggling to find jobs, despite their services being needed in the country (Cronje, 2015:1). In 2019, the minister of the DSD reported that 7,000 social work graduates were unemployed (DSD, 2019). This is despite social work being considered a critical skill in South Africa (Calitz, Roux & Strydom, 2014; DSD, 2019). Shortage of social workers leads to high caseloads.

The challenge is that having high caseloads limits the social worker's potential to conduct regular home visits, both to foster families and biological families. Limited home visits consequently result in insufficient monitoring and supporting of biological parents, hampering progress towards achieving family reunification goals. On top of the shortage, social workers' movement from one job to the other within very short periods of time has an impact on family reunification services. For example, the social worker might have made great strides in working with the family, but then he or she resigns and the post falls vacant for some time; then the new social worker starts, and it is as if no family reunification services were rendered before, as the new worker first needs to become familiar with the case and with the family.

In recognising the severe shortage of social workers in South Africa and the pivotal role played by a range of other social services practitioners (e.g. child and youth care workers, auxiliary social workers, and community development workers), the Children's Act 38 of 2005 replaces some references to social workers with the term "social service professionals". This ensures that many of the tasks restricted to social workers can be done by other social service practitioners. The Children's Act 38 of 2005 defines a social service professional to include a probation officer, development worker, community worker, child and youth care worker, youth worker, social auxiliary

worker and social security worker who are registered in terms of the Social Service Professions Act 110 of 1978. However, currently only social workers, social auxiliary workers, and child and youth care workers can register under this Act. The registration criteria as set out in the SACSSP regulations clearly stipulate what is required to register with the Council. To reach the stage of registration, these social service practitioners' role and body of knowledge should be clearly spelled out by SACSSP to ensure that they all collectively work towards achieving the outcomes of the Children's Act. The blockages to registration and development of the full range of social service practitioners need to be urgently addressed to ensure that children receive services. However, the challenge is that most of these social service professionals are not well organised to act collectively.

In summary, it is evident that there is a critical shortage of social workers in South Africa. This leads to high social work caseloads and also contributes to human resource challenges in the rendering of family reunification services by social workers working in child protection. The family reunification services model will be an innovative and workable solution to the challenges of high caseloads, which are caused by the fact that children are staying longer than necessary in alternative care. Once family reunification services are rendered according to the stipulations of the family reunification model, there is a possibility that a number of children can be reunified, leading to a decline in the number of social work caseloads.

4.9.2. Unavailability of resources

Everything in a society revolves around the availability of resources. A country might have sound policies on family reunification programmes but if resources are inadequate, failure is inevitable and materialistic policies will be relegated to being symbolic (Anderson, 2006:15). Resource constraints often force social workers to work from a crisis intervention approach (Lombard & Kleijn, 2006:224), which has forced many social workers to implement family reunification services from a remedial approach at the expense of comprehensive and holistic services embedded in the social development approach (Sibanda & Lombard, 2015:344). According to Loffell (2011), "The more your money dries up, the more you end up running ambulance

[emergency] services.” Lombard and Kleijn (2006:224) assert, “The crisis work approach implies that social workers are unlikely to have the time or energy to apply a human rights approach.” Yet family reunification services should be rendered from a rights-based approach.

A study by September and Dinbabo (2008:118) recommend that for the implementation of the Children’s Act to be successful, efficient and effective infrastructure needs to be put in place, including office space, drop-in centres, children’s homes, vehicles and office equipment such as telephones, and computers. The same can also be said about the rendering of family reunification services as they are legislated for under the Children’s Act. NGOs currently assist government to fulfil its obligation to provide family reunification and other child protection services but are only partially funded by government. As government does not cover NGOs full costs, it is impossible for NGOs to grow and extend their services into underserved areas. Consequently, a major review of the way NGOs are funded is needed to ensure that services can be continued, developed and expanded (Proudlock & Jamieson, 2008:40). For reunification services to be successful in South Africa there is need for increased funding for family reunification, dedicated reunification funds, flexibility in the use of funds, blended funding streams, and financial incentives for NGOs and social workers to engage in meaningful family reunification services.

The framework for developmental welfare services (DSD, 2013:23) states, “Funding and subsidisation should be built on principles of fairness in relation to costing of services.” Funding has been, and is still a bone of contention between NGOs and the state. There are disparities in subsidies paid to state run facilities and NGO run facilities, with the former getting more money for the same type and quality of services. There are also disparities in the salaries of state employed and NGO employed social workers, with state social workers earning more for doing the same job. The issues raised above are creating an “us and them situation” characterised by mistrust and conflict. This relationship betrays the spirit of the Children’s Act 38 of 2005 and the 1997 White Paper for Social Welfare which advocates for cooperation and collaboration among all role players involved in child protection.

The voices of social workers regarding the unavailability of resources and the challenge it poses to the child protection sector are documented elsewhere (see Sibanda & Lombard, 2015). A holistic family reunification services model for South Africa has to consider the socio-economic context in which it has to operate.

4.10. Summary

Family reunification is a gradual process that is positioned within the child protection process. This process entails an adherence to distinct principles and features that influence the nature and type of service rendered in the family reunification sphere. To ensure that holistic services are rendered, family reunification services should be packaged in a manner that targets all the aspects of the child and the family. The services should seek to address the reasons that led to the removal of the child from the family.

An analysis of literature reveals a number of practice interventions that lead to successful family reunification. Most of these practices are evidence-based. As such, a family reunification services model for South Africa must incorporate some of the practices discussed in this chapter and take into consideration that contexts are different.

The following chapter unpacks the rendering of family reunification services from a rights-based approach.

CHAPTER FIVE

RENDERING FAMILY REUNIFICATION SERVICES FROM A RIGHTS-BASED APPROACH

5.1. Introduction

A rights-based paradigm was an appropriate theoretical framework for the study due to its emphasis on the promotion and protection of children's rights. A child has the right to be cared for by the family and community of origin (Lombard, 2019:394; Van Breda et al., 2012:2). The focus of this chapter is on the conceptualisation and contextualisation of family reunification services from a rights-based approach.

The chapter starts by defining a rights-based approach. The next section of the chapter interrogates the principles and strategic focus areas of a rights-based approach, integrating how family reunification services can be rendered from a rights-based approach. The section that follows focuses on contextualising rights-based family reunification services from a developmental approach. Lastly, aspects pertaining to the development of a rights-based family reunification programme are discussed before the chapter concludes with a summary.

5.2. Conceptualisation of a rights-based approach

Human rights are those rights one possesses simply by being a human being (Dembour, 2012:137). This view categorises human rights as a matter of entitlement. Ife (2012:19) also shares this view and explains human rights as follows, "By human rights we generally mean those rights that belong to all people, regardless of national origin, race, culture, age, sex or any other characteristic". This definition emphasises the universal nature of rights. In the same breath, Barbera and Stevenson (2014:xii) state, "Human rights are intimately linked to the idea of quality of life and therefore they are quotidian elements in all of our lives."

A rights-based approach is a conceptual framework that assimilates the norms, principles, values, standards and goals of the international human rights system into the plans and processes directed towards promoting and protecting human rights (Androff, 2016:34; United Nations Population Fund, 2012). A human rights-based approach to social work entails practice that puts humans first, and places humans at the centre of social work (Androff, 2016:27). According to Ife (2012:1), “Human rights represent one of the most powerful ideas in contemporary discourse.” The powerful idea of human rights can inform and transform the rendering of social work services in general, but family reunification services in particular. In addition, a human rights-based approach to social work draws upon mainstream social work practice theories and concepts such as the strengths perspective, empowerment, capacity building, respect for diversity, ethnic-sensitive practice, and cultural competence (Androff, 2016:28; Ife, 2012:7; Sewpaul, 2014:22). Families are entitled to a service, benefits or resources not because they deserve it, or even because they need it, but because they have a right to it on the basis simply of their humanity (Ife, 2012:4).

Ife (2012:235) identifies two stakeholder groups in the rights-based approach, namely the rights holders (people who do not experience full rights) and the duty bearers (the state, civil society and institutions obligated to fulfill the holders' rights). A rights-based approach aims at strengthening the capability and capacity of duty bearers to be in a position to deliver on their mandate of promoting and protecting the rights of rights holders (Androff, 2016:33). This entails the availing of resources necessary for the duty bearers to perform their tasks and in return, they should be accountable to both the rights holders and institutions that avail resources to them (African Child Policy Forum, 2013; Cheng, 2010:131).

Another aim of the rights-based approach is to empower rights holders to be able to claim their rights and challenge structures that infringe on their rights (Boesen & Martin, 2007:9). Thus, a rights-based approach deals not just with outcomes but also with how the outcomes are achieved (Androff, 2016:34; Midgley, 2014:69). A rights-based approach seeks to hold state departments and other duty bearers accountable and encourage rights holders to claim their rights (Patel, 2015:59). Furthermore, a rights-based approach aims to enable duty bearers to meet their obligations (Androff,

2016:32; Midgley, 2014:66). According to Boesen and Martin (2007:10), “A rights-based approach implies an effort to improve the situation of people, focusing on their needs, problems and potentials.” The emphasis on human development links a rights-based approach with Sen’s capabilities approach in that it seeks to cultivate the innate abilities and capabilities of people to improve their circumstances rather than blame people for the circumstances that they find themselves in (Sen, 2004:334).

A rights-based approach is thus built on the fundamental principle that every human being is a rights holder and that every human right has a corresponding duty bearer (United Nations Population Fund, 2012. According to Boesen and Martin (2007:11), as a rights holder, every human being is entitled to rights, to claim rights, and to hold the duty bearers accountable, and has a responsibility to respect the rights of others. In the field of family reunification, rights holders are children in alternative care, their biological families and foster families who all have the responsibility to respect one another as rights holders. The duty bearers in the field of family reunification are UN convention member states who accordingly delegate this responsibility to various state departments (September & Dinbabo, 2008:113), who in turn delegate the responsibility to organisations who employ social workers to carry out the mandate (see chapter 3).

The human rights-based approach is guided by principles that are discussed next.

5.3. Principles of a rights-based approach

A rights-based approach draws on human rights principles, but may also work with human rights standards (Sano, 2014:30). The rights-based approach integrates the values, norms and principles of the international human rights system into human development matters (Androff, 2016:34). Some of the key principles of a rights-based approach are participation, accountability, empowerment, universal access, social integration, appropriateness and accessibility (cf. Androff, 2016:27; DSD, 2012:35-43; Midgley, 2010:16; Sano, 2014:30; Patel, 2015:58-60; United Nations Population Fund, 2012). These principles align with the principles stipulated in the Children’s Act 38 of 2005 which apply to the rendering of family reunification services by social workers, to

children and their families. The principles of a rights-based approach are discussed below.

5.3.1. Participation

Participation is a fundamental principle of a rights-based approach (Androff, 2016:41; Lombard, 2014:49). According to Tostensen, Stokke, Trygged and Holvorsen (2011:70), participation is both a human right and a means to access or secure other human rights. The notion of participation is echoed in a number of sections of the Children's Act 38 of 2005. Participation stems from Article 12 of the UN Convention on the Rights of the Child (United Nations, 1989), which states,

The child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

People should be fully engaged in their own process of learning, growth and change, starting from where they are and moving at their own pace (DSD, 2013:11). Lombard (2010:8) concurs, "Participatory democracy is a more direct form of decision making, involving those affected by decisions taken." Participation includes direct consultation and encourages strengths-based and empowerment approaches in service delivery (Lombard, 2010:9). Section 10 of the Children's Act 38 of 2005 stipulates,

Every child that is of such age, maturity and stage of development as to be able to participate in any matter, that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration.

Gatenio (2016:300) notes that the participation of all people in decision making, especially those people affected by such decisions, is a key aspect of rights-based approaches to social work practice. According to Androff (2016:35), "Nothing about us, without us", is an expression of the central rights-based principle of participation. Participation is related to the ethical principle of social justice, which states that social workers should strive to ensure meaningful participation in decision making for all people.

The principle of participation seeks to incorporate the voices of service users into services, programmes, and policies (Tostensen et al., 2011:74). This entails a collaborative process with service users raising and lifting their voices, social workers asking and incorporating the views of service users, and ensuring informed consent, which means making sure that people can meaningfully participate in any matters that concern them (Androff, 2016:41). Participation in social work practice draws upon empowerment and social pedagogy models pioneered by Freire Paulo (1972).

In line with the principle of participation, the child's views are paramount when finalising a children's court enquiry in terms of section 156 of the Children's Act 38 of 2005. In addition, section 144(3) of the Children's Act 38 of 2005 emphasises the principle of participation stating,

Prevention and early intervention programmes must involve and promote the participation of families, parents, care-givers and children in identifying and seeking solutions to their problems.

The same principle also applies when extending a court order in terms of section 159, section 176 and section 186. In all these sections, the social worker should state the reasons why a child cannot be reunified with the family and at the same time the child must give consent to the extension of the placement and also to the reasons why reunification with the family could not be considered (Children's Act 38 of 2005).

The clauses highlighted and quoted above favour the strengths-based approach that builds on the inherent strengths of families and communities. Increased child and family participation ensures that monopolistic decision making tendencies on the part of reunification social workers are curtailed and kept in check as the child and the family are actively involved in the planning of the child's future care arrangements (Gready & Vandenhole, 2014:13).

To ensure participation, family reunification social workers should act as catalysts and facilitators, and should strive to promote partnerships with the children and families whose future is being decided. This kind of participation is vital in that it ensures empowerment and enhances the self-esteem of both the child and the family (Schmid, 2013). To have the desired impact, participation should be facilitated on both micro

and macro practice levels in an integrated manner. According to Wexler (2003:54), social workers should inform families of their right to information, participation and decision making. The community has a right to indicate how it can protect the child by keeping him or her in the community (Lombard & Kleijn, 2006:219), thus ensuring that the social worker, family and community are accountable for reunifying a child with the family. According to Gready and Vandenhole (2014:13), the rationale of service users' participation in decision making derives from the quest for legitimacy and accountability, not only to the service users and stakeholders, but also to international human rights law.

5.3.2. Accountability

Accountability as a rights-based approach principle refers to compliance with legislation, policies and regulations (DSD, 2013:12). To ensure accountability, all interventions must start with assessing the needs of service users, followed by determining a responsible party, then formulating a clear intervention plan, followed by implementing an evaluation plan that seeks to hold stakeholders accountable for their actions and to work towards achieving the set goals. Rights-based social work practice means employing strategies and using interventions to hold actors accountable for violating human rights (Androff, 2016:43). Such actors may be people, institutions, organisations, or states. The principle of accountability is linked to advocacy which is fundamental to rights-based social work practice (Androff, 2016:43). Advocacy also relates to participation; social workers should engage victims of rights violations in advocacy and focus on building their capacity to raise their voices and speak for themselves (Ife, 2012).

A child has a right to be reunified with the family of origin; if this does not happen, the social worker and other duty bearers have to be accountable to both the child and the family according to Article 9(3) of UNCRC (United Nations, 1989). If reunification is not a possibility due to unsuitable family circumstances, the parents and the family have to be accountable to the child and the social worker (see chapter 3, section 3.2.5). Proudlock and Jamieson (2008:36) note that the Children's Act ensures that government takes the lead in moving into a rights paradigm in that each chapter of the

Act, relating to each area of service delivery, has strategy, provisioning, and norms and standards clauses. Read together, these clauses place a legislative duty on the national Minister and provincial Members of Executive Councils (MECs) for Social Development to ensure that a sufficient spread of each service is provided in every province (Proudlock & Jamieson, 2008:36).

In a rights-based approach, children are not seen as parental property, helpless objects of charity, adults-in-waiting, or passive dependents (Androff, 2016:73). Rather, a child is an individual and a member of a family and community with rights and responsibilities appropriate to their age and stage of development (Androff, 2016:73).

The Children's Act 38 of 2005 shifts the country from a charity model to a rights-based approach that recognises that children have a constitutional right to a family and to social services and that the state bears the primary duty to ensure that these services are delivered (Danish Institute for Human Rights, 2007:10). In the event that the services are not delivered, duty holders and other stakeholders have the right to make the state accountable for the lack of service delivery (Boesen & Martin, 2007:22). The Children's Act 38 of 2005 is not ambiguous on the role of the state in the implementation of family reunification services. The state is accountable for availing the institutional and infrastructural resources needed in rendering family reunification services.

The responsibility of the state to fund family reunification services is in line with what Midgley (2000:365) terms an institutional approach to social policy, in which government assumes responsibility for the provision of social welfare services. In a way, the family reunification services that are legislated for in the Children's Act 38 of 2005 seek to provide tangible resources and substantive power to children and their families. The Act ensures that holistic services are rendered to children and their families by providing clarity on "which services must be provided, to whom and by whom" (Proudlock & Jamieson, 2008:36).

5.3.3. Universal access

Universal access is one of the key principles of the rights-based approach (DSD, 2013:12). Universalism is a concept associated with the thinking of the natural school of human rights, which believes that human rights belong to everyone everywhere and are therefore universal (Reichert, 2011:213). Human rights are both universal and obvious (Dembour, 2012:137). Human rights derive from nature; their universality is therefore a given (Dembour, 2012:142). The principle of universal access rests upon the fact that all human rights are universal and inalienable, that everyone is a rights holder, that no one can take another's rights away from them, and that every state has the responsibility to respect and protect human rights (Androff, 2016:34). Developmental social work is embedded in human rights (Patel, 2015:82) and hence, from a rights-based approach, developmental social welfare services should be available to all vulnerable groups. No individual or group should be denied access either because of lack of resources or lack of knowledge of how to access services (DSD, 2013:12).

In line with the universal access principle, the Children's Act 38 of 2005 defines a child as, "*Any person* [own emphasis] under the age of 18." This definition is broad, comprehensive and sanctions designated social workers to provide family reunification services to non-South African children who happen to be in the Republic and are in need of such services. A significant number of foreign children have been removed from parental care due to a plethora of challenges placing them in great need of family reunification services (Nephawe, 2011). From a rights-based approach, no child or family should be discriminated against and deprived of services on the grounds of nationality and ethnicity (Proudlock, 2014:10).

The researcher notes that most child protection organisations are positioned strategically, in a bid to ensure accessibility and universal access of services (Germiston Child Welfare, 2019; Johannesburg Child Welfare, 2018). Some organisations go to the extent of employing language interpreters to ensure that no family is deprived of services on the basis of language (Future Families, 2019). In addition, some organisations open satellite offices in communities in order to ensure

geographic access to services by members of the community (Child Welfare Tshwane, 2018). Closely linked to universal access are the principles of cultural competency, appropriateness and indigenisation, as pointed out next.

5.3.4. Cultural competency, appropriateness and indigenisation

Cultural competency, appropriateness and indigenisation are inter-related principles of a rights-based approach (Ife, 2012:113; Reichert, 2011:215; Sewpaul, 2014:22). Cultural competence, as a concept for rights-based practice, is a loose term that incorporates multicultural competence and indigenous social work practice (Androff, 2016:38). According to Ife (2012:113), human rights cut across cultural boundaries and, because they are universal, apply to human beings in all cultural contexts. Sewpaul (2014:22) notes that social work education is geared towards ensuring that graduates have the requisite skills in empathy, active listening, facilitation, mediation and interpersonal relationships to build bridges across cultures, to engage people in such ways that harmful aspects of culture are confronted, while retaining those that are positive and that allow for inter-generational cultural continuity and human flourishing.

Appropriateness as a principle of a rights-based approach refers to the fact that services should be responsive to social, economic, cultural and political conditions (DSD, 2013:12). The services provided to families should be appropriate and reflective of the needs of the family (Dawes, 2009:4). In addition, these services should be provided from the frame of reference of the family. According to Ife (2012:113), practitioners should strive to find culturally appropriate ways in which they can engage with service users from diverse cultural contexts. Successful family reunification requires effective harnessing, harmonisation and rationalisation of indigenous culture (Osei-Hwedie, 2007:107). Successful indigenisation can be evidenced by the cooperation, commitment and collaboration of all stakeholders to make family reunification successful, effective and sustainable. Twikirize and Spitzer (2019:1) assert that locally relevant cultural practices, indigenous knowledge systems, and African ethical concepts are very important elements for the success of any social work intervention on the African continent. The same line of thought is shared by

ASASWEI (2017:4) which states, “There is a need to construct a social work profession that is embedded in post-colonial and indigenous contexts, that speaks to the unique and local nature of these contexts, in critical dialogue with the historically dominant voices in the discipline from the Global North.” Social work practice recognises indigenisation through the profession’s use of the participatory and emancipatory techniques, whereby the social work practitioner spends a great deal of time in the community so that he or she and the community can learn rapidly and systematically about each other’s norms, values, perceptions and attitudes in the process of debating and evaluating proposed new ideas and practices (Sewpaul, 2014:22). Indigenisation applies to the field of family reunification and ensures that social work practitioners understand the cultural context of the families they are working with.

Cultural competency, appropriateness and indigenisation enables a rights-based practitioner to practise non-discrimination. In terms of being inclusive of everyone, non-discrimination means including those who have been previously excluded, and those who face historical and current discrimination. This carries forth the principles of cultural competence and respect for diversity (Androff, 2016:38). Cultural competence involves social workers maintaining respect for clients’ differences, and effective practice with diversity (Lombard, 2014:46). Cultural competence is relevant when working with marginalised, vulnerable families who are often victims of discrimination.

Rights-based social work practice based on non-discrimination means ensuring access to professionals, services, and resources for all people, including marginalised and underserved families (Androff, 2016:38).

5.3.5. Transparency

Transparency as a rights-based practice principle, generally refers to clarity and access to information, and transparency in decision making especially as it pertains to those in power (Androff, 2016:42; DSD, 2013:12). Transparency in rights-based practice involves integrating micro and macro levels of practice, interdisciplinary

collaboration, activism and accountability (McPherson, 2016). Transparency in social work practice is necessary for ensuring that social work practice does not violate human rights (Androff, 2016:43). Transparency applies to social work policies, programmes, education, research, and practice.

The principle of transparency in a rights-based approach to practice can be applied in the area of family assessment (Androff, 2016:42). Assessment is a tool for seeing clearly, or transparently (Wronka & Staub-Bernasconi, 2012:76). Applied to assessment, transparency means incorporating human rights into assessment of service delivery, a fundamental principle of social work practice. Wronka and Staub-Bernasconi (2012:76) aver that assessment is vital to rights-based social work when it includes assessing family reunification possibilities as a diagnostic category.

5.3.6. Social integration

The principle of social integration in a rights-based approach refers to the fact that policies and programmes should promote social justice (Androff & McPherson, 2014:44; DSD, 2013:12; Wronka & Staub-Bernasconi, 2012:80). Human rights form a tool to advance social justice because of their normative basis in an international consensus consisting of declarations, covenants, and conventions (Gatenio, 2016:297). Human rights are also linked to international social work (Healy, Thomas, Berthold & Libal, 2014:103). Wronka and Staub-Bernasconi (2012:79) argue that a human rights-based approach to social work practice is globally focused yet domestically relevant, and offers a means to raise social work's global consciousness.

Social integration, as a principle of a rights-based approach, provides useful insights on rendering family reunification services. Although the reunification of a child with the family is every child's basic human right (Van Breda et al., 2012:2), such a right has to be balanced with the child's right to be protected from all forms of harm (McCall & Groark, 2015). According to the DSD (2013:19), "Reconstruction enables a client [child] to return to the family as quickly as possible." A rights-based approach implies that family reunification service delivery to children lies on a continuum of care that ranges from prevention to early intervention, statutory intervention and finally

reconstruction and after-care services, which align with the integrated service delivery model (DSD, 2006:18). The DSD (2006:18) further states: "...whilst these levels seem to be distinct, a client may enter (or exit) the system at any of the levels and the levels may overlap in practice." Within a rights-based approach, the continuum of care should rather be seen as an open system/cycle as opposed to a linear process (Lombard & Kleijn, 2006:218). In a rights-based framework, every child has a right to social integration, be it with a family or community of origin.

In summary, the application of human rights principles forms the fundamental basis of a rights-based approach to social work practice and family reunification services in particular. While the principles are clear and relevant, many social work practitioners and organisations often find them difficult to operationalise. By virtue of being principles, they are fundamental, abstract and guiding, and as they express values, they need to be translated into practice (Danish Institute for Human Rights, 2007:15). In order to apply these principles to family reunification services, the next section deliberates the principles as guidelines for the strategic focus areas of a rights-based approach.

5.4. Strategic focus areas of a rights-based approach

A rights-based approach enriches and enhances service delivery initiatives by integrating elements of participation and empowerment into a coherent practice framework. Also, the approach adds a number of elements to service provision, such as a focus on law, policy and accountability, vulnerability, the role of the state, and the interrelation between rights holders and duty bearers (Sano, 2014:35). The Danish Institute for Human Rights (2007:16) integrates the principles of a rights-based approach in the strategic focus areas of a rights-based approach.

The principles of strategic focus areas of a rights-based approach include a focus on the most vulnerable groups, the root causes of deprivation and human rights violations, the relationship between rights holders and duty bearers, and empowerment of stakeholders (Danish Institute for Human Rights, 2007:16). When applied to family reunification services, the strategic focus areas for a rights-based

family reunification services framework can be summed as follows: identifying families in need of reunification services, identifying the root causes of the initial removal of children from their families, exploring the relationship between rights holders (families) and duty bearers (social workers and presiding officers of the children's court), and the empowerment of all stakeholders in the family reunification process.

The strategic focus areas, including how they apply to family reunification are discussed next.

5.4.1. Focusing on the most vulnerable groups

Social work approaches should put in place deliberate efforts to target/include vulnerable, disadvantaged or excluded groups in service delivery, while paying attention to structural and indirect forms of vulnerability and discrimination in terms of public policies (or lack thereof), local power structures or cultural practices. Strategies for targeting most vulnerable groups in societies should highlight not only what is done and who is reached, but also what is not done and who is excluded (Danish Institute for Human Rights, 2007:17).

Family reunification efforts should target and deliberately include families that are eligible for family reunification (DSD, 2013:12) in order to develop the families' capacity and agency and thereby ensure their inclusion and participation in the family reunification process. This means that social services should be inclusive, decolonised and tailor-made to suit the unique needs of the families (Mwansa & Kreitzer, 2012:370). However, when professional expertise is required to identify and define a need, families become disempowered as their ability to define and communicate their own need is stripped from them; the result is that families become dependent upon social workers to define their needs for them (Androff, 2016:36). More concerning is that being dependant on social workers does not only lead to a dependency syndrome, but also disempowers families and arrests their capability to move beyond needs and focus on claiming rights in addressing their challenges. Therefore, the families and all respective stakeholders must be actively involved in every step of family reunification efforts.

Nhedzi and Makofane (2015:369) observe that social workers tend to pay more attention to the child and the foster family, and in doing so neglect the family of origin who are equally important in the family reunification process. Most families feel helpless after the removal of children from their care and tend to lose hope and give up on the prospects of being reunified with their children (Child Welfare Information Gateway, 2012:5). Family reunification services should therefore include a capacity building component to enable families to participate and address the reasons that led to the removal of the child. Keeping a strengths-based perspective, aids social workers to recognise everyone's potential for offering healing to others (Androff, 2016:40).

5.4.2. Focusing on the root causes of deprivation and human rights violations

Social work approaches must be comprehensive and consider the full range of socio-economic, cultural and environmental rights (Sewpaul, 2014:17) when prioritising issues to be attended to. Programmes that address human rights violations must describe a situation not simply in terms of needs, but also in terms of the rights of individuals, groups and communities to have their needs met, thereby holding the state accountable to meet its obligation to respond to the needs of people and fulfil their innate rights. The human rights perspective has criticised needs as a basis for social work practice (Gatenio, 2016:294).

Equally, from a rights-based approach, family reunification services must be holistic and consider the full range of rights (African Child Policy Forum, 2013). WaterLex (2014) states that programmes must describe a situation not simply in terms of needs, but in terms of society's obligation to respond to the rights of children and families. Programmes must focus on the root causes of initial removal of children from the care of their families when setting family reunification priorities (UNICEF, 2012). Therefore, family reunification programmes should address, from a rights-based approach, reasons that led to the removal of children from the family of origin while also focusing on the reasons that make it difficult for families to be reunified with their children. Programmes should activate the strengths of families to be reunified with their children in alternative care. Lombard (2019:401) is of the view that social work approaches that

challenge oppression and inequalities should be advanced when working with families. Family reunification services must change the narrative that marginalised families are too weak, or unwilling or unable to take up opportunities they are presented with (Lombard, 2019:401).

The rights-based principle of human dignity, in practice, requires a shift of focus from human needs to human rights (Wronka, 2017:22). In so doing, a rights-based approach advocates for the promotion of the principle of human dignity by respecting the inherent worth of all persons. A rights-based approach, in the principle of human dignity, avoids charity (Gatenio, 2016:294). Instead, practice should focus on strengthening the relationship between rights holders and duty bearers as a way of ensuring that family reunification efforts are rendered in an appropriate manner (Sano, 2014:35).

5.4.3. Focusing on the relationship between rights holders and duty bearers

Programmes should be informed by the recommendations of international and regional human rights bodies such as the United Nations and the African Union. Programmes should recognise beneficiaries as rights holders, capacitate beneficiaries to claim their rights, and enhance duty bearers' ability to fulfil their obligations towards rights holders. Practitioners should use or target laws and policies to demand accountability from duty bearers (Danish Institute for Human Rights, 2007:17).

A rights-based approach emphasises the protection of rights holders, and the interaction between duty bearers and rights holders in processes where rights holders are empowered and duty bearers are made accountable (Sano, 2014:35). Social workers' family reunification efforts should seek to install legal and administrative procedures that strengthen accountability and make it possible for ordinary families to claim their rights (United Nations Development Programme, 2014). Therefore, if social workers can draw from policies and legal procedures, they can devise strategies that aim to build relationships between the rights holders and duty bearers (Children's Bureau, 2011:6). One such strategy is a personal–professional model of rights-based social

work practice as it promotes human dignity (Androff, 2016:30). This model links human rights from personal interactions to professional practice to form a “triple-mandate” that focuses on clients, the profession, and society (Wronka & Staub-Bernasconi, 2012:74).

The relationship between a social worker and the family is paramount and becomes the prime vehicle of change, education, and healing. As Wronka (2017:22) indicates, a human rights-based practice requires equalising the relationship between the professional and the client. Furthermore, a rights-based approach embodies a non-hierarchical approach in therapeutic work (Androff, 2016:29). Therefore, treating clients with respect can be critical to promoting, maintaining, or repairing someone’s dignity and sense of worth and developing resilience of families (Sano, 2014:35).

Reunification workers must employ advocacy strategies in the rendering of services to children and their families. According to Lombard (2014:47), advocacy practice involves capacity building and empowerment. Hoefler (2012:2) views advocacy as a part of practice where the social worker acts on behalf of clients for the express purpose of promoting social justice and changing the attitudes or actions of decision makers. Patel (2015:26) echoes the same sentiment that advocacy effects change in public policies, legislation and institutions in order to make them more responsive to the needs of disempowered social groups. Lombard (2014:47) is of the view that advocacy involves dealing with client’s problems at micro, mezzo and macro levels. As such, actors and stakeholders in the field of family reunification should use the provisions of policies and legislation (see chapter 3, section 3.2) to demand accountability from duty bearers.

5.4.4. Focusing on empowerment

Social workers should recognise children, biological families and foster families as rights holders and empower them to claim their rights (Proudlock, 2014:10). As a way of ensuring empowerment, family reunification service provision must include beneficiaries, stakeholders and partners when deciding on strategies and goals (Boesen & Martin, 2007). For empowerment to be achieved, social workers should regard participation not only as a tool, but also as a goal. Accountability can be a tool

for enforcing empowerment, both as an outcome of service delivery and in terms of the process by which organisations achieve empowerment. Platforms and networks should mobilise and support people's ability to take part in governance and claim their rights individually and in groups (Danish Institute for Human Rights, 2007:17).

Family reunification projects and programmes must focus on empowering the family in order to address the reasons that led to the removal of the child. Reunification programmes that focus on empowerment enable people to take up the responsibility of holding leaders and governments accountable for service delivery (Lombard, 2014:50); to enhance working in solidarity with others (Androff, 2016:34); and to include service users and stakeholders when deciding on reunification strategies, goals and objectives (Boesen & Martin, 2007:30). Family reunification stakeholders should not only regard participation as a tool, but also as a goal for family reunification (Cheng, 2010). As a way of making empowerment a lived reality for all the stakeholders in the field of family reunification, a rights-based approach advocates for the provision and promotion of platforms and networks (Danish Institute for Human Rights, 2007:29) geared towards mobilising and supporting the ability of families to take part in decision making and claim their rights either as individual families or as a group of concerned families.

In summary, guided by the above strategic focus areas, a family reunification services model should deliberately seek to invoke the active participation of the children, biological families and the foster families, since they are the rights holders. Such participation should be geared towards addressing the reasons that led to the removal of children from their families. When families actively participate in addressing their own challenges, they become fully committed to the reunification process (DSD, 2013). The role of social workers should be that of facilitators, where they guide and empower families to work towards addressing the reasons that led to the removal of children from their care. Social workers can use the strengths-based approach, as explained in Saleebey (2013a:19), when empowering families to devise family reunification efforts that are sustainable and that are based on the strengths of the families.

The foregoing paragraphs have discussed the fundamental elements, principles and strategic focus areas of a rights-based approach in relation to rendering family reunification services. The rights-based approach is one of the key features of a developmental approach to social work. Family reunification services are rendered by social workers; it is thus relevant to discuss how a developmental approach to social work applies to the context of rights-based family reunification services.

5.5. Contextualising rights-based family reunification services from a developmental approach

To be holistic, a rights-based approach to family reunification must be positioned within developmental social work as a broader framework of service delivery because the rights-based approach is one of the key features of the developmental approach. Patel (2015:82) confirms, “The developmental perspective to social welfare in South Africa is firmly rooted in a rights-based approach.” The DSD (2013:15), who is the custodian of reunification services, recognises a rights-based approach as a key feature of developmental social welfare services. A rights-based approach is interwoven and interlinked with other key features of developmental social welfare services, namely bridging the micro-macro divide, harmonising social development with economic development, participatory democracy and collaborative partnerships (Patel, 2015:82).

Social work has been a rights-based profession since its conception and has engaged with human rights in diverse ways (Healy et al., 2014:9). Androff (2016:28) supports the view that human rights in social work practice have similarities with other emerging practice models, such as developmental social work practice. In addition, family reunification services seek to further a rights-based approach as an informative framework for developmental social welfare (Midgley, 2014:68; Proudlock & Jamieson, 2008:35). As explained in section 5.2, a rights-based approach is underpinned by accountability, and developmental and empowerment perspectives (Dembour, 2012:142; Midgley, 2014:66; Patel, 2015:59).

Developmental social work is informed by the social development approach to social welfare and involves the practical and appropriate application of knowledge, skills and values to enhance the well-being of individuals, families, groups, and communities in their social context; developmental social work aims to promote social change through a dual focus on the person and the environment and the interaction between the two (Patel, 2015:127). Developmental social work is considered to be multidisciplinary and cuts across sectors such as health, education, economic development, social protection and social welfare services. Knowledge from different disciplines is crucial to address complex social issues and social challenges, some of which transcend the narrow focus of disciplines. As discipline and profession, social work has the mandate to render social welfare services (Patel, 2015:126).

The key features of a developmental approach apply to a family reunification services model for children in alternative care as the approach aligns with children's rights to family life, protection and development, as are discussed next.

5.5.1. Bridging the micro-macro divide

The developmental approach to social work seeks to reconcile the micro-macro divide in the rendering of social welfare services (Patel, 2015:82). Human rights are often associated with macro practice; however, human rights bridge micro and macro approaches as they apply simultaneously to individuals and groups of people (Androff, 2016:30). Lombard (2019:397) concurs, "Interventions can be directed at individual parents, couples, the child, the whole family or group". The distinction separating levels of intervention has been criticised for limiting practitioners' scope of impact, and reinforcing hierarchies and compartmentalisation (Androff & McPherson, 2014:40). Reisch (2016:261) suggests that micro and macro approaches should occur in a dual manner where they are complementary and mutually supportive.

Ife (2012) presents human rights as a means to integrate micro and macro practice. According to Androff and McPherson (2014:51), "Rights-based approaches recontextualise individuals within their social environments." Lombard (2019:397) shares this view and states that in order to render effective family services, social

workers must understand the origins and influences of social distress, and the corresponding way in which this distress is manifested. Lombard (2019:397) further states, “Awareness of the impact of the social, economic and political context on families and social services makes clear the importance of the dual micro-macro approach to practice...” Therefore, adopting a micro-macro framework for social work with family services “reflects and reinforces the understanding that social problems require complex and sustained intervention at all levels of social work practice” (Rothman & Mizrahi, 2014:91).

Social workers deliver developmental social welfare services from a generalist approach (Patel, 2015:204). However, Lombard (2014:45) postulates that a generalist approach does not exclude specialised social services when required by client groups. Elsewhere, Lombard (2019:390) maintains, “A macro practice does not imply that micro practice should be discarded”. McPherson (2016:31) supports this view and argues that rights-based approaches to micro practice tend to emphasise a macro component that complements clinical (micro) interventions. Reisch (2016:261) echoes similar connotations and suggests that macro social workers promote systemic and institutional changes that address people’s problems that are not or cannot be solved solely by interventions at the individual or family level.

The delivery of rights-based family reunification services should integrate the three traditional methods of social work (case work, group work and community work) as envisioned in the developmental approach to social development. Social development does not privilege one method of intervention over another. Instead, social workers apply interventions in complementary ways to achieve individual and wider social outcomes (Patel, 2015:98). This is vital in ensuring that services are holistic in nature (Androff, 2016:28) to uphold the right of children to family life. In line with the views of Sewpaul (2016:35), social workers in the child protection field should use the three methods of social work interchangeably, depending on the problem at hand and the level of intervention required. Implementing interventions at various levels ensures a holistic approach to rendering family reunification services and the efficiency of the reunification worker in addressing the reasons that led to the removal of a child and in preparing all the significant parties for family reunification. Family conferencing is one

way of preparing both the biological family and the foster family for reunification. According to Lombard (2019:400), family group conferences place the child's family, including blood relatives, family friends and significant others, at the centre of any planning process, which means they set the agenda, while professionals facilitate and support the work of the family.

The social work activities should be in line with bridging the micro-macro divide. According to Reisch (2016:259), if macro social workers have to develop strategic interventions that translate their awareness of structural problems into concrete policies to address them, then macro social workers clearly have to interact with social workers who work closely with families on a micro level. On a micro level, social work activities may involve enhancing the economic, physical, psychological, moral, spiritual, emotional, educational and social conditions of families (Harrison, VanDeusen & Way, 2016:269). In addition to individual work and group work services, which are therapeutic in nature, child welfare organisations should render community development services to focus on macro issues that restrict families from being reunified with their children in alternative care, for example extreme poverty due to a lack of employment and income generation opportunities (Patel, 2015:98). A family can thus be helped individually while societal structures are simultaneously being reformed through community-based initiatives (Lombard & Kleijn, 2006:215). Androff and McPherson (2014:45) support this line of thought and state that rights-based practice resolves the micro-macro divide by insisting on the necessity of both forms of action. Thus, individuals have the right to assistance, and unjust systems require change.

Harrison et al. (2016:269) argue that through micro practice, social workers are uniquely situated to "practice justly and tackle injustice". Reisch (2016:259) postulates that macro practice explicitly embodies social work's commitment to social justice and social change by promoting structural solutions to systemic inequalities and to various forms of oppression that go beyond individual adaptation and resilience. Sewpaul (2016:32) concurs that social work has a contribution to make in promoting social justice and human rights at the micro and macro levels, and "more especially at the intersection of these". Lombard (2019:398) affirms, "Because of their ethical

commitment to individual and social change, all social workers need to appreciate this interconnectedness”. In a dual approach, social workers in micro practice also have to commit themselves explicitly to taking up their role in calling for and creating social justice (Lombard, 2019:398). Harrison et al. (2016:271) share similar sentiments and state that social workers should actively promote social and economic justice at all levels of intervention and should select intervention approaches that effectively integrate social and economic justice competencies in practicing distributive justice with individuals, families and groups.

5.5.2. Harmonising social and economic development

Developmental social work practice involves a planned approach to social change that seeks to harmonise economic and social progress (Midgley, 2014). This model promotes progressive policies and programmes, including micro-enterprise, asset-building, social protection, and social investment interventions (Patel, 2015:89).

The reviewed framework for developmental social welfare services (DSD, 2013:16) indicates developmental welfare as a pro-poor approach that promotes people-centred development, social investments in human capabilities and the building of social capital. The social development model, which places a strong emphasis on harmonising social development with economic development, can be used by family reunification social workers when engaging biological parents in family reunification services. Poverty, lack of income, and lack of material and financial resources, although not determining factors for child removal, play a huge role in undermining the ability of a family to adequately care for its children; the family ends up neglecting the children, which then leads to children’s removal and placement in alternative care (Section 151 of the Children’s Act 38 of 2005). As such, Dhludhlu and Lombard (2017:179) suggest that child protection programmes should integrate more social and economic development programmes, such as micro-enterprises and savings associations, in order to contribute to poverty reduction. In addition, family reunification social workers can marry social development and economic development by encouraging biological parents to embark on small scale income generating activities,

individually or as a group, and by linking parents with community projects and the expanded public works programme. Midgley (2014) suggests the following social investment strategies to harmonise social development and economic development:

- ***Enhancing human capital development:*** Human capital is about investing in human beings, and emphasises an investment in education, skills, nutrition and health care (Robinson, Schmid & Siles, 2002:4). Engaging in human capital formulation involves teaching technical skills to family members and inculcating an industrial ethic among them. Patel (2015:89) notes that human capital investments do not drain the economic resources of society but contribute to both social and economic development.
- ***Promoting social capital formulation:*** Social capital refers to social networks, relationships and ties that bind people together (Patel, 2015:90). It encourages trust and co-operative social interaction for the benefit of the community in order to promote social integration (Midgley, 2014). Social capital is a precondition, key element and essential ingredient of successful family reunification. It ensures that there is joy, peace, happiness and harmony in a society, and cements and integrates the society (Robinson et al., 2002:19). In addition, it creates sympathetic and beneficial relationships, which enable people to actively focus on economic development by averting conflict, suspicion and mistrust in the society. Social workers' knowledge of group dynamics, community mobilisation and systems theory qualifies them to harmonise societal relationships and to influence social capital formulation (Sewpaul, 2014:22). Patel (2015:90) notes that social capital formulation creates social networks which provide opportunities for gaining access to resources and for promoting the livelihood activities of families. Families whose children have been removed require social support to address the reasons that led to the removal of the children from them. Such families benefit from having strong social capital.
- ***Developing individual and community assets:*** Asset building strategies have been found to have long term social returns and to be an effective social

development strategy (Patel, 2015:89). An assets-based approach assesses the strengths and solutions that already lie within the community, employing the community's own value system (Kadetz, 2014:57). According to Kretzmann (2010:485), all communities have strengths and assets that can be used to address challenges that they face. Social workers can successfully empower family members through building them up from “the inside out”, which, according to Wilson (1996:617), comes from “the individual’s realisation of self-efficacy and interconnectedness with the larger community”. The individuals should be treated as subjects and not objects. From an assets-based approach, the rendering of family reunification services should be an organic internal process rather than an imposed external process (Kadetz, 2014:57). The knowledge, technology and resources that the social worker brings should be utilised to the extent that the family members themselves determine that they need these assets beyond their own identified assets. Asset building can lead to a more positive outlook and improved behaviour (Patel, 2015:89).

- ***Productive employment and self-employment.*** Social workers contribute to economic development by assisting socially excluded groups to find productive employment (Midgley, 2014:96). If that fails, social workers should encourage entrepreneurship and self-employment. Lombard (2008:123) argues that the role of a social worker in enhancing economic development of communities goes “beyond poverty alleviation into sustainable livelihoods”. The economic capacitation and empowerment of the families will enable them to make a meaningful contribution to the process of family reunification; it will increase their dignity, self-worth, self-respect, and self-esteem. Lundy and Van Wormer (2007:728) support this line of thought and argue that all people should be afforded the opportunity to engage in meaningful work, thereby generating an income that provides them with sufficient food and a standard of living that allows them to enjoy good health.

5.5.3. Participatory democracy

Participation is both a principle and a key feature of a developmental approach. According to Patel (2015:98), service users are not passive recipients of services but are active partners that should fully participate in addressing challenges and problems that impede their optimal functioning. The theme of participation is based on the principle of participation, as discussed earlier in this chapter (see 5.3.1).

5.5.4. Collaborative partnerships

Collaborative partnerships refer to welfare pluralism and the way in which social welfare provision is structured, organised and delivered; this includes the roles and relations of the public, private, and voluntary sectors in service delivery (Patel, 2015:93). Services envisioned from a rights-based perspective entail a pluralistic approach which involves the state, civil society, the private sector, individuals, families and communities (Ife, 2012:234; Wronka & Staub-Bernasconi, 2012:76). This, according to Lombard (2010:9), involves establishing strong partnerships that are built on a common goal and mutual respect with clear description of the roles and responsibilities of each partner.

In South Africa, a collaborative partnership model for service delivery envisages the state playing a leading role in promoting social development (Patel, 2015:93). The partnership should be governed by a clear memorandum of understanding (DSD, 2013:18). Every member's contribution is vital and should be directed towards the attainment of team goals (UNICEF, 2012). In the family reunification field, partnerships are established between the various social workers in NGOs, the canalisation officers at DSD, the presiding officers at the children's courts, and the residential workers at the child and youth care centres (DSD, 2013:18). NGOs usually sign a "working agreement" with the DSD; these agreements entail sharing the work load, resources, and services (DSD, 2013:36). The working agreements clearly define the geographical areas of operation in order to avoid duplication of services and confusion among role players. The agreements also contribute to families' easy access of services since

they (the agreements) ensure a wide distribution of organisations. Social workers can play a coordinating role in the formation of coalitions between various partners for family reunification. It is through partnerships that social workers can link socially excluded and economically marginalised families with vital resources to kick-start family reunification efforts.

In summary, the features of developmental social welfare services and the aforementioned principles and strategic focus areas of a rights-based approach are key in developing a rights-based family reunification programme. The development of a rights-based family reunification programme is discussed below.

5.6. Developing a rights-based family reunification programme

Human rights principles and rights-based approaches are linked to operational practice and are important drivers of change (Sano, 2014:34). When applied to the field of family reunification, a rights-based family reunification programming process could follow the three basic steps suggested by Boesen and Martin (2007:18):

- Step one: Analysing the context. Such an analysis focuses on what issues are prevalent in family reunification, who are the actors in the field of family reunification, what challenges do they face, and what recommendations can be advanced to address the identified challenges.
- Step two: Developing and designing a family reunification service programme. This step incorporates into a programme the recommendations identified in step one.
- Step three: Implementing and evaluating the family reunification service programme. This step focuses on how to implement the programme and what to learn from the programme.

The three steps identified above are discussed next.

5.6.1. Step one: Analysing the context

A rights-based family reunification process must use human rights standards and principles to place apparent challenges in a national, regional and international context (Danish Institute for Human Rights, 2007:19). This positioning gives a broader and multifaceted perspective to the phenomenon of family reunification. In addition to analysing the context and problems, step one of rights-based family reunification services programming entails an analysis of all the stakeholders involved in the field of family reunification.

The process of analysing the context can be divided into three stages, namely problem identification, problem analysis and stakeholder analysis (Boesen & Martin, 2007:19). These three stages of analysing the context are discussed next.

➤ ***Problem identification***

The first step for rights-based programming for family reunification is to make a comprehensive assessment of the situation in the field of family reunification (Children's Bureau, 2010:5). This step evaluates existing national family reunification policies, what the government, civil society and child protection organisations are doing (or not doing), and whether service rendering is in line with recommended regional and international standards (Dawes, 2009:4). Upon identification of the most appropriate focus, the subsequent step of problem analysis is a much more in-depth analysis of the problem.

➤ ***Problem analysis***

The problem analysis step focuses on understanding the identified problems in depth. The starting point of problem analysis is the identification and definition of human rights issues applicable to problems in the field of family reunification and what the implications of violating these rights are (Danish Institute for Human Rights, 2007:20). This analysis will assist in defining the ideal situation in family reunification, mirrored against international and regional standards (September &

Dinbabo, 2008:113). Moreover, the analysis will point to the applicable policy and legislative frameworks.

This step must bear in mind that human rights are interlinked and that violations of rights to family reunification are likely to have short-term, immediate causes and long-term root causes, which need to be reflected in the problem analysis (Boesen & Martin, 2007:21). The analysis must link the rights of family members as rights holders with the state's responsibilities at national level and the international community's obligations at the global level.

➤ ***Stakeholder analysis: rights holders and duty bearers***

The purpose of a stakeholder analysis is to comprehend the features, interests and expectations of families and organisations that are likely to be involved in a family reunification services programme (Save the Children, 2013). Doing so will identify who needs to do what in relation to meeting the needs of the family (Lombard, 2010:9). The stakeholder analysis must consider where stakeholders are geographically and institutionally located. Furthermore, stakeholder analysis must focus on identifying stakeholders with vested interests and also stakeholders who might oppose the family reunification services programme (Danish Institute for Human Rights, 2007:20). In addition, this analysis identifies capacity building and empowerment strategies for some stakeholders. It should be noted that a rights-based family reunification services programme is holistic and often requires new and unusual alliances.

The stakeholder analysis must determine whether rights holders can claim their rights via the courts or via informal forums at the community level, while bearing in mind that rights holders have explicit responsibilities (Boesen & Martin, 2007:22). Rights holders have a duty to respect the rights of others and to take accountability for their own lives and actions (Danish Institute for Human Rights, 2007:11). Therefore, a stakeholder analysis should clarify what families are expected to do and evaluate their ability to carry out the identified tasks (Boesen & Martin, 2007:22).

The analysis should decide whether the duty bearers are able to meet the obligations designated to them (United Nations Population Fund, 2012). If the answer is yes, then

the next question will be how to get them to start delivering on the mandate. If the answer is no, then the question is why is this so and what should be done to capacitate them to be able to deliver the services (Danish Institute for Human Rights, 2007:20).

The completed problem identification, problem analysis and stakeholder analysis would have identified key problems and actors involved in rights-based family reunification services. The subsequent stage is to develop and design a family reunification services programme and to formulate the goals, objectives and indicators of such a programme.

5.6.2. Step two: Designing the programme

The analysis conducted in step one would have availed the focus of the programme in terms of the core problems, the issues to be addressed, and the targeted families. Moreover, it would have identified who the service providers would be.

To operationalise the chosen focus, the designed family reunification services programme should concentrate on the core problems identified. The programme must deliberately include rights holders and duty bearers and address the core problems and their structural causes (Schmid, 2013).

Generally, the first aspect of developing a family reunification services programme focuses on designing a goal, followed by formulating objectives and outlining potential activities of the programme (Boesen & Martin, 2007:25).

Both programme partners and stakeholders should play a significant part in the design of programmes. It is useful to organise a workshop with partners, rights holders and duty bearers to gather input for the design process (Danish Institute for Human Rights, 2007:25).

The programme's objectives must reflect both an envisioned change in the lives of families and an envisaged change within identified duty bearers in relation to the identified problems. Objectives must strive to relate either directly to rights or to

features of human rights principles, for instance, active participation, empowerment, transparency and accountability (Boesen & Martin, 2007:25).

When objectives have been formulated according to the focus of the programme, family reunification activities must articulate how the objectives will be achieved. Activities must use and promote human rights, and relate to and complement other human rights initiatives by national, regional and international organisations. Lombard (2010:8) is of the view that welfare activities should be structured in a manner that ensures the participation of applicable rights holders and duty bearers in all the implementation phases of the project. In addition, practitioners must always adhere to the principle of self-determination and respect the rights holder's wishes concerning interventions (Androff, 2016:34).

After programme design, the rights-based family reunification programming process should shift focus to implementing, monitoring and evaluating the programme.

5.6.3. Step three: Implementation, monitoring and evaluation

Implementing a family reunification programme materialises the plans to ensure that they become a lived reality for families seeking to be reunified with their children. Monitoring and evaluation will determine whether the goals of family reunification have been reached (Danish Institute for Human Rights, 2007:29). A monitoring and evaluation system is therefore needed to improve the quality and the scope of service delivery, inform planning, guide resource allocation and demonstrate results which are important for purposes of accountability to key stakeholders (Mutambanengwe, 2015:12). Implementation, monitoring and evaluation are discussed below.

5.6.3.1. Implementation of the programme

Implementation should be mindful of the fact that a family reunification services programme would have been designed with the rights holders in mind and that their concerns should remain the main focus in all implementation activities.

Implementation of the family reunification services programme must be determined by targets, time-plans, indicators, reports and statistics (Boesen & Martin, 2007:30). The rights of children to family life should remain at the core of the programme to ensure that the programme's implementation plans address children's needs and move towards facilitating reunification with the families (McCall & Groark, 2015). The implementation phase should address the reasons that led to the removal of a child in the first place and the reasons obstructing family reunification efforts. Implementation requires interplay of a number of different skills and rights-based programmes. Moreover, it involves multi-faceted, multi-dimensional, multi phased and multi-sectoral strategies. A fundamental component of implementing a rights-based family reunification programme is the building of forums (Proudlock, 2014:34), platforms and networks between different organisations to collaborate and cooperate on addressing issues related to family reunification. During the course of implementation, the programme must conduct monitoring activities.

5.6.3.2. Monitoring of the programme

Monitoring is a vital way to ensure that programme implementation is done according to plan and that the programme reaches the desired results (Mark, Greene & Shaw, 2006:6). A rights-based family reunification programme must ensure that it does not do harm to children and their families (Family for Every Child, 2014:28). Monitoring activities should be geared towards ensuring that human rights philosophies are fundamental to family reunification services. Guided by the World Bank (2013), monitoring of a family reunification programme should be done on a regular basis.

Boesen and Martin (2007:31) advise that the implementation of the programme must include monitoring potential conflict because when rights-based projects are successful, they alter the power relationship between rights holders and duty bearers, which is always a basis of conflict. A rights programme should monitor tensions to safeguard against counterproductive and detrimental conflict between the rights holders and the duty bearers.

Conducting on-going monitoring and supervision activities is not enough to determine the results and impact of the programme. Therefore, an element of evaluation must be built into a family reunification programme.

5.6.3.3. Evaluating the results of the programme

Evaluation is a process of establishing the outcomes of a programme, in relation to its stated objectives and expected impact (Rabie & Cloete, 2011). The results of a family reunification programme can be measured in terms of the improvement in the circumstances of the rights holders involved in the programme. Monitoring is a way to promote human rights (Boesen & Martin, 2007:30), whilst evaluation is the collection and documentation of unfulfilled rights so as to put pressure on duty bearers to comply with human rights standards.

Evaluation often involves the monitoring, documentation and measuring of positive change in families (Danish Institute for Human Rights, 2007:32). This determines whether the family reunification programme has been a success or a failure. The changes sought and measured are directly linked to programme activities. Some changes may be directly measurable in the lives of families receiving services while others focus directly on the duty bearers and their behaviour towards families they render services to. Boesen and Martin (2007:30) refer to a general distinction in human rights assessments, emphasising on the one hand duty bearers' compliance and commitment to human rights obligations and on the other hand rights holders' enjoyment of human rights. It is therefore important to monitor both angles. Participation of the affected people is key in achieving sustainable progress and in addressing the problems at hand (Lombard, 2014:49).

To ensure comprehensiveness, family reunification programmes should be drawn from rights-based perspectives.

5.7. Summary

A rights-based approach was the most appropriate theoretical framework for the study. To fully understand the rights-based approach one needs to first understand and position the principles of a rights-based approach. These principles are hugely abstract and theoretical; however, they can be simplified into strategic focus areas of a rights-based approach to increase their practical applicability and significance to family reunification services. Since family reunification services can be contextualised from a developmental approach in general and from a rights-based perspective in particular, the design of a family reunification services model should follow a rights-based programming process.

CHAPTER 6

PRESENTATION AND DISCUSSION OF THE EMPIRICAL FINDINGS

6.1. Introduction

The chapter presents and discusses the findings of the study. The study sought to answer the following research questions:

- How are family reunification services rendered by social workers working in child protection services?
- What obstacles do social workers working in child protection services face in rendering family reunification services to children in alternative care?
- What success do social workers encounter in rendering family reunification services?
- What components constitute a holistic family reunification services model for children in alternative care?

The researcher used an exploratory sequential mixed methods design in the study (Creswell, 2014:225). The researcher first gained an insight and understanding into the perspectives and experiences of social workers regarding the rendering of family reunification services by using explorative qualitative methods to identify qualitative themes that informed the quantitative phase of the study (Delpont & Fouché, 2011:441).

Qualitative data was obtained from one-on-one semi-structured interviews with 15 social workers from five child protection organisations in Gauteng and was analysed using Creswell's (2014) thematic model of data analysis (see chapter 2). Quantitative data was obtained from self-administered questionnaires, which were completed by 127 social workers from five child protection organisations in Gauteng, namely, Johannesburg Child Welfare; Christelike Maatskaplike Raad (Christian Social Services Council); Germiston Child Welfare; Child Welfare Tshwane; and Child Welfare Vereeniging. Quantitative data was analysed using SPSS version 23.

In reporting on the findings, the qualitative and quantitative findings are integrated. The rationale behind integrating the two data sets was to "place the qualitative and quantitative findings into a conversation" (Fielding, 2012:128). Through this

“conversation”, the researcher gained deeper insights into family reunification services in South Africa and on how to design a family reunification services model for children in alternative care.

The chapter first presents participants’ demographic information in the respective qualitative and quantitative phases of the study. Thereafter, the researcher presents and discusses the empirical findings from the qualitative and quantitative phases of the study in an integrated manner according to themes and sub-themes, as informed by statistical data and the direct quotes from participants. Findings are substantiated with literature. Finally, the chapter concludes with a summary.

6.2. Demographic profile

The demographic profile of the participants in the qualitative study are presented first, followed by the demographic profile of the participants in the quantitative study.

6.2.1. Demographic profile of participants in qualitative study

The demographic profiles of participants in the qualitative study were constructed by drawing information from participants on their gender; age; racial group; years of social work experience in family reunification services; years of employment at a child protection organisation as a social worker; and years of experience with regard to implementing family reunification services in terms of the Children’s Act 38 of 2005.

Table 6.1 below presents the demographic details of participants.

Table 6.1: Demographic profile of social workers in qualitative study

Participant	Gender	Age group (years)	Racial group	Years of employment at a CPO*	Years of SW* experience in FRS*	Years of implementing FRS in terms of the Children's Act
P1	Male	34 to 39	Black	7	3	3
P2	Female	28 to 33	Black	2	2	2
P3	Female	22 to 27	Black	2	2	2
P4	Female	52 to 57	White	18	18	6
P5	Male	34 to 39	White	8	13	6
P6	Female	28 to 33	Black	2	5	5
P7	Female	28 to 33	Coloured	5	5	5
P8	Female	28 to 33	Black	5	4	4
P9	Female	52 to 57	Black	8	6	6
P10	Female	22 to 27	White	3	3	3
P11	Female	52 to 57	White	20	10	6
P12	Female	28 to 33	Black	6	7	6
P13	Female	28 to 33	Black	5	7	6
P14	Female	22 to 27	Black	3	3	3
P15	Female	28 to 33	Black	5	5	5

*CPO = Child Protection Organisation; SW = Social Work; FRS = Family Reunification Services

The findings indicate that of the 15 social workers that participated in the qualitative study, 13 were female and two were male. In terms of racial group, ten were black, one was coloured and four were white. Seven participants were between the ages of 28 and 33; three were between the ages of 22 and 27; three participants were between the ages of 52 and 57 while two were between the ages of 34 and 39. The gap in

social workers between the ages of 40 years and 51 years may be because social workers in this age group are more likely to be either supervisors or managers.

Of the 15 participants, three had been in the employment of a child protection organisation as a social worker for two years; two had been employed for three years; four for five years; one for six and one for seven years respectively; two for eight years; one for 18 years; and one social worker had been employed for 20 years. In alignment with the sampling criteria, the minimum years of a participant's employment in a child protection organisation was two years, whereas the social worker with the greatest number of years had been employed for 20 years. The average years of employment in a child protection organisation was 6,6 years.

Regarding the years of social work experience in family reunification services, two participants had two years of experience; three had three years' experience; one had four years; three participants had five years; two had seven years respectively; one participant had 6; one had ten; one had 13 and one had 18 years of experience. The social worker with the least number of years' experience in family reunification services had two years, whereas the most experienced worker had 18 years. The average years of experience in family reunification services was 6,2 years. This average is closely aligned to the average number of years of participants' experience in child protection organisation employment (6,6 years), which indicates that family reunification services are intrinsically part of child protection services.

With regard to the implementation of family reunification services as mandated in the Children's Act 38 of 2005, two participants had been implementing family reunification services for two years; three had been doing so for three and five years respectively; one for four years while six social workers had implemented family reunification services for six years. The implementation of family reunification services by the participants is closely related to their years of employment at a child protection organisation. Family reunification services should be seen as an integral part of child protection services. Thus, family reunification is not just about placing a child back with biological parents or not, but in a child protection framework it is an integral service aimed at identifying possible placement options for the child.

6.2.2. Demographic profile of participants in quantitative study

The demographic information of 127 participants in the quantitative study reflects on their gender; age; race; years of experience in family reunification services; years of employment at a child protection organisation as a social worker; total number of caseloads at the time of the study; frequency of conducting home visits and case conferences; the number of children reunified with families in the previous year; and whether they had access to various resources, namely, cars, taxi/bus fare, telephones, computers and fax machines.

6.2.2.1. Gender of participants

The following figure reflects the gender of participants in the quantitative study:

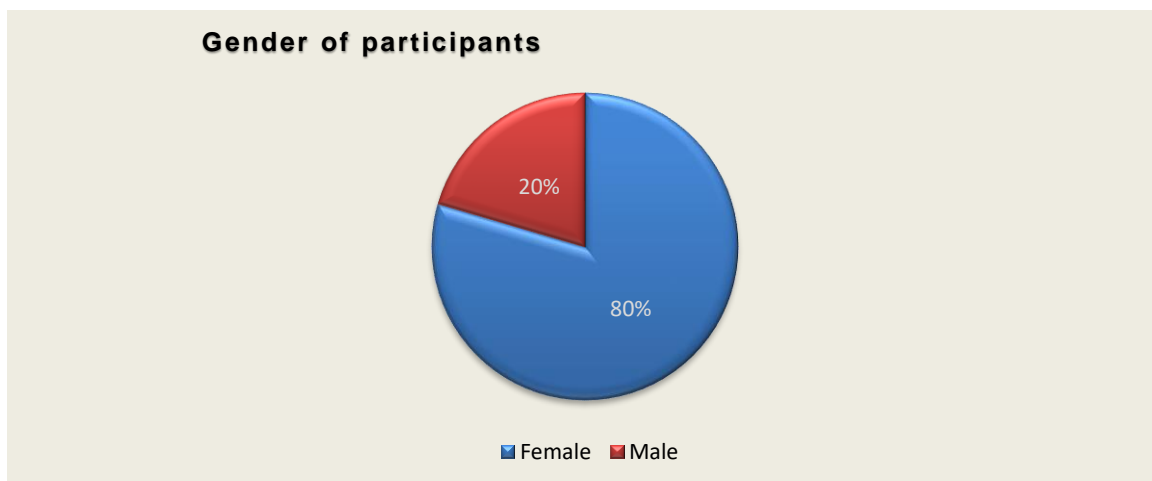


Figure 6.1: Gender of participants (n=127)

Of the 127 participants who participated in the quantitative study, 20% (26 of 127) were male and 80% (101 of 127) were female. As in the case of the qualitative study, the fact that there were more female than male social workers in the quantitative study is a reflection of the tendency of social work to be a female dominated profession, as noted by various authors (Galley & Parrish, 2014).

6.2.2.2. Age of participants

Of the 127 participants, 9% (11 of 127) were between the ages of 22 and 27, whereas 34% (43 of 127) were between the ages of 28 and 33; 24% (31 of 127) were between

the ages of 34 and 39; 12% (15 of 127) were between the ages of 40 and 45; 8% (10 of 127) were between the ages of 46 and 51; 9% (11 of 127) were between the ages of 52 and 57; 3% (4 of 127) between the ages of 58 and 63, while 1% (2 of 127) were between the ages of 64 and 69 respectively. Figure 6.2 below visually presents the ages of participants in the quantitative study.

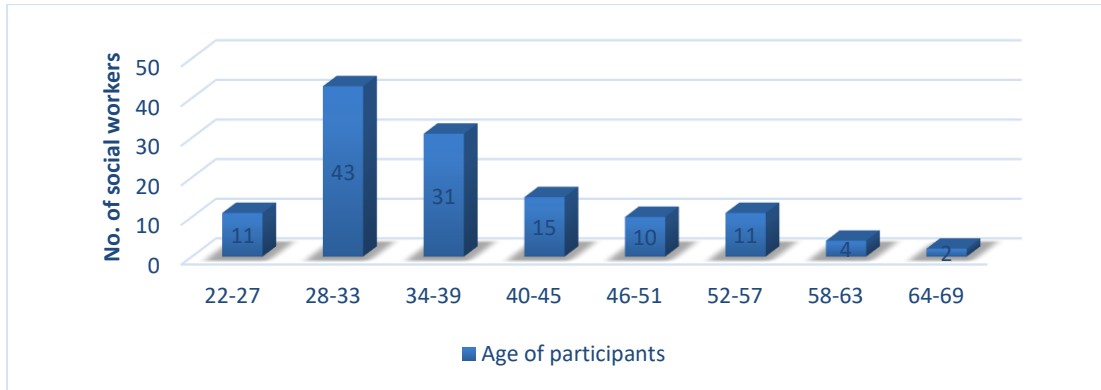


Figure 6.2: Age of participants (n=127)

The youngest participant in the quantitative study was 24 years old and the oldest participant was 65 years old. The average age of participants in the quantitative study was 38 years, which is in alignment with the age group of the qualitative study participants.

6.2.3. Race of participants

In view of the historical context of South Africa, the researcher included a question on race to see whether the employed social workers reflect the South African population in service rendering. Figure 6.3 reflects the race of participants in a quantitative study.

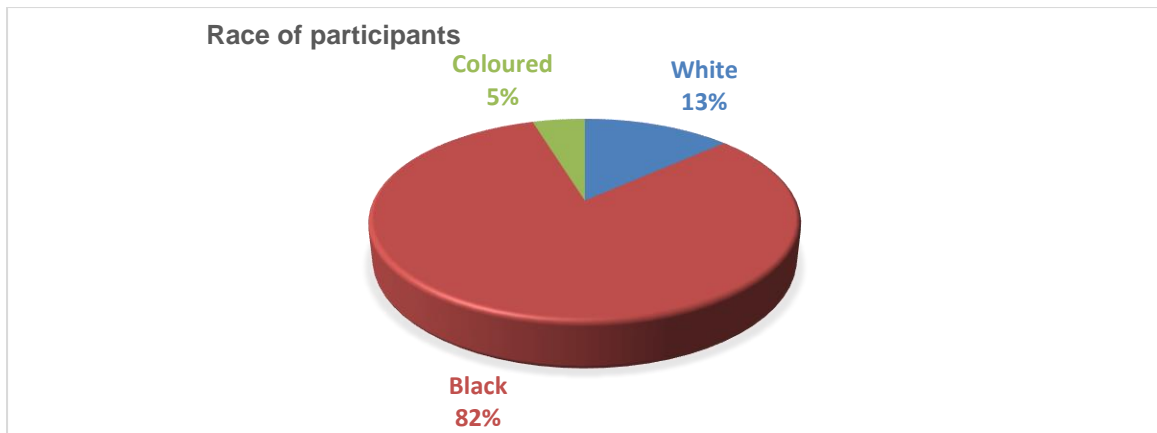


Figure 6.3: Race of participants (n=127)

The findings show that of the 127 social workers that participated in the study, 17 (13.4%) of them were white, 104 (81.9%) were black and six (4.7%) were coloured.

The fact that more black social workers were employed by child protection organisations aligns with the population profile in South Africa and thus the social work population and the service areas of participating organisations.

6.2.4. Years of social work experience in family reunification services

Table 6.2 indicates social workers' years of experience in rendering family reunification services.

Table 6.2: Years of social work experience in FRS* (n=125)

		Frequency	Valid Per Cent
Valid	0.3 - 7 years	83	66.4
	8 - 14 years	28	22.4
	15 years & more	14	11.2
	Total	125	100.0
Missing	System	2	
Total		127	

*Family Reunification Services

Table 6.2 shows that of the 125 participants who responded to the question, 66.4% (83 of 125) had between 0.3 and seven years of family reunification services experience; 22.4% (28 of 125) had eight to 14 years, while 11.2% (14 of 125) of social workers had more than 15 years of family reunification services experience. The average years of family reunification services experience was seven years. The least experienced respondent had three months' experience in family reunification services while the most experienced respondent had 34 years of experience.

Most newly qualified social work graduates start their careers in child and family services. Therefore, they have little experience when they enter this field, as reflected below.

6.2.5. Years of employment at a child protection organisation

The participants in the quantitative study had an average of six years of employment in a child protection organisation. The participant with the least years of employment at a child protection organisation had three months while the longest serving respondent had 42 years of employment, as reflected in the following table:

Table 6.3: Years of employment at a CPO* (n=127)

		Frequency	Valid Per Cent
Valid	0.3 - 7 years	90	70.9
	8 - 14 years	29	22.8
	15 years & more	8	6.3
	Total	127	100.0

*Child Protection Organisation

Table 6.3 shows that 70.9% (90 of 127) of participants had 0.3 to seven years of employment at a child protection organisation; 22.8% (29 of 127) had eight to 14 years while 6.3% (8 of 127) had more than 15 years of employment experience at a child protection organisation. These findings are presented in Figure 6.4 below.

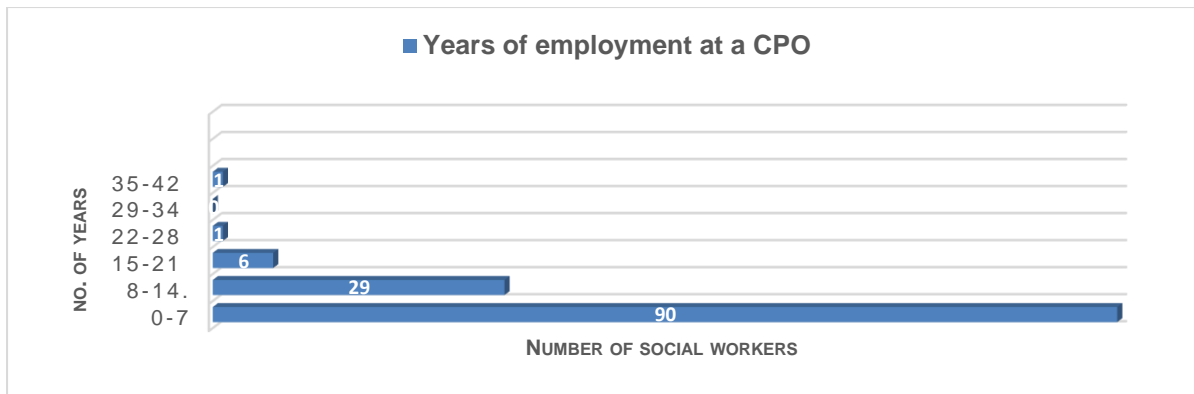


Figure 6.4: Years of employment at a CPO (child protection organisation) (n=127)

The above findings show that most social workers who render family reunification services have the least number of years of employment in child protection organisations, ranging from between three months and seven years of employment. As the number of years of employment in child protection organisations coincide with the number of years that participants have been rendering family reunification services, it shows that most participants had not worked elsewhere prior to working at the current child protection organisations. As such, most of them started rendering family reunification services as newly qualified social workers.

6.2.6. Total number of caseload files

Child protection work entails case management. Social workers work with case files where they include all information pertaining to the child, the biological family, the foster family and the levels of intervention that the case has passed through. The files also contain process notes that highlight the intervention process. Participants in the quantitative study were asked about their caseloads in terms of the total number of files. The following figure reflects responses to this question:

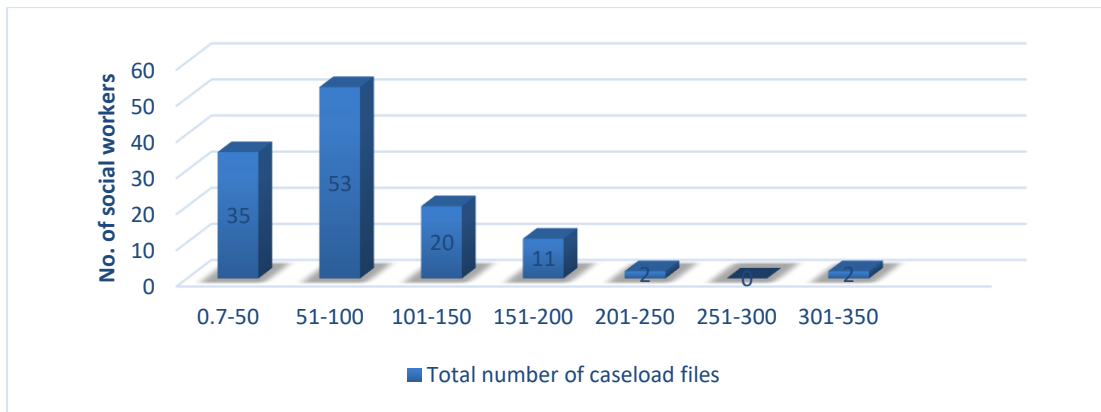


Figure 6.5: Total number of caseload files (n=123)

The findings show that 28.5% (35 of 123) of the social workers had seven to 50 files; 43.1% (53 of 123) had 51 to 100 files; 16.3% (20 of 123) had 101 to 150 files, and 12.2% (15 of 123) had more than 151 files.

The findings further reveal that social workers had an average of 85 files. The social worker with the lowest number of files had seven files, whereas the social worker with the highest number of files had 320 files, as reflected in Table 6.4 below.

Table 6.4: Total number of current caseload files

N	Valid	123
	Missing	4
Mean		85.360
Median		65.000
Std. Deviation		56.6198
Minimum		7.0
Maximum		320.0

From the above information, it is evident that social workers have high caseloads. This has a bearing on the availability of their time to render family reunification services. In the context of high caseloads in child welfare, the primary emphasis is often on statutory services, with insufficient time allocated for family reunification services (Strydom, 2010). Chadambuka and Chikadzi (2020:52) echoes similar sentiments regarding high caseloads and states that heavy workloads compromise the

reunification process as social workers take short cuts to resolve cases due to work pressure.

6.2.7. Frequency of conducting home visits

Child protection social workers conduct home visits to foster parents to check the living circumstances of the foster family and the adjustment of a foster child to the placement. They do similar home visits to the biological family to monitor the progress of the family in addressing the reasons that led to the removal of the child. Participants were asked how frequently they conducted home visits. Their responses are captured in Table 6.5.

Table 6.5: Frequency of conducting home visits

		Frequency	Per Cent	Valid Per Cent
Valid	Yearly	5	3.9	4.0
	Monthly	20	15.7	16.0
	Weekly	100	78.7	80.0
	Total	125	98.4	100.0
Missing	System	2	1.6	
Total		127	100.0	

The findings reveal that 80% (100 of 125) of social workers conducted home visits on a weekly basis; 16% (20 of 125) of social workers conducted monthly home visits; whereas 4% (5 of 125) of social workers conducted home visits yearly. Figure 6.6 below reflects the findings.

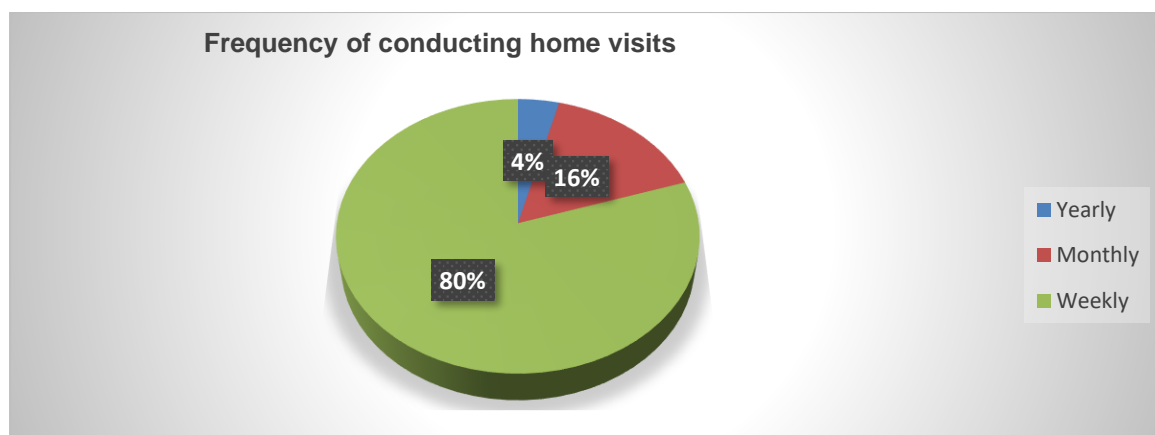


Figure 6.6: Frequency of conducting home visits (n=125)

Home visits foster good engagement with service users and offer a broad yet intimate view of the service user's life (Ferguson, 2014:286). Understanding the context and conditions of the living environment of a child is an important component in developing a family reunification services model.

6.2.8. Frequency of organising family conferences

Family conferences entail getting all the stakeholders in one meeting to discuss the progress of all parties involved. The case conferences are attended by the foster parent who reports on the child's adjustment to the foster placement, and the biological family member who reports on the measures that the family have put in place in addressing the reasons that led to the removal of the child. The social worker chairs the meeting and reports on the professional services rendered. The child also reports on how he or she feels about a continued stay in the placement.

Participants were asked how frequently they organised family conferences. Their responses are captured in Table 6.6.

Table 6.6: Frequency of organising family conferences

		Frequency	Per Cent	Valid Per Cent
Valid	Yearly	23	18.1	20.0
	Monthly	57	44.9	49.6
	Weekly	35	27.6	30.4
	Total	115	90.6	100.0
Missing	System	12	9.4	
Total		127	100.0	

The findings reveal that 35 of 115 participants organised family conferences on a weekly basis; 57 social workers organised family conferences monthly; whereas 23 organised family conferences yearly.

In terms of percentages, 30% of the social workers organised weekly family conferences; 50% organised family conferences on a monthly basis and 20% of the participants organised family conferences on a yearly basis, as reflected in Figure 6.7 below.

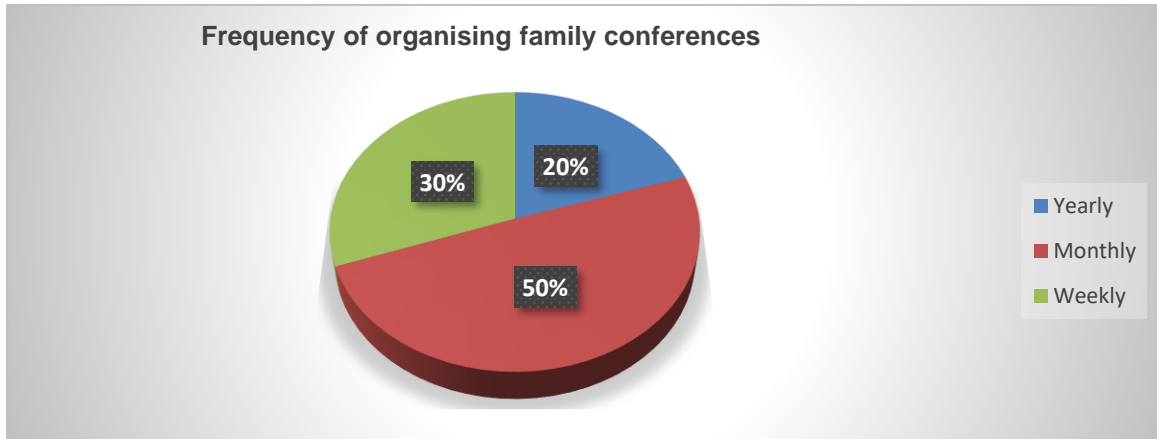


Figure 6.7: Frequency of organising family conferences (n=115)

Data reveals that most social workers conduct home visits regularly compared to organising family conferences. Unlike home visits, family conferences have a direct bearing on family reunification services.

6.2.9. Number of children reunified with families

Hundred and twenty-three (123) of 127 social workers responded to the question on how many children they had reunified with biological families in the previous year. The number of children reunified with families in the previous year is reflected in Table 6.7.

Table 6.7: Number of children reunified with families (n=123)

		Frequency	Valid Per Cent
Valid	None	19	15.4
	1 - 5	68	55.3
	6 - 10	23	18.7
	11 or more	13	10.6
	Total	123	100.0
Missing	System	4	
Total		127	

The above table shows that 15.4% (19 of 123) of the social workers had not reunified any children with families in the previous year; 55.3% (68 out of 123) of the social workers had reunified one to five children; 18.7% (23 of 123) of social workers had reunified six to ten children, while 10.6% (13 of 123) had reunified more than 11 children with their families. On average, one social worker reunified five children with families. The least number of children that a social worker had reunified in the previous year was 0 and this was reported by 19 social workers. The highest number of children that a social worker had reunified was 30 and this was reported by one social worker. From this information, it can be noted that most social workers had reunified only a few children with families in the previous year.

A cross-tabulation was done between experience in family reunification services, caseload, conducting home visits, and organising family conferences. The results of a Pearson Chi-Square test in a cross-tabulation between experience in family reunification services, number of caseload files, frequency of conducting home visits, and frequency of organising family conferences indicate the following:

- There is an association (.439) between the years of social work experience in family reunification and the total number of social workers' caseload files.
- There is weak evidence of an association (.024) between the years of social work experience in family reunification and the number of children reunified with families in the previous year.

- There is no significant association (.398) between the total number of current caseload files and the frequency of conducting home visits.
- There is a correlation (.052) between the frequency of organising family conferences and the number of children reunified with families in the previous year.
- There is no significant association (.936) between the total number of current caseload files and the frequency of organising family conferences.
- There is weak evidence of an association (.074) between the frequency of conducting home visits and the number of children reunified with families in the previous year.

6.2.9.1. Access to resources

The participants were asked whether they had access to the following resources: a car, taxi/bus fare, a telephone, computers, and fax machines.

Responses to this question are captured in Tables 6.8 to 6.12.

Table 6.8: Do you have access to a car?

		Frequency	Per Cent	Valid Per Cent
Valid	No	8	6.3	6.3
	Yes	119	93.7	93.7
	Total	127	100.0	100.0

Table 6.9: Do you have access to taxi/bus fare?

		Frequency	Per Cent	Valid Per Cent
Valid	No	49	38.6	38.6
	Yes	78	61.4	61.4
	Total	127	100.0	100.0

Table 6.10: Do you have access to a telephone?

		Frequency	Per Cent	Valid Per Cent
Valid	No	4	3.1	3.1
	Yes	123	96.9	96.9
	Total	127	100.0	100.0

Table 6.11: Do you have access to computers?

		Frequency	Per Cent	Valid Per Cent
Valid	No	4	3.1	3.1
	Yes	123	96.9	96.9
	Total	127	100.0	100.0

Table 6.12: Do you have access to fax machines?

		Frequency	Per Cent	Valid Per Cent
Valid	No	39	30.7	30.7
	Yes	88	69.3	69.3
	Total	127	100.0	100.0

The findings show that 93.7% (119 of 127) of the participants had access to a car; 61.4% (78 of 127) had access to taxi/bus fare; 96.9% (123 of 127) to telephones; 96.9% (123 of 127) to a computer; and 69.3% (88 of 127) had access to fax machines.

Responses regarding access to resources are summarised in Figure 6.8.

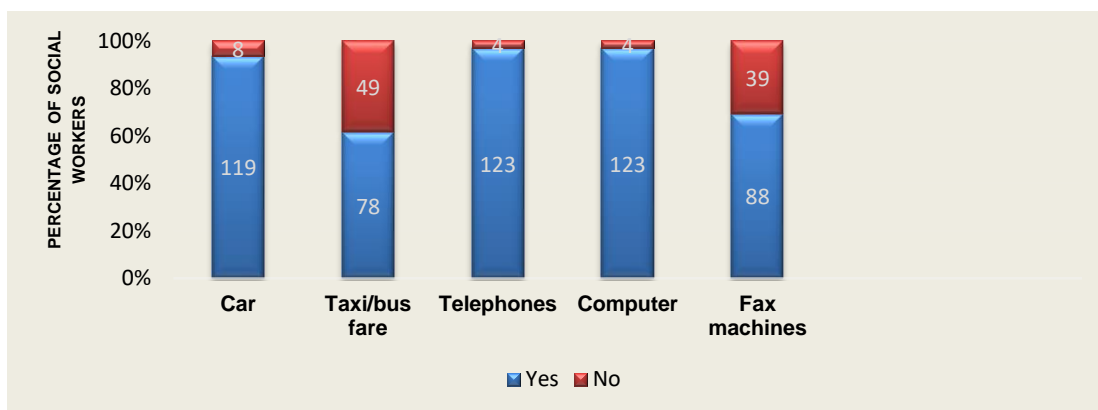


Figure 6.8: Access to resources (n=127)

Generally, the findings indicate that social workers have access to the resources they need to conduct family reunification services. This is contrary to the popular belief and findings from other studies that social workers are faced with massive resource constraints (Alpaslan & Schenck, 2012:374; Earle, 2008:74; September & Dinbabo, 2008:12).

A cross-tabulation was done on which resources are associated with high rates of reunification. The cross-tabulation of access to resources and the number of children reunified with families indicates that there is no association (.743) between having access to resources and reunifying children with their biological families, as indicated in the Pearson Chi-Square test presented in Table 6.13.

Table 6.13: Cross-tabulation of number of children reunified with their families in the previous year and having access to resources

Chi-Square Test						
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.635 ^a	3	.652	.743		
Linear-by-Linear Association	.716 ^b	1	.397	.518	.272	.130

The test findings above show that lack of access to resources is not an excuse for failing to reunify children with biological families and indicate that other factors play a role in family reunification. Also, there is no guarantee that an increase in resources will lead to a rise in the number of children reunified with families.

6.3. Themes on integrated qualitative and quantitative findings

Seven themes emerged from the quantitative and qualitative research data. The themes are divided into sub-themes as depicted in Table 6.14 below.

Table 6.14: Themes and sub-themes

Themes	Sub-themes
1. Types of family reunification services rendered by social workers	1.1 Tracing of biological parents 1.2 Skills training and poverty alleviation 1.3 Therapy, counselling and psycho-social support 1.4 Training on parenting skills 1.5 Referral to specialised organisations 1.6 Facilitation of visits between children and biological families 1.7 Family conferencing
2. Challenges in rendering family reunification services	2.1 Institutional obstacles 2.1.1 Attitude of social workers to family reunification services 2.1.2 Lack of support from supervisors 2.1.3 Conflict between social workers 2.1.4 Inadequate training of social workers 2.2 Infrastructural barriers 2.2.1 Lack of cars 2.2.2 Lack of access to programmes 2.3 Human resource challenges 2.4 Poor relationship between biological parents and foster parents 2.5 Uncooperative biological parents 2.5.1 Biological parents do not maintain contact with their children 2.5.2 Biological parents do not cooperate with social workers 2.5.3 Biological parents hold grudges against social workers 2.5.4 Biological parents prioritise new relationships over their children 2.6 Uncooperative foster parents 2.7 Children not wanting to be reunified with biological parents
3. Addressing challenges encountered in rendering family reunification services	3.1 Refresher training courses for foster parents 3.2 Regular contact with biological parents 3.3 Life skills training for biological parents 3.4 Family reunification services plan endorsed by a family reunification order
4. Best practice interventions in family reunification	4.1 Successful family reunification cases 4.2 Factors that make family reunification successful 4.2.1 Parents who are willing to change their circumstances 4.2.2 Communication between all role players involved 4.2.3 Support from the social worker 4.3 Indicators of progress towards successful family reunification 4.3.1 Maintaining regular visits contact and contributing towards maintenance of the child 4.3.2 Positive relationship between biological parents and foster parents

Themes	Sub-themes
	4.3.3 Biological parents are involved in programmes organised by the social worker
5. Cases where family reunification is not a possibility	5.1 Whereabouts of biological parents are unknown 5.2 Biological parents abuse substances 5.3 Unsuitable living circumstances 5.4 Cases of sexual and physical abuse 5.5 Biological parents with psychiatric conditions
6. Components of a holistic family reunification services model	6.1 Involvement of extended family members and significant others 6.2 Guidelines for the role of a social worker 6.3 The standard of the best interests of the child 6.4 A gradual and holistic process 6.5 The provision of parenting skills 6.6 A strong relationship between foster parents and biological parents
7. Measures to ensure that social workers render holistic family reunification services	7.1 Government should avail resources for family reunification 7.2 Social workers' caseloads should be reduced 7.3 Social workers should be supervised and evaluated and should take accountability 7.4 Social workers should be trained 7.5 Social workers should adhere to the principles of family reunification

6.3.1. Theme 1: Types of family reunification services rendered by social workers

The participants indicated a number of services that they rendered as part of family reunification services and elaborated on how they rendered these services. Most participants stated that the starting point for family reunification was the identification of families and children requiring family reunification services. Social workers then traced the biological parents and upon finding them, they engaged them in a variety of services that addressed the reasons that had led to the removal of the child. The purpose of the services was to ensure a conducive environment for family reunification.

Other family reunification services that they rendered were skills training to alleviate poverty; therapy, counselling and psycho-social support; training on parenting skills; referral to specialised organisations; and facilitation of access visits. Participants in the quantitative study were asked to indicate family reunification services that they rendered in the organisations that they worked for. Of 126 participants that responded

to the question, 102 (81%) rendered family reunification services related to tracing biological parents; 76 (60.3%) rendered poverty reduction services; 117 (92.9%) provided therapy, counselling and psychosocial support services; 104 (82.5%) were involved in facilitating parenting skills workshops; 120 (95.2%) indicated that they referred service users to specialised organisations; 116 (92.1%) facilitated access visits for children and biological parents, while 115 (91.3%) were involved in facilitating family conferences. Figure 6.9 below reflects findings regarding the types of family reunification services rendered by participants.

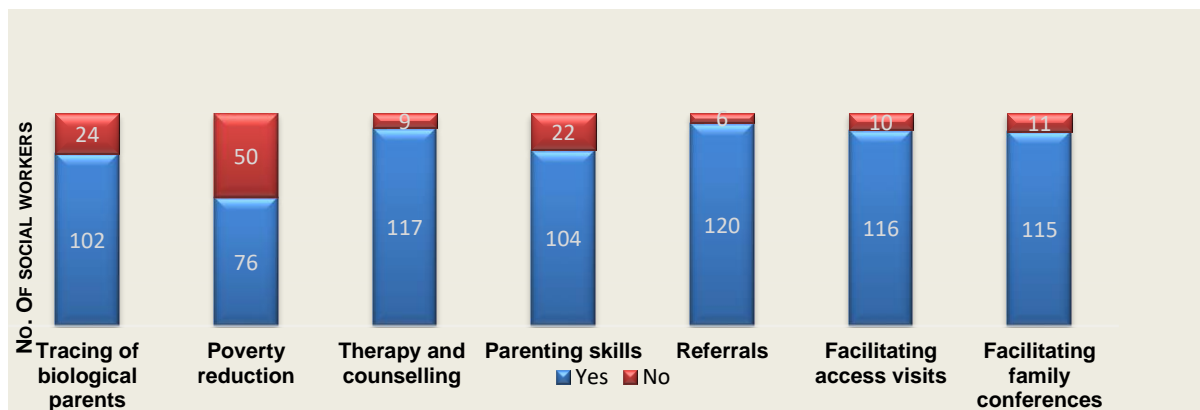


Figure 6.9: Types of family reunification services rendered by social workers (n=126)

The types of family reunification services rendered by social workers are discussed next as sub-themes.

Sub-theme 1.1: Tracing of biological parents

The participants were asked to indicate their involvement in tracing biological parents as part of family reunification services that they rendered in the organisations that they worked for. In the quantitative study, 102 (81%) of 126 participants were involved in tracing biological parents as part of family reunification services that they rendered in the organisations that they worked for, whereas 24 of 126 (19%) were not involved in doing so. In cases where the whereabouts of biological parents were unknown, participants stated that they searched for them by advertising in national newspapers. At times they liaised with police stations, who provided them with case numbers and finer details regarding the parents.

The participants articulated the tracing of biological parents as follows:

- P1: *In case the whereabouts of biological parents are unknown, we advertise in national newspapers to trace them.*
- P13: *First of all, in most cases you find that the whereabouts of biological parents are unknown. So, you first need to find out what their last address was and, if you are lucky, somebody in that address might possibly be having a phone number; then you call them (biological parents) in.*
- P1: *In the case maybe we say the child was abandoned, we request case numbers from the police station.*

The findings are in line with the views of UNICEF (2008) and Jacomy (2009), who identify the tracking / tracing of family members as an essential activity in the field of family reunification. Chadambuka and Chikadzi (2020:31) suggests additional techniques to use in family tracing as “...searching in market areas, talking to traditional leaders, visiting schools, as well as showing photographs that might help in identifying the family.”

Sub-theme 1.2: Skills training and poverty alleviation

Participants were asked to indicate their involvement in poverty reduction services as part of family reunification services that they rendered in the organisations that they worked for. In the quantitative study, 60.3% (76 of 126) of participants were involved in poverty reduction services as part of reunification services, whereas 50 of 126 (39.7%) social workers were not involved in rendering such services. The qualitative findings elaborate various ways in which research participants assisted families to alleviate poverty, namely, facilitating skills development, supporting families in improving their financial position, linking families with job opportunities, and providing families with an opportunity to obtain income generating skills and financial support.

The participants expressed their support of families to alleviate poverty as follows:

- P8: *I also do things like poverty alleviation. Sometimes I even help the parents to find jobs, find accommodation. So it's more like that.*

P9: *The reasons why the children were removed need to be addressed. For example, if it was for financial reasons, the parents need assistance to help them improve their financial circumstances.*

Some participants stated that their organisations did not have the capacity to offer skills training or to provide financial support to biological parents. However, they referred them to employment agencies and other places where they could receive assistance. Such assistance included linking them with employment opportunities in the community in an attempt to help them to find jobs, as reflected in the following statements:

P2: *If children were removed because the parents were unemployed, I try to link them up with organisations that can help them to improve their skills so that they become employable. For example, organisations like Mercy House [...] provides skills development.*

P3: *At child welfare at the present moment we cannot offer anything like that [provision of financial support] but we do refer. Maybe in the community somebody is looking for a person to do a part time job so we link them up with the biological parents.*

The findings on the financial constraints corroborate a study by Choi and Ryan (2007) which reveals that almost half of the mothers attending reunification have no income. As the DSD (2012:7) alludes, the thrust and cornerstone of family reunification practice involves teaching families' skills to start small-scale income generating activities. Dhludhlu and Lombard (2017:179) postulate that in order to contribute to poverty reduction, socio-economic development programmes such as micro-enterprises should form part of child protection programmes.

The economic and material status of the family, although not a deciding factor in the removal of a child, undermines the family's ability to take good care of its children. As such, in addition to individual work and group work services, which are therapeutic in nature, child welfare organisations should render community development services that focus on macro issues restricting families from being reunified with their children in alternative care; for example, extreme poverty due to a lack of employment and income generation opportunities (Patel, 2015:98). A family can thus be helped individually while societal structures are simultaneously being reformed through

community-based initiatives (Lombard & Kleijn, 2006:215). Androff and McPherson (2015:45) support this line of thought and state that rights-based practice resolves the micro-macro divide by insisting on the necessity of action on all practice levels.

Sub-theme 1.3: Therapy, counselling and psycho-social support

Quantitative findings reveal that 92.9% (117 of 126) of participants were involved in therapy, counselling and psycho-social support services, whereas 7.1% (9 of 126) of participants were not involved in such services.

The qualitative findings confirm the quantitative study's findings that participants' family reunification services included therapeutic, counselling and psycho-social support services to biological parents. These services were geared towards preparing the child and the family for reunification. The social workers rendered some of these services mainly through individual and group work sessions. However, they also referred biological parents to other service providers for specialised services.

The participants articulated the rendering of therapy, counselling and psycho-social support as follows:

- P1: *Yes, after we identify them (biological parents), we refer them to therapeutic services for assessments and then we try to identify the risk factors that contributed to the biological parents being separated from their biological children. Then we try to eliminate those risks before we get to the reunification process. But we also work with external resources, for instance the psychologists.*
- P2: *I make sure that I put them in groups and help them to be good parents to their children, trying to fix whatever that has gone wrong, and teach them issues around how to prioritise their children; how to provide food and needs for their children and also to try not to judge them based on their past experience. Basically, as a family reunification worker, my job is to give the biological parents a second chance in life.*
- P6: *My organisation is very good; we have a child unit that does assessments and evaluation of bonding therapy. So, we basically prepare the child and the foster parent so that they can be ready when the biological parent comes.*

The results of a Pearson Chi-Square test in a cross-tabulation between types of services rendered and the number of children reunified with families indicate that there is a strong association (0.001) between preparing the child for reunification and the number of children reunified with families.

The findings reveal that therapy, counselling and psycho-social support are fundamental in family reunification. These services are geared towards preparing the child for reunification, strengthening families in all aspects of life (Sewpaul, 2016:32), and providing them with a second chance to change their circumstances and to address reasons that led to the removal of a child from their care. D'Andre (2013:12) concurs, stating that counselling increases the likelihood of family reunification. According to Harrison, VanDeusen and Way (2016:265), social workers are uniquely situated to practice justly and ameliorate injustice through micro practice when enhancing individuals' psychological (e.g., self-esteem, social skills), and social (e.g., equality) conditions. Lombard (2019:397) supports the provision of specialised micro services such as therapy and counselling to families and argues that these services are important in understanding the origins, influences and manifestations of social distress in families. This is critical in designing services that are tailor-made for the specific and unique needs of families.

Sub-theme 1.4: Training on parenting skills

The quantitative findings show that 82.5% (104 of 126) of social workers were involved in facilitating workshops on parenting skills, whereas 17.5% (22 of 126) of social workers were not involved in doing so.

The qualitative study findings reveal that the family reunification services package offered by participants included developing parenting skills aimed at training and empowering parents to be able to address the reasons that led to the removal of the child from their care and to prepare them for the eventual return of the child into their care. These findings agree with the quantitative findings.

The importance of rendering parenting skills is evident from the participants' views:

P10: *We involve the biological parents in parenting skills so that when the child is placed back, they have some skills on how to deal with the child.*

- P9: *You need to find whatever programme that addresses the reasons for the removal of a child; if it was neglect, find a programme that can teach the parents some parenting skills, involve the parents in the programme and evaluate their skills after they have attended the programme.*
- P14: *You need to conduct visits to the parents and to make sure that they are ready, they have parental skills, their home circumstances are conducive for the kids to come back to their care. You need to provide support to the parents and make sure that they are ready to welcome back the kids; they are ready to parent the kids.*

Similar to findings in this study, Brook, McDonald and Yan (2012:693) confirm the importance of parenting skills in a study where they examined an intensive, interactive, experiential parenting programme and found that families involved in a parenting skills programme had a higher reunification rate than the comparison group of families not receiving the parenting skills programme. According to Patterson, Forgatch and DeGarmo (2010:164), numerous studies have reported that involvement of parents in parenting skills training leads to improvements in parenting practices, which in turn produce positive outcomes for children, including reduction in behavioural problems, police arrests and deviant peer association. The emphasis on human development through training links to a rights-based approach's endeavour to cultivate the innate abilities and capabilities of people to improve their circumstances rather than blame them for the circumstances that they find themselves in (Sen, 2004:334).

Sub-theme 1.5: Referral to specialised organisations

Rendering of family reunification services involves networking with other organisations and referring biological parents to the organisations for specialised services. From the 126 participants in the quantitative study, 120 (95.2%) were involved in facilitating referrals to specialised organisations, whereas 6 (4.8%) social workers did not do so.

Participants highlighted that providing support to families who have issues with substance abuse, marital problems and domestic violence represents some of the specialised services that social workers working in child protection services could not provide. Participants had to refer such families to specialised organisations, as reflected below.

- P8: *If we cannot directly assist the biological parents, we help them by referring them to other service providers who can empower them to address whatever problems that they are facing, so that at the end when the family is functioning well, we can be able to reunify children back with their families.*
- P2: *I do that in a form of referrals. For instance, if the children were removed due to domestic violence, I refer them to organisations like FAMSA and then, if the children were removed due to substance abuse, I refer the parents to SANCA or any other alcohol and drug rehabilitation institution.*
- P3: *To make a practical example, today I had a session where the child wants nothing to do with the biological mother. So, I referred them to Lifeline so that they can receive some counselling.*

The results of a Pearson Chi-Square test in a cross-tabulation between types of services rendered and the number of children reunified with families indicate that there is a significant correlation (.007) between referral to specialised organisations and the number of children reunified with families.

Kaiser Family Foundation (2009) confirms the importance of child welfare organisations referring families to other organisations for specialised services such as drug rehabilitation. It is, however, unfortunate that specialised services are limited and often not affordable for families (Strydom, 2010). Furthermore, the delivery of specialised services like marital counselling is often inhibited due to high workloads, which means that families cannot get access to this service (Strydom, 2012). The development of partnerships is important to render holistic services that make provision for referrals (Lombard, 2010:9; Patel, 2015:93). Services envisioned from a rights-based perspective entail a pluralistic approach which involves the state, civil society, including the private sector, individuals, families and communities (Ife, 2012:234; Wronka & Staub-Bernasconi, 2012:76). This, according to Lombard (2010:9), involves establishing strong partnerships, the demarcation of responsibilities, and clear roles and job descriptions in respective scenarios for role players. The partnerships should be built on a common goal and mutual respect with a clear description of the roles and responsibilities of each partner.

Sub-theme 1.6: Facilitation of visits between children and biological families

The engagement of social workers in facilitating visits featured as a high priority in family reunification services in the study; 92.1% (116 of 126) of the participants were involved in facilitating access visits between biological parents and children as opposed to 7.9% (10) who were not involved in facilitating visits.

Visits occurred mostly during weekends and school holidays. Participants regarded facilitating visits as integral in ensuring that contact was maintained between the child and biological parent, as echoed in the following sentiments:

P6: *So, we start first by paving a way for a relationship between children and their biological parents. We start the reunification process by letting them (children) visit over weekends and over school holidays, with a view that in future they can be reunified back with them.*

P11: *We ensure that the family has contact with a child through organising visits. They come here to the office or we organise for home visits or holiday visits.*

The results of a Pearson Chi-Square test in a cross-tabulation between types of services rendered and the number of children reunified with families indicate that there is evidence of an association (.052) between facilitation of visits and the number of children reunified with families.

Conditions for visits between children and biological families are described in section 168 of the Children's Act 38 of 2005. Section 168 of the Act states that children in alternative care should be granted leave of absence to visit their biological families in order to maintain contact with them. During the visitation period, the social worker should check whether the visit is going well and address any issues of concern that might arise in the course of the visit, as outlined in section 168 of the Children's Act. Lombard and Kleijn (2006:24) are of the view that continuous visits and contact between a child and the family of origin should be organised to enable both the child and the family to adjust to the separation. This is to ensure continuation of a relationship, attachment and bond between the child and the family, which is one of the components of family reunification.

Sub-theme 1.7: Family conferencing

Family conferencing is a tool for facilitating meaningful family engagement and has been identified as a practice that achieves successful family reunification (Children's Bureau, 2010:4). The use of family conferencing facilitates reunification efforts by promoting active involvement of both biological parents, extended family, and significant others to work towards family reunification goals (Child Welfare Information Gateway, 2012:4). Families should participate in family reunification decision making processes.

The participants in the qualitative study did not indicate family conferencing as a type of family reunification services that they render. However, a large number of participants in the quantitative study (115 of 126; 91.3%) were involved in facilitating family conferences while rendering family reunification services, as opposed to 8.7% (11 of 126) who were not. Although social workers facilitated family conferences, they did so on an irregular basis. As indicated in the discussion on the demographic findings (see section 6.2.8), most participants held monthly family conferences, which is not enough to facilitate meaningful reunification. It could have been more valuable if family conferences were conducted on a weekly basis.

Lombard (2019:400) captures the importance of family conferencing by stating that, "Family group conferences place the child's family, including immediate family, extended family, family friends and significant others, at the centre of any planning process, which means they set the agenda, while professionals facilitate and support the work of the family". Family conferencing enhances participation of all parties involved in the reunification process, that is, the biological family, foster family, the child concerned and the social worker. According to Gready and Vandenhole (2014:13), increased child and family participation ensures that monopolistic decision making tendencies on the part of social workers are curtailed and kept in check as the child and the family are actively involved in planning the child's future care arrangements. Participation is a fundamental principle of a rights-based approach (Androff, 2016:41; Lombard, 2014:49). According to Tostensen et al. (2011:70), participation is both a human right and a means to secure other human rights. Participation is both a principle and a key feature of a developmental approach.

According to Patel (2015:98), service users are not passive recipients of services but are active partners who should fully participate in addressing challenges and problems that impede their optimal functioning.

6.3.2. Theme 2: Challenges in rendering family reunification services

The plethora of challenges that participants face in rendering family reunification services was mainly drawn from the findings of the qualitative study. The underpinned challenges in the quantitative study emerged from responses to various questions and cross-tabulation of data as opposed to one particular question.

The challenges that participants face can be grouped under sub-themes, namely, institutional obstacles, infrastructural barriers, and human resource challenges. Additionally, participants experience challenges of uncooperative biological parents, and they encounter conflictual relationships between biological parents and foster parents where the relationship is often characterised by mistrust, suspicion and animosity between biological parents and foster parents. Furthermore, at times, there is conflict between biological parents and social workers. The challenges that social workers encounter in rendering family reunification services are discussed as sub-themes below.

Sub-theme 2.1: Institutional obstacles

Participants revealed that the institutional obstacles that they faced in rendering family reunification services stemmed from the attitude of social workers; lack of support from supervisors; conflict between the foster care supervision worker and the family reunification worker; and from inadequate training of social workers on family reunification services. These obstacles are discussed next.

2.2.1 Attitude of social workers to family reunification services

Some participants were of an opinion that the rendering of family reunification services was undermined by social workers' attitude, which was inadvertently evident in their behaviour. As an institutional obstacle, the attitudes of social workers can be further

grouped into four sub-categories, namely, failure to keep proper records; not being motivated; failure to prioritise family reunification services; and changing goalposts.

2.2.1.1 Failure to keep proper records

Participants stated that some social workers, especially new graduates, did not keep proper records or process notes. This made it extremely difficult to keep track of their interventions with families. It was revealed that some social workers did not record the addresses and contact details of family members and when they left the employment of the organisation, the case just collapsed because there was no background information or contact details for the new social worker to start with.

Participants' views on keeping records were articulated as follows:

P3: *We are faced with a problem of social workers not wanting to keep records, they do not want to record the information and to keep data. For example, a simple thing as a process note, they do not want to write it. At times, they even do not make a copy of the reports that they take to court. When there are no records, it then becomes a major challenge to render family reunification services. [...] there is no information or data that is kept in the file to enable us to trace the biological parents so that we can render family reunification services to them.*

P13: *Can social workers please gather as much information as they possibly can? They should ask for addresses of the biological parents; they should also ask where exactly in KZN [do they live]. What are your parents' names? Are they working? Where is your family? Where are your brothers and sisters? In some cases, you find that in the file it is only written that the mother is from Mpumalanga. But where exactly in Mpumalanga?*

The importance of keeping proper records was confirmed by the quantitative findings; 122 of 125 (97.6%) participants indicated that for family reunification services to be rendered holistically, social workers should keep proper records of the family reunification process.

When information is insufficiently recorded and when records are not properly kept, it becomes a challenge to trace the biological family and to render services to them. According to Phiri and Tolfree (2005), proper record keeping makes it possible for social workers to trace families for reunification purposes. Chadambuka and Chikadzi (2020:58) alludes to similar sentiments and states that, in some instances, the social workers even fail to record addresses of the child's parents. In the absence of proper information and addresses, it becomes difficult and time-consuming for the social worker to trace the child's family, thereby impeding the family reunification process. The elements of family reunification are good information gathering skills, good record keeping skills, and good filing skills.

2.2.1.2 Not being motivated to render family reunification services

It emerged from the findings that some social workers were not motivated to render family reunification services because they were passive and negligent. As a result, they did not put their best effort in family reunification cases.

P6: *I think what you often find is that social workers are passive. I don't always know how to get them motivated to change and do things properly.*

P9: *It's a big problem. I come from one organisation where I was appointed as a reunification social worker but I left because I found a job here. What I saw there was pathetic. Family reunification services were being neglected by social workers; they are not motivated to render family reunification services.*

The finding on social workers' passivity means that they lack motivation. Chadambuka and Chikadzi (2020:57) attributes the lack of social workers' motivation to low job morale stemming from being undermined by senior social workers and board members, in addition to experiencing poor working conditions and low salaries. McFadden, Campbell and Taylor (2014:12) link social workers' motivation with work related issues, specifically burn-out and stress, caused by a combination of high caseloads, the perception of having little control over workloads, and ineffectiveness

caused by constraints in the working environment. In a study by Dlamini and Sewpaul (2015:472), social workers reported experiencing a sense of powerlessness and hopelessness, and the majority of them were seeking other employment.

2.2.1.3 Weighing of priorities

The participants stated that a number of social workers did not prioritise family reunification services because they saw them as an add-on and less important than other services rendered in the child protection sphere (statutory, foster care and adoption services). Participants stated that some social workers saw reunification services as services that could only be rendered when a social worker had finished doing work that was more important.

P4: *Family reunification is not adequately recognised; it comes after alternative care. Once I place[d] a child in alternative care, I don't even think about family reunification. The next thing I am thinking about is, when is the order lapsing.*

P13: *God honest truth: we feel that foster care supervision and monitoring is more important than family reunification services. You might find that I see the child or the foster family once a month, but with the biological family it is a totally different story. At times I contact them when I realise that the order is about to lapse (once in two years); that is the only time I will meet with the biological parents to see what is going on. It is sad, but the truth is that we concentrate more at ensuring that foster care orders are valid, more than anything else, at the expense of rendering proper family reunification services.*

P7: *You know, when I arrived at child welfare, I had to formulate forms regarding family reunification; there was nothing whatsoever. They had a file full of forms, but they were only for foster care. Whatever form that you needed for foster care was there. But when I had to render family reunification services, there was nothing. Nobody cared about family reunification.*

The findings on weighing of priorities mean that social workers who face huge workloads prioritise foster care supervision and monitoring services at the expense of family reunification services, and this makes them incapable of adhering to set family reunification goals and objectives. De Villiers (2008:33) states that it is unfortunate that social workers do not adhere to periods stipulated in the reunification services plan due to the overwhelming administrative tasks and never-ending court appearances on foster care supervision and monitoring that they have to attend to. Puleng (2004:3) notes that children are placed in alternative care with little or no planning for both family reunification and permanency. From a rights-based approach, families are entitled to services, benefits or resources, not because they deserve them, or even because they need them, but because they have a right to them simply on the basis of their humanity (Ife, 2012:4). Social workers who do not prioritise family reunification services are likely not dedicating sufficient time to child participation, yet participation is a fundamental right of children. Participation is also a means through which their other rights can be realised (Save the Children, 2018:4).

2.2.1.4 Changing goalposts

Some participants stated that social workers who render family reunification services sometimes changed goalposts and, as a result, derailed family reunification. These social workers had a tendency to disregard the actual reasons that had led to the removal of the child but rather looked for additional reasons to not reunify the child.

The sentiments from participants regarding the changing of goalposts by social workers were articulated as follows:

P10: *But sometimes you find that the biological mother is staying in a two roomed house and we want to reunify and you can see that what brought the child to the system in the first place has changed, [...] so now you want to reunify. We start looking at things like accommodation. The two roomed house should not be an issue at all, we know doctors and lawyers that have grown up under those similar circumstances. We give them additional requirements and overlook the reasons that actually led*

to the removal of a child in the first place, making it difficult for reunification to occur.

P13: *Life has improved. Why are we stopping the reunification? The reality is that not everyone can afford a four roomed house, even an RPD house is not a four roomed house. Not everyone can get a job, not everyone can have all these things that we want the biological parents to have. We are at times unfair to them, very unfair.*

The findings that social workers change goalposts when the child is due for reunification expose that not all social workers acknowledge that families have strengths and experience in solving problems. Lombard (2019:399) advocates for the values of fairness and openness when working with families. In addition, the changing of goalposts is against the principle of transparency in service delivery. According to Wexler (2003:54), social workers should inform families of their right to information, participation and decision making. Androff (2016:42) states that there should be clarity, access to information, collaboration, accountability and transparency in decision making. Transparency as a rights-based practice principle ensures the right of access to information and transparency in decision making (DSD, 2013:12). Transparency in social work practice is necessary for ensuring that social work practice does not violate human rights (McPherson, 2016). It is not only the preferences of social workers and parents that should be taken into consideration, the voices of children in alternative care also need to be heard and taken seriously (Save the Children, 2018:39). Social workers are required to ensure that all the actions they take are in the best interests of the children they care for (Save the Children, 2018:39). It is not possible to represent the best interests of children without taking account of their experiences, concerns and preferences (Save the Children, 2018:39).

2.1.2 Lack of support from supervisors

The majority of participants stated that most problems that they faced in rendering family reunification services stemmed from the lack of support from supervisors. Supervisors did not book cars, causing the social workers to postpone their case conferences, took too long to canalise reports, and did not provide timely and

adequate supervision. Of 127 participants, 124 (97.6%) indicated that it was important for a reunification social worker to have strong support from the supervisor.

Supervisors who did not provide adequate support to social workers made it difficult for them to render timely family reunification services, as reflected in the following quotations:

- P12: *At times there is no support from the supervisors. For example, if I book a car a previous day or two days before the case conference and inform the biological parents of the case conference, then when the day comes and I go to the supervisor to ask for a car, I would be told that the supervisor forgot that I need a car. Then I will have to deal with the issues of having to postpone the case conference and end up disappointing the child and the family.*
- P4: *And it is difficult to deal with the pressure and stress, because sometimes there is no supervisor in the organisation, meaning there is no debriefing to say this is what I am facing, what should I do. This lack of supervision has so much effect on us.*
- P5: *The supervisor must not take too long to canalise reports, they must stop checking verbatim and going word by word, because we experience such a problem. It delays our process of reunification; you give in your report today and it takes forever to come back from the supervisor because it is being marked for grammar and English. At times it takes a month without getting any response on your report and this delays the process.*

The finding that social workers do not have adequate support from supervisors is confirmed by Nhedzi and Makofane (2015:357) who observe that social workers employed by child protection organisations are on their own and do not have supervisors to provide them with guidance and support on how to render effective services. Crosson-Tower (2009:242) affirms that regular and adequate supervision empowers the social worker to provide efficient and effective family reunification services.

2.1.3 Conflict between social workers

Most participants indicated that in cases where more than one social worker worked on a case, there tended to be misunderstandings between them. The social workers supervising foster care placements seemed to be pro-foster parents and did everything possible to block contact between a child and biological parents; whereas the social worker responsible for family reunification often felt obliged to take the side of biological parents and push for contact even though circumstances did not permit contact. Lack of a collective plan caused a lot of conflict, misunderstandings, bad atmosphere and clashes between the two social workers, which often derailed the process of family reunification.

It is unacceptable that social workers take sides; both social workers should be looking at what is in the best interest of the child and not of the social worker, the foster parent or the biological parent. Of the 125 participants, 117 (93%) indicated that for family reunification services to be rendered holistically, there should be synergy between social work interventions of all involved social workers.

The participants' views regarding conflicts and misunderstandings between social workers were voiced as follows:

- P2: *As the reunification worker, I have to focus on the biological parents, I put the needs of the biological parents first. On the other hand, the foster care worker prioritises the needs of foster parents. So, there is a case where the child has been in foster care for ten years and the biological parent that I am working with wants to at least have a relationship with the child. I am all about establishing and forging relationships, so I would recommend that the biological parent meets the child for the first time in an attempt to build a relationship but the foster care social worker would block my recommendation.*
- P8: *It is very difficult for a reunification worker to work with a foster care supervision worker; at times we totally clash, disagree and fail to find a middle ground. At times, as a reunification services worker, I want the*

children to visit the biological parents but the foster care worker feels that they should not visit them. As a reunification worker, you can see that this biological parent is really trying hard and they are improving, even if it is a small improvement, you would recognise and acknowledge it because you know where the family is coming from. To the foster care social worker, it would appear as if it is an insignificant and silly thing that they would have improved on.

P14: *At times the foster care supervision worker acts as a gate keeper and blocks the process of family reunification. They do not give biological parents a chance, they still hold grudges against them and think of things that parents did ten years ago and bring it into the case. Those types of social workers are very stubborn and difficult to work with.*

The findings indicate that lack of a common agreed plan between family reunification social workers and foster care supervision social workers, leads to conflict between them and contributes to fragmented services. Fragmented services undermine a holistic approach to reunification service delivery. Chadambuka and Chikadzi (2020:45) states that the acrimonious relationship between the reunification worker and the foster care social worker negatively affects the reunification process. De Boer and Coady (2007) note that relationship problems between different professionals involved in family reunification services stem from the fact that they (professionals) allocate inadequate time to the building of relationships between different stakeholders. Different social workers who work together on a case should prioritise the best interests of the child and not their own preferences. The Save the Children (2018:4) advocates prioritising the best interests of the child and states that the best interest of the child is paramount in any work with children.

2.1.4 Inadequate training of social workers

A few participants stated that social workers had insufficient knowledge because of a lack of training in family reunification services, and that this was a huge obstacle in family reunification service delivery.

Findings further indicate that some social workers have no clue on what their roles and responsibilities are as far as rendering family reunification services is concerned and that is why it is very difficult for them to implement family reunification services.

P3: *My last year at the university, I did foster care. The only thing that I can still remember from the university is foster care, not family reunification.*

P4: *When I first started working here, I was told a lot about foster care and statutory work and when I asked how reunification services are rendered, I was told to get the Children's Act and read.*

P3: *We need training on family reunification. I have attended so many foster care trainings up to so far, but can you believe when I tell you that I have never attended any family reunification services training, I have never. Trainings that are available are all about foster care, the Children's Act, court orders, placing children in alternative care and there is nothing whatsoever for family reunification services.*

Mashigo (2007:90) supports the finding that social workers are not adequately trained to render family reunification services and that insufficient training often leads to misunderstandings and misconceptions among social workers on their role in exercising their child protection mandates. Inadequate training means social workers are not familiar with the legislation on family reunification services, as observed in a study by Patel, Schmid and Hochfeld (2012:220), which found that social workers felt ill equipped in meeting their social service legislative requirements. Dlangamandla (2010:80) notes that a lack of clear guidelines on the role of social workers in family reunification results in confusion and misunderstandings among service providers, which in turn derail service provision. Child protection training material should include guidelines on rendering family reunification services. Moreover, social workers should be trained on how to effectively facilitate child participation. According to the Save the Children (2018:9), child participation refers to the active involvement of children in the decisions, processes, programmes and policies that affect their lives.

Sub-theme 2.2: Infrastructural barriers

Several participants indicated that they faced numerous infrastructural barriers in rendering family reunification services. These infrastructural barriers stemmed from the unavailability of resources, which resulted in the lack of transport and lack of access to programmes for biological parents. These infrastructural barriers led to social workers failing to adequately execute family reunification services.

2.2.1 Lack of cars

Participants stated that in the rendering of family reunification services, they needed to be in constant contact with biological parents and, to do so, they needed to use cars to visit the parents. However, organisations that social workers work for have a shortage of cars, as such, restrictions were in place and participants hardly ever had cars to use. Although participants had access to other forms of transport (see 6.2.10 above), they regarded having the use of a car as essential for rendering family reunification services.

The frustration of participants regarding the lack of transport is captured in the following quotations:

P1: *We are not adequately equipped; there is lack of resources, especially cars. At times, if the biological parents are in Gauteng, we have to visit them and to do that from time to time is a huge challenge because we share cars. So you have to book and it might become available in three weeks' time. Meanwhile, I am even ready to go tomorrow.*

P12: *There is a serious shortage of vehicles. You find that when you need to attend a case conference with the biological parent, you are not able to do so because there is no car that day.*

The consequence of the shortage of cars is not only an obstacle to family reunification (De Villiers, 2008:77). In a study by Dlamini and Sewpaul (2015), some social workers indicated that they would “steal” another social worker’s car to conduct home visits.

In the quantitative study, 117 of 126 (92.9%) participants indicated that for family reunification services to be rendered holistically, there should be adequate vehicles for social workers to render family reunification services. Nine (7.1%) of 126 participants disagreed with the notion that cars were essential in rendering family reunification services. These participants were of the view that the important factor here was having access to any other means of transport. Dominelli (2010:603) challenges social work practitioners not to be bogged down by the complexities arising from the lack of resources but to look for new paradigms for practice.

2.2.2 Lack of access to programmes

Some participants stated that although they had good intentions and wanted to render family reunification services as appropriately as possible, they faced an obstacle in the lack of access to programmes that address the needs of biological parents. Findings indicate the link between the lack of access to appropriate programmes for biological parents and a lack of resources to initiate such programmes.

The lack of access to programmes in rendering family reunification are evident in the following quotes:

- P8: *The lack of resources is a very big problem, especially. Most of the parents that are very poor, there is just no place for them to go, and then we have to rely on the unreliable state programmes. Resources are a huge issue. The few resources that we have are so overwhelmed, there are so many people and that is a big challenge. Most of my clients abuse drugs and alcohol; there is just no space (programme) for them to go for drug rehabilitation services.*
- P11: *The major challenge is resources. You find out that you have a biological parent who has an alcohol abuse problem or who has a psychological problem and this parent needs to go for regular assessments to improve herself so that maybe one day the child will be placed back in her care. At the end of the day, we cannot find such resources that parents need.*

The findings are confirmed by Sewpaul and Hölscher (2004:197), who note that the shortage of funding for substance abuse and psycho-social support programmes in organisations continues to overwhelm social workers. Families often struggle to access specialised services of psychologists and drug rehabilitation specialists, as observed by Nhedzi and Makofane (2015:367). This is the case despite the pivotal role played by state psychologists in assessing families to provide intervention plans and recommendations.

Lack of access to programmes is against the principle of universal access, which is one of the key principles of the rights-based approach (DSD, 2013:12). The principle of universal access rests upon the fact that all human rights are universal and inalienable, that everyone is a rights holder, and that the state has the responsibility to respect and protect human rights (Dembour, 2012:142). From a rights-based approach, social welfare services should be available to all vulnerable groups. No individual or group should be denied access because of either lack of resources or lack of knowledge of how to access services (DSD, 2013:12).

Sub-theme 2.3: Human resource challenges

The majority of participants stated that they faced human resource challenges in rendering family reunification services. They explained these as stemming from the shortage of social workers, which inevitably led to high caseloads. High caseloads, in turn, caused a delay in rendering family reunification services. The demographic profile of participants showed that participants had caseloads as high as 320 files per social worker (see 6.2.6 above). Due to high caseloads, some participants stated that they ended up only responding to crises and neglecting family reunification services.

The interrelatedness of shortage of social workers and high caseloads is reflected in the following views of participants:

P1: *Our workload is high; our caseload does not allow effective service delivery. I have 100 files and this does not mean 100 children because in some cases you might find that there are three or four children in one file. If the issue of caseloads is not addressed, social workers will not have sufficient time to render family reunification services.*

P8: *I think it is because of the workload, so one is not able to concentrate on one file at a given time, because you will be having other 60 cases waiting for you. I only do urgent cases (foster care cases) and then end up neglecting other cases (family reunification cases).*

P11: *Due to a high caseload, we simply do not have the time to address the underlying issues [...]. We end up just ensuring that orders do not lapse, instead of rendering services that we are supposed to be rendering. So, it means that we are not doing what we are supposed to be doing and that is so wrong on many levels. But what can we do when we have unrealistically high caseloads?*

The finding that high caseloads are the primary factor impeding the delivery of reunification services reflects the South African context in child welfare where the major emphasis is on statutory services, with insufficient time allocated for family reunification services (Strydom, 2010). Chadambuka and Chikadzi (2020:52) echoes similar sentiments regarding high caseloads, and states that heavy workloads compromise the reunification process as social workers take short cuts to resolve cases, due to work pressure. High caseloads, however, are not only a South African predicament; it is a concern worldwide. In a study by D'Andre (2013:32), a social worker in Contra Costa was quoted as saying, *“Well, I think a lot of us – we’re all just so overworked that nobody really has enough time to spend with clients to assess them accurately and fully and support them the way they need to be supported.”* Roberts (2015:28) suggests that time pressures have reduced contact time and weakened relationships between social workers and families. In the context of high caseloads, the focus in service delivery has shifted from building a relationship with families to finding the best way to manage a case; as a result, families are neglected (Stark, 2008).

Sub-theme 2.4: Poor relationship between biological parents and foster parents

Many participants stated that some of the challenges they faced in rendering family reunification services stemmed from poor relationships between biological parents and foster parents. Biological and foster parents seemed to mistrust and be in competition with one another about being able to adequately look after the child.

Participants voiced their views regarding acrimonious relationships between biological parents and foster parents as follows:

- P9: *So, the challenge we have is that sometimes the foster parents get too attached to the children. They (foster parents) develop a close bond with them (foster children) and they find it very difficult when a child has to be reunified with biological parents. It is difficult for them to feel it is okay for the child to go.*
- P3: *The biological parent and the foster parent will fight endlessly, sometimes for no apparent reason. Sometimes when a biological parent decides to visit the child, she would complain that they did not comb a child (child's hair) the way she wants. You know, such petty and trivial issues. At times when a child had visited the biological parent for one day, on the child's return, the foster parent will complain of a child being dirty.*

The participants' responses contextualise the finding of the quantitative study, where 113 (91.2%) out of 124 participants indicated that it was important to strengthen the relationship between foster families and biological families. The finding can be linked to conflict between social workers, as indicated in an earlier theme (see 2.1.3). If the professionals are in conflict, they certainly do not do much to facilitate good relationships between the foster and biological parents.

Sub-theme 2.5: Uncooperative biological parents

Findings indicate that it is challenging for social workers to render family reunification services when biological parents are being uncooperative. Parents are uncooperative when they either have given up, have lost hope in improving their circumstances, or simply do not want to address the reasons that led to the removal of the child. Some biological parents are said to hold grudges against social workers who removed children from them and are still in denial over their living circumstances.

Similarly, some participants stated that biological parents ran away from social workers out of fear that social workers might remove other siblings that had been born in replacement of a child that had been removed from their care. In addition, participants stated that some biological parents were in new relationships and felt that a child would disturb the stability in the relationship with their new partner.

The subcategories that emerged from the challenge of uncooperative biological parents are: biological parents not maintaining contact with children, biological parents being uncooperative towards social workers, biological parents holding grudges against social workers, and prioritising new relationships over their children.

2.5.1 Biological parents do not maintain contact with their children

Participants stated that it was challenging to render family reunification services to some biological parents because they did not maintain active contact with their children in alternative care. These biological parents did so because of sheer reluctance and lack of care and concern for their children.

The frustrations of participants regarding biological parents who do not maintain contact with their children in alternative care are captured below.

P4: *The other challenge is that a parent comes and says I want my child back. Then we say it's fine we are going to initiate a family reunification process. Then we start by making an appointment with them for the next session, then the biological parent is nowhere to be found [...] so this crushes the child and the child says, "You come and go, you come and go. What is wrong with you?" (referring to the biological parent).*

P10: *I think the biggest challenge is that most parents don't really care. They think the child is removed so it's not their responsibility anymore and they don't see it fit to have contact with the child. They have basically written off the child.*

P1: *Some biological parents reject their children. At times you introduce a child to the biological parent and that will be the end of it. They don't initiate any further contact, they just disappear.*

Collins, Jordan and Coleman (2010:265) document similar findings on biological parents being reluctant to maintain contact with their children in alternative care. Related findings are also highlighted by Nhedzi and Makofane (2015:363), who state that when children are removed from their care, the biological parents stop caring for their children, stop showing concern and cease maintaining contact with them. Not maintaining contact with their children in alternative care might be an attempt to avoid meeting social workers, against whom they still hold grudges (see sub-theme 2.5.3).

2.5.2 Biological parents do not cooperate with social workers

The majority of participants indicated that a major factor that made it extremely challenging to render family reunification services was some biological parents being uncooperative with social workers. These participants stated that lack of cooperation was evident in the failure of biological parents to attend substance abuse and parenting skills programmes that the social worker would have arranged for them. This, however, contradicts a finding in this study where participants stated that there was a shortage of programmes that address the needs of biological parents (see 2.2.2 above). At times, the biological parents did not show up for scheduled meetings.

The following quotes capture the challenges that participants face in working with non-cooperative biological parents:

P1: *Some biological parents are uncooperative. They don't put any effort in the family reunification process; they don't attend sessions when requested.*

P5: *I can say that the challenge that I have with biological parents is around issues of non-compliance, especially for those that are having substance abuse problems. We refer them for rehabilitation but they do not comply with the requirements of the programme [...] so that becomes a serious*

problem for us and we cannot reunify the child because a parent is not improving.

P7: *Even when you call wanting to help them with parenting skills or to refer them somewhere, they will never attend those groups. So that is another challenge.*

The findings correlate with the observation of D'Andre (2013:42) that the primary hindrance to reunification is the behaviour of reunifying parents themselves. They lack the will and courage to do what it takes to get their children back. At times, they remain in denial about the nature of their problems and refuse to engage in services; and in these cases, family reunification becomes an impossibility (D'Andre, 2013:42).

Sandoval (2010:36), Strydom (2010:2000) and De Villiers (2008:33) confirm that resistance and lack of cooperation from family members impede service delivery. Citing the challenges associated with lack of cooperation, a participant in a study by Nhedzi and Makofane (2015:318) states, "The parents have this push-away thing (rejection) like I do not want a social worker in my life". However, Forrester, Westlake and Glynn (2012) observe how parents experienced a positive relationship with social workers, characterised by trust, mutual respect and doing what is in the best interests of the child.

2.5.3 Biological parents hold grudges against social workers

As indicated in sub-theme 2.5.2, some biological parents do not cooperate with social workers. The participants stated that it was challenging to work with biological parents because some of them still held grudges against social workers over the removal of children from them. Some biological parents did not want to take responsibility for the removal of children and still believed that the child should not have been removed from them.

These perceptions cause a negative atmosphere between biological parents and social workers, as evident in the following statements:

- P8: *It's very sad that the biological parents are angry and do not want to work with us and blame us for everything that has happened (the removal of the child). Most of them (biological parents) have the attitude of – “You take them away, you have to take care of them”.*
- P6: *I think sometimes people (biological parents) are very negative to the social worker due to the fact that the social worker would have actually taken the children away. It is very difficult to have a good relationship when they often struggle to understand that you think the child cannot be in their care.*
- P14: *From the first time that reunification social workers start coming into the picture, a lot has happened. So the biological parents are already sceptical, suspicious and angry at reunification social workers and most of the time do not want anything to do with us. They don't understand that we are trying to help them to be reunified with their children.*

The findings are in line with Gockel, Russel and Harris (2008:104) who state that parents display feelings of anger and fear towards child welfare social workers. The anger is extended to other role players involved in the removal of children, as stated by Nhedzi and Makofane (2015:362), “Parents had negative perceptions of social workers as people who interfere with their lives by: removing children from their homes; associating with the police; and suspecting them of acting upon allegations made by neighbours”. As a way of ensuring that family reunification efforts are rendered in an appropriate manner, the focus should be on strengthening the relationship between rights holders and duty bearers (Sano, 2014:35).

2.5.4 Biological parents prioritise new relationships over their children

Participants stated that, at times, it was challenging to work with biological parents who had found a new relationship with either a boyfriend or a newly born child(ren). From the quantitative study, 109 (87.2%) of 125 participants indicated that a step parent who did not accommodate the removed child made it challenging for family reunification to occur.

These findings are supported by participants in the qualitative study:

- P3: *I had a case where a child was placed back with the biological mother but the biological mother got a new boyfriend and started to neglect the child, giving all her attention to the boyfriend.*
- P2: *If they realise that they cannot have their children back, they end up having another child in an attempt to replace the child that has been removed. In their minds, they say at least I have another child. They then tend to only focus on this new child and neglect having contact with a child in alternative care.*
- P8: *The strange thing is that when we remove a child, they fall pregnant again; they think in their minds that they are replacing that child. It's a weird thing that I observed. So, either they want them now and if they can't have them then they make other children and write off the child that has been removed from them.*

The DSD (2012:26) states that most families feel helpless after the removal of children from their care; they tend to have more children in an attempt to replace a child that was removed from them and then focus more on the new child to prevent a situation where the new child goes into alternative care. They lose hope and give up on the prospects of being reunified with the child(ren) in alternative care (DSD, 2012:26). Yet, the success of family reunification relies on the availability and willingness of families to be committed to the process of family reunification (National Family Preservation Network, 2003:6).

Sub-theme 2.6: Uncooperative foster parents

Most participants stated that it was challenging to render family reunification services because some foster parents were uncooperative and did not understand their role and responsibility as foster parents. Some foster parents had over-bonded with the children and no longer wanted the biological parents to have access to them.

Participants expressed the challenges of uncooperative foster parents in the following words:

- P1: *Some of the foster parents are uncooperative. They don't understand their responsibilities and rights as care givers, they deny biological parents access to their children and don't want to have anything to do with biological parents.*
- P13: *The challenge that we face is that of foster parents that are not willing to engage. First and foremost, we need help from foster parents because they are the ones staying with children. You can't do it on your own, yet some foster parents do not feel comfortable with children having contact with their biological parents.*
- P9: *So, it's an issue of the foster parent not [being] willing to cooperate by bringing a child here at the office or allowing the child to visit the biological mother. The foster mother will come up with all sorts of reasons why a child should not visit the biological mother.*

The lack of cooperation from foster parents makes it difficult for a positive relationship to develop between them and biological parents. It is unfortunate that, at times, foster parents become overprotective and develop a tendency of discouraging children in their care to have contact and to have a relationship with their biological parents; they often remind children of the reasons why they were removed from the care of biological parents (Sanchirico & Jablonka, 2000:186). The lack of a positive relationship between foster parents and biological parents is a cause of stress for children and can lead to children having divided loyalties, as observed by Sanchirico and Jablonka (2000:186).

Sub-theme 2.7: Children not wanting to be reunified with biological parents

The participants stated that, at times, they encountered the challenge of children who did not want to be reunified with their biological parents.

Findings reveal that the circumstances of a biological parent would have improved but the child is not willing to be reunified with them. This is usually because the child would

have spent most of his or her life in foster care and does not have a relationship with biological parents. At times, children compare the financial and material circumstances of biological parents and foster parents, and choose to stay with foster parents due to the luxurious lifestyle that they offer, as reflected in the following quotes:

P3: *Remember, the child is coming from a foster care placement where the foster mother had a big house and the child had her own bedroom and she is used to getting everything that she needs but now when you look at the mother's circumstances and living conditions, the child will not have her own bedroom, she will not have whatever it is that she was having.*

P11: *The most difficult thing to work with is when a parent comes and they want the child but the child does not want to go to the parent. That now makes us to be caught in the middle. Now the parent is putting so much pressure saying, "I want the child" and when you speak to the child, they are like, "I don't want to go back. [...] I don't know you, I don't want a relationship with you, I don't know what kind of a person you are, I am not coming to you, the only people that I know are the parents that I am with now (foster parents) and I am going to be with them forever".*

Reasons for children not wanting to be reunified with biological parents range from material needs to fear of changing an environment and building new relationships. De Villiers (2008:85) states that a reason for poor reunification is that children have their own fears regarding their parents' ability to maintain a good relationship with them. According to Steyn (2005:40), the reunification process is complex, and in many cases the initial conflict, problems and fears return. As stipulated in section 10 of the Children's Act (38 of 2005), depending on their age and maturity, children have the right to indicate who they want to live with. Androff (2016:73) asserts that children are not parental property or helpless objects of charity but are individual members of the family that have rights and responsibilities. Children are thus not merely passive recipients, entitled to adult protective care. Rather, they are subjects of rights who are entitled to be involved, in accordance with their evolving capacities, in decisions that

affect them, and are entitled to exercise growing responsibility for decisions they are competent to make for themselves (Save the Children, 2018:9).

From a rights-based approach, the participation of service users is a fundamental principle in service delivery. The principle of participation seeks to incorporate the voices of service users into services, programmes, and policies (Tostensen et al., 2011:74). This entails a collaborative process with service users raising and lifting their voices, and service providers asking and incorporating the views of service users, and ensuring informed consent, which means making sure that people can meaningfully participate in any matters that concern them (Androff, 2016:41).

6.3.3. Theme 3: Addressing challenges encountered in rendering family reunification services

Participants proposed numerous solutions to addressing challenges they faced in rendering family reunification services, namely, refresher training courses for foster parents, regular contact between the social worker and biological parents, life skills training for biological parents, and a family reunification plan endorsed by a family reunification order.

These solutions to challenges are discussed next as sub-themes.

Sub-theme 3.1: Refresher training courses for foster parents

Most participants stated that even though foster parents had been trained on what it entailed to be a foster parent, they needed to be engaged in ongoing training to remind them of their roles and responsibilities as foster parents. In addition, foster parents should be reminded of the fact that foster care was not a permanent arrangement but an alternative care arrangement that allowed biological parents to address reasons that led to the removal of the child. Participants also alluded to the fact that these training sessions must prepare foster parents for the reunification of a child with the family of origin.

The following quotes capture the essence of participants' views on refresher training courses for foster parents:

- P1: *As service providers, we need to constantly revise service working agreements with foster parents. We need to not only inform them of their responsibilities and rights but also of the responsibilities and rights of biological parents. Although we address this during training [...] it seems like most of them [...] forget, so it would be best if we have refresher training courses.*
- P9: *They (foster parents) should be trained, but they are trained, so I think more ongoing training should be done for them. They should always be reminded of the fact that a child is with them temporarily and that it is not a permanent placement. They should know that the child might go back one day.*

The qualitative findings are supported by the quantitative findings, where 96% (121 of 126) of the participants indicated that refresher training for foster parents on their role in family reunification should be conducted. However, 3.2% (4 of 126) of participants did not have a particular view (neutral), while 1 (0.8%) of 126 disagreed, as indicated in the table below.

Table 6.15: Refresher training for foster parents on their role in family reunification

		Frequency	Per Cent	Valid Per Cent
Valid	Disagree	1	0,8	0,8
	Neutral	4	3,1	3,2
	Agree	29	22,8	23,0
	Strongly agree	92	72,4	73,0
	Total	126	99,2	100,0
Missing	System	1	0,8	
Total		127	100,0	

Chamberlain (2017:8) corroborates the findings by documenting the achievements of the KEEP (Keeping foster and kin parents supported and trained) programme, which is designed to provide ongoing training and support to foster parents. Similarly,

research done by Price, Chamberlain, Landsverk, Reid, Leve and Laurent (2008) shows that providing foster parents with training and support yields positive results for children in foster care, which increases the likelihood of family reunification.

Sub-theme 3.2: Regular contact with biological parents

Findings show agreement among participants that challenges faced in rendering family reunification services can be addressed by maintaining regular contact with biological parents to assess their readiness for reunification, as indicated in the table below.

Table 6.16: Conducting monthly visits to the child and the parents to assess readiness for reunification

		Frequency	Per Cent	Valid Per Cent
Valid	Strongly disagree	1	0,8	0,8
	Disagree	3	2,4	2,4
	Neutral	13	10,2	10,4
	Agree	33	26,0	26,4
	Strongly agree	75	59,1	60,0
	Total	125	98,4	100,0
Missing	System	2	1,6	
Total		127	100,0	

The quantitative study indicated that 86.4% (108 of 125) of participants emphasised the importance of maintaining regular contact with biological parents, while 13 (10,2%) had a neutral view on this and three (2.4%) disagreed.

Participants in the qualitative study elaborated that regular contact with biological parents could be maintained through home visits and case conferences:

P1: *Family reunification is more intense and contact should be regularly maintained. I would recommend that, for family reunification cases, a social worker should have contact with the family for 12 times in a year and this should be done on a monthly basis because family reunification is much more intensive.*

P12: *The social worker needs to include them (biological parents) in group work and in case conferences. When we have case conferences and family meetings with foster parents, we must also invite the biological parents. Constantly including biological families ensures that they do not feel like outsiders in their children's lives.*

Research shows that social workers maintaining regular contact with biological parents significantly increases the chances of reunification (Children's Bureau, 2011:6; Leathers, 2002:597). Regular contact between social workers and biological parents solidifies the professional relationship and eliminates issues of mistrust and suspicion, which usually characterise their relationship (Landman & Lombard, 2006:1). In addition, through regular contact, social workers provide biological parents with the information to be able to access the services and resources they need to achieve reunification (National Resource Centre for Permanency and Family Connections, 2009). Contact serves as a way to build relationships, which, according to McKendrick and Finch (2016:318), requires high levels of trust and transparency. For purposes of reunification, relationships need to be clear and carefully cultivated.

Sub-theme 3.3: Life skills training for biological parents

A total of 88.9% (112 of 126) of participants were of the view that, in order to efficiently and effectively address challenges faced in rendering family reunification services, social workers should engage biological parents in capacity building and life skills training that address the reasons the child was removed from their care and that better equip them to be good parents.

Participants made the following suggestions for biological parents to obtain life skills:

P4: *Before reunifying children with parents, social workers must have parenting skills and parenting planning workshops with the parents so that they really understand what exactly they are going to do and what changes are going to come with a return of the child into the family.*

P11: *Another way is to have an effective life skills programmes or to liaise with other NGOs who render life skills programmes and refer our biological parents to them to get services (life skills).*

Life skills training enhances human capital development, which contributes to both social and economic development of families (Patel, 2015:89). While life skills training plays a significant role in addressing the reasons that might have led to the removal of children, Kleijn (2004:71) stresses that one of the obstacles preventing children from being reunited with their parents is the inability of parents living in poverty to utilise parenting and life skills programmes because they have to concentrate on finding food, clothing, housing and employment. As such, De Villiers (2008:77) notes that parents living in poverty often have a very low chance of being reunited with their children due to their lack of involvement in intervention programmes. To address poverty, social workers should use socio-economic development perspectives in their work with families, as postulated by Dhludhlu and Lombard (2017:165).

Family reunification social workers who engage biological parents in family reunification services can use the social development model, which places a strong emphasis on harmonising social development with economic development, people-centred development, social investments in human capabilities, and the building of social capital (DSD, 2013:16).

Sub-theme 3.4: Family reunification services plan endorsed by family reunification order

Some participants stated that challenges regarding the rendering of family reunification services stemmed from the fact that family reunification was not effectively monitored since there were no measures to hold both biological parents and social workers accountable. Therefore, participants proposed that the presiding officer of a children's court endorsed a family reunification services plan by issuing a family reunification services order.

The need for a family reunification services plan that is endorsed by a family reunification services order is captured in the following quotation from one participant:

P10: *Maybe the court can issue a strict order to order biological parents to cooperate with the social worker and that there will be consequences if they do not cooperate with the social worker. I don't know if that will work, but maybe that can come from the court's side. It should be a court order with the conditions stating this is what you should do, and if you don't, there will be consequences.*

The issuing of a family reunification order by the children's court and the subsequent periodical submission of a family reunification services plan is confirmed in quantitative findings, where 72.6% (90 of 124) of participants indicated that for family reunification services to be rendered holistically, social workers should submit a yearly family reunification services plan to the children's court. From the participants, 8.1% (10 of 124) disagreed, whereas 19.4% (24 of 124) held a neutral view. Participants' disagreement or neutral view could be due to the fact that the success of family reunification is determined by many factors other than the children's court (see theme 4 below).

Table 6.17: Submission of annual family reunification services report to the children's court

		Frequency	Per Cent	Valid Per Cent
Valid	Strongly disagree	2	1,6	1,6
	Disagree	8	6,3	6,5
	Neutral	24	18,9	19,4
	Agree	35	27,6	28,2
	Strongly agree	55	43,3	44,4
	Total	124	97,6	100,0
Missing	System	3	2,4	
Total		127	100,0	

Findings indicate that 81.8% (104 of 126) of participants were of the view that the yearly family reunification services plan should be enforced by a court-monitored family reunification services order, which should be introduced at the finalisation of a children's court enquiry. On the same matter, 3.2% (4 of 126) of participants disagreed

and 14.3% (18 of 126) had no particular view either way. Table 6.18 displays these findings.

Table 6.18: Introducing a court-monitored family reunification services order

		Frequency	Per Cent	Valid Per Cent
Valid	Strongly disagree	2	1,6	1,6
	Disagree	2	1,6	1,6
	Neutral	18	14,2	14,3
	Agree	44	34,6	34,9
	Strongly agree	60	47,2	47,6
	Total	126	99,2	100,0
Missing	System	1	0,8	
Total		127	100,0	

The idea of a family reunification services plan is not new in the sphere of child legislation and family reunification. In 2002, a commission on the review of the Child Care Act proposed that prior to finalising a children's court enquiry placing a child in alternative care, the social worker finalising the case must furnish the court with both a reunification plan and a permanency plan (Review of the Child Care Act Report, 2002). It is, however, unfortunate that reunification and permanency plans are not enforced by a children's court order. Such plans are intended to achieve permanency and stability for the child, prioritise family reunification and identify specific time frames for reunification between a child and family of origin. Kleijn (2004:73) states that reunification services programmes should include a documented plan stipulating the rendering of reunification services.

A rights-based approach to service delivery seeks to hold duty bearers accountable (Patel, 2015:59). Thus, the plan that the social worker draws up in collaboration with families must stipulate family members' responsibilities, tasks and the specific period in which these tasks should be completed, as well as the tasks and responsibilities of the social worker. The plan is a constant reminder of roles and responsibilities of all parties concerned, including social workers, children and biological families (De Villiers, 2008:64). Furthermore, a reunification services plan allows parents to take ownership of their roles and responsibilities (Chipungu & Bent-Goodley, 2004:88).

6.3.4. Theme 4: Best practice interventions in family reunification

Findings provide evidence of best practice in family reunification that can be drawn from for the purposes of this study. Seven successful family reunification cases emerged from the findings, as discussed in sub-theme 4.1. In most of these cases, similar elements seem to lead to success, namely, parents who are willing to change their circumstances, communication between all role players involved, and support from the social worker (see sub-theme 4.2). Indicators for progress towards successful family reunification were drawn from these cases, namely, maintaining regular visits and contact with the child, contributing towards the maintenance of the child, good relationships between biological parents and foster parents, and biological parents' involvement in programmes organised by the social worker (see sub-theme 4.3).

Sub-theme 4.1: Successful family reunification cases

As participants narrated their successful family reunification cases, the researcher could see how proud the social workers were of those cases; they were all smiles and one could feel a sense of fulfilment. The researcher selected seven successful family reunification cases from participants, as presented next.

➤ **Case one**

P1: *Come January, the child will be staying with the biological parent. The main reason for their separation was that the biological mother was homeless, so the child had to be removed; the mother also had to be removed to a shelter to complete her schooling. So, after completing matric, the mother moved to Eastern Cape to look for greener pastures. Then she did not maintain contact with the child, but then we managed to trace her. She got employed as a domestic worker and the employer is very supportive. Right now, the child has been visiting her, we have been granting the child a leave of absence and the biological parent has been attending our programmes. The factors that had resulted in a removal of the child have been minimised. She (the mother) is now working and has a stable home environment.*

➤ **Case two**

P3: *The biological father came to me and said, “You know what, I have been struggling to get into contact with my child because the foster parent has been denying me access”. I immediately had to act. I did a home visit. The father stays in a big house, and there is a room readily available for the child. During the investigations, it emerged that the maternal grandmother, who was the present foster parent, thought that the father is the one that killed the mother because she died of food poisoning. But then, here is a case of a father who is longing, willing, suitable and ready to care for the child. He is well off and he wants to take care of the child. Before we could do anything, we called the foster parent and informed her of the latest developments and about the way forward and we had to explain to the foster parent that the child had to be reunified with the father and counselling sessions were organised for the foster parent. The child is now staying with the father.*

➤ **Case three**

P6: *We have this one case that is progressing well, although it is difficult to predict the reunification outcome because the child is too young. In this case, the mother really works very hard. When the child was removed she was in an abusive relationship and the child was taken away. Then she walked out of the relationship and got involved in a new relationship and she got married earlier this year. During the time when the child was in alternative care, she visited the child twice every month for almost a year, and she slotted in for psychological services. She really managed to change her life and she is really in a position to take the child back. Now we are having longer visits. The child visits them at the house; we are going to do bonding therapy with the mom and the child. I think this is going to be a success story.*

➤ **Case four**

P8: *I have a case at the moment where the mother is really trying a lot, she has stopped using drugs and she is now looking for a job. She is really trying, I can see that in a year or two she will have the children reunified with her. I can see the growth of the parent and it would be an exciting experience for me to reunify the children with her. The parent is really*

trying. That is all we want, parents should at least try. I really believe that she (the mother) has done a lot.

➤ **Case five**

P11: *I have a case of a four-year-old child. The biological mother was very young when she had the child. I think she was about 15; she was still in school. She came here with the child and the child was removed from her because she could not cater for the financial needs of the child because she was also in school and being cared for. So, over the years, the mother maintained constant and consistent visits with the child. She would visit the child at the office and would also visit the child at the foster mother's house, so she kept contact with the child. Also, she passed her matric and she got to a point where she was working and then she decided that she wanted to take the child. We had to screen her circumstances and we found her suitable to take the child into her care and we reunified the child with her.*

➤ **Case six**

P12: *I had a family where the biological father and biological mother were in a dispute. The kids were then placed in a children's home and the biological father maintained a lot of contact with the children. He visited the children, he contributed to their well-being at the children's home, he worked very well with the social worker at the children's home. The mother not so much; she was very reluctant, she was angry. At the time she blamed the social worker for the father visiting the kids and stated that the social worker was taking the father's side. The mother was very angry. But working together with the father, working together with the social workers at the children's home, we eventually saw the need for the children to be placed back with the father because he had done all the steps that he was supposed to do in order for him to be reunified with the kids. So eventually we reunified the children with the father. Till today, the mother is still not interested, she is still fighting, she is still aggressive but the children at the moment are progressing very well. In school they are doing well, they are happy to be with their father and that is what we want at the end of the day.*

➤ **Case seven**

P15: *I removed children from the care of their parents. Unfortunately, there was no family member that was willing to take them in, so I placed them in a children's home. In the process, I had to transfer the case to the statutory child protection unit. When the case came back to me, it still had to be finalised. The case had been with the unit for about six months and they told me that the mother had not been cooperative but when I took back the case, I saw that the circumstances of the mother had not changed. However, she showed a lot of concern about the well-being of her children and about their progress at school. So, I told her that we should work at improving her circumstances. So, I referred her to DSD for parenting skills and I helped her to improve her housing environment, to clean it and also to know what kind of environment the children should live in and also encouraged her to monitor their school progress. At DSD, she was helped to develop a parenting plan, she was helped to identify the developmental milestones of the child. We also took her for interactional analysis to find out how she communicates with the children and also on how we could help with regards to that as well, especially the emotional connection. Right now, the children are back with their mother but it was under a condition that I continue to render services to her and that I continue to monitor the children's educational progress. The additional condition was that I continue to monitor the mother's finances and to see whether everything is still fine and so far, everything is fine. The children are still fine and well taken care of. The problem that had led to their removal was that they were being neglected physically and emotionally but now they are well taken care of. I communicate with the school to find out how they are progressing and I have been told that they go to school in their neat and complete school uniforms and that the mother helps the children with their homework. She does have a little bit of slip-ups, nobody is perfect, but on the overall she is doing well and family reunification has been a huge success.*

The underpinning factors that contributed to the success of the above reunification cases are discussed next in sub-theme 4.2.

Sub-theme 4.2: Factors that make family reunification successful

The participants identified a number of factors that make family reunification successful, namely, parents who are willing to change their circumstances, communication between all role players involved, and support from the social worker.

4.2.1 Parents who are willing to change their circumstances

Regarding their view on what contributed to successful family reunification, 96.1% (122 of 127) of participants indicated that parents who were willing and had the means to change their circumstances contributed to successful family reunification. On the same matter, 3.9% (5 of 127) of participants had no particular view on the issue. Table 6.19 below presents these findings.

Table 6.19: Parents who are willing and have the means to change their circumstances

		Frequency	Per Cent	Valid Per Cent
Valid	Neutral	5	3,9	3,9
	Agree	24	18,9	18,9
	Strongly agree	98	77,2	77,2
	Total	127	100,0	100,0

Findings indicate that the success of family reunification service cases can be attributed to the fact that some biological parents cooperate with the social worker, as evidenced by their willingness to change their circumstances and address issues that initially led to the removal of the child (see theme 4.1).

The voices of participants regarding this matter were recorded as follows:

P5: *What contributed to the success of this case is that the biological parents were very cooperative and they were willing to take back their children. They contributed a lot and they told me that they were ready. The parents were willing, able and suitable to take their children back.*

P14: *The willingness of the mother; she came for the child and you could see that this mother cares for the child. Whenever we recommended*

that she goes for parenting skills, she would go. Whenever we organised supervised visits for her, she would do that. She would visit the child during weekends, she would go there and wash the clothes of the child, she cared for the child. She was very cooperative and she was ready to go through the journey of family reunification.

P11: *It was also her willingness to work with the social worker and to keep contact with the child so that she gets reunited with the child.*

The findings are supported by Kadetz (2014:57) who states that the rendering of family reunification should be an organic internal process rather than an external process. The willingness of parents to change their circumstances can lead to a more positive outlook and improved behaviour (Patel, 2015:89). Focusing on the root causes of initial removal of children from the care of their families should form the basis for setting family reunification priorities (UNICEF, 2012). Therefore, family reunification programmes should address reasons that led to the removal of children from the family of origin, focus on the reasons that make it difficult for families to be reunited with their children, and then address the reasons from a rights-based approach.

4.2.2 Communication between all role players involved

Most of the participants in the qualitative study, that is 98.4% (125 of 127), indicated that regular contact and communication between all parties involved contributed to successful family reunification. Only 1,6% (2 of 127) of participants had no particular view on this.

Participants in the qualitative study elaborated on ways of maintaining regular contact and communication between all parties, including visits and telephone calls, to establish a bond:

P1: *All parties were cooperative. They maintained regular communication and contact with the children to establish a bond with the children.*

P12: *Working closely with the biological father, involving him in everything, listening to the father, assisting whenever the need arose, inviting him*

for case conferences. Like I said in the other question, it is just working closely with the family, involving them in their children's lives even though the children are not with them at a particular moment.

P11 *I think it was the willingness of the biological mother to keep contact with the child, because that was a very important thing. She kept regular contact with the child, she visited, she made telephone calls, she would come to the office and meet the child and she would update the social worker on her progress in life, whether she had finished school and what she was busy with. She kept on updating us.*

Communication amongst all role players involved in family reunification facilitates a connection between parent and child during placement and allows a social worker to assess the readiness of parent and child for reunification (Leathers, 2002:597). The Nashua Children's Home considers regular communication and family involvement to contribute towards the success of their family reunification services programme (Nashua Children's Home, 2016). Regular communication with all parties involved ensures that there is a collaborative process where all parties meaningfully work towards family reunification. Gatenio (2016:300) notes that the participation of all people in decision making, especially those people affected by such decisions, is a key aspect of rights-based approaches to social work practice. Participation is related to the ethical principle of social justice, which states that social workers should strive to ensure meaningful participation in decision making for all people (Androff, 2016:35). Communication channels should not only target adult service users, but should also deliberately seek to involve children. According to the National Child Participation Framework (2018:21), children must be provided with full, accessible, diversity-sensitive and age-appropriate information about their right to express their views freely and for their views to be given due weight.

4.2.3: Support from the social worker

Some participants attributed the success of family reunification services to the supportive attitude and character of a social worker. They stated that children were reunified with families because the social worker was very passionate and positive,

and did not give up on the family. In addition, some participants alluded to the fact that the social worker was non-judgemental, objective and primarily did what was in the best interests of the child.

P7: *It was also about the social worker. If there are right social workers who have passion on their work and are supportive to the family, family reunification would materialise.*

P3: *But we went there as social workers who were objective, we were there to be mediators; we did not choose sides. We only looked at what was in the best interest of the child.*

P8: *These cases were successful because of the supportive intervention of the social worker. The social worker did not give up, the social worker was hard-working, and the social worker did her homework.*

As shown in Table 6.20, the quantitative study's findings support the views of participants in the qualitative study. Most of the participants (125 of 127, 98.4%) indicated that psycho-social support from the social workers contributed to successful family reunification, while 1,6% (2) had no particular view on this.

Table 6.20: Psycho-social support from the social workers

		Frequency	Per Cent	Valid Per Cent
Valid	Neutral	2	1,6	1,6
	Agree	25	19,7	19,7
	Strongly agree	100	78,7	78,7
	Total	127	100,0	100,0

Monthly visits from the social worker to support, guide and empower the family contribute to successful family reunification. This was indicated by 88.2% (112 of 127) of participants in the quantitative study.

The findings are in line with the findings of Morris, Archard, Laird and Clawson (2017:18) who, when evaluating the social work experiences of families, found social workers to be relationship-driven and to be able to put people at ease and relate to them regardless of their background. Social workers supported, empowered and

empathised with families' experiences of frustration and ambivalence without wanting to "jump in" and "fix" the situation, while also being able to "read" when families were in distress or reaching a crisis point (Morris et al., 2018:18). In addition, they collaboratively developed plans with families and explained the processes they followed in clear terms (Morris et al., 2018:18).

The relationship between a social worker and the family is paramount and becomes the prime vehicle of change, education, and healing. As Wronka (2017:22) indicates, human rights-based practice requires equalising the relationship between the professional and the client. Furthermore, rights-based practice embodies a non-hierarchical approach in therapeutic work (Androff, 2016:29). Therefore, treating clients with respect is critical to promoting, maintaining, or repairing someone's dignity and sense of worth and developing resilience of families (Sano, 2014:35).

Sub-theme 4.3: Indicators of progress towards successful family reunification

The participants highlighted a number of indicators that a family is on the right path towards successful family reunification, namely, the biological parents maintain regular visits and contact with the child, contribute towards maintenance of the child, maintain a good relationship with the foster parent, and remain involved in programmes organised by the social worker.

4.3.1 Maintaining regular visits and contact and contributing to the maintenance of the child

Most participants were of the view that maintaining regular contact with a child in alternative care indicated that a family is on the right path towards successful family reunification. They stated that regular visits and maintaining contact strengthened the bond between the child and biological family. The existence of a parent-child bond was an essential factor that social workers took into consideration prior to finalising family reunification cases. Additionally, participants cited contribution towards maintenance of a child in alternative care as a significant indicator for progress towards family reunification. They stated that it was the thought that counted and that

these should not be big contributions but just small things like buying stationary and clothes for the child.

The views of participants on regular contact, visits and contributions were:

- P1: *She maintains regular contact and she is the one that actually reminds me of the appointments that we would have scheduled. For me, making contact is the first indication that this person really wants to be reunited with the child.*
- P9: *The mother is also contributing towards the financial needs of the child. It is small things that matter the most. For instance, every January she buys stationary for the child and she seasonally buys clothes for the child. All this actually shows that this would be a successful family reunification case.*
- P2: *The first step is to make contact. If the family is making contact with the child, then I know that there is a possibility of reunification. They have to form a bond by visiting the child at least once a week and then, during the school holidays and some weekends, they can request the child to visit. Then you know that this is going to be a successful case. Without contact, nothing significant would happen. Everything starts with contact.*
- P7: *The family keeps contact; they visit the child regularly in alternative care. During school holidays, the child visits them at home or he goes and visit relatives during weekends. For me, that is a positive indication.*

Research shows that parent-child visitation is a significant predictor of the reunification of a child in alternative care with biological parents (Leathers, 2002:597) and hence an important element of family reunification (Dougherty, 2004). Furthermore, parent-child visitations are associated with higher rates of reunification. A family reunification study by Davis et al., (1996:374) found that children who were visited by their mothers were ten times more likely to be reunited with them. Regarding contributing to the maintenance of the child, Dougherty (2004:3) confirms that parents should be given an opportunity to contribute towards the welfare and well-being of the child to make securing the needs of the child an ongoing matter for them to take care of when the

child is placed back with them. The strengths of families to be reunified with their children in alternative care should be activated.

4.3.2 Positive relationship between biological parents and foster parents

Findings indicate that progress towards successful family reunification is embedded in a good relationship between biological parents and foster parents. In the quantitative study, 112 of 126 (88.9%) participants indicated that programmes that aimed at building a relationship between biological parents and foster parents were essential in family reunification.

One participant described the value of a positive relationship between biological and foster parents as follows:

P7: Another indicator is a good, positive relationship between the biological family and the foster family. For instance, in this case where we have reunified the child, those grandparents came and visited the foster parents and then the grandmother came again and fetched the child. When they brought back the child, they brought some groceries and were able to sit and talk to the foster mother. Later on, the foster mother even called them and said, "I think I am now ready to let go of the child. Come and fetch the child".

Child Welfare Information Gateway (2012:4) and Children's Bureau (2010:4) support the findings and indicate that foster parents' mentoring of biological parents and their direct support of contact between children and biological parents contribute to the success of family reunification. The development of a positive relationship between the foster parents and biological parents helps children to avoid the stress of divided loyalties (Sanchirico & Jablonka, 2000:186). According to Dougherty (2004:6), foster parents who teach and mentor biological parents in parenting skills contribute to the reunification efforts.

4.3.3 Biological parents involved in programmes organised by the social worker

Findings indicate that progress towards successful family reunification is evident when biological parents try to be actively involved in programmes organised by the social worker and when they honour appointments made with the social worker.

Of the 126 participants in the quantitative study, 115 (91.3%) indicated that social workers should engage biological parents in programmes as a way of addressing reasons that had led to the removal of the child and that social workers should have mutually agreed plans with biological parents to address the reasons for removal of the child.

The voices of participants regarding programmes meant to address reasons that led to the removal of the child from the parents' care are pertinently captured in the following quotations:

P8: *What indicates that the parents are making progress is that they are involved in programmes that you arrange for them to be involved in. For example, going to parenting skills groups that the social worker would have organised. They should try, they should just try to go to a drug rehabilitation centre. Yes, at times they may relapse but at least they are trying. So, it's not huge things, they just have to try; they just have to show that they are trying. They should just indicate that they are willing to change.*

P13: *If I tell you (referring to biological parents), you need to go to SANCA, you should do that, you should show me that you are making an effort and that you are interested in working with me.*

P14: *As a social worker, you can spot progress when the biological families are being considerate of your time. Like when you make appointments, they show up; when you organise visits, they honour them; when you ask them to attend a programme, they do that and you get positive feedback.*

Chamberlain (2017:80) documents the achievements of the Parenting Through Change for Reunification (PTCR) programme, which builds parenting skills and offers

support model training for biological parents whose children live in foster care. PTCR addresses key clinical issues in a parent group format. The programme is designed to increase effective parenting practices with the aim of decreasing child behavioural and emotional challenges. Parents learn to provide a nurturing, consistent, and safe family environment using strategies that deal with a wide variety of contextual adversities and stressors. Parents are engaged in exercises that teach core intervention components to decrease coercive and inconsistent parenting and increase effective parenting (Chamberlain, 2017:80). Involving biological parents in programmes yields positive results for family reunification. Lombard (2019:401) is of the view that, when working with families, social workers should advance social work approaches that challenge oppression and inequalities. A narrative that should change is that marginalised families are too weak, unwilling or unable to take up opportunities they are presented with (Lombard, 2019:401).

6.3.5. Theme 5: Cases where family reunification is not a possibility

Participants shared cases where family reunification was not possible. As opposed to when the researcher observed participants sharing their successful family reunification cases, he could see sadness and feelings of disappointment on participants' faces when they shared unsuccessful cases.

In most of these cases, similar factors seem to make family reunification impossible, namely, unknown whereabouts of biological parents, parents' substance abuse, unsuitable living circumstances, cases of sexual and physical abuse, and biological parents with psychiatric conditions. These factors are confirmed by D'Andre (2013:45) who states, "Other participants emphasized mental health, substance abuse, or poverty problems specifically as being the primary hindrance to reunification".

The reasons behind cases where family reunification is not a possibility are discussed below as sub-themes.

Sub-theme 5.1: Whereabouts of biological parents are unknown

Participants identified not knowing the whereabouts of biological parents as one of the biggest challenges for reunification services. Of 127 participants, 118 (93%) acknowledged the magnitude of this challenge. Reasons for unknown locations included that some biological parents did not have a fixed place of abode as they were forever moving, while some biological parents abandoned their children. These reasons made it impossible for social workers to render meaningful family reunification services to the parents.

The voices of participants regarding these cases are:

P1: *The biological mother seems not to be ready for family reunification services. We traced her in [withheld for confidentiality] after allegations that she was renting a flat there and then she was not able to pay because her business was not going well. She was a sex worker. Then she had another child and she had to go to [withheld for confidentiality]. When we visited, we were told that she moved out and was now staying in [withhold for confidentiality]. From [there] we were told that she is now staying in [withheld for confidentiality]. So, she moves from one place to the other in a very short period of time, and she does not inform us when she moves; we have to investigate and trace her. She is not committed to family reunification.*

P7: *We also have a challenge of abandoned children where nobody knows who the biological parents are; their identity and whereabouts are unknown. These children will be in alternative care forever.*

Smith and Lidström (2020:32) make a similar finding that family reunification becomes impossible in situations where biological parents cannot be located; either because their whereabouts are unknown, they are deceased, or they do not want the social workers to find them.

Sub-theme 5.2: Biological parents abuse substances

Quantitative findings show that 119 of 127 (94%) participants regarded substance abuse among biological parents as a major difficulty in rendering family reunification services, as opposed to 6% (8 of 127) who did not see it as a difficulty. While several biological parents did get rehabilitated, some relapsed.

The influence of substance abuse in reunification of families is reflected in the following quotes:

P2: *In an area like Eersterust and Daspoort (Pretoria), I feel that it is not safe to reunify children from that area because parents tend to abuse substances. There is too much of drugs, incest, and too much poverty. You find that in a family there is an aunt, there is a grandmother and all of them are not working, and when you look into the house you will see that there is no food, it is very dirty and all of them are high on drugs. So we cannot reunify a child in such circumstances.*

P7: *I have a lot of cases where biological parents are abusing drugs and alcohol. You can see that taking the child back to them is too risky; it is not in the best interests of the child.*

Sandoval (2010:4) makes similar findings on the negative impacts of biological parents' substance abuse. Nhedzi and Makofane (2015:365) cite a social worker as saying:

Sometimes things are out of our control, the issues of drugs --- if a mother is taking [abusing] drugs, there is no way that she can look at her child properly, it does not matter how much advocacy and counselling you might offer, they are high on drugs, no ways, no ways.

Sub-theme 5.3: Unsuitable living circumstances

Findings indicate unsuitable living circumstances of biological parents as another reason for family reunification not being a possibility. This finding was revealed by 111 of 127 (87.4%) participants in the quantitative study. Underlying causes for unsuitable

living conditions were overcrowding, filthiness and lack of financial means to support the child.

Participants expressed the realities of these conditions in the following words:

P4: *Family reunification is not possible when the family wants the child but they are having circumstances that are not ideal. There is a case whereby the child was placed in foster care when the child was a few weeks old and now the biological parent wants the child but it is almost impossible to have the child back because the house they are living in is very terrible. So, in such a case, it is very challenging to render family reunification services.*

P10: *At times it is not possible to reunify a child when the circumstances of biological parents do not improve. They live in filthy and overcrowded situations. They don't go out to look for work. They just sit, get used to the situation and become satisfied with the situation they are in. So they do not have the interest to improve their living circumstances.*

Although the reunification of a child with the family is every child's basic human right (Van Breda et al., 2012:2), such a right has to be balanced with the child's right to be protected from all forms of harm (McCall & Groark, 2015). Children have a right to a safe and clean environment (UNICEF, 2021). From a rights-based approach, if reunification is not a possibility due to unsuitable family circumstances, the parents and the family have to be accountable to the child and the social worker (Androff, 2016:43).

Sub-theme 5.4: Cases of sexual and physical abuse

Some participants stated that it was not possible to reunify a child in cases where the child had been removed due to issues of sexual and physical abuse. Participants stated that normally the other biological parent was in denial and did not want to accept that the partner had abused the child. In other cases, it was because the abuser was a breadwinner and the other partner did not want to separate with him. In cases where the perpetrator still lived in the house, the child could not visit the house and this made

family reunification impossible. Participants stated that in a few cases, it was the child who was not willing to be placed back with an abusive family.

Participants expressed their views as follows:

- P14: *We have a case where family reunification services are not a possibility. In this case, the mother had a boyfriend who molested the child and the mother is in denial. She does not want to acknowledge that it happened. She chose her boyfriend over the child because the boyfriend had an income that she wanted.*
- P8: *I have three children where family reunification is not a possibility. It is a case of severe abuse and the mother does not believe the children so she let them get abused by the father. It is usually cases whereby the mother is so financially dependent on the father such that she would never leave him. When the children were removed, the family does not have visitation arrangements because the children do not want to see the father and the mother is saying the children are lying.*
- P12: *Family reunification is not a possibility when a child has been molested or brutally raped by a biological father or a family member and the child want absolutely nothing to do with the family, regardless of us trying to work with the family and sending a child for therapy and sending the father for therapy, but the child still wants nothing to do with the family. In that case, we cannot force the child to go back to the family if she does not want to go back.*

While 117 of 127 (92.1%) participants in the quantitative study indicated that it was challenging to render family reunification in cases of sexual abuse, 6 (4.7%) had no particular view on this, while 4 (3.1%) disagreed. Most participants (114 of 127, 89.7%) indicated that it was challenging to render family reunification in cases of physical abuse, while 9 (7.1%) had no particular view on this and 4 (3.1%) disagreed.

Jones and Morris (2012:225) confirm these findings when noting that where there are issues of child abuse, it is difficult to reunify a child with the family. De Villiers (2008:33) echoes similar views, stating, "In some cases children can however not be returned to

their parents due to the severity of abuse or the parent's inability to change their treatment of their children." While it is noted that some participants respectively either took a neutral stance or disagreed on family reunification in cases of physical abuse, social workers, in principle, should at all times protect children from physical abuse.

Sub-theme 5.5: Biological parents with psychiatric conditions

Some participants indicated that clients who they regarded as "impossible family reunification cases", involved cases where biological parents had psychiatric conditions or mental illnesses. This finding was revealed by 87% (110 of 127) of participants in the quantitative study. The participants stated that such parents were not able to function normally on their own and often had to be under somebody's care. Therefore, it made reunification with a child difficult.

The participants described these cases as follows:

- P6: *We had a case whereby the biological parents were of low intellectual function and that biological mother molested the children but I also suspect that there was a psychiatric condition which makes her to be very aggressive. I don't think that the child will ever be reunified with those parents.*
- P9: *I have a lot of cases where family reunification is not a possibility. In one particular case, the mother was born with a brain deficiency. Her intellectual capacity is lower than her age. She is now 30-something but her brain functions like a brain of a 13, 14-year-old child. Her child outgrew her in terms of intellectual capacity. Reunification is not possible because the mother is not able to intellectually take full responsibility. The father fell on his head when he was 13 years old, so when he hit his head, he got epilepsy. So, there is a permanent brain damage and he functions on a lower level. So, there is no way the child can return to either of the parents, no way, the child will forever remain in foster care.*

The DSD (2012:26) confirms this finding by noting that families with a history of severe mental illness have limited chances of being reunified with their children. This

safeguards the best interests and wellbeing of children who come from such families (DSD, 2012:26).

6.3.6. Theme 6: Components of a holistic family reunification services model

Participants highlighted a number of components that should constitute a holistic family reunification services model. These components are: the involvement of extended family members and significant others, guidelines for the role of a social worker, the standard of the best interests of the child, the fact that reunification should be a gradual and holistic process, the provision of parenting skills, and a strong relationship between foster parents and biological parents. These components are discussed next as sub-themes.

Sub-theme 6.1: Involvement of extended family members and significant others

As opposed to 3,9% (5 of 127) of participants who maintained a neutral view, an overwhelming 96% (122 of 127) of participants indicated that a holistic family reunification services model should not only focus on biological parents but should address ways of involving extended family members and significant others in the family reunification process.

According to participants, extended family members and significant others act as a support system to the biological parents to improve their circumstances:

- P1: *Children should be encouraged to have contact with other extended family members so that they can be aware of their culture and traditions.*
- P2: *For family reunification services to be holistic, social workers must not only focus on biological parents but also on the extended family members. The support from family members makes family reunification services to be successful, so it is very important to include them from the onset.*

P7: *Also, they (biological parents) must have a support system, because it is very important for the biological parents to involve other significant people. This includes the grandparents, uncles, aunts, the church, the friends and even the neighbours. These should form part of the family reunification process.*

In support of the findings, Osei-Hwedie and Rankopo (2008) state that services should not only be provided to the biological family but also to the extended family. Furthermore, services should be provided within the cultural context of a family. The African culture regards an extended family as a primary agent for resolving child care, protecting a child, and solving other family issues (Osei-Hwedie & Rankopo, 2008). Lombard (2019:400) shares similar views and argues that families have long been able to take care of the children and they should be actively involved in any decisions concerning the children since they know how best to protect them. Concurrently, children have a right to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation (UNICEF, 2021:2).

The idea of involving significant others fully reflects the values and traditions of African families. In Africa, child caregiving is not only the responsibility of biological parents, extended family members may step in to support and care for the child (Lombard, 2019:400). Their involvement is essential in ensuring that children grow up into responsible and respectful members of the society, in accordance with the cultural, traditional and religious practices. The involvement of extended family members and significant others can be achieved by family conferencing, as earlier indicated (see sub-theme 1.7).

Sub-theme 6.2: Guidelines for the role of a social worker

In identifying the components of a holistic family reunification services model, 95.3% (121 of 127) of participants indicated guidelines for the role of a family reunification social worker as a key component, whereas 4,5% (6) had a neutral opinion on the matter.

The participants stated that the social worker was key in facilitating and driving the family reunification process. As such, his or her role should be categorically clear:

- P12: *The social workers should include the family in all aspects of the child's life, for example, showing parents the school reports of their children. It is just including the family in all aspects of a child's life and making sure that they are involved and that they are consulted.*
- P13: *The model should also look at what the social worker should do to help the family. The social worker should contribute positively; he or she cannot say you need to change your circumstances without specifying what exactly needs to change and how it should change. For instance, if you come across a house that is dirty, you should not just complain that the house is dirty but you should offer practical solutions to addressing the issue of a dirty house.*
- P3: *The model should include the keeping of records of biological parents. Even when the biological parents are untraceable, social workers should keep records of where the child was found.*

Mahery et al. (2011) confirm the findings and state that the role of a social worker is to identify children who are ready for reunification, trace their families, and gather information for reports to be written in order to place children back with their parents. Another essential role of the social worker is to facilitate continuous contact between children and their parents (De Villiers, 2008:72). In addition, social workers should strengthen and empower families to work towards addressing reasons that led to the removal of children from their care. Maclean (2004:73) are of the view that children not only have a right to have knowledge of their parents, but they have a right, as far as possible, to maintain direct and regular contact with them when separated. As such, the social worker has a mediating role of helping children repair the links with their parents through continuous contact.

Sewpaul (2014:22) notes that social work education is geared towards ensuring that graduates have the requisite skills in empathy, active listening, facilitation, mediation and interpersonal relationships. These skills contribute to social workers'

preparedness to render appropriate services. Appropriateness as a principle of a rights-based approach refers to the fact that services should respond to social, economic, cultural and political conditions (DSD, 2012:12). In addition, these services should be rendered in the framework of a holistic model embedded in human rights.

Sub-theme 6.3: The standard of the best interests of the child

Most participants were of the view that a holistic family reunification services model should be premised on the standard of the best interests of the child.

The opinions of participants regarding this component are:

- P4: *First thing, at the centre of it (the model), must be a child; the interests and preferences of a child must be at the centre of the model. You can do anything that you want to do but this child has to determine everything. So, we start off with the child and then we go on to look at the surroundings, the assessment of the parent, we look at the parent's physical factors, emotional factors, psychological factors and everything.*
- P6: *The needs of a child should also be considered; when a child is reunified with parents, the child might mourn the loss of the foster parent. I think the arrangement should be that the child should still be part of the lives of foster parents.*
- P11: *I think we have to consider the best interests of the child; the well-being of the child. And also, we have to look at the circumstances of the family. We should look at whether they are financially stable and whether they are working and we should also look at their health, psychological and social wellbeing, and their interaction with other extended family members.*

The quantitative findings confirm the qualitative findings. As reflected in Table 6.21 below, 99.2% (126 of 127) of participants indicated adherence to the best interests of the child standard as a component of a holistic family reunification services model, as opposed to one (0,8%) participant who did not support the finding.

Table 6.21: Adherence to the best interests of the child standard

		Frequency	Per Cent	Valid Per Cent
Valid	Disagree	1	0,8	0,8
	Agree	15	11,8	11,8
	Strongly agree	111	87,4	87,4
	Total	127	100,0	100,0

The findings align with the views of Collins, Jordan and Coleman (2007:12), who indicate that the primary objective of social workers is to render services to children in line with the best interests' standard. In the event of removal of a child from family care, the approach holds that access visits should be arranged between the child and parents, siblings, family members and significant others (Department of Human Services, 2006:14). Additionally, the best interests' principle is clear about the desirability of continuity and stability in the child's care (Victorian State Government, 2007:2). In a rights-based approach, children are not seen as parental property, helpless objects of charity, or passive dependents (National Child Participation Framework, 2018:9). Rather, a child is an individual and a member of a family and community with rights and responsibilities appropriate to their age and stage of development (Androff, 2016:73).

Sub-theme 6.4: A gradual and holistic process

A holistic family reunification services model must reflect the fact that family reunification is a gradual and holistic process, as indicated by 99.2% (123 of 124) of participants. One (0.8%) participant held a neutral view on the matter.

Participants shared the following sentiments:

P4: *It is not a brief one-time event. If the reunification process is brief, one does not get a true picture of the biological parents. If you give them three months to prove themselves, they are going to be as good as possible and as perfect as possible so that they get the child, but that is not really who they are and how they will be after a child has been placed back with them. So, if it is an ongoing process, then they cannot fake it.*

P15: *I think the core elements of the model should reflect a longitudinal and holistic process that revolves around the physical and emotional development of the children, their educational support, the relationship and support from the extended family. The biological mother should also receive support from families. The professionals should also play a role in supporting the family.*

The above findings are confirmed by Brydon (2004:13) who states that family reunification is a process rather than a placement event. Dougherty (2004:1) echoes similar sentiments and states that family reunification services should be holistic and ongoing. In line with a rights-based approach, the focus of interventions should not only be on the outcomes but also on the process of achieving the outcomes (Midgley, 2014:69; Androff, 2016:34). A study by D'Andre (2013:41) finds that when social workers pressurise families and want reunification to be quick, they tend to simultaneously enrol family members in a variety of programmes and this puts pressure on the family and sets them up for failure. Biological parents of children in alternative care should be taken through family reunification processes one step at a time so that they do not experience the process as abrupt, intense, demotivating and demoralising.

Sub-theme 6.5: The provision of parenting skills

The provision of parenting skills to biological parents was identified by 94,3% (117 of 124) of participants as a component of a holistic family reunification services model, whereas 5.5% (7) held no view on the matter.

Adequate parenting skills training empowers parents to address reasons that led to the removal of the child and increases the competency of parents in taking care of their children.

P6: *For sure there must be parenting skills. The biological parents should be able to know themselves, their strengths and weaknesses, and then, of course, the relationship skills must also be part of it. There should be an*

emotional intelligence component of coping with their own feelings and with their own issues.

P8: *Parenting skills must also be a huge part of the model. Parents should be empowered to develop skills to be better parents than they were before. Also, trauma counselling should be organised for the parents as soon as the children are removed from them because, to them, it is real loss, it is almost like death. Sometimes they are not allowed to see the children during the initial days of the placement since the children will still be adjusting to the new environment.*

De Villiers (2008:70) confirms the findings when asserting that a social worker should assist parents to understand their role in being competent parents, especially through the delivery of parenting and life skills training. By guiding parents on how to care for and protect their children, the social worker will not only be teaching the parents valuable guidelines in being competent parents, but will at the same time be facilitating a healing process where children and parents learn to trust each other enough to be reunited again (De Villiers, 2008:70). Being a competent parent involves helping children to be healthy, independent and well adjusted.

Sub-theme 6.6: A strong relationship between foster parents and biological parents

A holistic family reunification services model should focus on ensuring a strong relationship between foster parents and biological parents, as indicated by 91.2% (113 of 124) of participants. Two (1.6%) participants disagreed and eight (6.3%) participants did not have a view on the matter.

A strong relationship between foster parents and biological parents makes family reunification a possibility and enables all parties to be prepared to adjust to the reunification of the child.

P7: *The biological parents must maintain a close relationship with foster parents, especially when children have stayed long in foster care, because that is the only family that the child knows. For instance, we*

reunified a child that was placed with the foster parent when she was only 3 days old and the family only found out about the child when the child was already five years old. So, we advised them that they need to form a close relationship. If the foster parent feels that they are missing the child, they can talk to her over the phone or even visit her one day.

P8: *I think the relationship between foster parents and biological parents should be a huge part of the model. This is because the foster parents can sometimes sabotage the whole family reunification process if their relationship with the biological parent is not strong.*

The findings are in line with the views of De Villiers (2008:66) who challenges social workers to encourage both foster parents and biological parents to communicate and explore areas of common interests in a reunification process. One such common area of interest is the safety and wellbeing of the child and always prioritising what is in the best interest of the child.

6.3.7. Theme 7: Measures to ensure that social workers render holistic family reunification services

Participants highlighted a number of measures that can be put in place to ensure that social workers render holistic family reunification services. The measures are: government should avail resources for family reunification; social workers' caseloads should be reduced; social workers should be supervised and evaluated and should take accountability; social workers should be trained; and social workers should adhere to the principles of family reunification. These measures are discussed next as sub-themes.

Sub-theme 7.1: Government should avail resources for family reunification

Most of the participants, that is 95.5% (119 of 124), indicated that to ensure that social workers render holistic family reunification services, the government departments and child protection organisations should avail resources to enable them to render holistic family reunification services. One (0.8%) participant disagreed while four (3.1%)

participants held a neutral view. The resources that participants should have access to include telephones, cars and computers.

P2: *I think we need to have enough resources from the government and the Department of Social Development. As a reunification worker, I need to have adequate resources to render family reunification services; to contact and visit family members.*

P3: *I think resources is the main issue. Our organisations should avail resources for us to be able to render reunification services. We need resources like cars; we should not be limited with regards to our travelling. We need resources that make us flexible, you know, when you are investigating the home circumstances of someone, you need to be there to see it for yourself. So, we need resources such as cars, petrol, and money for us to travel. We also need computers so that we can be able to type (write) our reports.*

P11: *They should give us more resources in terms of tracing the biological parents. We should have another alternative way to trace. For example, if we were to have a programme on TV, let's say on SABC1, where they announce everyone who is being traced.*

De Villiers (2008:85) supports the finding that resources should be availed for family reunification. However, as earlier discussed, findings indicate that resources do not determine whether family reunification is successful or not (see 6.2.10). Although resources are needed in rendering family reunification services, resources themselves may not be the key aspect to ensure the reunification of a child. Other components also need to be in place, for example, positive relationships between foster parents and biological parents (see 6.6). In the absence of resources, family reunification can still occur. However, there is a need for social workers to improvise and find creative ways of rendering family reunification services. Gray, Agllias, Mupedziswa and Mugumbate (2017:1) advocate for the shaping of relevant, culturally appropriate and socially responsive social work practice in Africa.

In the event that the services are not delivered due to a lack of resources, the rights-based approach outlines that rights holders (service users), duty bearers (social workers), and other stakeholders (civil society) have the right to hold the state accountable for the lack of service delivery (Boesen & Martin, 2007:22). The government should be held accountable for availing the institutional and infrastructural resources needed in rendering family reunification services (Danish Institute for Human Rights, 2007:10).

Sub-theme 7.2: Social workers' caseloads should be reduced

To enable social workers to render holistic family reunification services, some participants were of the view that more time should be made available. They stated that social workers would have more time when their caseloads were reduced to feasible and manageable sizes. The voices of participants regarding this suggestion were:

P4: *Time can be created by reducing the number of caseloads. We experience pressure because there is a huge caseload. So, if the caseload is reduced, time can be devoted to a certain number of cases and that will avail the opportunity to work comprehensively on a case and do in-depth interventions.*

P6: *So, I think that it would be good to reduce the caseloads of social workers so that they can give proper attention to all family reunification cases. If you are having a few numbers of cases, then you will be able to focus and do things appropriately.*

Quantitative findings align with qualitative findings, indicating that 87.9% (119 of 124) of participants were of the view that for social workers to render holistic family reunification services, they should have a caseload of no more than 50 files. While 2.4% (3) of participants did not agree that a reduced case load would make a difference, 4.8% (6) maintained a neutral view. These findings are reflected in Table 6.22 below.

Table 6.22: A social work caseload of no more than 50 files

		Frequency	Per Cent	Valid Per Cent
Valid	Strongly disagree	3	2,4	2,4
	Disagree	6	4,7	4,8
	Neutral	6	4,7	4,8
	Agree	20	15,7	16,1
	Strongly agree	89	70,1	71,8
	Total	124	97,6	100,0
Missing	System	3	2,4	
Total		127	100,0	

The findings corroborate De Villiers's (2008:4) view that a reduction in the caseload of social workers would enable them to render effective and intense family reunification services. A study by Nhedzi and Makofane (2015:354) found that social workers had insufficient contact with families due to high caseloads. As such, the authors recommend that, for social workers to render effective and adequate services, their caseloads should be reduced to a manageable level (Nhedzi & Makofane, 2015:354).

As the findings of Kleijn's (2004:26) study reveal, huge caseloads lead to insufficient contact with families, which exposes family members to further harm. A reduction of the caseload of social workers will enable them to put proper child participation mechanisms in place, which is important to build children's capacity. According to the Save the Children (2018:10), empowered children can become active and effective advocates for the realisation of their own rights.

Sub-theme 7.3: Social workers should be supervised and evaluated and should take accountability

Participants were of the view that putting supervision, evaluation and accountability measures in place enabled social workers to render holistic family reunification services.

These sentiments are reflected in the following quotations:

P8: *Family reunification social workers should be evaluated every six months based on the family reunification services cases that they have. Someone must see to it that they (social workers) do their job. There*

should be systems in place for social workers to evaluate themselves to see whether they have reached the reunification goals that they would have set for themselves.

P10: *The supervisor must give timely return dates for certain cases and programmes for family reunification services. For instance, the supervisor should state that there should be a parenting skills group once in every three months.*

P14: *There should be some kind of reunification order, which stipulates that the social worker must do this and this on a family reunification case and if they don't, there will be serious consequences. This order will make them to be accountable and to take responsibility for family reunification cases. Social workers will work hard when they know that they need to report to court on the progress of family reunification.*

Quantitative findings support the qualitative findings, which indicate that 89.5% (111 of 124) of participants were of the view that for social workers to render holistic family reunification services, they should receive supervision once a month through the use of case allocation cards. A few participants (13, 10.5%) held no view on the matter. Of all the participants, 94.5% (119 of 126) indicated that another way of ensuring that social workers rendered holistic family reunification services was to put monitoring and evaluation tools in place to track progress towards family reunification according to agreed milestones. A total of 7 (5.5%) participants held a neutral view on this matter. The accountability of social workers to render family reunification services was supported by 76.2% (96 of 126) of participants, indicating that it should be enforced by a yearly court monitored family reunification services plan. A total of 26 (19%) participants maintained a neutral position on this matter and six (4.8%) participants disagreed.

Mark et al. (2006:6) confirm that monitoring is vital to ensure that services are implemented according to set tasks and that the objective and goals are reached. Monitoring and evaluation are important in determining which goals the family have achieved, and which obstacles might prevent them from achieving a successful reunification (De Villiers, 2008:67). According to the World Bank (2013), monitoring

and evaluation of programmes should be done on a regular basis. The continuous monitoring and evaluation of foster children and biological parents will provide a social worker with new information throughout the alternative care process. Continuous evaluation enables the social worker to reassess objectives and possibly change the delivered intervention, if necessary. Ongoing monitoring and evaluation ensure that social workers are held accountable for reunifying children with their families (Androff, 2016:43). Accountability as a rights-based approach principle refers to compliance with legislation, policies and regulations (DSD, 2012:12).

Sub-theme 7.4: Social workers should be trained

Training of social workers on how to render holistic family reunification services was supported by 89.7% (113 of 126) of participants, while 1.6% (2) of participants disagreed, and 8.7% (11) held a neutral view.

Training social workers ensures that they are competent in providing comprehensive family reunification services, as reflected in the sentiments below.

- P11: *Social workers should acquire knowledge and skills on how to render family reunification services and on how to work with difficult parents. We should have a programme where the social worker has to go for training on how to render effective family reunification services.*
- P9: *There should be a standard operational procedure or working model for family reunification. We have a foster care manual so I know exactly what is expected for foster care. We need to be trained on family reunification as well.*
- P3: *There should be training regarding family reunification. I have attended so many foster care trainings up to so far, but can you believe when I tell you that I have never attended any family reunification services training; I have never. Trainings that are available are all about foster care, and the Children's Act. There is nothing whatsoever for family reunification services.*

Streak and Poggenpoel (2005:43) supports the findings and point out that social workers should receive training on how to render services geared towards reunifying children with families. Information and knowledge on family reunification services can be disseminated through social work training at universities and via in-service training workshops for social workers who are already in the field. A rights-based approach aims at strengthening the capabilities of duty bearers to deliver on their mandate of promoting and protecting the rights of rights holders (Androff, 2016:33). This entails availing the necessary training for social workers to perform their tasks.

Sub-theme 7.5: Adhering to the principles of family reunification

Though the qualitative study did not contribute any data on guiding principles for family reunification services, the quantitative study indicated a number of principles that social workers should adhere to when rendering family reunification services. As revealed in Figure 6.10 below, participants indicated these principles as: considering the views of the child (96.8%, 121 of 126); accessibility of services (94.5%, 119 of 126); empowerment of service users (93.6%, 118 of 126); interventions that are locally relevant (93.6%, 117 of 126); active participation of all role players (92%, 116 of 126); accountability of all stakeholders (92.8%, 117 of 126); transparency of the family (92.1%, 116 of 126); and cultural competency of the social worker (86.2%, 106 of 126).

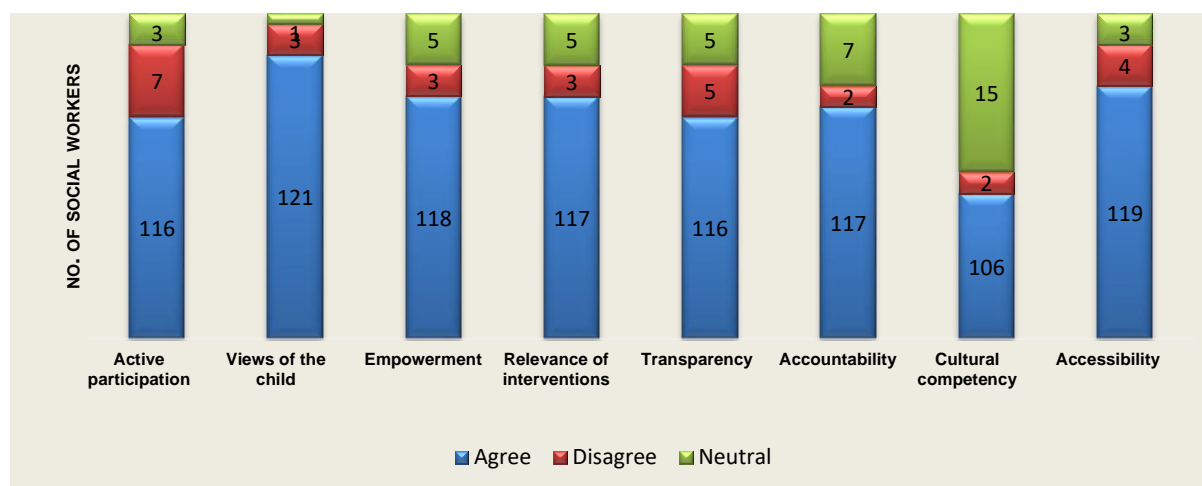


Figure 6.10: Principles applicable to family reunification

A cross-tabulation of the principles applicable to family reunification and the number of children reunified with their families' reveals that all principles identified above are

significant and important in rendering family reunification services. However, the most important principle is considering the views of the child (4.66); followed by the accountability of all stakeholders (4.63); and transparency in the family reunification process (4.60), as reflected in the following table:

Table 6.23: Cross-tabulation of principles applicable to family reunification

	Valid	Missing	Mean	Minimum	Maximum
Active participation of all role players	126	1	4.56	1	5
Considering the views of the child	125	2	4.66	1	5
Empowerment of service users	126	1	4.48	1	5
Interventions that are locally relevant	125	2	4.45	1	5
Transparency of the family reunification process	126	1	4.60	1	5
Accountability of all stakeholders	126	1	4.63	1	5
Accessibility of services	126	1	4.56	1	5
Cultural competency of the social worker	123	4	4.38	1	5

All identified principles are in line with the principles of a rights-based approach, as reflected in Androff (2016:27), Sano (2014:30), Midgley (2010:16), DSD (2012:35-43), United Nations Population Fund (2012) and Patel (2015:58-60). In-depth explanations of these principles and their subsequent relevance and application to the field of family reunification are discussed in chapter 5 (see 5.3). By virtue of being principles, they are fundamental and express values that need to be translated into practice (Danish Institute for Human Rights, 2007:15). As such, the afore-mentioned principles were integrated in the holistic family reunification services model, as presented in the following chapter.

6.4. Summary

This chapter provided the findings from the qualitative and quantitative data from the study in an integrated manner. The findings provided an insight into the components of a family reunification services model. The key findings and conclusions from the

study informed the proposed holistic family reunification services model for children in alternative care as the intended outcome of the study. These key findings, conclusions and recommendations of the study are discussed in the following chapter.

CHAPTER 7

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

7.1. Introduction

The focus of this chapter is to discuss how the goal and objectives of the study were reached. The chapter presents the key findings of the study and the conclusions based on the key findings. As an expected outcome of the study, the chapter proposes a holistic family reunification services model, and provides reflections on the model from experts. Finally, the chapter presents recommendations for implementation of the proposed model, for social policy, social work education and practice, and for further research.

7.2. Goal and objectives of the study

The goal of the study, namely, to develop a holistic family reunification services model for children in alternative care, was achieved through the following objectives:

7.2.1. Objective 1

The first objective of the study was to contextualise and conceptualise family reunification services for children in alternative care from a rights-based perspective. The literature study (see chapter 4, subsections 4.2 to 4.7) achieves this objective as it provides a thorough overview of the family reunification process and positions family reunification within a child protection process, discussing the characteristics, types and nature of family reunification services. Moreover, chapter 6 addresses the objective where participants describe and explain how they render family reunification services (see subsection 6.3.1). In addition, chapter 5 addresses the objective as part of the theoretical framework, where family reunification services are conceptualised and contextualised from a rights-based approach by interrogating and integrating the principles and strategic focus areas of a rights-based approach (see subsections 5.2, 5.3 and 5.4).

7.2.2. Objective 2

The second objective of the study was to determine obstacles that social workers working in child protection services face when rendering family reunification services to children in alternative care.

Chapter 4 (subsections 4.9.1 and 4.9.2) achieved this objective. The chapter states that challenges faced by social workers in implementing family reunification services stem from the human resource challenge of a shortage of social workers, which inadvertently leads to high caseloads.

Furthermore, the empirical study in chapter 6 (subsection 6.3.2) also achieved the second objective. This section indicates the institutional obstacles that social workers face in rendering family reunification services, namely, the attitude of social workers to family reunification services; lack of support from supervisors; conflict between social workers; and inadequate training of social workers. Chapter 6 also highlights infrastructural barriers faced by social workers in rendering family reunification services; these pertain to lack of cars and lack of access to programmes (see subsection 6.3.2). Lastly, obstacles faced by social workers in rendering family reunification services stem from a poor relationship between biological parents and foster parents; uncooperative biological parents; uncooperative foster parents; and children not wanting to be reunified with biological parents for various reasons (see subsection 6.3.2). In addition, subsection 6.3.5 achieves the objective where participants indicate a number of cases where family reunification is not a possibility.

7.2.3. Objective 3

The third objective of the study was to explore and describe successes that social workers encounter in rendering family reunification services.

This objective is accomplished in chapter 4 (subsection 4.6), where a literature study documents the practices that achieve successful family reunification. These practices

relate to adequate and appropriate training of social workers, flexible funding of organisations, and effective family engagement.

In addition, the presentation of empirical study findings in chapter 6 achieves the third objective of the study. Participants narrate their successful family reunification cases (see subsection 6.3.4), reveal aspects that make family reunification successful, and identify indicators for progress towards successful family reunification. Findings indicate similar elements in successful family reunification cases. The common elements include: regular contact between all parties involved; regular visits and support from the social worker; and the biological parents' willingness to address the reasons that led to the removal of the children from their care (see subsections 6.3.4 and 6.3.6).

7.2.4. Objective 4

The fourth objective of the study was to explore and describe the views of social workers on what constitutes a successful family reunification services model for children in alternative care.

The literature study in chapter 4 (see subsection 4.6) addresses this objective, where characteristics and elements of a successful family reunification model are documented and verified with the empirical findings of the study. The research findings in chapter 6 (see subsection 6.3.6) indicate the following components of a holistic family reunification services model: involving extended family members and significant others in the family reunification process; clarifying the role of a social worker; adhering to the best interests of the child standard; ensuring that family reunification is a gradual and holistic process; providing parenting skills to biological parents; and strengthening the relationship between foster parents and biological parents.

7.2.5. Objective 5

The fifth objective of the study was to develop a holistic family reunification services model for children in alternative care, as an outcome of the study. This objective is achieved, as evidenced by the model that is proposed at the end of this chapter (see

subsection 7.4.). The holistic family reunification services model is informed by the literature review and the empirical study. The literature review contributes the steps involved in developing a rights-based family reunification programme (see chapter 5, subsection 5.6). Chapter 3 discusses the legislative framework for the development of the model. Chapter 4 provides an overview of family reunification services, which is pivotal in positioning family reunification within the child protection process.

The findings from the empirical study (see chapter 6) inform the key findings and conclusions of the study, which are instrumental in developing a holistic family reunification services model for children in alternative care.

7.3. Key findings and conclusions

In this section, the researcher presents key findings and conclusions in a sequential manner. The key findings and conclusions are presented according to the following seven broad themes: (1) types of family reunification services rendered by social workers; (2) challenges in rendering family reunification services; (3) addressing challenges encountered in rendering family reunification services; (4) elements of successful family reunification cases; (5) cases where family reunification is not a possibility; (6) components of a holistic family reunification services model, and (7) measures to ensure that social workers render holistic family reunification services.

7.3.1. Types of family reunification services rendered by social workers

The key findings on the types of family reunification services rendered by social workers are summarised as follows:

- The starting point of family reunification is the identification of families and children requiring family reunification services. Children have a right to be reunified with their families.
- After identifying the families, social workers trace the biological parents. Upon finding them, social workers engage them on a variety of services that address the reasons that led to the removal of the child.

- In cases where the whereabouts of biological parents are not known, social workers search for them by advertising in national newspapers and liaising with the police to assist.
- Family reunification services include poverty alleviation, counselling, therapy, psychosocial support, rendering of parenting skills training, referral to specialised organisations, and facilitation of access visits.
- Ways used by social workers to assist families to alleviate poverty include providing training on income generating skills and linking families with job opportunities.
- Therapy, counselling and psychosocial support services are fundamental in family reunification as they prepare the child for reunification and empower the family in all the spectrums of life.
- Facilitation of visits between children and biological families leads to higher prospects of family reunification since such visits ensure continuation of a relationship, attachment and bond between the child and the family.
- As a way of facilitating family reunification, social workers hold monthly family conferences.

The conclusions on the types of family reunification services rendered by social workers are summarised as follows:

- ✓ The framework for providing family reunification service already exists, although it is not formalised or documented.
- ✓ Although social workers employ appropriate techniques for tracing biological parents, additional methods should be explored.
- ✓ Monthly family conferences are adequate in facilitating meaningful reunification. Such conferences facilitate meaningful engagement of the child with biological parents, extended family, foster parents and significant others.
- ✓ Effective family reunification services are tailor-made for diverse, specific and unique needs of families.
- ✓ Types of services rendered in the family reunification spectrum should be aligned to a rights-based approach.

7.3.2. Challenges in rendering family reunification services

The key findings on challenges in rendering family reunification services are summarised as follows:

- Numerous institutional challenges that participants face in rendering family reunification services stem from the attitude of some social workers who fail to keep records, change goal posts, are not motivated to render family reunification services and often see family reunification as an add-on and less important than foster care supervision and monitoring. Additionally, institutional obstacles arise from lack of support from supervisors, conflict between social workers, and inadequate training of social workers on family reunification services.
- Infrastructural barriers faced by participants in rendering of family reunification services stem from the unavailability of resources, which results in the lack of cars for social workers to use and lack of access to programmes for biological parents. However, the availability of resources is not the sole determinant in the success of family reunification; the positive attitude of all role players determines the success of family reunification.
- Human resource challenges that social workers face in rendering family reunification services stem from the shortage of staff, which inevitably leads to high caseloads. High caseloads cause a delay in rendering family reunification services since social workers end up only responding to crises and neglecting family reunification services. Due to heavy workloads, social workers take shortcuts to resolve cases and shift focus from building a relationship with families to just managing a case.
- Challenges relating to biological parents, foster parents and children in alternative care are:

- Poor relationships between biological parents and foster parents, who seem to be in competition with and mistrusting of one another about being able to take adequate care of the child.
- Biological parents who are uncooperative. Some biological parents do not maintain contact with children in alternative care; fail to attend programmes arranged for them; hold grudges against social workers over the initial removal of the child from their care; do not improve their living circumstances; and prioritise new relationships over children in alternative care.
- Foster parents who are uncooperative. Some foster parents do not understand their roles and responsibilities. They over-bond with the children and no longer want the biological parents to have access to the children.
- Children who are not willing to be placed back in their biological parents' care although biological parents' circumstances might have improved.

The researcher draws the following conclusions on challenges in rendering family reunification services:

- ✓ Social workers are victims of their own systems, practices, values, beliefs and attitudes, which they do not challenge in the interest of effective family reunification. Social workers should not focus on what they themselves prefer but on what is in the best interests of the child.
- ✓ Infrastructural barriers, especially lack of cars, inhibit effective family reunification services and make holistic family reunification services a “pipe dream”. Lack of access to programmes is against the principle of universal access, which is one of the principles of a rights-based approach, and therefore violates the rights of biological parents.
- ✓ Holistic family reunification services cannot be fully implemented in the absence of sufficient numbers and capacity of social workers.

- ✓ Sufficient time should be allocated to relationship building activities. Ways of counteracting the competitive nature of stakeholders, mainly the biological parents, foster parents and social workers, need to be found.
- ✓ Strained relationships will always challenge the rendering of effective family reunification services due to the various parties sabotaging each other and looking at their own interests instead of the interests of the child. Therefore, efforts should be made to improve relationships among all stakeholders in the family reunification sphere.
- ✓ Ways of improving the circumstances of biological parents that contributed to the removal of children need to be explored.
- ✓ Strategies should be put in place to better prepare foster parents for the placement of a child back with biological parents.
- ✓ Depending on their level of maturity, children's views have to be considered. Children have the right to indicate who they want to live with.

7.3.3. Addressing challenges encountered in rendering family reunification services

The key findings on ways for social workers to address challenges encountered in rendering family reunification services are:

- Engaging foster parents in on-going foster parents' training so that they can be reminded of their roles and responsibilities as foster parents.
- Maintaining regular contact with biological parents to assess their readiness for reunification.
- Engaging biological parents in capacity building and life skills training so that they can address reasons that led to the removal of the child from their care
- Introducing a family reunification services plan that is enforced by a family reunification services order issued by a presiding officer of the children's court.

The conclusions on addressing challenges encountered in rendering family reunification services are:

- ✓ Social workers understand the gaps in rendering family reunification services as well as what could possibly be done to address these gaps and effect the required change. However, it is not certain how empowered social workers are to bring about the required changes.
- ✓ Providing training to foster parents will remind them that foster care is not a permanent arrangement but an alternative care arrangement that allows biological parents to address reasons that led to the removal of a child.
- ✓ Regular contact between social workers and biological parents solidifies the professional relationship and eliminates issues of mistrust and suspicion.
- ✓ Life skills training enhances human capital development, which contributes to both social and economic development of families.
- ✓ A family reunification services plan endorsed by a family reunification order will hold both biological parents and social workers accountable for reunification.

7.3.4. Elements of successful family reunification cases

The key findings on what elements constitute successful family reunification cases are:

- The biological parents' willingness to change their circumstances and address the issues that led to the removal of the child.
- Communication between all role players involved in family reunification.
- The support, attitude, character and passion of the social worker to unify the family.
- Biological parents maintaining regular visits with the child in alternative care.
- Biological parents contributing towards maintenance of the child in alternative care.
- Good relationships between biological parents and foster parents.
- Biological parents' involvement in programmes organised by the social worker.

The researcher concludes that the success of family reunification depends on a wide range of factors. Social workers should study the characteristics and the progress of successful cases to deduce reasons that influence the success of family reunification.

7.3.5. Cases where family reunification is not a possibility

The key findings on cases where family reunification is not a possibility are:

- The factors that make family reunification impossible are: the whereabouts of biological parents are unknown; biological parents are abusing substances; unsuitable living circumstances of the biological family; cases of sexual and physical abuse; and biological parents with psychiatric conditions.

It can be concluded that although the reunification of a child with the family of origin is every child's basic right, such a right has to be balanced with the child's right to be protected from all forms of harm. As such, it should be acknowledged that not every child in alternative care is eligible for family reunification services. Family reunification therefore does not apply to some children, and these children should be placed in either adoption or permanent foster care to ensure stability and permanency.

7.3.6. Components of a holistic family reunification services model

The key findings on components of a holistic family reunification services model are:

- The components that should constitute a holistic family reunification services model are: involving extended family members and significant others; clarifying the role of the social worker; adhering to the rights-based and best interests of the child standards; reflecting the fact that family reunification is a gradual and holistic process; and having parenting skills as an essential component. Lastly, a holistic family reunification services model should focus on strengthening the relationship between foster parents and biological parents.

The conclusion is that a holistic family reunification services model should comprise various multi-pronged, related elements and strategies to ensure that it is effective in addressing the reasons that led to the removal of the child and to ensure that family reunification is successful.

7.3.7. Measures to ensure that social workers render holistic family reunification services

The key findings on measures to ensure that social workers render holistic family reunification services are:

- Measures that should be in place to ensure that social workers render holistic family reunification services are: availing resources for family reunification; reducing the case-load of social workers; putting in place mechanisms that ensure the supervision, evaluation and accountability of social workers; training of social workers in reunification services; and setting guiding principles for social workers to render family reunification services.

The researcher concludes that if all identified measures are in place, social workers will render holistic family reunification services and increase the possibility of successful family reunification.

7.4. A HOLISTIC FAMILY REUNIFICATION SERVICES MODEL

As an outcome of the study, the researcher designed a holistic family reunification services model for children in alternative care. In the intervention research that was used to conduct the study, and more specifically the D&D model, the proposed holistic family reunification model is the outcome of phase three of the D & D model. To recap, the phases that the researcher followed in the research process to design the family reunification services model are:

- Phase one: Problem analysis and project planning

- ✓ Getting permission to conduct the study from child protection organisations.
 - ✓ Obtaining ethical clearance from the University of Pretoria.
- Phase two: Information gathering and synthesis
- ✓ A comprehensive review of family reunification literature.
 - ✓ One on one interviews with social workers.
 - ✓ Completion of self-administered questionnaires by social workers.
 - ✓ Analysing data to derive key findings and conclusions of the study.

Phase 3: Design of intervention

- ✓ Drafting a holistic family reunification services model for children in alternative care.
- ✓ Engaging with social workers through a virtual seminar to reflect on the proposed model; incorporating recommendations; and subsequently finalising the design of the holistic family reunification services model for children in alternative care.

The proposed holistic family reunification services model is divided into three sections, as discussed below.

7.4.1. SECTION ONE

Section one provides the rationale, intended implementer, inclusion criteria, exclusion criteria, key principles and key features of family reunification.

7.4.1.1. Rationale for family reunification

Placement of children in alternative care is supposed to be a temporary and not a permanent arrangement (Children's Act 38 of 2005). However, most children in alternative care stay for longer periods before they are reunified with their families (Van Breda et al., 2012:1). The absence of a family reunification services model in South Africa for children placed in alternative care (Moses & Meintjes, 2007:1),

contributes to social workers not being well equipped to render adequate services to children and their families (Van Breda et al., 2012:1). The lack of effective family reunification services does not serve the best interests of children.

It is against this background that the researcher designed a holistic family reunification services model to guide and assist social workers who work in child protection services to render effective, efficient, comprehensive and timely reunification services to children and their families.

7.4.1.2. Intended Implementer

The intended implementers of the holistic family reunification services model are social workers who are designated to render family reunification services in terms of the Children's Act 38 of 2005. Furthermore, these social workers work in designated child protection organisations in terms of section 107 of the Children's Act 38 of 2005.

7.4.1.3. Inclusion criteria

The model is intended to benefit the families of children in alternative care. Moreover, it is also intended to benefit the children in alternative care who are eligible for family reunification. In terms of section 167 of the Children's Act 38 of 2005, a child is in alternative care if such a child has been placed in foster care, in a child and youth care centre, or in temporary safe care.

7.4.1.4. Exclusion criteria

The proposed model recognises the fact that not all children in alternative care are eligible for family reunification. The circumstances of each child are unique. As such, social workers should not generalise in conducting the assessment, but should be guided by the best interests of the child standard. Children who may not be eligible for family reunification are:

- Children of parents whose whereabouts are unknown.

- Children removed due to issues of sexual abuse.
- Children of biological parents with severe psychiatric and psychological challenges.
- Children who express pertinent reasons against family reunification.

In the event that a child or family is not eligible for family reunification services, the Children's Act 38 of 2005 directs that permanency planning be initiated for such a child. Permanency planning may entail placing such a child in either permanent foster care or adoption.

7.4.1.5. Key principles

The principles of a holistic family reunification services model are: participation, accountability, empowerment, universal access, social integration, appropriateness, accessibility, and permanency planning. The principles of family reunification have a significant influence on family reunification practices. The applicability of these principles is reflected in the key features of family reunification services, as discussed next.

7.4.1.6. Key Features

Although the circumstances that determine the type of services that families need differ, it is important to recognise that the nature of family reunification service delivery have similar features. These features are:

- The active participation of all role players (children, biological family, foster parents, extended family and social workers) is key in any family reunification process.
- Family reunification service delivery should bridge the micro-macro divide by focusing on individual, societal and structural issues (Lombard, 2019:390).
- All family reunification services should be rendered from a rights-based approach.

- The rendering of family reunification services should involve harmonising social development with economic development.
- Family reunification services should empower members of the biological family to address the risk factors that necessitated the removal of the child.
- Family reunification services should emphasise the partnership of all role players, namely, the state, civil society, the private sector, children, families, communities and social workers.

The above-mentioned principles and features form the foundation for successful family reunification services. Comprehending and applying the basic principles and features of a holistic family reunification services model guides social workers in rendering appropriate and adequate family reunification services.

7.4.2. SECTION TWO

Section two provides a legislative and theoretical framework for family reunification.

7.4.2.1. Legislative framework

Family reunification services operate within legislative frameworks, international protocols, regional charters and domestic laws. Social workers must understand the legislative frameworks in order to advocate for the provision of family reunification services according to international, regional and national standards. The legislative frameworks applicable to family reunification are:

- The United Nations Convention on the Rights of the Child (1989)
- The African Charter on the Rights and Welfare of the Child (1990)
- The Constitution of the Republic of South Africa (1996)
- The Children's Act 38 of 2005

7.4.2.2. Rights-based approach as a theoretical framework

The legislative documents mentioned above spell out that a child has the right to be cared for by the family and community of origin. Children also have a right to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation (UNICEF, 2021:2). Section 10 of the Children's Act of 2005 emphasises the right of children to participate in matters that concern them. As such, family reunification services should be rendered from a right-based approach. The two primary stakeholder groups in the rights-based approach are the rights holders (people who do not experience full rights) and the duty bearers (the state, civil society and institutions obligated to fulfill the holders' rights) (Ife, 2012). The rights-based approach aims at strengthening the capability and capacity of duty bearers and at empowering the rights holders (Boesen & Martin, 2007:9). A rights-based approach deals not only with outcomes but also with how those outcomes are achieved (Midgley, 2014:69).

A rights-based approach emphasises and reinforces the mandate of social workers as duty bearers to respect, protect and guarantee the rights of children and families (DSD, 2013:16). The approach is underpinned by accountability, participation, universal access, and developmental and empowerment perspectives (Midgley, 2014:66, Patel, 2015:59).

The duty bearers in the field of family reunification are government departments who in turn delegate the responsibility to organisations who employ social workers to carry out the mandate. Guided by the rights-based approach embedded in a family reunification services model, social workers should deliberately seek to invoke the active participation of children, biological families and foster families, since they are the rights holders. The role of social workers should be that of facilitators, where they guide and empower families to work towards addressing the reasons that led to the removal of children from their care.

7.4.3. SECTION THREE

This section outlines ten practical steps in the family reunification process. The steps are derived from the literature review, the human rights-based conceptual framework, key findings and conclusions of the study. The basic steps in implementing a holistic family reunification model are: referral; screening; individual assessment; comprehensive family assessment; formulating a family reunification services plan; implementation, monitoring and evaluation; provisional transfer; referral to support services; termination; and case-file closure. These ten steps are discussed below.

7.4.3.1. *Step one: Point of entry*

The family member who enquires about the reunification process may have been referred to the child protection organisation or may have self-referred to the social worker. At this point, the intake social worker of a child protection organisation should do a preliminary screening to check whether the family falls within the designated service delivery area of the organisation. If the family does not fall within the area of that organisation, the intake social worker writes a referral letter to refer the family member to a relevant organisation. In the referral letter, the intake worker should clearly state the name, address and telephone number of the organisation that the family has been referred to.

If the family falls within the service delivery area of the organisation and is eligible for family reunification, the intake social worker should proceed with the screening process, followed by a preliminary assessment of the family member before proceeding with the assessment of the whole family.

7.4.3.2. *Step two: Screening*

Screening involves two tasks:

Task 1: The intake social worker completes a screening form to ensure that the family member gains access to the appropriate family reunification services. At this point, the

intake social worker records all the important identifying details of the family member, namely, name, surname, contact details and complete address. In the event that the family member's house does not have an address, for example if it is a shack, the intake worker should ask the family member to describe how someone would access the home. The intake worker should also ask for the phone numbers of two other contact persons that the social worker can phone in the event that he or she struggles to get hold of the family member.

Task 2: The intake worker makes an appointment for the family member to meet a relevant social worker who renders family reunification services in the area where the family member resides. The intake worker should ensure that the client does not get sent from social worker to social worker as this causes much frustration, dissatisfaction and unhappiness on the part of the family member.

A separate process is followed for open cases where intakes have already been done. For example, when a new reunification worker takes on an existing caseload with existing files, the following process is followed:

Task 1: The social worker analyses the caseload of children in alternative care by documenting their names, ages, dates of initial removal or placement into care, and contact details of the families of origin.

It should be noted that if the social worker receives a case file with only the details of the child to be reunified but no details of family members, the social worker should start tracing the family by placing an advert in national newspapers.

Task 2: Using the inclusion and exclusion criteria, as described in section one of this model, the social worker highlights the children who are eligible for family reunification. In preparation for screening, the social worker answers the following preliminary questions:

- What are the child's specific needs?
- Does the child know his or her background?

- Where is the family and what are the circumstances of the family?
- Is the child ready to be reunified? (Parents and children are often at different stages of readiness for reunification. As such, it is important that the child sets the pace of this process.)

Answers to the above questions will lead to an assessment of the family member as discussed below.

7.4.3.3. Step three: Individual assessment of the family member

Upon receipt of the case file, the social worker contacts the family member telephonically and introduces himself or herself as a designated family reunification services worker and confirms an appointment date with the client. When the client comes to the office for an appointment, the social worker outlines his or her role as a family reunification services worker. The social worker conducts the individual assessment of the family member in terms of five tasks:

Task 1: At this point, the social worker checks whether the intake form was correctly completed, and verifies the identifying details and contact details of the family member. If the social worker finds any incorrect information on the intake form, he or she rectifies it immediately.

Task 2: At this stage, the social worker uses attending and listening techniques to allow the family member to share his or her background and the nature of his or her relationship with the child.

Task 3: The social worker uses probing skills to ask questions relating to the case, for example:

- What were the reasons for removal of the child?
- When last did the family member have contact with the child?
- What efforts did the family member make to be in contact with the child?
- Does the family member understand the needs of the child?

- Will the family member be able to accommodate the child physically, emotionally, financially and psychologically?
- What is the nature of the family relationships?
- How is the family addressing reasons that led to a removal of the child?

The social worker should carefully establish whether the family member accepts responsibility for the removal of the child and whether he or she acknowledges that the removal was in the best interest of the child. The social worker at this point should establish whether the family member blames and holds grudges against social workers for the removal of the child. The social worker should address these feelings accordingly, as this has a significant impact on a social worker-client relationship.

Task 4: Considering information received from the family member, the social worker should assess the possibility for reunification of the child with the family member, keeping in mind that the wellbeing, safety and best interests of the child are paramount. At this juncture, the social worker contemplates the reasons that led to the removal of the child and the subsequent placement in alternative care and considers whether the reasons have been addressed. The social worker also reviews whether the child is indeed eligible for family reunification.

Task 5: The social worker investigates the home circumstances of the family member and compiles a report. The social worker must physically visit the house of the family member. During the visit, the social worker should look at the physical circumstances, for example the type of housing, ablution facilities, cleanliness of the house, sleeping arrangements, number of people staying in the house and their relationship with the child, and the availability of food in the house. The social worker should also look into the safety of the neighbourhood and the availability of a support structure for the family member. Thereafter, the social worker schedules a case conference in preparation for step four discussed below.

7.4.3.4. Step four: Comprehensive family assessment

Should the individual assessment of a family member, as done in step three, determine that it is in the best interest of the child to be reunified with the family, the social worker proceeds to step four, which entails a comprehensive family assessment in terms of six tasks.

Task 1: The social worker schedules an appointment with the family, including the extended family and significant others who might consist of grandparents, aunts and uncles.

Task 2: The social worker conducts a comprehensive family assessment. During the assessment process, the social worker identifies and discusses the challenges that could prevent effective reunification and formulates interventions to address the needs of families in consultation with the families concerned. At this point, the social worker considers the child's attachment with the present caregiver and whether attachment therapy will be required for the child and the foster parent.

Task 3: The social worker determines whether there is a solid support system for the family by answering the following questions: Is there support from the extended family and significant others? What is the relationship of the family member with his or her relatives? Is the support visible? What kind of support will they provide? If there is no visible support from the extended family, is there any support from friends, neighbours or the community in general?

Task 4: The social worker establishes whether the child can visit the family and whether the environment is safe and conducive for the visit. If not, the social worker should identify measures to improve the home circumstances of the family member.

Task 5: The social worker can also consider and discuss with the involved family whether they would like to be linked with other families that have successfully completed the reunification process. Such families can act as mentors and coaches

and provide guidance and support to the family members still undergoing a family reunification process.

Task 6: After the comprehensive family assessment, the social worker involves all parties concerned (the child, family members, foster parents, foster care supervision and monitoring social worker) in a meeting to discuss whether reunification will be in the best interests of the child. The role players should not only consider the circumstances of the family but should also look at the circumstances of the child, namely, the adjustment of the child in the alternative care placement, the grade of the child at school, the views of the child, and the relationship of the child with the family of origin. In terms of the family member, the role players should determine whether the reasons that led to the removal of the child have been addressed and whether the family member is able to maintain active contact with the child and contribute towards the welfare and wellbeing of the child.

7.4.3.5. Step five: Formulating a family reunification services plan

If all role players decide to reunify the child with the family member, the role players should develop a clear reunification services plan by negotiating realistic goals and objectives that will assist in the development of a family reunification service plan with all the parties involved. The reasons that led to the removal of a child should take centre stage in the formulation of goals and objectives. It is very important that the social worker clearly spells out the objectives to attain the goal of family reunification. The social worker should ensure that the objectives are specific, measurable, attainable, realistic and time-bound (SMART). It is equally important that the social worker encourages all the parties involved to actively participate in the formulation of goals and objectives. The social worker should answer the following question: Are the goals and objectives clearly set out and agreed upon by all role players?

The family reunification services plan should address the following:

- Who will do what? – What are the tasks and responsibilities of the family and of significant others (for example the extended family)? What is the role of a social worker in supporting the family of origin, child in alternative care and

foster family? What are the roles and responsibilities of the foster family in facilitating family reunification? What are the roles and responsibilities of the child concerned? What are the roles of other systems, for example, the school, the church and the local community organisation?

- By when should the tasks be accomplished? How will all parties know that the tasks have been accomplished? What are the indicators for completion?
- What resources are required to implement the plan? How accessible are the required resources? What formal networks need to be established to ensure quick and efficient access to resources?
- What is needed to get the child ready to be involved in the family reunification process? It should be emphasised that the child should always set the pace of family reunification.
- What steps should be taken to prepare the family to receive, support and integrate the child back into the family?
- How often should the family member contact a child in alternative care? What form of contact are all the parties involved comfortable with? How regularly should the family member visit the child?
- How regularly should the child visit the family, and who will monitor and supervise the visits?
- How often will the plan be reviewed?

When the reunification services plan has been agreed upon by all role players, it should be signed to enforce accountability. If possible, it should be registered at the children's court.

All parties involved should be encouraged to participate in the implementation and monitoring of the reunification process. Case conferences for monitoring progress and the indicators for progress towards family reunification services should be scheduled.

7.4.3.6. Step six: Implementation, monitoring and evaluation

Once all parties have endorsed the plan, they should execute it. The role players should review the plan according to the timeframes that have been agreed upon. Once

every month is generally a good time to conduct review meetings. Social workers can effectively engage with the family by means of family conferencing. During family conferences, the social worker must provide a safe platform for all parties to engage actively and freely. The social worker should encourage maximum participation of all relevant role players. During the sessions to review the plan, the role players should answer the following questions:

- What progress has been made thus far?
- How does the child feel about progress made?
- What tasks have been accomplished by the family and significant others?
- What are the views of foster parents regarding the readiness of the child to be reunified and what are they doing as a way of preparing the child for reunification?
- How regularly does the family maintain contact with the child in alternative care? Regular and consistent communication should be emphasised so that the child establishes a bond with the family. The child should visit the family home and familiarise himself or herself with the environment. The importance of “building bridges before trying to cross” cannot be overemphasised.
- What roles did service providers play in working towards achieving set goals and objectives?
- What more should be done to assist the family in achieving the set goals?
- Is it feasible for the family to accomplish the outstanding goals? If so, what is the new timeframe?

In consultation with the family in the process of family reunification, the social worker could consider establishing a support group for the family. The purpose for this group will be for families to share experiences and to support, encourage, guide and motivate each another.

The family reunification process should be implemented and monitored regularly, depending on the nature of the case. The reasons that led to the removal of the child, the readiness and willingness of the child to be reunified with the family, and the

progress that the family is making will determine the timeframe for family reunification. It should be a holistic and gradual process.

7.4.3.7. Step seven: Provisional transfer

During step seven, all the relevant role players review the family reunification process to determine if the goal and objectives outlined in the reunification services plan were achieved and whether the family is ready for reunification. The review should give due consideration to the views of the child. At times it might happen that the family is ready but the child is not ready. In such situations, measures should be put in place to further work with the child and prepare him or her for reunification. The foster parent plays a fundamental role in preparing a child for family reunification. At the same time, the social worker must support the foster parent to prepare for the transfer of the child.

Should all parties concerned be convinced that it is in the child's best interest to be reunified with the family member, the social worker compiles a provisional transfer report in terms of section 171(3) of the Children's Act 38 of 2005 and submits it to DSD. This report should indicate how the family reunification goals and objectives have been reached. It should also outline an exit strategy that has been agreed to by all parties concerned. Upon receipt of a provisional transfer order, the child can be provisionally transferred to the care of the family of origin for a period of six months pending discharge. The provisional transfer order should contain provisions and conditions of the placement.

During the six months, the social worker should monitor and supervise the placement on a monthly basis through conducting home visits, making phone calls to the child and the family, visiting the child's school, conducting office interviews and organising case conferences with all the parties concerned. Monitoring and supervising includes asking questions around the adjustment of the child to the family, school and neighbourhood. The entire family's adjustment to having the child around should also be assessed. The social worker should also regularly monitor the home circumstances of the family and check whether the child is in a clean, healthy, safe and supportive environment.

It is very important that the social worker writes process notes throughout the entire family reunification process. From time to time, the social worker should benchmark the progress of the family against the conditions on the provisional transfer order. The social worker should submit the file to the supervisor for supervision on a monthly basis. The role of the supervisor will be to support, guide, mentor, educate and monitor the social worker to ensure accountability to both the child and the family.

7.4.3.8. Step eight: Referral to support services

Should the social worker realise that the family or child is not adjusting adequately or lacking in some aspects, he or she should refer the child or family to support services within the community, for example, support groups, homework classes, counselling services, and youth groups.

To do justice to this task, the social worker should undertake an in-depth analysis of the community's strengths, weaknesses, opportunities, and threats (SWOT) and make a deliberate decision to maximise the strengths and opportunities that the community presents to the family. The SWOT analysis should also strive to minimise the weaknesses, risks and threats for the reunifying family, thus creating an environment more conducive for successful reunification.

7.4.3.9. Step nine: Termination

After a period of six months has passed, the social worker should review the provisional transfer and see whether the child and the family have successfully met the conditions set out in the provisional transfer order. Should the family meet the conditions, the social worker compiles a discharge report in terms of section 175 of the Children's Act 38 of 2005 and sends it to the DSD, who will then issue a discharge order. Upon receipt of the discharge order, the social worker should invite all the parties concerned, including the foster parent, and officially discharge the child from the child protection system. This session is meant to be a reflection session where all parties do an in-depth self-reflection and self-introspection. At this juncture, the social

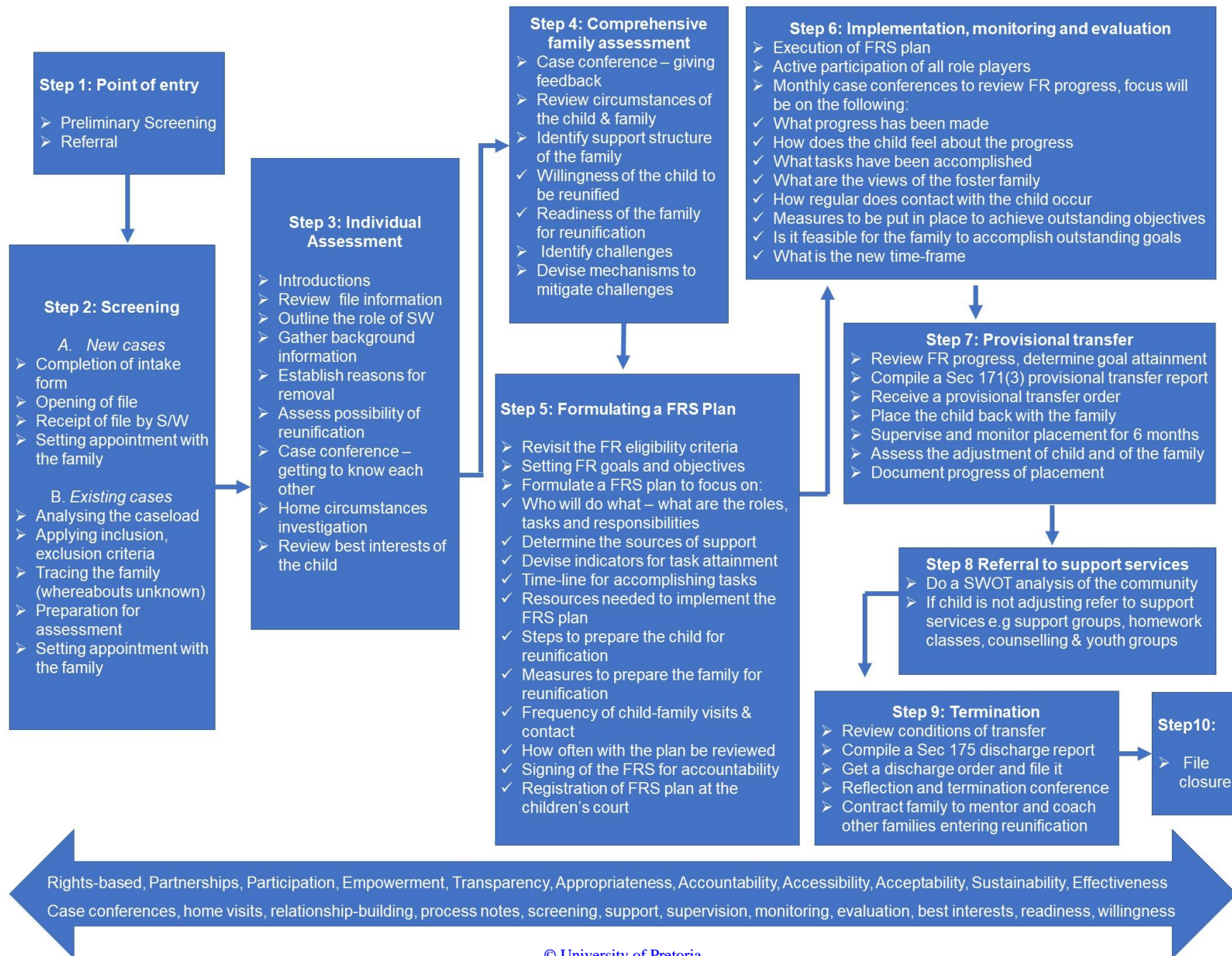
worker should inform all the parties concerned that no further social work supervision and monitoring services will be conducted. However, in the event that the child or family needs any services at some point in future, they should contact the social worker, who will accordingly refer them to suitable services. The social worker should also encourage the child and foster parent to continue contacting each other. The child protection organisation can then approach the family to hear if they can provide mentoring and coaching services to other families starting the process of family reunification.

7.4.3.10. Step ten: Case-file closure

The social worker should file a copy of the termination report and of the discharge order. He or she then writes a file closure report and submits the file to the supervisor, who will officially close the file and send it to the organisation's registry department for safe keeping.

The above-mentioned steps, principles and components of family reunification are schematically presented in the figure below.

Figure 7.1: The process of family reunification



7.5. REFLECTIONS ON THE MODEL

The holistic family reunification services model was presented during a virtual seminar to nine social workers who were also participants in the study. Seventeen participants were invited from three child protection organisations, namely Johannesburg Child Welfare; Christelike Maatskaplike Raad and Child Welfare Tshwane. Of the 17 participants that were invited to the seminar, 14 confirmed attendance, while three did not respond to the invitation. Nine participants joined the seminar, whereas five experienced internet connectivity challenges due to electricity load-shedding and could not join the virtual seminar.

Overall, the comments reflect that the social workers welcome the proposed holistic family reunification services model as comprehensive and feasible because the model includes all the relevant components to ensure that family reunification practitioners render comprehensive family reunification services. The participants agreed that only by implementing and evaluating the proposed model in practice, could changes or additions be suggested to confirm the model as relevant and adaptable to local family contexts. As social workers in practice, they responded to the model from the broader framework of child protection services, as reflected in the following summary of their comments:

- Family reunification services start with the removal of the child. Family reunification prospects should be negotiated with the biological family right from the removal of the child from their care.
- Family reunification cannot be successful without linking it to the services rendered at the point of child removal. Therefore, social workers should not just remove children and then forget about the services they should render to the biological parents. The suggestion is that family reunification services must be integrated in the overall integrated service plan of the DSD.
- Relationship building activities between key role players, including between foster care parents and biological parents, between the child in foster care and his or her biological parents and family of origin, and between social workers involved in service rendering, are key in family reunification.

- Therapeutic services should be rendered to all parties concerned. Therapy is important for detachment, attachment, and maintaining relationships in different contexts. Therapy should prepare the child for reunification; it should also enable foster parents to accept the return of the child to the biological parents. In addition, therapy should empower biological parents to adjust to the new responsibilities of looking after the child.
- The views and best interests of the child should be paramount in making decisions on family reunification. At times, the circumstances of the biological parents might have improved but the child might not be willing to be reunited with them. Children are often caught up between having a better life and resources to thrive at a foster care home and knowing that it may be lost when going back to the biological family. In such situations, the child should be allowed to continue staying in alternative care. This emphasises the importance of having an ongoing debate on what is in the best interest of the child.
- Social workers should conscientise foster parents not to alienate the biological parents. Likewise, biological parents must be prepared to understand and appreciate the foster parents' role in the family reunification plan.
- The success of family reunification depends on screening the most suitable foster parents who will cooperate with both biological parents and social workers.
- The child should regularly visit the family of origin to remain connected to his or her background, culture, traditions, language and religion.
- The proposed model emphasises the need to train social workers in rendering family reunification services.
- The best way to take the proposed holistic family reunification model forward, is for DSD to adopt the model as part of the integrated service delivery framework.

The researcher agrees that reunification starts with removal of a child. However, the study focused on a family reunification services model and hence the model does not refer to removal of a child but starts with the reunification process itself. In principle, family reunification has to be integrated with child removal services, as reflected in the abovementioned comment.

The other comments reflect sentiments that are included in the proposed holistic family reunification services model, while specific reiterations from participants have been integrated in the recommendations below.

7.6. RECOMMENDATIONS

This section presents the recommendations of the study. Recommendations for implementation of the proposed holistic family reunification services model are presented first, followed by recommendations for social policy, social work education and practice. Recommendations for further research are presented last.

7.6.1. Recommendations for implementation of the model

The implementation of a holistic family reunification services model requires well thought through institutional and infrastructural arrangements. As such, the following recommendations are made.

➤ National level

The National DSD, as the custodian of child and family welfare, should play a leading role in facilitating the establishment of family reunification programmes at a national level and in ensuring that the implementation process is carried out by all provinces. National DSD should take the lead in developing indicators for the monitoring and evaluation of family reunification services, in consultation with the provincial departments, regional departments, civil society and child protection organisations. Furthermore, National DSD should facilitate integration of family reunifications services in the integrated service delivery framework.

➤ Provincial level

The provincial DSD should be responsible for facilitating the implementation of reunification services at regional level, in partnerships with other relevant stakeholders. The provincial departments should avail resources necessary for the

effective implementation of family reunification services by regional DSD offices and child protection organisations. Moreover, it should organise in-service training workshops on how to render family reunification services using the holistic family reunification service model. In addition, the provincial DSD should monitor and evaluate the implementation of family reunification services at regional level and provide feedback to National DSD.

➤ **Regional level**

The regional offices of DSD should ensure the implementation of family reunification services at grassroots level jointly with the child protection organisations. Families and communities should be educated and empowered about the critical role they play in family reunification. Regional DSD offices should provide regular feedback to the provincial departments for monitoring and planning purposes, through the submission of monthly family reunification statistics.

7.6.2. Recommendations for social policy, social work education and practice

The researcher makes the following recommendations for social policy, social work education and practice:

- The DSD should incorporate concepts from the holistic family reunification services model into the Third Child Amendment Bill, which is currently in the consultative phase.
- The South African Council for Social Services Professions should encourage service providers to develop continuous professional development courses aimed at empowering social workers to render family reunification services, based on the proposed holistic family reunification services model.
- Academic institutions involved in training of social workers in South Africa should incorporate the holistic family reunification services model into the social work curriculum and create opportunities for students in field placements to experience family reunification services in practice. In

addition, academic institutions should encourage research and engagement of academics and students in influencing family reunification policies.

- Practicing family reunification social workers should in principle adopt a holistic family reunification services model and adapt it to their implementation of family reunification services to children in alternative care.

7.6.3. Recommendations for further research

Further research in the field of study is recommended as follows:

- The best interest of the child in relation to family reunification services should be redefined. This includes further theorising the proposed holistic family reunification model in relation to possible variations that serve the best interest of the child. For example: What role could a united foster care and biological parents model play in collectively working in the best interest of the child? How could “family reunification” be implemented without the child necessarily being geographically reunited with biological parents? Alternatively, what role could foster parents continue to play in a foster child’s life while the child is reunited with the biological parents?
- In line with the D&D intervention research model, further studies should be conducted in order to attend to the remaining three phases of the six phased process of D&D intervention research as outlined by Rothman and Thomas (1994):
 - DSD should implement early development and pilot testing of the holistic family reunification model.
 - Based on the results of the pilot testing, DSD should adapt and adopt the holistic family reunification model. The department could engage in a longitudinal study with family reunification service organisations to implement and evaluate the model for further refinement in the local context.

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APPENDICES

Appendix 1: Permission letter from Johannesburg Child Welfare



22 June 2016

Department of Social Work and Criminology
University of Pretoria
Hatfield, Pretoria

Attention: Mr S. Sibanda

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

Your email dated 06/06/2016 refers. The Management of Jo'burg Child Welfare is pleased to inform you that permission has been granted for you to interview social workers in our organisation by means of semi-structured one-on-one interviews and online questionnaires (survey).

We further note that the goal of the study is to develop a holistic family reunification services model for children in alternative care.

In order not to inconvenience the organisation and the participants in terms of time, the organisation has granted your request to use our offices for one-on-one interviews. We further acknowledge that information regarding date, time and venue will be conveyed to participants closer to the interview date.

Thank you for selecting our organisation as one of your research sites. We hope that the study will go a long way in addressing challenges faced by social workers in rendering family reunification services.

Please let us know when you are ready to start your study and please forward me the acknowledgement that your study has been accepted by the University's Ethics Committee.

I trust that you will find this in order.

Yours faithfully,

Mrs Carol Bews
Assistant Director
Tel: 0112988500
Email: carol@jhbchildwelfare.org.za

Caring for our children

Postal Address: P O Box 62606, Marshalltown, 2107 · Address: 1st Floor, Edura House, 41 Fox Street, Johannesburg · Tel: 011 298 8500
Fax: 011 298 8590 · E-mail: director@jhbchildwelfare.org.za · funds@jhbchildwelfare.org.za · Website: www.jhbchildwelfare.org.za
Registered in terms of the Non-Profit Organisations ACT 71 of 1997 – Registration No.: 000-566

Appendix 2: Permission letter from Germiston Child Welfare



Together.....Protecting Children

Tel: 011-825 3655 | Fax: 011-825 5292 | info@childwelfaregermiston.org.za | 28 Kinross street, Germiston, 1400 | P.O Box 305, Germiston

Department of Social Work and Criminology
University of Pretoria
Hatfield, Pretoria

3 July 2016

Attention: Mr S. Sibanda

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

Your email dated 06/06/2016 refers. The management of Child Welfare Germiston is pleased to inform you that permission has been granted for you to interview social workers in our Organisation, by means of semi-structured one-on-one interviews and by means of an online questionnaire (survey).

We further take note that the goal of the study is to develop a holistic family reunification services model for children in alternative care.

So as not to inconvenience the Organisation and the participants in terms of time, the Organisation has granted your request to use our offices for one-on-one interviews. We further acknowledge that information regarding date, time and venue will be conveyed to participants closer to the interview date.

Thank you for selecting our Organisation as one of your research sites. We hope that the study will go a long way in addressing challenges faced by social workers in rendering family reunification services. We would however request that as part of our participation we be granted access and an electronic copy of your final paper and outcome of your research as well as to allow us to implement any recommendations made.

Let us know when you are ready to start your study.

I trust that you will find this in order.

Regards



Mrs. Barbara Bower

Director

Email: bbouwer@childwelfaregermiston.org.za

Appendix 3: Permission letter from Child Welfare Tshwane



Child Welfare Tshwane

72 Oates Street
Groenkloof
PO Box 503
Pretoria 0001

Tel: 012 460 9236/7 & 460 6375/6
Fax: 012 460 6372

E-mail: info@childwelfare.co.za
www.childwelfare.co.za

Head Office
72 Oates Street
Groenkloof
Tel: 012 460 9236/7
Fax: 012 460 6372

22 June 2016

Risk Assessment
Intakes
Tel: 012 343 9392
Fax: 012 343 8788

ATTENTION: MR S SIBANDA

Risk Assessment
Therapy Unit
Tel: 012 460 9236
Fax: 012 460 6372

Department of Social Work and Criminology
University of Pretoria
Hatfield
PRETORIA
0002

Adoptions
Tel: 012 460 6375/6
Fax: 012 460 6372

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

Atteridgeville
Tel: 012 373 8131
Fax: 012 373 8306

Your email dated 6 June 2016 refers.

Bramley
Children's Home
Tel: 012 460 6375/6
Fax: 012 460 6372

The management of Child Welfare Tshwane is pleased to inform you that permission has been granted for you to interview social workers in our organisation, by means of semi-structured one-on-one interviews and by means of an online questionnaire (survey).

Centurion
Tel: 0861 298 298
Fax: 012 343 8788

We further take note that the goal of the study is to develop a holistic family reunification services model for children in alternative care.

Olievenhoutbosch
Tel: 072 385 1030

So as not to inconvenience the organisation and the participants in terms of time, the organisation has granted your request to use our offices for one-on-one interviews. We further acknowledge that information regarding date, time and venue will be conveyed to participants closer to the interview date.

Eersterust
Tel: 079 246 1149
Fax: 012 460 6375

Elandspoor
Tel: 012 754 5981/2

Thank you for selecting our organisation as one of your research sites. We hope that the study will go a long way in addressing challenges faced by social workers in rendering family reunification services.

Mamelodi
Tel: 012 805 4056/7
Fax: 012 805 4997

Let us know when you are ready to start your study.

Mid City
Tel: 012 343 9392
Fax: 012 343 8788

I trust that you will find this in order.

Affiliated to
Child Welfare
South Africa

Yours faithfully

Winnie Moshupje
Social Work Manager



Chairperson Celest Van Niekerk • Deputy Chairperson Crystal Theron
Director Linda Nell

Unlocking the potential of vulnerable children and families

Appendix 4: Permission letter from Christelike Maatskaplike Raad



CMR MOOT

(012) 331 3644 Ben Swart 688 RIETFontein 0084 Faks 086 524 4591
E: moot@cmrn.co.za Web: www.cmrn.co.za NPO Reg nr. 001-636

GAUTENG

Child Centre
T: 012 333 0421
Child Protection Centre
T: 012 386 1049
Daspoort
T: 012 379 5860
Derdepoort
T: 012 800 4866
Moot
T: 012 331 3644
Roodeplaat
T: 012 808 1455
Soshanguve
T: 012 799 3887
Valhalla
T: 012 660 2366
Wonderboom
T: 012 567 4551
Pretoria-North
T: 012 546 0650
Pretoria-West
T: 012 386 1049
PRETORIA CENTRAL
VOS Community Centre
T: 012 341 2318
Lynnwood
T: 012 348 0003

LIMPOPO

Louis Trichardt
T: 015 516 5115
Messina (Musina)
T: 015 534 0245
Warmbad (Bela-Bela)
T: 014 736 2557

NORTH WEST

Brits
T: 012 252 3207
Rustenburg
T: 014 592 0455

Department of Social Work and Criminology

University of Pretoria

Hatfield, Pretoria

28/06/2016

Attention: Mr S. Sibanda

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

Your email dated 06/06/2016 refers; the management of CMR is pleased to inform you that permission has been granted for you to interview social workers in our organisation, by means of semi-structured one-on-one interviews and by means of an online questionnaire (survey).

We further take note that the goal of the study is to develop a holistic family reunification services model for children in alternative care.

So as not to inconvenience the organisation and the participants in terms of time, the organisation has granted your request to use our offices for one-on-one interviews. We further acknowledge that information regarding date, time and venue will be conveyed to participants closer to the interview date.

Thank you for selecting our organisation as one of your research sites. We hope that the study will go a long way in addressing challenges faced by social workers in rendering family reunification services.

Kindly inform when you are ready to start your study.

I trust that you will find this in order.

Yours faithfully,

Mrs Ronel Aylward

Manager

Tel: 0124408854

Email: ronelaylward@yahoo.com



Appendix 5: Permission letter from Vereeniging Child Welfare



Department of Social Work and Criminology
University of Pretoria
Hatfield, Pretoria
13/06/2016
Attention: Mr S. Sibanda

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

Your email dated 06/06/2016 refers; the management of Vereeniging Child Welfare is pleased to inform you that permission has been granted for you to interview 2 social workers in our organisation, by means of semistructured oneonone interviews and 6 social workers by means of an online questionnaire (survey).

We further take note that the goal of the study is to develop a holistic family reunification services model for children in alternative care.

So as not to inconvenience the organisation and the participants in terms of time, the organisation has granted your request to use our offices for oneonone interviews. We further acknowledge that information regarding date, time and venue will be conveyed to participants closer to the interview date.

Thank you for selecting our organisation as one of your research sites.

We hope that the study will go a long way in addressing challenges faced by social workers in rendering family reunification services.

Let us know when you are ready to start your study.

I trust that you will find this in order.

Yours faithfully,

.....
Mr Johannes Martinson
National Area Manager
Tel: 016 4221 046

Email: johan.childwelfare@gmail.com

Appendix 6: Ethical clearance letter



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

30 September 2016

Dear Prof Lombard

Project: A holistic family reunification services model for children in alternative care
Researcher: S Sibanda
Supervisor: Prof A Lombard
Department: Social Work and Criminology
Reference number: 11256992 (20160932HS)

Thank you for the **well written** application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** on 29 September 2016. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:tracey.andrew@up.ac.za

Appendix 7: Letter of informed consent



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work and Criminology

30/08/2016

Researcher: Sipho Sibanda
Mobile: 078 504 8764
Tel: 012 420 4847
Email: sipho.sibanda@up.ac.za

Letter of informed consent for participants (social workers)

Title of the study: A holistic family reunification services model for children in alternative care.

Goal of the study: The goal of the study is to develop a holistic family reunification services model for children in alternative care.

Procedures: I understand that I will be invited to participate in a one on one interview regarding the rendering of family reunification services and the subsequent development of a holistic family reunification services model for children in alternative care. I am aware that I will be advised of the day, time and venue of the interview. I understand that the interview would be recorded and give full consent to the researcher to do so.

Risks and discomforts: I take note that there are no foreseen risks and discomfort involved in participating in the study. However, I understand that this research will remind me of the practical realities and challenges in rendering family reunification services to children in alternative care.

Benefits: I understand that the researcher will not offer me any incentives for being involved in the study.

Room 6, Level 13, Humanities Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 4847
Email sipho.sibanda@up.ac.za
www.up.ac.za

Fakulteit Geesteswetenskappe
Departement Maatskaplike Werk en Kriminologie
Lefapha la Bomotho
Kgoro ya Modiro wa Leago le Bosenyi

Participants' rights: I am fully aware that participation in this study is voluntary and that I may withdraw my participation from the study at any time if I so wish, without negative consequences.

Confidentiality: Information shared during the interview will be treated with confidence. I will not divulge information from the interview to anybody else and I undertake to prevent inadvertent disclosure of confidential information.

Dissemination of research results: I understand that the researcher will compile a research report to be submitted to the University of Pretoria for academic purposes. I further note that the researcher will disseminate the research findings to the organisation which I am employed with. I also take note that the research findings will be used for conference presentations and publications in accredited journals.

Storage of research data: I am fully aware that research data will be stored at the University of Pretoria for a minimum period of 15 years. I am also aware that the research data may be used for further research purposes.

By signing this letter of consent, I confirm that I have read and clearly understood its contents. I understand that I do not give up any legal right by signing this letter of informed consent.

.....
Participant (Print name)	Participant's Signature	Date
.....
Researcher (Print name)	Researcher's Signature	Date

Appendix 8: Semi-structured Interview schedule (social workers)

Semi-structured Interview Schedule Social Workers

Goal of study:

The goal of the study is to develop a holistic family reunification services model for children in alternative care.

Biographical details:

Please provide the following details:

1. Gender:

Male		Female		Other	
------	--	--------	--	-------	--

2. Age group:

22-27		28-33		34-39		40-45		46-51		52-57		58+	
-------	--	-------	--	-------	--	-------	--	-------	--	-------	--	-----	--

3. Racial group:

White		Black		Coloured		Asian	
-------	--	-------	--	----------	--	-------	--

4. Racial groups served:

White		Black		Coloured		Asian	
-------	--	-------	--	----------	--	-------	--

5. How many years of social work experience do you have in family reunification services?

6. How many years have you been employed at your current child protection organisation as a social worker?

7. How long have you been implementing family reunification services as mandated in the Children's Act 38 of 2005?

8. Were you involved in the implementation of family reunification services using the Child Care Act 74 of 1983?

Yes		No	
-----	--	----	--

If yes, how many years?

Interview questions:

1. How do you render family reunification services in the NGO that you are working in?
2. What challenges do you encounter in rendering family reunification services to children in alternative care?
3. How do these challenges affect the rendering of family reunification services to children in alternative care?
4. In your view, what should be done to address the challenges you encounter in rendering family reunification services to children in alternative care?
5. What is your view on family reunification services for children in alternative care being a human rights issue?
6. What from your own experience do you regard as a successful family reunification case? Why do you say so? How long does it take you to reunify a child with the family of origin?
7. Do you have cases where family reunification is not a possibility? If so, elaborate on such cases.
8. How would you know that a family is making progress towards successful family reunification?
9. If you were to develop a holistic family reunification services model for children in alternative care, what would you say should be the components of that model?
10. What obstacles do you foresee deterring your capacity to render holistic family reunification services that you have outlined earlier?
11. What measures should be put in place to ensure that you render holistic family reunification services to children in alternative care?
12. Is there anything else that you feel I should know about family reunification services that could assist me in developing an envisaged holistic family reunification services model for children in alternative care?

Appendix 9: Questionnaire on family reunification services (social workers)

<p style="text-align: right; margin-bottom: 0;">Questionnaire Number <input style="width: 50px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-top: 20px;">QUESTIONNAIRE ON FAMILY REUNIFICATION SERVICES (SOCIAL WORKERS)</p> <p>GOAL OF STUDY:</p> <p>The goal of the study is to develop a holistic family reunification services model for children in alternative care.</p> <p><i>Please answer all questions honestly and to the best of your ability. It will take approximately 20 to 30 minutes of your time to complete the questionnaire.</i></p> <hr/> <p>SECTION A - Biographical details of social workers</p> <p><i>Please answer all questions in this section by ticking (✓) the appropriate box.</i></p> <p>1. Gender: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Other</p> <p>2. How old are you?.....years</p> <p>3. Racial group:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 1.White <input type="checkbox"/> 2.Black <input type="checkbox"/> 3.Coloured <input type="checkbox"/> 4.Asian</p> <p>4. Racial groups served:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 1.White <input type="checkbox"/> 2.Black <input type="checkbox"/> 3.Coloured <input type="checkbox"/> 4.Asian</p> <p>5. In which city / town is your organisation based?</p> <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <tr><td style="width: 20px;">1.</td><td>Pretoria</td><td style="width: 40px;"></td></tr> <tr><td>2.</td><td>Johannesburg</td><td></td></tr> <tr><td>3.</td><td>Germiston</td><td></td></tr> <tr><td>4.</td><td>Vereeniging</td><td></td></tr> </table> <p>6. What type of areas do you render services to? <i>Please tick all applicable</i></p> <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <tr><td style="width: 20px;">1.</td><td>City centre</td><td style="width: 40px;"></td></tr> <tr><td>2.</td><td>Low density suburb</td><td></td></tr> <tr><td>3.</td><td>Medium density suburb</td><td></td></tr> <tr><td>4.</td><td>Township</td><td></td></tr> </table>	1.	Pretoria		2.	Johannesburg		3.	Germiston		4.	Vereeniging		1.	City centre		2.	Low density suburb		3.	Medium density suburb		4.	Township		<p><i>For office use only</i></p> <p style="margin-top: 20px;">A.1 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A.2 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A.3 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A.4 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A.5 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>A.6 <input style="width: 40px; height: 20px;" type="checkbox"/></p>
1.	Pretoria																								
2.	Johannesburg																								
3.	Germiston																								
4.	Vereeniging																								
1.	City centre																								
2.	Low density suburb																								
3.	Medium density suburb																								
4.	Township																								

5.	Informal settlement		
6.	Farming area		
7.	Semi-urban area		

7. How many years of social work experience do you have in family reunification services?

A.7

8. How many years have you been employed at your current organisation as a social worker?

A.8

9. What is the total number of your case-load in terms of files?

A.9

10. How many times per month do you conduct home visits?

A.10

11. How many times per month do you organise family conferences?

A.11

12. In the previous year, how many children did you reunify with their families?

A.12

13. Do you have access to the following resources? *Please tick all applicable*

A.13

		Yes	No
1.	Car		
2.	Taxi / bus fare		
3.	Telephone		
4.	Computers		
5.	Fax machines		

14. Indicate the family reunification services that you render in the organisation that you are working for. *Please tick all applicable*

A.14

	Yes	No
14.1. Tracing of biological families		
14.2. Poverty reduction services		
14.3. Therapy, counselling and psychosocial support services		
14.4. Provision of parenting skills		
14.5. Referral to specialised organisations		
14.6. Facilitation of access visits (for children and biological parents)		
14.7. Family conferencing / meetings		
14.8. Mediation services for biological parents		
14.9. Preparing the child for reunification		
14.10. Other services (<i>Please indicate</i>)		

SECTION B – Principles of a family reunification services model

B. Indicate on a scale of 1 to 5 the principles that should guide family reunification services to children in alternative care.

Principles of rendering of family reunification services	1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly agree
B.1. Active participation of all role players					
B.2. Considering the views of the child					
B.3. Empowerment of service users					
B.4. Interventions that are locally relevant					
B.5. Transparency of the family reunification process					
B.6. Accountability of all stakeholders					
B.7. Accessibility of services					
B.8. Cultural competency of the social worker					
B.9. Other principles (<i>Please indicate</i>)					

B.1

B.2

B.3

B.4

B.5

B.6

B.7

B.8

B.9

SECTION C – Requirements for holistic family reunification

C. Indicate on a scale of 1 to 5 the extent to which you agree with what is required to render holistic family reunification services.

What is required to render holistic family reunification services	1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly agree
C.1. Social workers that are specifically trained on family reunification services					
C.2. Social workers being able to work with families from					

C.1

C.2

different cultures								
C.3. Refresher training for foster parents on their role in family reunification								C.3 <input type="checkbox"/>
C.4. Synergy between social work interventions of the involved social workers								C.4 <input type="checkbox"/>
C.5. Social workers and biological parents having mutually agreed plans to address reasons for removal of the child								C.5 <input type="checkbox"/>
C.6. Social workers submitting a yearly family reunification services report to the children's court								C.6 <input type="checkbox"/>
C.7. Introducing a court-monitored family reunification services' order at the finalisation of the children's court enquiry								C.7 <input type="checkbox"/>
C.8. Having adequate vehicles for social workers to render family reunification services								C.8 <input type="checkbox"/>
C.9. Seeking views / input / opinion from the child on his or her willingness to be reunified with a family of origin								C.9 <input type="checkbox"/>
C.10. Conducting monthly visits to the child and the parents to assess readiness for reunification								C.10 <input type="checkbox"/>
C.11. An active role for the school and community in protecting and caring for the child								C.11 <input type="checkbox"/>
C.12. Social workers keeping proper records of the family reunification process								C.12 <input type="checkbox"/>
C.13. Other suggestions for rendering holistic family reunification services (<i>Please specify</i>)								C.13 <input type="checkbox"/>

SECTION D – Programmes applicable to family reunification

D. Indicate on a scale of 1 to 5 the applicability of the following programmes to family reunification.

Programmes applicable to family reunification	1. Not at all applicable	2. Slightly applicable	3. Neutral	4. Applicable	5. Highly applicable	
D.1. Programmes aimed at tracing biological parents						D.1 <input type="checkbox"/>
D.2. Poverty reduction programmes						D.2 <input type="checkbox"/>

D.3. Therapy, counselling and psychosocial support programmes						D.3	<input type="checkbox"/>
D.4. Skills development programmes (for employment and self-employment)						D.4	<input type="checkbox"/>
D.5. Capacity building and human development programmes						D.5	<input type="checkbox"/>
D.6. Parenting skills programmes						D.6	<input type="checkbox"/>
D.7. Programmes aimed at building relationships between children and biological parents						D.7	<input type="checkbox"/>
D.8. Alcohol and drug abuse programmes						D.8	<input type="checkbox"/>
D.9. Programmes aimed at building a relationship between biological parents and foster parents						D.9	<input type="checkbox"/>
D.10. Out of care transition programmes						D.10	<input type="checkbox"/>
D.11. Other programmes (<i>Please indicate</i>)						D.11	<input type="checkbox"/>

SECTION E – Components of a holistic family reunification services model

E. If you were to develop a holistic family reunification services model for children in alternative care, what would you say on a scale of 1-5 should be the components of such a holistic model?

Components of a holistic family reunification services model	1.Strongly disagree	2.Disagree	3.Neutral	4.Agree	5.Strongly agree		
E.1. Involvement of significant others in the family reunification process						E.1	<input type="checkbox"/>
E.2. It should be embedded in a rights-based approach						E.2	<input type="checkbox"/>
E.3. Guidelines for the role of a family reunification social worker						E.3	<input type="checkbox"/>
E.4. A reunification social worker that has strong support from the supervisor						E.4	<input type="checkbox"/>
E.5. Adherence to the best interests of the child standard						E.5	<input type="checkbox"/>

E.6. Adequately preparing all parties concerned for family reunification						E.6	<input type="checkbox"/>
E.7. Ensuring that family reunification is an on-going and holistic process						E.7	<input type="checkbox"/>
E.8. Strengthened partnerships between government departments and child protection organisations						E.8	<input type="checkbox"/>
E.9. Programmes that address the needs of the family e.g. parenting skills and poverty reduction						E.9	<input type="checkbox"/>
E.10. Strengthening the relationship between foster parents and biological families						E.10	<input type="checkbox"/>
E.11. Other components (<i>Please elaborate</i>)						E.11	<input type="checkbox"/>

SECTION F – Measures to ensure that social workers render holistic family reunification services

F. Which of the following statements on a scale of 1-5 represents your views regarding measures that should be put in place to ensure that social workers render holistic family reunification services?

Measures to ensure that social workers render holistic family reunification services	1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly agree	
F.1. Access to telephones, computers and fax machines for implementing family reunification services						F.1 <input type="checkbox"/>
F.2. A social work caseload of no more than 50 files						F.2 <input type="checkbox"/>
F.3. Committed social workers to the family reunification process based on monthly contact with the family						F.3 <input type="checkbox"/>
F.4. Ensure that social workers receive supervision once a month through the use of case allocation cards						F.4 <input type="checkbox"/>

F.5. Putting in place monitoring and evaluation tools to track progress towards family reunification according to agreed milestones						F.5	<input type="checkbox"/>
F.6. Involved extended family members in the family reunification process						F.6	<input type="checkbox"/>
F.7. Enforced accountability of social workers by introducing a yearly court monitored family reunification services plan						F.7	<input type="checkbox"/>
F.8. Trained social workers on family reunification services						F.8	<input type="checkbox"/>
F.9. Facilitate family conferencing and mediation services						F.9	<input type="checkbox"/>
F.10. Other measures (<i>Please describe</i>)						F.10	<input type="checkbox"/>

SECTION G – Successful and challenging family reunification cases

G.1. What in your view, on a scale of 1-5 contributes to successful family reunification cases?

Successful family reunification cases	1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly agree		
G.1.1. Parents who are willing and have the means to change their circumstances						G.1.1	<input type="checkbox"/>
G.1.2. Regular contact, visits and communication between all the parties involved (e.g. social workers, foster parents and biological parents)						G.1.2	<input type="checkbox"/>
G.1.3. Psycho-social support from the social workers (both foster care supervision and family reunification social workers)						G.1.3	<input type="checkbox"/>
G.1.4. Monthly visits from the social worker to support, guide and empower the family						G.1.4	<input type="checkbox"/>
G.1.5. The child actively participates in any matters						G.1.5	<input type="checkbox"/>

Appendix 10: Cronbach's alpha test for responses on the questionnaire

Internal Reliability per Section

RELIABILITY

/VARIABLES=B.1 B.2 B.3 B.4 B.5 B.6 B.7 B.8

/SCALE('Section B') ALL

/MODEL=ALPHA

/STATISTICS=DESCRIPTIVE

/SUMMARY=TOTAL.

Reliability

Scale: Section B

Case Processing Summary

		N	%
Cases	Valid	121	95.3
	Excluded ^a	6	4.7
	Total	127	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.897	8

Item Statistics

	Mean	Std. Deviation	N
B.1: Active participation of all role players	4.62	.819	121
B.2: Considering the views of the child	4.69	.659	121
B.3: Empowerment of service users	4.50	.732	121
B.4: Interventions that are locally relevant	4.46	.731	121
B.5: Transparency of the family reunification process	4.64	.805	121

B.6: Accountability of all stakeholders	4.65	.727	121
B.7: Accessibility of services	4.55	.785	121
B.8: Cultural competency of the social worker	4.40	.790	121

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
B.1: Active participation of all role players	31.89	16.397	.641	.888
B.2: Considering the views of the child	31.83	17.478	.619	.889
B.3: Empowerment of service users	32.02	16.383	.743	.878
B.4: Interventions that are locally relevant	32.05	16.564	.710	.881
B.5: Transparency of the family reunification process	31.87	15.316	.850	.866
B.6: Accountability of all stakeholders	31.86	16.472	.732	.879
B.7: Accessibility of services	31.96	15.757	.794	.872
B.8: Cultural competency of the social worker	32.12	18.137	.380	.912

RELIABILITY

/VARIABLES=C.1 C.2 C.3 C.4 C.5 C.6 C.7 C.8 C.9 C.10 C.11 C.12

/SCALE('Section C') ALL

/MODEL=ALPHA

/STATISTICS=DESCRIPTIVE

/SUMMARY=TOTAL.

Reliability

Scale: Section C

Case Processing Summary

		N	%
Cases	Valid	123	96.9
	Excluded ^a	4	3.1
	Total	127	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.860	12

Item Statistics

	Mean	Std. Deviation	N
C.1: What is required to render holistic family reunification services: Social workers that are specifically trained on family reunification services	4.20	1.000	123
C.2: Social workers being able to work with families from different cultures	4.63	.562	123
C.3: Refresher training for foster parents on their role in family reunification	4.69	.560	123
C.4: Synergy between social work interventions of the involved social workers	4.51	.619	123
C.5: Social workers and biological parents having mutually agreed plans to address reasons for removal of the child	4.50	.729	123
C.6: Social workers submitting a yearly family reunification services report to the children's court	4.07	1.026	123
C.7: Introducing a court-monitored family reunification services' order at the finalisation of the children's court enquiry	4.26	.876	123

C.8: Having adequate vehicles for social workers to render family reunification services	4.68	.669	123
C.9: Seeking views/ input/ opinion from the child on his or her willingness to be reunified with a family or origin	4.64	.679	123
C.10: Conducting monthly visits to the child and the parents to assess readiness for reunification	4.44	.831	123
C.11: An active role for the school and community in protecting and caring for the child	4.50	.762	123
C.12: Social workers keeping proper records of the family reunification process	4.77	.584	123

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
C.1: What is required to render holistic family reunification services: Social workers that are specifically trained on family reunification services	49.70	27.212	.419	.862
C.2: Social workers being able to work with families from different cultures	49.27	29.034	.533	.851
C.3: Refresher training for foster parents on their role in family reunification	49.21	29.184	.509	.852
C.4: Synergy between social work interventions of the involved social workers	49.39	28.519	.557	.849

C.5: Social workers and biological parents having mutually agreed plans to address reasons for removal of the child	49.41	28.112	.510	.851
C.6: Social workers submitting a yearly family reunification services report to the children's court	49.83	26.405	.486	.857
C.7: Introducing a court-monitored family reunification services' order at the finalisation of the children's court enquiry	49.64	26.412	.600	.845
C.8: Having adequate vehicles for social workers to render family reunification services	49.22	28.419	.521	.851
C.9: Seeking views/ input/ opinion from the child on his or her willingness to be reunified with a family or origin	49.26	28.260	.535	.850
C.10: Conducting monthly visits to the child and the parents to assess readiness for reunification	49.46	25.677	.738	.835
C.11: An active role for the school and community in protecting and caring for the child	49.41	27.292	.592	.846
C.12: Social workers keeping proper records of the family reunification process	49.13	28.163	.657	.844

RELIABILITY

/VARIABLES=D.1 D.2 D.3 D.4 D.5 D.6 D.7 D.8 D.9 D.10

/SCALE('Section D') ALL

/MODEL=ALPHA

/STATISTICS=DESCRIPTIVE

/SUMMARY=TOTAL.

Reliability

Scale: Section D

Case Processing Summary

		N	%
Cases	Valid	121	95.3
	Excluded ^a	6	4.7
	Total	127	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	
Alpha	N of Items
.875	10

Item Statistics

	Mean	Std. Deviation	N
D.1: Indicate on a scale of 1 to 5 the applicability of the following programmes to family reunification: Programmes aimed at tracing biological parents	4.30	.891	121
D.2: Poverty reduction programmes	4.17	.946	121
D.3: Therapy, counselling and psychosocial support programmes	4.65	.667	121
D.4: Skills development programmes (for employment and self-employment)	4.47	.797	121
D.5: Capacity building and human development programmes	4.45	.846	121
D.6: Parenting skills programmes	4.79	.446	121

D.7: Programmes aimed at building relationships between children and biological parents	4.75	.636	121
D.8: Alcohol and drug abuse programmes	4.52	.828	121
D.9: Programmes aimed at building a relationship between biological parents and foster parents	4.53	.807	121
D.10: Out of care transition programmes	4.23	.911	121

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D.1: Indicate on a scale of 1 to 5 the applicability of the following programmes to family reunification: Programmes aimed at tracing biological parents	40.57	24.997	.409	.879
D.2: Poverty reduction programmes	40.69	22.614	.658	.858
D.3: Therapy, counselling and psychosocial support programmes	40.21	24.737	.640	.861
D.4: Skills development programmes (for employment and self-employment)	40.40	24.008	.614	.862
D.5: Capacity building and human development programmes	40.42	22.929	.714	.853
D.6: Parenting skills programmes	40.07	26.303	.641	.866
D.7: Programmes aimed at building relationships between children and biological parents	40.12	25.170	.604	.864

D.8: Alcohol and drug abuse programmes	40.35	23.762	.618	.861
D.9: Programmes aimed at building a relationship between biological parents and foster parents	40.34	24.226	.573	.865
D.10: Out of care transition programmes	40.64	22.967	.646	.859

RELIABILITY

/VARIABLES=E.1 E.2 E.3 E.4 E.5 E.6 E.7 E.8 E.9 E.10

/SCALE('Section E') ALL

/MODEL=ALPHA

/STATISTICS=DESCRIPTIVE

/SUMMARY=TOTAL.

Reliability

Scale: Section E

Case Processing Summary

		N	%
Cases	Valid	123	96.9
	Excluded ^a	4	3.1
	Total	127	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.868	10

Item Statistics

	Mean	Std. Deviation	N
E.1: Components of a holistic family reunifications services model: Involvement of significant others in the family reunification process	4.63	.564	123

E.2: It should be embedded in a rights-based approach	4.37	.716	123
E.3: Guidelines for the role of a family reunification social worker	4.62	.566	123
E.4: A reunification social worker that has strong support from the supervisor	4.73	.529	123
E.5: Adherence to the best interests of the child standard	4.85	.418	123
E.6: Adequately preparing all parties concerned for family reunification	4.77	.440	123
E.7: Ensuring that family reunification is an on-going and holistic process	4.71	.474	123
E.8: Strengthened partnerships between government departments and child protection organisations	4.61	.648	123
E.9: Programmes that address the needs of the family e/g parenting skills and poverty reduction	4.71	.569	123
E.10: Strengthening the relationship between foster parents and biological families	4.59	.756	123

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
E.1: Components of a holistic family reunifications services model: Involvement of significant others in the family reunification process	41.96	13.187	.433	.867
E.2: It should be embedded in a rights-based approach	42.22	12.386	.472	.868

E.3: Guidelines for the role of a family reunification social worker	41.97	12.409	.640	.851
E.4: A reunification social worker that has strong support from the supervisor	41.85	12.946	.539	.859
E.5: Adherence to the best interests of the child standard	41.73	13.329	.580	.858
E.6: Adequately preparing all parties concerned for family reunification	41.81	12.875	.700	.850
E.7: Ensuring that family reunification is an on-going and holistic process	41.88	12.633	.717	.848
E.8: Strengthened partnerships between government departments and child protection organisations	41.98	12.172	.594	.855
E.9: Programmes that address the needs of the family e/g parenting skills and poverty reduction	41.88	12.272	.673	.849
E.10: Strengthening the relationship between foster parents and biological families	41.99	11.352	.659	.851

RELIABILITY

```

/VARIABLES=F.1 F.2 F.3 F.4 F.5 F.6 F.7 F.8 F.9
/SCALE('Section F') ALL
/MODEL=ALPHA
/STATISTICS=DESCRIPTIVE
/SUMMARY=TOTAL.

```

Reliability

Scale: Section F

Case Processing Summary

		N	%
Cases	Valid	120	94.5
	Excluded ^a	7	5.5

Total	127	100.0
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a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.819	9

Item Statistics

	Mean	Std. Deviation	N
F.1: Access to telephones, computers and fax machines	4.72	.565	120
F.2: A social work caseload of no more than 50 files	4.54	.897	120
F.3: Committed social workers to the family reunification process based on monthly contact with the family	4.58	.681	120
F.4: Ensure that social workers receive supervision once a month through the use of case allocation cards	4.60	.679	120
F.5: Putting in place monitoring and evaluation tools to track progress towards family reunification according to agreed milestones	4.59	.601	120
F.6: Involved extended family members in the family reunification process	4.58	.656	120
F.7: Enforced accountability of social workers by introducing a yearly court monitored family reunification services plan	4.18	.876	120
F.8: Trained social workers on family reunification services	4.54	.721	120

F.9: Facilitate family conferencing and mediation services	4.61	.612	120
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Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
F.1: Access to telephones, computers and fax machines	36.22	14.814	.330	.820
F.2: A social work caseload of no more than 50 files	36.41	13.034	.421	.819
F.3: Committed social workers to the family reunification process based on monthly contact with the family	36.37	12.722	.697	.780
F.4: Ensure that social workers receive supervision once a month through the use of case allocation cards	36.35	13.893	.438	.811
F.5: Putting in place monitoring and evaluation tools to track progress towards family reunification according to agreed milestones	36.36	13.324	.657	.788
F.6: Involved extended family members in the family reunification process	36.37	14.100	.414	.813
F.7: Enforced accountability of social workers by introducing a yearly court monitored family reunification services plan	36.78	12.260	.577	.795
F.8: Trained social workers on family reunification services	36.41	12.966	.594	.792
F.9: Facilitate family conferencing and mediation services	36.34	13.370	.631	.790

RELIABILITY

/VARIABLES=G.1.1 G.1.2 G.1.3 G.1.4 G.1.5 G.1.6 G.1.7
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 /MODEL=ALPHA
 /STATISTICS=DESCRIPTIVE
 /SUMMARY=TOTAL.

Reliability

Scale: Section G1

Case Processing Summary

		N	%
Cases	Valid	10	7.9
	Excluded ^a	117	92.1
	Total	127	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.929	7

Item Statistics

	Mean	Std. Deviation	N
G.1.1: What in your view contributes to successful family reunification cases: Parents who are willing and have the means to change their circumstances	4.50	.850	10
G.1.2: Regular contact, visits and communication between all the parties involved	4.70	.675	10
G.1.3: Psycho-social support from the social workers	4.60	.843	10
G.1.4: Monthly visits from the social worker to support guide and empower the family	4.50	.527	10

G.1.5: The child actively participates in any matters that concern him or her	4.70	.483	10
G.1.6: Clear roles, responsibilities and expectations	4.90	.316	10
G.1.7: Other factors	4.80	.422	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
G.1.1: What in your view contributes to successful family reunification cases: Parents who are willing and have the means to change their circumstances	28.20	8.178	.869	.913
G.1.2: Regular contact, visits and communication between all the parties involved	28.00	8.889	.939	.900
G.1.3: Psycho-social support from the social workers	28.10	7.878	.958	.900
G.1.4: Monthly visits from the social worker to support guide and empower the family	28.20	11.067	.507	.940
G.1.5: The child actively participates in any matters that concern him or her	28.00	10.444	.783	.919
G.1.6: Clear roles, responsibilities and expectations	27.80	11.511	.704	.931
G.1.7: Other factors	27.90	10.322	.968	.909

RELIABILITY

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/VARIABLES=G.2.1 G.2.2 G.2.3 G.2.4 G.2.5 G.2.6 G.2.7
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/MODEL=ALPHA
/STATISTICS=DESCRIPTIVE
/SUMMARY=TOTAL.

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Reliability

Scale: Section G2

Case Processing Summary

		N	%
Cases	Valid	122	96.1
	Excluded ^a	5	3.9
	Total	127	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	
Alpha	N of Items
.873	7

Item Statistics

	Mean	Std. Deviation	N
G.2.1: In what circumstances would family reunification be challenging: Whereabouts of biological parents are unknown	4.69	.618	122
G.2.2: Biological parents are abusing substances	4.56	.630	122
G.2.3: Unsuitable home environment	4.41	.811	122
G.2.4: Cases of sexual abuse	4.64	.705	122
G.2.5: Cases of physical abuse	4.52	.730	122
G.2.6: Biological parents have psychiatric conditions	4.55	.794	122
G.2.7: Step-parents are not accommodating the child	4.47	.729	122

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
G.2.1: In what circumstances would family reunification be challenging: Whereabouts of biological parents are unknown	27.14	12.022	.464	.876
G.2.2: Biological parents are abusing substances	27.27	10.860	.754	.843
G.2.3: Unsuitable home environment	27.42	10.262	.669	.853
G.2.4: Cases of sexual abuse	27.19	10.700	.693	.849
G.2.5: Cases of physical abuse	27.31	10.382	.739	.842
G.2.6: Biological parents have psychiatric conditions	27.28	10.798	.568	.867
G.2.7: Step-parents are not accommodating the child	27.36	10.563	.695	.848

Appendix 11: Invitation to a seminar: A holistic family reunification services model

Invitation
Uitnodiging
Taletšo

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.
1919 - 2019
Department of Social Work & Criminology

SEMINAR

HOLISTIC FAMILY REUNIFICATION SERVICES MODEL

Prof Antoinette Lombard, Head of the Department of Social Work and Criminology, University of Pretoria, cordially invites you to a seminar on the Holistic Family Reunification Services Model for children in alternative care, presented by Mr Siphon Sibanda – PhD Candidate.

Placement of children in alternative care is supposed to be a temporary and not a permanent arrangement. However, most children in alternative care stay for longer periods before they are reunified with their families. The absence of a family reunification services model in South Africa contributes to social workers not being well equipped to render adequate services to children and their families. The lack of effective family reunification services does not serve the best interests of children.

It is against this background that a mixed methods doctoral study was undertaken. The findings from the empirical study informed the key findings and conclusions of the study which were instrumental in developing the holistic family reunification services model for children in alternative care.

The model was designed to guide and assist social workers who work in child protection services to render effective, efficient, comprehensive and timely reunification services to children and their families.

Date: Tuesday, 9 November 2021
Time: 10:00 – 12:00
Venue: Blackboard Collaborate virtual link:
<https://eu.bbcollab.com/quest/d0940b5ab98640c9bea6d6bd1a49ea8f>

PROGRAMME

- **Opening and word of welcome:** Prof Antoinette Lombard
- **Overview of the empirical study:** Mr Siphon Sibanda
- **Presentation of the holistic family reunification services model:** Mr Siphon Sibanda
- **Discussion and reflections on the proposed family reunification services model**
- **Closing remarks and word of thanks:** Prof Antoinette Lombard

Programme Director: Mrs Leanne Jordaan

Prof A Lombard

Mr S Sibanda