

**FAMILY REUNIFICATION SERVICES TO CHILDREN
IN CHILD AND YOUTH CARE CENTRES IN THE CAPE
METROPOLE: A SOCIAL WORK PERSPECTIVE**

by

Mareldia Joseph Van Wyk

4220323

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Supervisor: Dr Shernaaz Carelse

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ABSTRACT

A significant number of children around the world are living in circumstances that necessitate the need for social service intervention and ultimately removal, with placement in alternative care. In South Africa, the placement of children in child and youth care centres (CYCCs) has increased over the last decade with social workers facing many challenges during the family reunification process. The aim of this study was to gain an understanding of the experiences of social workers in the family reunification process of families and children in CYCCs. A qualitative approach using a combination of an exploratory and descriptive design was employed. The population of the study was social workers rendering family reunification services to families and children in the Cape Metropole. Purposive sampling was used to select 11 social workers from the selected area. Semi-structured in-depth individual interviews were conducted to gain an understanding of the participant's experiences on the family reunification process in CYCCs. The data was analysed thematically using the ethics of care as a lens to explore the experiences of social workers. Ethics approval to conduct the study was obtained from the University of the Western Cape Humanities and Social Sciences Research Ethics Committee. The findings indicate that there is a lack of cooperation and coordination between residential and designated social workers that hinder the reunification process. There are also many challenges ranging from high workloads to a lack of resources and coordination within the welfare system that hinders reunification services. Recommendations for policy and practice range from ongoing training of social workers to prioritising reunification as a specialised field in social work.

Keywords: child and youth care centres, designated social worker, family reunification services, residential social worker.

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of Children
CPOs	Child protection organisations
CYCC	Child and youth care centre
CYCW	Child and youth care worker
DSD	Department of Social Development
DSW	Designated social worker
EPWP	Extended public work programme
IDP	Individual development plan
MDT	Multi-disciplinary team
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
RSW	Residential social worker
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund

PLAGIARISM DECLARATION

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Date: 03.09.2024

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CHAPTER 1

OVERVIEW OF THE RESEARCH STUDY

1.1 INTRODUCTION

Every child has the right to grow up in a loving home, however, according to the United Nations International Children's Fund (UNICEF 2019), 2.8 million children worldwide reside in child and youth care centres (CYCCs). A CYCC is a substitute placement for orphans and vulnerable children (OVC) under the South African Children's Act 38 of 2005 (SA 2005). According to UNICEF (2019), children are primarily admitted to CYCCs as orphans or as a result of abuse, neglect, HIV/AIDS, abandonment, and domestic violence. As a result, millions of children do not experience the stability and routine that comes with family life. The United Nations General Assembly stated in 2019 that a secure and supportive family environment is the ideal environment for a child's development. The family is ultimately responsible for moulding children and affecting the values, abilities, socialisation and security that they require (Potgieter & Hoosain 2018, Pistor 2019, Sacur & Diogo 2021).

According to section 150 of the Children's Act (SA 2005) s 150, the designated social worker (DSW) employed by a child protection organisation in South Africa is responsible for initiating the children's court inquiry when it is determined that a child needs care and protection. In that case, the child may be placed in a CYCC which is suitable to their needs with a court order for up to two years (Johannisen, Van Wyk & Yates 2021:377). Section 159 of the Act (SA 2005, s 159) requires the social worker to oversee and provide

reunification services to the children, while section 155 requires an investigation into the circumstances of the children and their placement in a suitable CYCC (SA 2005, s 155).

The main objective for the social worker after removing a child (from the family home) should be to stabilise the family situation and reunify the child with the biological family (SA 2005). In the field of child welfare, family reunification is defined as the process of reunifying foster or residential care children with their birth families or other immediate relatives (SA 2005). Placement in a CYCC is therefore a temporary measure with reunification as the ultimate aim. In a study on alternative care in South Africa, Van der Walt (2018: 630) concluded that while it is important to reunify children with their families, doing so frequently comes with its own set of difficulties.

Experiences of the children and parents during the process of family reunification for children in CYCCs have been researched in a large number of national and international studies. There are however few research studies which focus on the difficulties faced by social workers, particularly those who working with children placed in CYCCs. Consequently, the purpose of this study is to better understand the experiences of social workers who provide family reunification services to children in CYCCs in the Cape Metropole region.

1.2 PRELIMINARY LITERATURE REVIEW

1.2.1 Legislative framework relating to the rights of children

Various literary sources were explored to provide a contextual overview of social workers rendering family reunification services to children in CYCCs internationally, regionally and from a local perspective. This section highlights literature on the placement of

children in CYCCs and family reunification services regarding CYCCs, in addition to the theoretical framework that guided the study.

The United Nations Convention on the Rights of the Child (UNCRC), which outlines the rights of all children under the age of 18, is the best known and most widely recognised human rights treaty on the global stage. The UNCRC concurs that residential care should aim to actively secure stable care in an alternative family environment or provide only temporary care while attempts are made to reintegrate children with their families. Alternative care should only be provided when necessary and in ways that would best advance the wellness of the child. The African Charter on the Rights and Welfare of Children (ACRWC) (2000) (2) (a) states that parties should make sure that a child who is temporarily or permanently removed from their family environment is given alternative family care, including residential care. Therefore, the family should continue to be the basic unit of society and be given the assistance and security it needs from the state to raise its children.

All children have the right to family care or parental care, or adequate alternative care when removed from the family setting, according to section 28 of the Constitution of the Republic of South Africa (SA 1996). The South African White Paper for Social Welfare (SA 1997) emphasises that the South African government is committed to giving the highest priority to the promotion, survival and protection of family life. It serves as the model for welfare rights and obligations. The South African Children's Act 38 of 2005, which more specifically relates to this study, is a piece of legislation that outlines the rights of children and those who provide for them. The Children's Act's principal goal is to safeguard all children in South Africa and prioritise their best interests (SA 2005). Therefore, a child who has been determined to need care and protection may be placed in

several forms of alternative care, including a CYCC (SA 2005). The requirement for a social worker to provide reunification assistance is necessary for such a placement in order to ensure that it is for the shortest time possible (SA 2005).

1.2.2 Child and youth care centres as alternative placements for vulnerable children

A CYCC is a type of residential care which has more than six children and is registered with the Department of Social Development (DSD), according to the Children's Act (SA 2005, s 191). The concept of a CYCC is relatively new in South African childcare law. The idea was developed to prevent stigmatisation that would result from placing children in facilities which were referred to as children's homes or orphanages (Davel & Skelton, 2007:13). Despite its significance, many nations still lack precise data on the number of CYCCs and well-being standards of children living in these facilities (Wilke, Howard & Goldman 2020:110). Children at privately owned centres are not always counted, and official statistics in many countries only reflect a small portion of the real number of children living in residential care (UNICEF 2020A:2). In South Africa there are approximately 345 registered CYCCs with over 21 000 children (Van der Walt 2018:39).

The placement of children in CYCCs and associated difficulties with family reunification is a worldwide phenomenon. For example, during the past 20 years, the rates of children entering and remaining in care have continuously increased in England, raising concerns about the crises facing their care system (Thomas 2018:2). Similarly, the Australian Institute of Health and Welfare (2014) found that the number of children in residential care increased quickly, with about 41% of them staying there for more than five years. Children's rights activists and advocates in Europe consider this to be a significant

abrogation of children's rights (Sacur & Diogo 2021:21). In African nations such as Ghana, children are ultimately placed and remain in residential care due to circumstances including extreme poverty and lack of access to resources, education, and health (James & Roby 2019:318). In a South African study titled by Harris (2020) on the perceptions, experiences and challenges of children removed through a statutory process it was found that social workers in child care services face numerous obstacles related to operational constraints and a lack of resources. High staff turnover of social workers is one of the primary obstacles limiting long-term partnerships between social workers and families (Bovu 2021:21). According to Bovu (2021:35), when reunification interventions are disregarded, children can remain in CYCCs until they are 18 years old.

Potgieter and Hoosain (2018:448) mentioned that the reality in South Africa is that social workers involved in family reunification for CYCCs have excessively high caseloads and bad working conditions that prevent them from rendering effective reunification services to children and their families. In another study on alternative care in South Africa, Van der Walt (2018:617) concludes that not enough has been done to safeguard, ensure and realise the vulnerable child's right to family and parental care. These studies indicate that there are challenges in the South African welfare system that negatively affect children who are found in need of care and protection.

A large majority of studies in the CYCC context have been devoted to describing the state of children placed and remaining in CYCCs, and the potential effects of placement on child functioning and development. However, there is a dearth of studies on the experiences of social workers working with or in CYCCs. This study was therefore undertaken to better understand the experiences of these social workers.

1.2.3 Key role players in the child and youth care context

The designated social worker (DSW), residential social worker (RSW), and child and youth care worker (CYCW) are the three main individuals associated with children when they are placed in a CYCC (Johannisen et al. 2021:376). The DSW who works for a child protection organisation is responsible for starting the court process to determine whether a child needs care and protection and, if required, to find a suitable CYCC. After a child has been removed and placed in alternative care, these social workers are mandated by section 187 of the Act to work towards family reunification (SA 2005, s 187).

The DSW is also responsible for determining the services that parents will require to deal with the problems that led to the initial removal, and for developing a case plan that describes those services (Andrade et al. 2019:530). The DSW therefore plays a significant role in rendering crucial services to the family reunification process. On the other hand, the RSW provides therapeutic services to the child in the CYCC and takes on the role of the child's case manager in the facility (Johannisen, Yates & Van Wyk 2019:76). The Act (SA 2005), which mandates that an individual development plan (IDP) be created for each child enrolled in the CYCC, substantially governs the activity of the RSW. According to Veldhuizen (2021:2), the IDP should be based on an evaluation of the child's physical, emotional, psychological, mental and academic well-being in addition to, most significantly, the child's relationship with the family. Finally, the CYCW, like the RSW, is an employee of the CYCC and spends each day in the life space of the child. Care and assistance for the child in the CYCC is therefore the function and responsibility of the CYCW (Johannisen et al. 2021:380).

1.2.4 Family reunification

Family reunification, as defined by the Children's Act, is the act of reuniting children who were removed and placed in alternative care with their biological parents (SA 2005). According to Section 187, a child found in need of care and protection should be removed with the intention to ultimately be reunified with their biological parent (SA 2005, s 187). Therefore, the DSW who provides family reunification services should look into the cause of the removal, take steps to prevent it from reoccurring, and offer services to both the child and the parents (Lalayants 2020:471). This means that in order to achieve family reunification, the RSW collaborates in partnership with the DSW where constant communication and interaction with the biological family and parents is a priority. Regular panel meetings between social workers, the families or the parents, the CYCWs, and all other stakeholders is a requirement for successful reunification. This multi-disciplinary team (MDT) in the child's life could include teachers, psychologists and occupational therapists (Johannisen et al. 2021:380).

According to Veldhuizen (2021:2), the RSW is responsible for providing the child with individual and group therapy, tackling the issues as stipulated in the IDP, including family reunification, and ensuring that the child feels supported. This indicates that both the RSW and the DSW have a responsibility to ensure that family reunification services are rendered. However, family reunification does not always refer to children being reunified with their birth parents. Successful reunification could also include extended family members, non-family, foster or and adopted family (Sauls & Esau 2015:16). The 'best interests of the child' concept (SA 2005) is still of utmost importance, and any permanent plan or IDP with regard to a child in need of care and protection must take that into

account, as well as the necessity to preserve the relationship between the child and their biological parents.

1.3 OVERVIEW OF THE THEORETICAL FRAMEWORK

The ethics of care was selected as theoretical foundation for this study. The feminist thinker Gilligan (1982:9) initially put forth the ethics of care theory as a workable moral theory in the 1980s. According to this theory (Tronto 1993, Gilligan 2002,), ethical decisions are based on the individual circumstances rather than being only guided by general laws and principles. Care is said to arise through interactions with others. Gilligan (1982:10) defines care as the obligation to identify and resolve the palpable problems in the world. The ethics of care primarily focus on preserving connections by attending to the needs of others (Dybicz 2012:271). The theory takes into account the fact that certain communities or people are more vulnerable than others Tronto (2013:151). Therefore, taking care of children necessitates taking care of parent–child relationships and family vulnerabilities (Nissen & Engen 2021:279).

According to Tronto (1993:127), there are five dimensions of care: attentiveness, responsibility, competence, responsiveness and integrity. The ethics of care theory offers helpful insights into how social work practice continues to uphold its commitment to minimising suffering and fostering client autonomy and well-being (Banks 2016, Parton 2003). The present study and its outcomes were contextualised using the five dimensions of care proposed by Tronto (1993:130). As a result, I was able to interpret and evaluate the data in light of the participants’ experiences in relation to their reunification services to families and children in CYCCs.

1.4 PROBLEM STATEMENT

The placement of OVC in CYCCs worldwide originated as a quick fix to a critical issue, claim Kang'ethe and Makuyana (2015:15). National and international legislation emphasises the necessity of social workers providing expert counselling and performing the necessary services between parent and child after the child has been removed, with the intention of reunification (SA 2005). The problem is that once social workers determine that a child is in need of care and protection, the child is removed from the care of the biological parents and placed in a CYCC, where family reunification services need to be rendered to both the family and the child (Van der Walt 2018, Harris 2020, Ziyambi 2020, Johannisen 2021).

In South Africa, social workers confront numerous challenges in carrying out their mandate to ensure that children are reunified with their families (Van der Walt 2018:615). According to Potgieter and Hoosain (2018:439), social workers in South Africa are overburdened with an average of 150 cases per worker. Factors such as high caseloads affect social workers' capacities to deliver effective family reunification services (Dickens 2018, Van Breda 2018A). Similarly, participants in a study by Pistor (2019:58) in the Cape Metropole highlighted three main barriers that prohibit them from providing effective family reunification services, namely a lack of staff, extensive administrative chores and lack of resources in the welfare field. Owing to insufficient family reunification services provided by social workers, it appears to be typical for children to stay in CYCCs for the long term (Nzuza, 2019:7).

There is a paucity of qualitative South African research using an exploratory descriptive design that tries to comprehend social workers' experiences when providing reunification

services to children in CYCCs and their families from an ethics of care perspective. In response to this research gap, the present study aimed to explore the experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole.

1.5 RESEARCH QUESTION, AIMS AND OBJECTIVES

The aim of the research was to gain a better understanding of how social workers experience the family reunification process of children in CYCCs. With this in mind, the research question was:

What are the experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole area?

The following objectives were formulated to achieve this aim:

- To explore and describe the perceptions and experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole area.
- To describe, from an ethics of care perspective, the perceptions and experiences of social workers rendering family reunification services to children in CYCCs.
- To make recommendations for social work practice and policy relating to family reunification services.

1.6 OVERVIEW OF THE RESEARCH METHODOLOGY

1.6.1 Research approach

A qualitative research approach was used with the aim of exploring and describing the identified phenomenon (family reunification services). Qualitative research is subjective and focuses on the individual's in-depth experiences of a phenomenon (Guest, MacQueen & Namey 2011:13). I chose this particular research approach as it was the most appropriate way to gather thick and rich information to answer the research question and to obtain information on social workers' subjective realities.

1.6.2 Research design

An exploratory descriptive research design was employed in this research study because exploratory studies are usually able to answer the why and how questions of a research study. The descriptive design was used in this study since it would assist in describing the experiences of social workers working with families and children in CYCCs. Furthermore, descriptive research allows one to obtain information on characteristics of a particular issue in a community, group or people. It describes social events, social structure, and social situations (Akhtar, Shah, Rafiq & Khan 2016:151). The descriptive research design was therefore most dominate as it allowed a broad and in-depth understanding of the experiences of social workers in the field of family reunification to children in CYCCs.

1.6.3 Population

Population refers to an entire group of people, components, or common characteristics, as defined by the sampling criteria established by a researcher (Ritchie, Lewis & Elam 2013:112). In this research study, the population consisted of social workers rendering family reunification to families of children in CYCCs.

1.6.4 Sampling

Since it is not possible to interview the whole population of social workers providing family reunification to children in CYCCs within the Cape Metropole, a sample of 11 social workers were drawn. Sampling is therefore the process of selecting a segment of the population, in which a researcher is interested (Whitehead & Whitehead 2020:120). The sampling technique I used in the current study was purposive sampling, a non-probability sampling method.

1.6.5 Data analysis

The six steps recommended by Creswell (2014:148) were used to analyse the qualitative data for this study, the aim of which was to understand the experiences and perceptions of social workers in the Cape Metropole who provide family reunification services to children in CYCCs. The steps will be discussed in Chapter 3.

1.7 ETHICAL CONSIDERATIONS

Ethics approval to conduct the study was requested from the Humanity and Social Science Ethics Committee at the University of the Western Cape (UWC). Upon receiving ethics approval from this committee, I requested permission from the DSD, no-governmental

organisations (NGOs) and CYCCs in the Cape Metropole to invite participants to the study. Participants were provided with an information letter which explained the study's purpose and what would be expected from them. I explained that participation is voluntary and that participants can withdraw from the study at any time. Confidentiality was ensured by protecting participants' personal information throughout the research. Owing to the nature of the study, interviews were conducted in a sensitive manner and I remained aware of the potential emotional risk to the participants. A professional counsellor was secured in case a participant felt distressed; however, this situation did not arise while conducting the research interviews.

Participants were asked to sign a consent letter in which they could choose or decline to be audio-recorded. All recordings and transcribed data are filed under code names on my computer which is password-protected and stored in my home office, to which only I have access. Furthermore, only the research supervisor and I have access to the transcripts. All research data files are stored on the UWC data management system and hard copy files will be stored on my computer for a period of five years after which they will be deleted. All hard copy data will also be shredded after five years. Any publications emanating from the study did not use any personal identifying details of the participants.

1.8 SIGNIFICANCE OF THE STUDY

The study is unique as it explores the experiences of both statutory and residential social workers involved in the reunification process of families and children in CYCCs. Capturing the experiences of these two groups of social workers is essential as they both play an important role in family reunification services. This study is relevant in assisting social workers with knowledge that could improve family reunification services they

provide, and could thereby prevent children from remaining in CYCCs longer than required. The study can also assist the DSD, NGOs and CYCCs by highlighting the challenges and needs that both statutory and residential social workers experience during the delivery of this important service. Finally, the study could contribute to the amendment of the Children's Act and other legislation relating to residential care services to improve the delivery of family reunification services in the field of child protection services.

1.9 STRUCTURE OF THE THESIS

Chapter 1 focused on providing a brief introduction to the research study in addition to the background to and rationale for the study. Various aspects of the research study were introduced and briefly discussed to provide an overview and orientation to the study.

Chapter 2 presents a literature review on family reunification, legislation guiding family reunification and the theoretical framework that was selected to contextually describe the issue of family reunification in the study. The theoretical framework is the ethics of care as proposed by Gilligan (1982) and Tronto (1992).

Chapter 3 explains the methodology employed in the study. Because qualitative research was undertaken, the conventions associated with qualitative studies are described in this chapter. These include the sampling methods, steps for data analysis, details of trustworthiness and the ethics considerations that were adhered to while conducting the study.

Chapter 4 details the research findings. Six main themes emerged from the process of data analysis with several associated sub-themes under each main theme. In this chapter,

the findings are compared and contrasted with other studies that focused on similar topics of family reunification.

Chapter 5 is the final chapter of the thesis, and presents the conclusions and recommendations. In particular, conclusions are offered for social work practice, policy and future research relating to family reunification services offered to children in CYCCs and their families.

The next chapter presents the literature review and the theoretical framework of the study.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

South Africa, is known worldwide as the ‘cultural meeting point’ of Africa because of its unique cultural diversity, a fact that was hidden for decades as a result of racial division (Luvalo 2019, Wilson 2020, Jamal 2021). At the end of June 2022, the population of South Africa was estimated at approximately 60.6 million which, according to the 2022 census, saw an increase despite the Covid-19 pandemic (Stats SA, 2022). A large percentage of the country’s children do not live with their biological parents owing to factors such as poverty, crime, labour migration, lack of educational opportunities, high divorce rates and high orphanage population (Munongi & Pillay 2018, Harris 2020, Ziyambi 2020). According to Bovu (2021:25), the country’s history of apartheid is to blame for the terrible situations that many South African children endure, particularly the dysfunctional family systems. Thousands of families are investigated by child protection each year, and children are removed and placed in temporary safe care, foster care or CYCCs.

2.2. LEGISLATIVE HISTORY RELATING TO THE RIGHTS OF CHILDREN

Globally, a child is defined as a person under the age of majority of a specific country, usually 18 years old (Jedwab Chatterjee & Shaw 2018, Van der Walt 2018, Burton &

Montauban 2021). Munongi and Pillay (2018:278) define children's rights as an entitlement which children have as human beings irrespective of their citizenship, nationality, race, ethnicity, language, sexuality or abilities. Similar to adults, children should have the right to health, education, protection, a safe place to live, protection from all harm and the right to voice their opinions (Robinson 2017, Vandenhoele 2019).

Literature on children's rights indicates, however, that only a few decades ago the concept of children's rights was non-existent as children were merely perceived as a possession of their parents (Kosher, Ben-Arieh & Hendelsman 2016, Liebel 2023). During the destruction of the First World War, children were killed and orphaned, causing the international community to realise that the future of children was in jeopardy (Taylor, Bogdan & De Vault 2015:2). It was this awakening which led to the League of Nations adopting the first international convention on children's rights: the 1924 Geneva Declaration on the Rights of the Child. According to Kosher, Ben-Arieh & Hendelsman (2016:27), this consisted of a list of rights that society 'owed the child'. Unfortunately, during the Second World War in 1939, children experienced the same fate as during the First World War which caused even greater concern regarding the future of children.

During 1947, the United Nations (UN) created UNICEF and a year later adopted the Universal Declaration of Human Rights which provided an international foundation document for other specialised human rights. In 1959 the Declaration of the Rights of the Child came into being, but it stipulated only generalised principles of children's rights (Kosher, Ben-Arieh & Hendelsman 2016, Marrus & Laufer-Ukeles 2021). The most recent convention was only adopted in 1989 and is currently considered the most internationally binding, namely the UNCRC as mentioned earlier. The UNCRC is the most widely known and sanctioned human rights treaty internationally. It puts forth the

rights of all children and is a legal instrument that has been ratified by the (UN) with only the United States of America (US) as exclusion, to implement children's rights (Abaya, Bajaj & Barren 2022:22). At the 1990 UN World Summit for Children, more than 159 countries agreed to enforce the protection, development and survival of children around the globe, and this included the continent of Africa (Mbise 2017:1241). African countries were among the first 20 to sign the instrument with Ghana as the first African country to ratify the convention (Munongi & Pillay 2018:290). However, a year later, African governments started to voice their disappointment in their lack of involvement with the drafting of the document, stating that the document did not fully represent the experience of the, 'African child' (Mbise 2017:1240). This in turn led to African governments drafting their own version of the convention, known as the African Charter on the Rights of the Child (ACRWC).

South African children were frequently the defenceless victims of discriminatory actions under apartheid, when racial segregation was widely entrenched and legalised for decades. The social fabric of the previous constitutional era was woven with discrimination on the basis of gender, race and various inequalities (Michel 2020:274). The focus of the new government that came into effect on 27 April 1994 was therefore to create and develop social, political and legal structures that would be vastly different from those of the country's history where people were not treated equally. The South African Government for National Unity ratified the UNCRC on 16 June 1995 and hereby committed the country to the principle of children's rights being paramount throughout the governments, programmes, services and development strategies (Munongi & Pillay 2018:293).

This is significant since the date marks a historic tragedy in South Africa when more than 500 black children were killed and many injured in Soweto while fighting for their right to be educated in their own language in schools. Another turning point in the realisation of children's rights in South Africa came with the creation and adoption of the Constitution in 1996. In section 28 (11) (b) (c) (d), the Constitution as the supreme law of South Africa emphasises the rights of children to family care, parental care or appropriate alternative care and the right to social services. Similarly, the White Paper for Social Welfare (SA 1997), as the blueprint of welfare rights and obligations, emphasises that the government is committed to give the highest priority to the promotion, survival, and protection of family life. In the year 2000 the country also ratified the ACRWC, with its main aim under the African Union treaty to ensure that the rights of children in the country were fulfilled (Munongi & Pillay 2018:291).

The South African government thereafter decided to enforce and implement a set of rules and a regulation that gives effect to certain rights of children as contained in the Constitution. The Children's Act (SA 2005) is an Act of Parliament that consolidates and reforms the law on matters related to children. More specific to the present study, the Act is a legislative document that sets out the rights of children and the rights of those caring for children. The main objective of the Act is therefore to protect all South African children and put their best interests first, stating clearly that a child who has been found in need of care and protection can be placed in various forms of alternative care. This can include placement in a CYCC, subject to the provision of reunification services provided by social workers to ensure the placement is only for a limited period (SA 2005), which is ultimately the focus of this particular study.

2.3 CHILD PROTECTION

Child protection can be defined as the protection of children from any danger or risk to their lives, personalities, or childhood, or the guarding of children against violence, exploitation, abuse and neglect (UNICEF 2020B). Around the world, there are various types of child protection systems and diverse strategies for protecting children's safety.

In South Africa, the foundations of children's rights and child protection are found in international, local, regional, and local human rights instruments such as the UNCRC and the ACRWC. The South African Children's Act 38 of 2005 is the overarching legislation used for children in need of care and protection in conjunction with the Criminal Law (Sexual offences and Related Matters) Amendment Act 32 of 2007, the Child Justice Act 75 of 2008, the White Paper on Social Welfare of 1997 and the Social Assistance Act 13 of 2004. The country has been committed to a developmental approach to childcare and protection ever since its democracy in April 1994, but according to the National Child Care and Protection Policy of 2019 (SA DSD 2019), there seems to be an urgent need for it to be reinstituted.

With the introduction of the White Paper on Social Welfare (1997) which rejected the fragmented, rehabilitative approach of the past, social welfare policy underwent one of its first fundamental changes. Nevertheless, despite the country's long-standing dedication to the developmental approach, the majority of historically marginalised children continue to face poor developmental outcomes and a high risk of being exposed to violence, abuse, neglect and exploitation even more than two decades after the approach's adoption (SA DSD 2019). This demonstrates that the country has not yet succeeded in protecting the most vulnerable of citizens, its children. Authors of local

studies (Pistor 2020, Ziyambi 2020, Bovu 2021, Nzuza 2021) argue that the child protection system has not met its developmental purpose and aims despite considerable interventions and advances in the care and protection of children. This is further illustrated in a local study conducted by Munongi and Pillay (2018) on Grade 9 learners experience on children's rights, where they emphasise that the SA Constitution and all its sophisticated framework does unfortunately not safeguard children's interests in the country, proven by the thousands of children who are found in need of care and protection each year.

2.3.1 Children in need of care and protection

While there is a wealth of international studies on children in need of care and protection, because this is a South African study, a definition in terms of the Children's Act is provided. According to the Act (SA 2005, s 150 (1), 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;
- displays behaviour which cannot be controlled by the parent or caregiver;
- lives or works on the streets or begs for a living;
- is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;
- has been exploited or lives in circumstances that expose the child to exploitation;
- lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being;
- may be at risk if returned to the custody of the parent, guardian or caregiver 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;

- is in a state of physical or mental neglect, or
- is being maltreated, abused, deliberately neglected or degraded by a parent, a caregiver, a person who has parental responsibilities and rights of a family member of the child or by a person under whose control the child is.

- ***Global perspective***

The UNCRC makes provision for children in need of care and protection by stating in article 18 that state parties should take appropriate measures to protect children from all forms of abuse while in the care of their parents, a legal guardian or anyone who has a responsibility to care for them. This means that state parties around the world are mandated to implement appropriate laws and legislation to ensure the protection of children. Unfortunately, there are many conditions and circumstances under which parents might find themselves unable to fulfil their parental obligations, rendering their children without proper parental care and protection (Petrowski, Cappa & Gross 2015:398). In the last decade, literature and research studies paint a bleak picture which shows families around the world being investigated and millions of children found in need of care and protection every year (Thomas 2018, Bilson & Munroe 2019). Featherstone and Gupta (2018:76) assert that children need protection from harm; however, in the majority of cases, it is the family responsible for protecting them who they ultimately need protection from.

In England, the protection of children involves multiple state-administered services aimed at protecting vulnerable children, with a tight legislative framework intended to assist

children in need, promote their well-being and support families (Bilson & Munro 2019:206). The focus in Wales and England is on assessment with primary orientation on referrals. There, multi-agency safeguarding hubs with multi-professional teams evaluate cases and share information concerning families who need to be investigated for possible child abuse (Conti, Pizzo, Morris & Melnychuk 2019). It was reported that during 2018, England had approximately 607 500 referrals for families to be investigated, and to assess whether their children were in need of care (Carlson Hutton, Priest, Melia 2020:195). A study by Bilson and Munroe (2019:199) on the adoption and child protection trends for children aged five and younger, found that one in every 16 children had been investigated in 2017 before they reached the age of five years old.

The Federal Statistics office in Germany indicated that around 175000 children lived in children's homes or with foster families (UNICEF 2022). Germany has come under fire from the UN Children's Agency for not doing more to protect its youth. Although the country has made strides in this area over the past three decades, the Agency emphasised that there are still significant gaps regarding children's rights (Kratky & Schröder-Abé 2020, Proctor 2022). Clearly, powerful countries such as England, Wales and Germany face continuous challenges within the child protection system.

In a recent study by Haskins (2020:55) in the United States (US) on child welfare financing, the author emphasises that despite the wealth of the country, it has had a long-standing problem with child abuse and neglect and has never been able to adequately solve these ongoing issues. The study found that during 2018, approximately 2.4 million children – over 3.3% of the child population in the US – were investigated after complaints of alleged abuse were received. The study indicates that despite strict

implementation of legislation and the wealth of this first-world country, it has also not succeeded in its endeavour to protect children (Haskins 2020:60).

Similarly, Australian statistics show a rapid increase in families and children receiving social services from child protection from 2015 to 2019. According to the Australian Institute of Health and Welfare (AIWH 2020), the country had approximately 44 900 children removed from families and placed in alternative care.

These reports suggest a pandemic which continues in countries such as Asia, India and Sri Lanka where numerous studies document the concerns regarding children's removal and placement in alternative care (Karunanayake, Rathnayake & Vimukthi 2020, Rogers, Whitelaw, Karunan & Ketnim 2021). Several major efforts have been devoted to the study of children in need of care and protection over the years and it is clear by research studies that the issue remains a worldwide crisis. Furthermore, the Covid-19 pandemic which hit the world in 2019 caused lockdowns, school closures and job losses, which in turn caused an increase in child abuse and neglect across the world (Baron et al. 2020, Berger & Slack 2020, Harris 2020, Thomas et al. 2020, Welsch & Haskins 2020).

- *African perspective*

Healthy families and communities are essential to the strength and future of the African continent; however, poverty, disease, conflict and violence are just a few of the issues that continue to threaten the stability of the family unit (Chirwa & Chenwi 2016, Mbise 2017). Although article 18 of the ACRWC emphasises that the family unit remains the basis of society and enjoys the protection and support of the state for its establishment and development, in reality the protection of children remains a daunting task. Although

the family is deemed important and is deeply embedded in most African cultures, continuous economic hardships place pressure on families and ultimately cause children to be removed from the family system (Berejena Mhongera 2017, Ariyo et al. 2019, Chege & Ucembe 2020). A Zimbabwean study conducted by Berejena Mhongera (2017:47) indicated that the government was challenged by a growing population of OVC, failed family systems and a growing need for residential care. Furthermore, in Ghana, the lack of resources such as hospitals, clinics and poverty cause parents to fail in the provision and protection of their children (James & Roby 2019:318).

- ***South African perspective***

Since the country's transition to democracy, it vouches for the protection of children's right to survive, to nurturing parental and family care, to protection from violence, abuse, neglect and exploitation with children's best interests being paramount (SA 2005). In South Africa, legislation and policy on child protection lay a strong emphasis on welfare in order to correct the inequalities caused by the punitive welfare system during apartheid. In terms of providing child protection services, the country frequently adheres to a child protection typology that places a high emphasis on legislation and statutory pressure to protect children from abuse (Robinson 2017, Strydom et al. 2020).

The White Paper for Social Welfare of 1997 aimed to address the inequalities of the past and introduced a developmental social welfare approach to ensure previously marginalised groups were included (SA DSD 2019). Therefore, an integrated service delivery model was created in line with the developmental social welfare approach focused on prevention services, early intervention, statutory services, reintegration and aftercare (Strydom et al. 2017). On the other hand, the Children's Act provides for the

protection of children by rendering child and family welfare services at these levels and strongly emphasising the preservation and strengthening of families (Strydom et al. 2017).

Although the turnaround in South African child protection policies received praise from UNICEF in 2013, scholars and practitioners over the years have expressed and demonstrated their frustration with its implementation. A national study conducted by Truter and Fouché (2021:140), found challenges in putting the Act into practice because there are insufficient resources, labour and funding available, causing social workers in child protection to work under tremendous pressure.

Statistics South Africa (2020) indicates that the country is home to an estimated 18.5 million children, of whom a large percentage live in poverty or are victims of the high rate of HIV/AIDS which left many children orphaned (Hendricks 2019, Stats SA 2020, Tshabangu 2022). Another reality in the country is that one out of every three children is abused daily, causing families to be investigated and children found in need of care and protection (Hendricks 2019). This draws attention to the fact that despite commitments made on paper and a sophisticated legal framework, children in South Africa experience a high level of violence, exploitation and trauma causing the investigation, removal and placement of thousands of children each year (Strydom et al. 2017).

The number of vulnerable children has increased over the years, and the number of those experiencing abuse and in need of alternative care is rising (SA DSD 2019), with the violence against children perceived as a 'daily norm' (UNICEF 2017). Numerous national research studies have documented the welfare system being in turmoil, lacking in every sense and causing children not to enjoy their right to survive and to develop their full

potential (Van der Walt 2018, Emovon 2019, Pistor 2019, Harris 2020, Ziyambi 2020). Literature proves that although great progress has been made since democracy in 1994, the South African child protection system still experiences many challenges, and in the process, fails the very children it is supposed to safeguard.

2.4 KEY ROLE PLAYERS IN THE CHILD AND YOUTH CARE

CONTEXT

Once a child is placed in a CYCC, the DSW is also responsible for assessing the needs of parents and creating a case plan that outlines the services needed by the parents to address the issues that caused the initial removal (D'Andrade, 2019:530). The DSW therefore plays a very important role in the family reunification process which starts immediately after the child is found in need of care and protection and placed in a CYCC. The social workers are then mandated in terms of section 187 of the Children's Act to work towards reunification after a child has been removed and placed in alternative care, if it is in the best interests of the child (SA 2005).

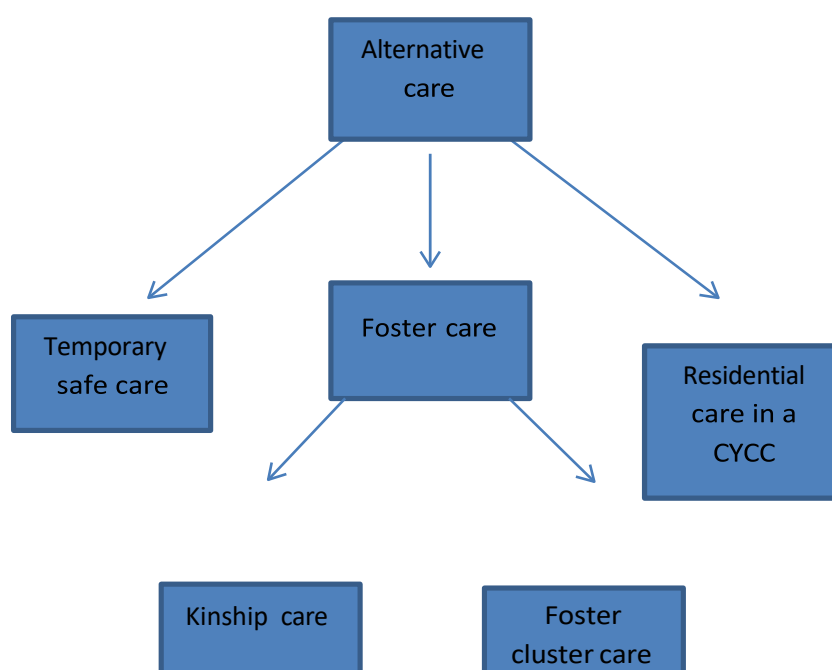
The RSW on the other hand is employed to offer services to the child while placed in the CYCC and becomes the case manager for the child (Johannisen et al. 2021:376). The work of the RSW is largely regulated by the Act, which states that an IDP should be compiled for each child placed in the CYCC (SA 2005). The IDP should be based on the assessment of the child's physical, emotional, psychological, mental as well as scholastic well-being and, importantly, on the child's relationship with significant others (Veldhuizen 2021:2). According to (SA DSD 2019) every child should have a care plan which aims to provide lifelong relationships with their family and reintegration with the family and community in the shortest possible time frame. Similar to the RSW, the

CYCW is employed by the CYCC and works directly with the child daily in the child's life space. The role and responsibility of the CYCW is to provide care and support to the child in the CYCC (Johannisen et al. 2021:380).

2.5 ALTERNATIVE PLACEMENT FOR CHILDREN IN NEED OF CARE

Section 28 of South Africa's Constitution highlights the right of every child to family care, parental care or appropriate alternative care. As mentioned earlier, the DSW investigates the circumstances of a family when considering alternative care if the family environment is not conducive for the child to live in (Emovon 2019:73). The main objective of alternative care is therefore to safeguard a child and return them to a strengthened parental or family care environment (SA DSD 2019). It is clear that the purpose of an alternative placement is to assist and support the child and family in order for the child to be reunified with the family as soon as possible. The Children's Act makes provision in section (167) (1) (a)–(c) that a child who has been found in need of care and protection can be placed in various forms of alternative care which includes foster care, CYCCs and temporary safe care as detailed in Figure 2.1.

Figure 2.1 Alternative care options



Source: Emovon (2019).

2.5.1 Process of removal

A child can be removed from home for several reasons as indicated by the Act in section 150 1 (a)–(i) and (2) (a) (b), also referred to as a statutory process. Both national and international treaties advocate for children to remain with parents and family if it is in the best interests of the child. Removal of children should, however, remain the last resort and should only take place after families have received the necessary intervention (SA 2005). This early intervention could include counselling, mediation, prevention and early intervention services, family reconstruction and rehabilitation, behaviour modification, problem-solving and referrals to suitable persons or organisations (SA 2005). Subsequently, it is the responsibility of the DSW to investigate the background and the

circumstances of the family and assess whether there are grounds for removal or whether early intervention services could be rendered in order to prevent removal of a child.

Section 110 (1) (2) of the Act stipulates in detail the persons responsible for mandatory reporting after allegations of child abuse; maltreatment or exploitation is received. These reports are usually received via a form 22 which is send to a child protection organisation or to the DSD within the jurisdiction where the family resides (SA DSD 2019). The DSW employed by a child protection organisation or the DSD will then investigate the case and depending on the risk factors, decide whether the child remains in the family environment or is to be removed (Hope & Van Wyk 2018:435). Once the DSW assesses that the child may be at further risk when left in the care of the family, the matter is escalated to the children's court where a children's court inquiry is opened by the clerk of the court.

The DSW is also responsible for bringing the parents or family and child before a children's court, where the DSW will present a report with details of the background and recommendations. The judge officiating over the children's court – known as the presiding officer – will review and assess the relevant reports and, if in agreement with the DSW, may find that a child is in need of care and protection. The court may then order for the child to be placed in alternative care with a court order valid for up to two years (SA 2005).

According to (Johannisen, Van Wyk & Yates 2021:380), the DSW is responsible for arranging such placement and remaining involved in working with the family to facilitate family reunification as stipulated by the Act. Child removal is complex and challenging for all parties involved (Harris 2020:125). This is shown in multiple research studies both nationally and internationally which demonstrate the negative impact that child removal

can have on the family system (Petrowski et al. 2017, Van der Walt 2018, D'Andrade 2019, Desmond et al. 2020, Harris 2020).

In a South African study Harris (2020:120) revealed that parents experience the removal of their children differently. Some experience grief and loss, while others are angry and feel stigmatised and judged by social workers and society. It is noteworthy that, children are not only removed from the risk or harmful situation but from everything familiar to them. Consequently, removal could have long-term physical, emotional and psychological effects on children (UNICEF 2019). This illustrates that the child removal process could be very traumatic for the family and should only be considered when all early intervention possibilities mentioned in the Act have been exhausted.

2.6 The South African Children's Act and Child Justice Act

A significant point was reached in South Africa's childcare and protection system and in the field of child justice with the concurrent promulgation of the Children's Act and the Child Justice Act on 1 April 2010. Both pieces of legislation play a significant and important role in guiding the procedure of and placement of children found in need of care and protection, in addition to placement of child offenders in the criminal justice system. The Children's Act aims to provide guidelines for the care and protection of children and to give effect to some of the children's rights stated in the Constitution, while the Child Justice Act establishes a criminal justice system for young people who come into confrontation with the law or who are accused of crimes (SA DSD 2019). The Children's Act also establishes, assists and supports early childhood development initiatives, primary prevention, and early intervention programmes, which have been praised by experts in development, child rights studies and observation (Emovon

2019:83). The Child Justice Act on the other hand is a comprehensive Act that governs and regulates the procedures used to deal with cases involving children who commit criminal offences (Hope & Van Wyk 2018:425). According to section 76 of the Child Justice Act, a court that convicts a child of an offence may sentence the child to compulsory residence in a CYCC. Basically, it provides an alternate trial process to the criminal court system for children who commit criminal offences. Temporary safe care

A temporary placement could be at a CYCC, shelter or private home or any location where the child can be accommodated pending placement. However, this excludes prisons or police cells (SA 2005). It is therefore an interim form of placement where children who are at risk of immediate harm are temporarily placed while the DSW investigates to determine which long-term placement, if necessary, will be in the best interests of the child (Emovon 2019:99). The DSW is allowed 90 days to investigate the circumstances of a child placed in temporary care and to assess whether the child would need alternative placement (SA 2005). Within this period the case must be finalised and the child returned to parental care if not found in need of care and protection. This typically gives adequate time for an investigation to be done to identify viable possibilities for the child's alternative care (Emovon 2019:139). It is a period during which the DSW should both assist and assess whether the family is able to eliminate the risk factors which caused the child's removal in the first place.

- ***Foster care***

A child is placed in foster care by a children's court with a person who is not the parent or guardian of the child; this includes a registered cluster foster care scheme (SA 2005). In South Africa, foster care has become a very important alternative care option within

the alternative care continuum and can provide temporary and permanent placement and support to OVC (Emoven 2019, Manthosi 2020). A child can be placed with a foster family on a temporary basis, while the family is allowed the necessary support to assist them in eliminating the risks that caused the initial removal of the child. Further to that, a child can be placed in foster care on a permanent basis if the biological parents are deceased and there is no prognosis for family reunification or if it is in the best interests of the child to create stability (SA 2005).

There are two types of foster care: kinship foster care, in which the child is placed with a relative (those who are close to the child, such as extended relatives), and so-called non-relative foster care. According to Manthosi (2020:38), one important benefit of familial foster care is that it works to preserve families, which is one of the goals of foster care as stated in the Act. Once a child is placed in foster care, the foster family is paid a 'foster grant' by the South African Social Security Agency of approximately R1070.00 on a monthly basis. Such a grant is payable until the child reach the age of 18 or completes their studies (Hendricks 2021:120). Research studies over the years found that there were an increase of families in the country opting to become foster parents in order to obtain financial assistance from the foster grant (Shaw, Steyn & Simeon, 2020, Tladi & Setlalentoa, 2020, Goemans 2021, Hendricks 2021). The main goal of the grant is to cover the primary needs of the foster child. But according to Hendricks (2021:110), the South African reality is that a large number of foster parents have the tendency to abuse the grant or use it as a means of income.

- ***Kinship care***

Kinship care has been in existence in the country for many years, especially since the recent HIV/AIDS pandemic which saw many parents dying, with children orphaned and remaining in the care of families. It is a preferred form of foster care which, according to Fortune (2016:22), is an informal private arrangement of care by the biological family of a child in need of care and protection. The biggest advantage of this type of foster care is that it preserves the family system in line with the request of international, national and local treaties.

Even though this is a preferred method of care for OVC, the government has not yet regulated it as part of the childcare protection system, since children placed with families are not assumed to be in need of care and protection (SA DSD 2019). Local studies demonstrate that the family system in the country is under tremendous pressure, making kinship care very difficult and causing more children to end up in CYCCs (Bovu 2020, Manthosi 2020). Subsequently, the Covid-19 pandemic saw the family system further challenged in the face of a weak social protection system, poverty, crime and drug abuse, causing families in kinship care to struggle to meet basic needs (UNICEF 2020B). In a study on the experiences and perceptions of grandparents rendering foster care to their offspring, Manthosi (2020:45) recommends that kinship care be specialised to enable individual social workers to render more individual support to families. These studies illustrate an unfortunate reality in South Africa of deteriorating family systems and limited family-based alternative care placements, which ultimately cause CYCCs to become the only option.

- ***Cluster foster care***

Another form of foster care is the cluster foster care programme: a provision in terms of article 3(e) of the Children's Amended Act 41 of 2007 (SA 2008:10) that provides for children to be placed in foster care in a community. In a registered cluster foster care programme, a household may have up to six children who have been found to be in need of care and protection by the children's court. These houses are supported at the community level up to a maximum of 10 households, bringing the total number of children per cluster foster care programme, to a maximum of 60. The cluster foster care programme must be managed by a non-profit organisation and registered by the provincial head of the DSD. Under the cluster foster care programme, family members (kinship foster care) or foster parents (not related to the children in need of care and protection), chosen and vetted by the DSD can care for children in need of care and protection (SA 2005).

- ***Residential care in a child and youth care centre***

A CYCC is a form of residential care that has more than six children and is registered with the DSD (SA 2005, s 191). The CYCC is a relatively new concept in the South African childcare legislation. The concept was introduced to avoid stigmatisation attached to 'children's homes' and 'orphanages' (Davel & Skelton 2007:15). According to the literature, there are no definite statistics available on the exact number of CYCCs globally (Stats SA 2020). Despite its importance, many countries still lack accurate statistics on the number, characteristics, and criteria for well-being of children in residential care settings (Wilke & Howard 2022:94). In many countries, official records only capture a small fraction of the actual number of children living in residential care and children in

privately owned centres are not counted (UNICEF 2020A). Local studies by Chimpagne and Bond (2020) and Van der Walt (2018) suggest that there are approximately 345 registered CYCCs with about 21 000 children in South Africa alone. In most countries the rates of children entering and staying in care have risen steadily over the last decade, leading to widespread concern about the crises in their childcare systems (Thomas 2018, Sibanda & Lombard 2020). Advocates and activists for children's rights in Europe believe that this is a massive abrogation of the rights of children to be raised in a loving and caring family environment. (Sacur & Diogo 2021:88).

2.7 CHILD AND YOUTH CARE CENTRES AS ALTERNATIVE PLACEMENTS FOR CHILDREN IN NEED OF CARE AND PROTECTION

Worldwide, residential care settings operate under different names such as children's homes, orphanages, institutions, shelters and more recently CYCCs. Residential care – also referred to institutionalised care – is typically seen as the last option on the continuum of care (SA 2005, ACWRC, UNCRC). Whether short- or long-term, it must be seen as an interim mode of care for OVC, given the widely accepted philosophical approach that children should be fostered and developed within a parent- or family-based context.

- **Global perspective**

It remains challenging to determine the number of children in residential care settings globally, particularly in CYCCs, because they are subject to various types of registration and governmental inspection, not to mention the facilities which are unregistered (Petrowski, Cappa & Gross 2016:390). An estimated figure of eight million children in

residential care worldwide has been used for many years; however, Olarte (2021:2) claims that the global enumeration survey conducted offers the most up-to-date and reliable estimates of the number of children living in institutions worldwide to be approximately 5.4 million children. A range of statistical estimates ranging from three to more than nine million children was used to arrive at this figure, which does not indicate a reduction in children placed in these facilities over the years (Olarte 2021:2). Although some countries appear to have already made the transition from residential care to family-based care, there are still many countries where the placement of children in CYCCs is a necessary or preferred option (Balsells Bailon et al. 2018, O'Connor Funcheon & Brady 2021).

The literature on residential child and youth care has grown significantly since the turn of the 20th century, particularly in the US, Canada, the UK and Europe (Jedwab et al. 2018, Carlson et al. 2020, Marrus & Laufer-Ukeles 2022). There seem to be significant differences in the manner in which CYCCs are managed in various countries, with some owned and managed by the state and others privately owned.

Offering an international perspective on residential care for children, a study by Hamilton-Giachritsis (2020:2) found that in Argentina, residential care facilities are both state- and privately owned with those run by the state known for poor management and non-participation of children. Residential care facilities in Brazil had many positive changes over the last few years in terms of mandatory IDPs for children and short-term placements in CYCCs with a maximum period of two years (Hamilton-Giachritsis 2020:5). In a study across England/Wales, Germany, Portugal and Slovenia, Meysen and Kelly (2018:108) found that the majority of residential facilities in Portugal are private and NGOs which are managed by the Catholic church (Rodrigues et al. 2019:248). These Portuguese residential care facilities (also referred to as 'factories of psychopathologies'

or ‘child warehouses’) led to multiple problems when parents failed to adjust their parenting practices in order for children to be reunified (Meysen & Kelly 2018:223). These studies demonstrate that some countries have made significant strides over the years, while others have a bad reputation concerning the placement of children in residential care facilities.

A Mexican study conducted by Corral, López and Armenta, (2022:153) on children in residential care concluded that a lack of access to family placements and family support programmes meant that residential care became the main method of child protection. Mexican residential care facilities have only been subject to regulation since 2014. Prior to this, data of children in residential care and their living situations were non-existent (Corral et al. 2022:150). It is evident by the above research studies that countries are paying attention to children in residential care, even though perceptions differ significantly regarding whether or not the placement is beneficial for children.

- **African perspective**

In African countries, children are mainly placed in residential care as a result of circumstances including abuse, extreme poverty, and lack of resources, education and access to health (James & Roby 2019:325). The HIV/AIDS pandemic which swept over the continent is one of the main reasons why children became orphaned, ending up in residential care facilities (Nnama-Okechukwu & Okoye 2019, Chiimba 2020).

Over one million of the world’s orphaned population live in Ghana where the only option besides kinship care is residential care (UNICEF 2017). A Kenyan study conducted by Bettmann et al. (2017:40) found that Ghana had approximately 148 residential care

institutions although only a handful were registered with Ghana's DSD. These facilities operate without any accountability which could lead to children being removed from one vulnerable situation to another (Bettmann et al. 2017:48) There is a belief that children in eastern and southern Africa are better protected from abuse, exploitation and violence since these regions have initiatives in place to prevent and deal with abuses of children's rights. These have expanded and improved, and public awareness efforts to draw attention to violence against children have been improved (Gwenzi 2019, Chege & Ucembe 2020).

A Kenyan study by Chege and Ucembe (2020:57) confirms that neglect, abandonment, physical and humiliating punishment, sexual abuse, child labour, early marriages and trafficking continue to be problems for most African children. In recent years the situation has become desperate in parts of Kenya, where parents occasionally let their children enter residential care facilities, whose representatives will go from door to door recruiting children for placement. Many of the residential care facilities take in large numbers of children in order to attract funders (Cheney & Ucembe 2019:41). Residential care facilities in Africa have expanded in recent years, as families and local safety net institutions struggle to keep up with the current socioeconomic demands (Mhongera 2017:381).

- **South African perspective**

The South African government is required to offer secure residential facilities as an alternative form of care for OVC in need of care and protection (SA 2005). According to section 191 of the Children's Act, a CYCC is a form of residential care that can provide for more than six children and is registered with the DSD. If no other alternative placement such as foster and kinship care are available or suitable, and if in the BIC a

CYCC is used as a last resort (SA 2005). As with all forms of alternative care, the goal is to assure the child's security and continuous development with a view to reunifying them with parents or the family. A court should examine the residential programme the child needs in accordance with their IDP while deciding whether to place them in a CYCC. Each child removed and placed in alternative care is required to have an IDP that details the programmes and services they require (Mnisi & Botha 2016:227).

The primary goal of CYCCs is to offer children tailored programmes for holistically developing them in accordance with their unique therapeutic and developmental requirements as indicated in their IDP (Van Breda 2018A:513). In situations where the child exhibits criminal behaviour, the parent or caregiver is unable to supervise the child, or the court determines that the child needs treatment for drug addiction, other options include placing the child in a secure CYCC (SA 2005). While secure care facilities for children in conflict with the law are also classified as CYCCs, the management and legal jurisdiction is handled in accordance with the Child Justice Act.

Care of children in CYCCs is provided mainly by CYCWs, with social workers mainly providing therapeutic services (Johannisen et al. 2019:13). A national research study by Jamieson (2017:470), on children and young people's right to participate in residential care, found that the residential care system in South Africa has many challenges such as children without legal court orders and IDPs. Van Breda and Dickens (2016:256) support this finding, stating that children in CYCCs are traumatised and vulnerable to social exclusion because of the institutionalised form of care, further away from the family and community of origin than a foster placement would be. CYCCs are often characterised by unhealthy living arrangements such as forced co-habitation and fixed routines which are not tailored to children's individual needs.

2.8 FAMILY REUNIFICATION

Family reunification, in the context of the child protection system, refers to the process by which children who are vulnerable, abandonment, neglected, abused or orphaned return to the home of their birth families following a required period of separation (Balsells Bailón et al. 2018, Hovarth Nabieu & Curtiss 2019, Maltais, Parent & Pascuzzo 2019). The decisions to remove and reunify children is essential and challenging in child protection because of both the short- and long-term impact it may have on the family unit and the life of a child (Chambers et al. 2018, Frimpong-Manso & Bugyei 2019, Amos et al. 2022).

- **Global perspective**

Over the last decade, reunification of children – specifically those in residential care – has gained attention from researchers and policymakers around the world (Jedwab et al 2018, Van der Walt 2018, Nnama-Okechukwu & Okoye 2019, Harris 2020, Martin et al 2020, Wilke et al. 2020, O'Connor Funcheon & Brady 2021). Although there are differences in the process of reunification internationally, most authors and researchers agree that its process is lengthy and delicate, needing careful preparation, planning, intervention and follow-up care (Jedwab et al 2019, Amos et al. 2020). As families work towards reunification, it is the responsibility of the social worker to constantly assess the family's needs, strengths and capacity to provide a safe environment for the child (Child Welfare Information Gateway 2011).

A US study conducted by Berger and Slack (2020:25) found that when children and families are provided with the necessary assistance from social workers, children in

CYCCs are reunified with families fairly quickly. Jedwab et al. (2018:63) agree that social workers are needed to assess the needs and strengths of children and families by creating a case plan with birth parents to address the problems that caused the child's removal, and to ensure that the child may be safely reunited. Such a case plan will often include attending panel meetings, taking parenting classes, dealing with alcohol and drug abuse, paying child support, and organising visitation with the child (Martin et al. 2020, Sibanda & Lombard 2022,). The main purpose of such a plan is to assist parents to work towards reunification goals, supported by the social worker. A study conducted by D'Andrade (2019:540), places this purpose in perspective by stating that most parents struggle with multiple challenges such as poverty, addiction and mental health, which can contribute to a lack of parental skills. It is therefore of utmost importance that families be supported, educated and referred to appropriate organisations that are able to assist them (D'Andrade 2019:525).

Subsequently, the needs of both the family and the child should be addressed before the child and parents are reunified. An interesting point raised by Maltais et al. (2019) in a Canadian study is that the vision and perceptions of the social worker do not always match those of parents, which can cause delays in the family reunification process. It is therefore essential that social workers build positive relations with both parents and children in order for parents to perceive them as less threatening and more helpful (Maltais 2019:374). Reading through the literature, it becomes apparent that the role and the actions of the social worker in the reunification process are vital and can ultimately determine success or failure of the placement of children back with the family.

- **African perspective**

In African countries, factors such as the HIV/AIDS pandemic, poverty, continuous weakening family bonds and migration make it hard for OVC to be reunified with their families. A study conducted at an orphanage in Ghana by Frimpong-Manso and Bugyei (2019:371), found that there were certain obstacles preventing the children from successfully reintegrating into their families and communities, which included stigma and discrimination, poor living conditions, connection loss and educational hurdles. The study concluded that the main culprits were financial issues, a lack of participation in decision-making by children and families, and lack of adequate planning by social workers as the root causes of limited reunification of children with families (Frimpong-Manso & Bugyei 2019:365).

According to Chege and Ucembe (2020:57), child protection social workers are mainly responding to poverty and treating the symptoms without addressing the underlying issues. Therefore, children remain in CYCCs, mainly referred to as orphanages, in most African countries for long periods because limited or no support is granted to families. Frimpong-Manso and Bugyei's (2019:366) in a Kenyan study found that children were not benefitting from being placed in CYCCs especially if there is not a proper model for family reunification. The authors suggest that it was not the child protection professionals who were making decisions on family reunification but often the management and staff at CYCCs who would judge a 'good family' and stable family environment from their own perceptions. This means that children from villages often remained at facilities for many years (Frimpong-Manso 2022:262).

These studies demonstrate a scary reality on the African continent where the placement of children in CYCCs could mean a permanent or long-term removal from their family and community of origin. According to Nigerian reports, unlawful children's homes and other residential childcare facilities have evolved into black markets where children who should be cared for are harmed, trafficked, and sold since there are no interventions from child protection social workers for reunification (Owolabi 2017:268).

Another Nigerian study by Nnama-Okechukwu (2019:50), suggests that there are millions of OVC in need of family-based care, and social workers and other child welfare professionals must play a critical part in searching for such care instead of placing children in places like CYCCs. Several authors have demonstrated that there is an urgent need for social workers to shift their focus back to families and become involved in the screening, training and supervision of families and foster caregivers (Amos et al. 2017, Nnama-Okechukwu 2019).

- **South African perspective**

In South Africa, the Children's Act mandates social workers to render family reunification services to families and children immediately after removal and placement in a CYCC. This court order allows a two-year period after which the DSW may return to the court to provide reasons why reunification with the family was not possible. As in other African countries, there is often little improvement in the circumstances of the families after the removal of a child due to social factors such as poverty and unemployment, which can lead to children remaining in CYCCs for long periods (Van der Walt 2018, Van Breda & Frimpong-Monsa 2020).

Despite the placement of children in South African CYCCs being for a short term, the majority of children remain for the long term because the country also lacks a family reunification model (Sibanda & Lombard 2022:91). Van der Walt (2018:630) puts this in perspective by stating that although local legislation emphasises the rendering of family reunification services to children and families as soon as a child is removed from parental care, the reality is that the process is complicated and often fraught with its own challenges. Potgieter and Hoosain (2018:438) give a few examples of parents' experiences of family reunification services, indicating that most social workers struggle with a lack of resources and extremely high caseloads, which may prevent them from delivering effective reunification services. The same study concludes that poor working conditions are the reality for South African social workers, where caseloads can average from 100 to 150 per worker. Dealing with a caseload of this magnitude can cause a difficult challenge for social workers in their ability to focus on the strengthening of families, which is ultimately the primary goal. According to Pistor (2019:59), social workers in South Africa are constantly working in crisis mode, responding only to crisis situations.

Similarly, Van der Walt (2018:651) contends that the country's welfare system is in crisis, being under-capacitated and lacking the resources and expertise necessary to handle the commitments placed upon it. Recently several authors agreed that child protection organisations, especially NGOs, are understaffed, under-resourced and overburdened with high caseloads which contribute to the challenges in delivering effective family reunification services (Pistor 2019, Harris 2020, Sibanda & Lombard 2022).

2.9 THEORETICAL FRAMEWORK – ETHICS OF CARE

From an ethics of care perspective, caring for children requires caring for the relationships with their parents and the vulnerabilities of the family (Nissen & Engen 2021:279). Tronto (1993:127) suggests that there are five dimensions of care: attentiveness, responsibility, competence, responsiveness and integrity. Freedberg (1993), Parton (2003) and Weick (2000) all point out that social work has always been regarded as a profession that placed ‘care’ as the fundamental core of its value base. Ethics of care theory provides useful insights into how social work practice can maintain its commitment to reducing suffering and promoting client autonomy and well-being (Parton 2003, Banks 2016).

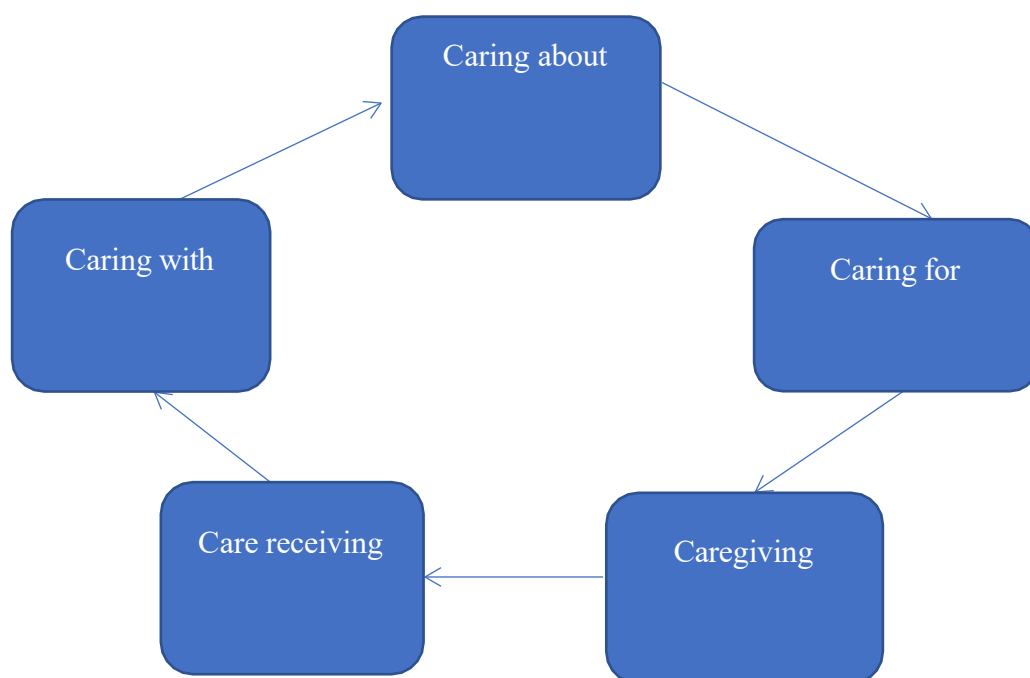
The common presumptions of care ethics are a collection of interconnected debates concerning the nature of the good in interpersonal relationships and the processes by which moral agents come to and use knowledge of the good. The first of these common presumptions regarding care ethics is referred to as a ‘relational ontology’ by Sevenhuijsen (2000:11).

Firstly, the ethics of care shifts the focus of moral inquiry from people and their rights to the interdependence of humans and their responsibilities to one another. Second, the ethics of care maintains that people's casual and interpersonal relationships are a suitable subject and starting point for moral discussion, acknowledging the inherent moral worth of every individual. Third, these ethics emphasise the moral posture or disposition of caring on how moral subjects should treat others with compassion, acknowledging that every individual is special and irreplaceable and that every moral choice has a specific context. Fourth, because the core principles of care ethics are nurturing, providing care

must also be a process that supports the development of individuals involved in the relationship as well as their readiness to assume flexible obligations towards one another.

In order to make a case for care and to set guidelines for behaviour in interpersonal relationships, Tronto (2013:140) puts forth a second-generation ethics of care. This generation consists of five phases with different responsibilities: **Attentiveness** (caring about) – recognising a need for care; **Responsibility** (caring for) – taking responsibility to meet that need; **Competence** (caregiving) – the actual physical work of providing care; **Responsiveness** (care-receiving) – the evaluation of how well the care met the caring needs, and **Integrity** (caring with) – caring needs to be consistent with democratic commitments to justice, equality and freedom for all, as visualised in Figure 2.2.

Figure 2.2 The interlink of the elements of care



Source: Tronto 2013

- **Attentiveness**

The element of care in the framework of Tronto (2013) is ‘caring about’. The step of attentiveness is observing the caring needs of individuals or groups (Tronto 1993:99). In caring, is thus defines relationships as having two fundamental roles: the ‘one-caring’ and the one ‘cared for’. In the context of the present study, children are found in need of care and protection, removed from the care of their parents, family and community and placed in a CYCC. The role of the family reunification social workers (caring), is to recognise that the family and children (cared for) have a need for care – in other words, being attentive to the need for care. This involves a capacity to genuinely look from the perspective of the one in need (Tronto 2013:34). Social workers should be able to recognise that families are struggling with issues that initially caused the removal of their children, and placement in CYCCs.

In the context of this study, social workers are attentive to the needs of the children who are removed from the care of their parents and are attentive also to recognising that such children are to be reunified with their parents or families. While showing care, it is possible to create an environment that promotes reciprocity, reciprocal affection, interest in others and showing concern for the welfare of others (Rykkje, Holm & Hem 2021:20). This is precisely the role and responsibility that social workers assume when they engage with family reunification services; being attentive to the welfare of others means the reunification of children with their parents/families.

- **Responsibility**

The second element is ‘caring for’, which means ‘taking on the burden of meeting the needs identified in caring about’ (Tronto 2013:34). Sharing authority and control over the helping process as a shared duty will help to create a safe environment and a space for communication, both of which are essential in caring relationships (Kemmis 2006:460). Therefore, from a deontological perspective, taking care of other people is a duty or responsibility rather than a way to show someone you love or care about them (Tronto 2013:101). Linking this to the current study, social workers are mandated; in other words, they have the responsibility to render family reunification services to families and children as soon as a children’s court finds a child in need of care and protection (SA 2005).

In addition to the mandated responsibility, social workers are required to facilitate this mandate within required timeframes. For example, a children’s court inquiry must be concluded 90 days from the date of the initial removal of the child. Then the responsibility of finding a suitable CYCC for the child to remain in care for a period of two years while rendering family reunification services. During the two-year period, the DSW has the responsibility to provide the parents/family with family-strengthening services, addressing the issues that caused the child to be in need of care and protection in the first place. For example, if the issue was child neglect due to substance abuse, then the DSW has the responsibility to assist the parents with rehabilitation services. Therefore, the social worker carries a moral responsibility, that is to say, a responsibility for the well-being of people during the process.

- **Competence**

Giving care is the third element in the framework, and relates to the competence of the caregiver. With reference to the role of social workers in family reunification services, the Child Care Act (SA 2005) stipulate that only qualified social workers may provide such services. In this study, I intentionally recruited social workers with at least two years' experience in family reunification services as they would have sufficient knowledge and experience of the requirements for and challenges associated with reunification services. This competence element entails the actual caregiving, which is a demanding task according to Tronto (2013:101).

Consequently, social workers cannot merely take responsibility and admit the need to care, but not provide sufficient follow-through to offer effective care, meaning reunification services. It almost always requires the caregiver (referring in this study to the social worker) coming into direct contact with the care-receiver. For the DSW, the care-receivers are the parents/family. In the case of the RSW, the care-receiver is the child in the CYCC. Being competent to facilitate and execute a certain action (which means being qualified with experience in providing effective family reunification services) is therefore required in order to give care effectively.

- **Responsiveness**

The fourth element in the framework is care-receiving, which involves evaluating care and monitoring how people react to it. For this reason, the moral attribute of responsiveness is necessary (Tronto 2013:102). Responsiveness signals an important moral problem within care which, by its nature, is concerned with conditions of

vulnerability and inequality (Tronto 2013:98). Instead of putting oneself in the shoes of those who are vulnerable, it is a different way to comprehend inequality and vulnerability. Care-receiving involves the recipient's response to the care given, which requires that the person being cared for is responsive to the care received.

Families whose children are removed and placed in CYCCs are expected to receive assistance from social workers and need to be open to receiving such care. The success of the family reunification is dependent on how open the families and children are to receive the care in order to change the circumstances that caused the separation initially. Social workers will only know how effective family reunification services are if they evaluate their efforts. Part of such evaluation often entails examining the statistics of successful reunification, being cognisant of and dealing with the challenges that hamper reunification, and engaging the children and parents or families regarding their experiences of the services received. Many organisations use evaluation or customer services surveys to establish the efficacy of the services provided. In my experience, CYCCs base their success rate on the number of children who are reunified with their families. However, as far as I am aware surveys and exploring the child and families' experience of the services are not commonly used.

Tronto (2013:23) adds a fifth and final stage: 'caring with' (democratic caring) that highlights caring needs and practices to be aligned with democratic commitments to justice, freedom and equality for all. The ethics of care maintain that the act of helping those in need of care to make decisions and providing for their needs is a duty rooted in respect and concern for a just cause – which ultimately benefits society by improving human relationships on a social, personal and global scale. The removal of a child from the family ultimately leads to the breakdown of the family system which could negatively

impact society. The purpose of family reunification is to mend the broken family system by providing for the needs of both the family and the child to enable the family to function optimally. Therefore, family reunification services are rooted in principles of respect for the worth and dignity of the individual in the family and the family as a whole. Family reunification is a just cause in the sense that every child has a right to be part of a family and to live in a safe family environment; these are fundamental human rights. Because societies consist of families, when a child is reunified with their family, there is improvement in human relationships at all levels.

2.10 CHAPTER CONCLUSION

Globally, millions of children are found in need of care and protection and placed in alternative care. In South Africa, many children are placed in CYCCs every year and reunification with families presents many challenges.

It was concerning to learn that there are not many South African studies which confront these challenges. I intended to learn more about the issue from those directly involved in reunification services delivery: the social workers. In so doing, I wish for the findings of the study to add to the body of knowledge in the hope of responding to this gap.

The elements of the ethics of care, namely attentiveness, responsibility, competence, responsiveness and integrity provide a useful framework as a means of understanding the experiences of social workers rendering family reunification. The theory demonstrates that a caring approach does not need to strip clients of their autonomy and self-determination, but recognises the importance of relationship-building, compassion and

empathy and the needs of vulnerable families and children with whom social workers come into contact.

The next chapter presents the methodology that was employed in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of the research was to gain a better understanding of how social workers experience the family reunification process of children in CYCCs. With this in mind, the research question was: The previous chapter presented the literature review relating to family reunification and the theoretical framework. This chapter describes the research methodology that was implemented in the study.

3.2 RESEARCH PARADIGM

A paradigm is a worldview or a philosophical orientation on which a researcher's perspective of the world and of research is based. A research paradigm determines the approach and manner in which research is conducted (Creswell, 2014) and consists of four elements, namely ontology, epistemology, axiology and methodology (Denzin et al. 2017:490).

In research, **ontology** refers to a philosophical framework that involves researchers' beliefs regarding the fundamental nature of the social world or reality (Leavy 2022:15). Ontology also relates to researchers' perceptions of phenomena in the real world (Taylor et al. 2015:55). This study was based on my ontological assumptions as a social worker rendering reunification services, where multiple interpretations, scope and nature of such services are provided. Therefore, my experience as a social worker employed in a CYCC and rendering family reunification services formed the basis of my views that there is a

gap in knowledge and a lack of evidence of the experiences of social workers regarding family reunification services.

The philosophical framework of researchers' beliefs about the process of research and about the principles that determine what is considered to be knowledge, is known as **epistemology** (Leavy, 2022:20). The principles or criteria employed for what is considered to be knowledge are based on "how we know what they know" (Creswell, 2014:41). In the current study, my epistemological assumptions were based on my experience as a social worker who works in a CYCC and renders family reunification services. My epistemological assumptions are shaped and influenced by my knowledge of family reunification services which developed through my interaction with social workers from NGOs and the DSD who also render such services and which influenced how I think and practise as a social worker. Accordingly, my belief, engagement and experience with other social workers also in the field of family reunification services have formed my knowledge regarding this topic.

Axiology is belief that research is fundamentally grounded on ethical principles such as care and concern, shared governance, moral principles and the quest for adding to the greater good (Denzin & Lincoln 2018:799). As a registered social worker and academic scholar, I am guided by social work values and ethics in conducting this research study and ensured the conduct and processes facilitated in this study, were grounded on Rule 4 (e) of the Social Service Professions Act (100 of 1978).

3.3 RESEARCH METHODOLOGY

In order to ensure that the research has educational value, practical application and that the participants in the study were protected, it was crucial to adhere to a defined methodological process (Creswell 2009:96).

3.3.1 Research approach

A qualitative research approach is defined as a process of studying human action from the perspective of the social actors themselves, describing and understanding human behaviour rather than simply analysing it (Babbie & Mouton 2016). Using a qualitative approach can also help to understand what is seen, heard and understood about the social phenomenon being studied (Creswell et al. 2007:236). Similarly, Guest et al. (2011:13) define a qualitative research approach as scientific research that seeks answers to a topic by systematically applying a predefined set of procedures to answer the issue, collecting data, and creating findings that are not predetermined. Bloomberg (2011:20) states that qualitative researchers examine people in their natural environments and make sense of or interpret things in terms of the meanings people assign to them. The approach is popular because it allows for flexibility in all elements of the research process. Generally, data is collected by means of interviews and focus group discussions with participants.

A quantitative research approach, on the other hand, is a procedure in which a researcher follows the natural science approach. This involves collecting data following a specified set of methods, attempting to remain as objective and unbiased as possible (Bless et al. 2013:42). According to Guest et al. (2011:35), a quantitative research approach is a procedure that aims to confirm or disprove hypotheses by using a more rigid style of

soliciting and categorising replies to questions via methods such as questionnaires, surveys and organised observation. Therefore, to investigate the core nature of a problem, issue or phenomenon as in the current situation, a qualitative approach is deemed more suitable than a quantitative approach.

Mixed methods research is a combination of qualitative and quantitative approaches in a sequential manner. Mixed methods broaden the body of knowledge, produces a larger range of more interesting research questions for later studies and provides deeper insights into the phenomenon being studied. In addition, it enables the collection of data that might be overlooked when using a single research design (Caruth 2018:115). Mixed methods research is more complex, time-consuming and all-encompassing than other methods, and might require a study team (Creswell 2021:12).

Given the nature of the current research, it was necessary to obtain perceptions from the participants' own points of view in describing and comprehending their experiences. The emphasis on understanding social workers and their world was the reason why this research study was conducted using a qualitative approach. It was therefore considered appropriate because I explored the topic from the perspective of the participants in order to gain in-depth information and understanding about their lived experiences in rendering family reunification services to children in CYCCs.

3.3.2 Research design

The research design is a plan or structured framework which describes the research process to be employed to solve the research problem (Babbie & Mouton, 2010:208). According to Bhattacharjee (2012:2), descriptive research attempts to characterise a

condition, problem, phenomenon, service or programme in a systematic manner, or gives information about a field of study. The emphasis of descriptive research is on the detailed description of the phenomenon under investigation. It gives critical information that determines the scope of a certain problem (Babbie & Mouton, 2016). The descriptive design was used in this study since it resulted in a describing the experiences of social workers working with families and children in CYCCs. Also, descriptive designs answer the what, when and where questions, while explorative designs answer the why and how questions (Babbie & Mouton 2009). Descriptive conventions were included in the research design to provide information to systematically describe social workers' experiences of family reunification, the challenges involved, and the population that was studied.

I combined the two designs in this study to allow me to explore the experiences of social workers when providing family reunification services to children in CYCCs, to understand why they have these experiences, and to explore and describe any concerns related to those experiences. The descriptive design was most dominant since it allowed a holistic overview of the day to day experiences of social workers. The combined design was employed because they gave me the flexibility to explore, identify and describe the lived experiences and perceptions of participants in their natural environment (Babbie & Mouton 2009:101). The combination of the two designs was best suited to address the research question, aim and objectives.

3.4 Population and sample

The research population refers to the complete group about which conclusions will be drawn (Babbie 2013, Etikan & Bala 2017). Social workers rendering family reunification

services to children in CYCCs in the Cape Metropole area were the population in this study. The population was chosen carefully according to various criteria to ensure that the information gathered would add value and make a meaningful contribution to the study. Specifically, the population consisted of family reunification social workers who had had at least two years' experience in rendering family reunification services to children in CYCCs.

It is impossible to interview every member of the population and for this reason, a sample must be chosen, referring to a number of people selected from the population who truly reflect the topic being studied (Taherdoost 2016:18). According to Wagner and Esbensen (2012:505), a sample is a subsection of the larger group of people from whom sampling units are selected. The methods of sampling are important in determining who is selected to shed light on the phenomenon being investigated. Therefore, the sampling methods and techniques need to be aligned to the aim and objectives of the study so that the sample is representative of the population.

3.4.1 Sampling methods

Sampling methods fall into two categories: probability or non-probability sampling (Taherdoost 2016:19). By using **probability sampling**, every item in the population has an equal chance of being included in the sample (Etikan & Bala 2017:20). Probability or random sampling has the least bias but may be the most expensive sample in terms of time and energy for a given degree of sampling error.

Non-probability sampling, which is based on a researcher's assessment of the qualities of a representative sample (Bless et al. 2013), was chosen as the sampling method for the

study. It does not provide a foundation for estimating the likelihood that any given element in the universe will be included in the study sample (Etikan & Bala 2017:21).

Purposive or judgemental sampling is an approach in which specific situations, people or events are purposefully chosen to offer crucial information that cannot be obtained through other options. It is used when a researcher includes instances or individuals in the sample because they believe they are important. (Etikan & Bala 2017:25).

3.4.2 Sampling technique

I employed **purposive sampling**, which Campbell et al. (2020:658) defines as a procedure in which units to be observed are picked on the basis of a researcher's judgement as to which research participants will be most valuable or representative. The selected sampling method for the study was therefore non-probability sampling technique, using purposive sampling specifically.

Purposive sampling is also known as judgemental, selective or subjective sampling, which relies on my judgement when picking the units to be investigated. Typically, the sample size is fairly small, especially when compared to probability sampling techniques. It is a type of non-probability sampling in which I made decisions about which individuals to include in the sample based on a variety of criteria such as specialist knowledge of the research issue or capacity and willingness to participate in the research (Babbie & Mouton 2016).

By using a purposive sampling technique, it allowed me to research themes and patterns of a specific population which in the case of this study was family reunification social workers who work in the context of CYCCs. Although the sample was not very big, using

the purposive sampling technique allowed me to obtain the information required to address the study objectives. It also allowed me to concentrate on particular traits, experiences, and occurrences that were essential to the research topic and allowed a deeper and more comprehensive understanding of what family reunification to children in CYCCs entailed.

Purposive sampling made it possible to choose social workers who had first-hand experience within family reunification and CYCCs and who were well experienced and knowledgeable within the profession and on the research issue. Since resources, such as time and money, were limited for this study, purposive sampling offered a practical approach to focus on participants, in this case social workers working with families and children in CYCCs, who provided valuable data.

According to Whitehead and Whitehead (2016:120), purposive sampling involves deliberately selecting several individuals for a study with prior knowledge of their characteristics. Therefore, the sampling criteria were as follows:

- Social workers from the DSD who render reunification services to families whose children are in CYCCs;
- Social workers from four NGOs rendering reunification to children in CYCCs and their families;
- Social workers working with children in four CYCCs in the Cape Metropole area.

Additional criteria were that all social workers must have Bachelor of Social Work (BSW) degree, be registered with the South African Council for Social Services Professions and have at least two years' experience in reunification services. The rationale for the two-

year requirement was that placements are renewed every second year as stipulated in the Children's Act (SA 2005). Therefore, social workers with less than two years' experience do not have the full experience of the removal and reunification process. Social workers with postgraduate degrees such as a Master of Social Work (MSW) also met the inclusion criteria.

Excluded from the sample were social workers offering reunification services for foster children, those working in CYCCs but not involved in family reunification services, and those offering reunification services but with less than two years' experience. The inclusion and exclusion criteria are in line with assertions by Nicholls (2009:640) that the sample in qualitative studies should provide suitable and sufficient insight into study participants' experiences, use people who will expand the researchers' interpretations, and participants should reflect a variety of human experiences.

3.4.3 Sample size

The determination of sample size in qualitative research is contextual and based to some degree on the scientific paradigm under which the research is taking place (Boddy 2016:426).

The sample size in qualitative research methods is frequently smaller than in quantitative research methods. This is due to the fact that qualitative research is concerned with gaining an in-depth understanding of a phenomenon or is focused on meaning (and heterogeneities in meaning), which are often centred on the how and why of a specific issue, process, situation, subculture, scene or set of social interactions (Dworkin 2012:41).

The planned sample size was 12 participants from organisations including the DSD, NGOs and CYCCs in the Cape Metropole area offering family reunification services to children in CYCCs. Subsequently, I obtained a list of 16 social workers who were contacted telephonically and via email to determine whether they met the inclusion criteria and whether they would be willing to participate in the research study. Using a sample size with less than 20 participants allows researchers to get to know the respondents well and increase the validity of detailed, in-depth study in naturalistic environments (Crouch & McKenzie 2009:483).

It was interesting to learn that most social workers were not just willing but eager to discuss their experience of family reunification services. Twelve social workers who fit the sampling criteria were recruited to participate in the study to include an equal number of social workers employed by the respective organisations. They confirmed their willingness to participate in the study and consented. Since they were familiar with the CYCC where I am employed, all opted to be interviewed at the particular CYCC and agreed to the dates and times for the interviews that I proposed.

However, some challenges arose when some participants frequently postponed interview dates due to their busy schedules, requiring me to make alternative arrangements. Fortunately, data saturation was reached after interviews with 11 participants. Data saturation is the stage in data collection when all significant problems or insights have been resolved, indicating that the conceptual categories that make up the theory are "saturated," meaning that the resulting theory is thorough and solidly supported by the facts (Hennink & Kaiser 2022:2). After the eleventh interview I was confident that the research question and research objectives of the study were successfully answered. As stated by Francis et al. (2010:1), a key sign that a sample shows saturation is when the

data gathered have caught the complexity, diversity, and subtleties of the topics under investigation.

The 11 participants eventually formed the final sample, which consisted of social workers who were rendering family reunification services to children in CYCCs working in the Cape Metropole.

The demographic profile of the participants is presented next in Table 3.1.

3.4.4 Demographic profile of participants

Table 3.1 Demographic profile of participants

Participant	Gender	Qualification *	Experience in Social Work	Experience in family reunification in CYCCs	Organisation
1	Female	BSW	34 years	20 years	NGO
2	Male	BSW	3 years	3 years	DSD
3	Female	BSW	4 years	2 years	NGO
4	Female	BSW	5 years	2 years	CYCC
5	Female	BSW	6 years	5 years	DSD
6	Female	BSW	12 years	12 years	NGO
7	Female	BSW	3 years	3 years	NGO
8	Female	BSW	11 years	7 years	CYCC
9	Female	MSW	12 years	7 years	CYCC
10	Female	MSW	30 years	5 years	CYCC
11	Female	MSW	6 years	6 years	DSD

* BSW = Bachelor of Social Work degree; MSW = Masters of Social Work degree

One male and ten female social workers participated in the study. It is not uncommon for there to be a greater number of females since social work is considered a female-dominated profession. All of the participants had a BSW and three had an additional MSW. The participants had between 3- and 34-years' experience in social work and from 2 to 20 years' experience in family reunification services. Specifically, three participants were from the DSD, four from NGOs and four from CYCCs. The participants selected for this study were a representative sample of the population of social workers in the Cape Metropole with vast experience in the field of family reunification services. They were therefore suitably qualified and experienced to offer insight into the issue of family reunification services in the Cape Metropole.

3.5 DATA COLLECTION

Defining the conditions of the study, gathering data through unstructured or semi-structured observations and interviews, documents and visual materials, and developing the technique for capturing information are all part of data collection (Creswell, 2009:101). Collecting data is the process of gathering information that will help answer the study questions. Various methods of data collection were available which I could have used in this study (Wagner et al. 2012). I chose semi-structured individual interviews, making use of a semi-structured interview schedule (Greeff et al. 2011:111) which was based on the literature review and the theoretical framework.

3.5.1 Pilot study

The interview schedule was tested by conducting an hour-long interview with one participant who met the inclusion criteria. Through the pilot study, the tool was evaluated

to ascertain whether the questions that were developed would answer the research questions and objectives. After the pilot test, there were not many changes made to the interview guide, but it did give me a chance to think about how to pose the questions, to be aware of giving the participants enough time to respond to the questions, to probe where I was unclear and to also be mindful of not interrupting participants while they spoke or were gathering their thoughts. These were all considerations that arose during the pilot study, and I was able to take cognisance of them and to amend the phrasing of one or two questions. After the interview tool was slightly amended, the revised questions were more appropriate to spark discussion and were more open-ended rather than directive or leading. This would allow participants the freedom to answer as they felt comfortable. The following questions were used during interviews:

Table 3.2 Interview questions and corresponding research objective

Interview questions	Research objectives
<ul style="list-style-type: none"> Can you tell me about your experiences of rendering family reunification services to children in CYCCs in the Cape Metropole area? 	<ul style="list-style-type: none"> To explore and describe the perceptions and experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole area.
<ul style="list-style-type: none"> What are your perceptions about the Children's Act 38 of 2005 mandate, which prioritises family reunification services? 	<ul style="list-style-type: none"> To explore and describe, from an ethics of care perspective, the perceptions and experiences of social workers rendering family reunification services to children in CYCCs.
<ul style="list-style-type: none"> What are your experiences working towards family reunification with children in CYCCs? 	<ul style="list-style-type: none"> To explore and describe, from an ethics of care perspective, the perceptions and experiences of social workers rendering family reunification services to children in CYCCs.
<ul style="list-style-type: none"> What are your experiences in working with other professionals in the family reunification process. 	<ul style="list-style-type: none"> To explore and describe the perceptions and experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole area.
<ul style="list-style-type: none"> How do you perceive the two-year period stipulated by the children's court for parents/families to change the circumstances that caused the initial removal? 	<ul style="list-style-type: none"> To describe, from an ethics of care perspective, the perceptions and experiences of social workers rendering family reunification services to children in CYCCs.

<ul style="list-style-type: none"> • What are your concerns regarding family reunification in the Cape Metropole area? 	<ul style="list-style-type: none"> • To describe, from an ethics of care perspective, the perceptions and experiences of social workers rendering family reunification services to children in CYCCs.
<ul style="list-style-type: none"> • How do you think reunification services can be improved for parents/families and children living in CYCCs? 	<ul style="list-style-type: none"> • To make recommendations for social work practice and policy relating to family reunification services.

The questions facilitated participants' open and honest responses. Through effective probing, I was able to obtain a full and rounded understanding of their perceptions and experiences. The care ethics theory that structured the study and the literature that was reviewed, served as the foundation for the questions. Answering the major research question and achieving the study objectives were aided by the combination of the care ethics theory and the literature review on the issue being investigated.

3.5.2 Individual semi-structured interviews

I conducted a total of 11 individual semi-structured interviews (Greeff et al. 2011:95) to permit the research participants to freely express their thoughts. With this adaptable framework, I was able to examine the participants' perceptions concerning their experiences of family reunification services to children in CYCCs. Participants were given the chance to speak openly about whatever they felt comfortable with during the interviews.

The guidelines proposed by McNamara (2009) were used to facilitate the interviews. These entailed (1) making sure the tape recorder was in working order, (2) avoiding double-barrelled questioning, (3) attempting to remain calm and neutral, (4) using probing to encourage responses, (5) being careful with facial expressions during note-taking, (6) making a gradual and conversational transition between major topics, and (7) keeping the

interview under control. In addition, open-ended language, impartial questions, asking one question at a time, using properly phrased questions and avoiding 'why' inquiries are all essential components of crafting good research questions for interviews (McNamara 2009).

These guidelines assisted me in preparing and facilitating the interviews. They gave me a measure of confidence and helped me to stay focused while conducting the research interviews, as opposed to counselling interviews with which I am more comfortable since I am an experienced social work counsellor but with little experience in conducting research interviews. It was important to be aware of the two distinctly different sets of skills.

According to Babbie (2013:5), interviews allow researchers to establish face-to-face interaction with participants. I worked out a suitable day, time and location to meet with the research participants while taking into account their circumstances, including their access to transportation, work and schedules. I made attending the interviews as convenient as I could for the research subjects. The information letter and consent forms containing all the information regarding the research study were emailed to the participants weeks prior to the interview date. Participants read and signed the consent forms again on the date of the interview, which confirmed that they understood the nature of the study, what was expected from them and their right to withdraw, withhold information and to stop the interview at any time. Fortunately, by signing the consent forms, all 11 participants consented to participate in the study and have the interview audio-recorded.

In order to put the research participants at ease and make sure they were comfortable, I answered any queries they had before and after the interviews. The interviews were scheduled to last between 40 and 60 minutes; however, participants were encouraged to take their time. I was aware that each participant had their own unique way of responding to the questions which involved the way they assimilated and interpreted the questions during the interviews. There were instances where I had to explain a question during some of the interviews and also instances where the response of the participant warranted a follow-up question from me. However, I did establish a time limit of 60 minutes to make sure the interview stayed on topic and did not deviate into unrelated conversations, or did not become a venting or counselling session. I transcribed every interview so that I could easily and comprehensively analyse them afterwards.

3.6 DATA ANALYSIS

Data analysis is a quest for broad conclusions about connections and overarching themes in a research project (Marshall & Rossman 2014: 98). It is therefore a process of sorting and arranging the data into manageable parts which I then dissect. The six steps recommended by Creswell (2014: 148) were used to analyse the qualitative data for this study, the aim of which was to understand the experiences and the perceptions of social workers in the Cape Metropole who are rendering family reunification services to children in CYCCs. The steps were used as follows to provide a methodical way to analyse the data:

1. I read the transcripts several times in an effort to determine their underlying significance and to reflect on their overall meaning.

2. The second step was to read through the data which included all 11 transcripts and the memos that I had written during the interviews to get a general understanding on the perceptions, experiences and thoughts that surfaced. These included the silences that arose during the interviews, which I made notes of on the transcripts and in a journal.
3. The third step, coding the data, involved describing the participants and setting and developing themes, sub-themes and categories, with the intention of providing general descriptions. This was a tedious process that lasted several weeks because as I went through all the transcriptions, the themes and sub-themes kept shifting. It was beneficial to have the supervisor review and offer feedback on the data analysis process in order to check for bias, consistency and accuracy. But even this back and forth information-sharing with the supervisor was a time-consuming process as I had several meetings and drafts of the coding process and codes submitted to the supervisor. These also served as a form of independent coding to add value to the data analysis and eventually also added to its trustworthiness.
4. During the fourth step, I used shortened codes for the topics, which were listed next to the relevant text in the transcripts. Once again, the supervisor's review of the list of topics, themes and sub-themes was helpful because I became so immersed in the process that my ability to distinguish between similar themes and sub-themes became blurred. Relying on the supervisor to offer guidance and constantly checking whether the finding related to the aim and objectives of the study was necessary I was tempted to focus on interesting and important issues that emerged from the data which did not, however, relate to the aim and objectives of the study. These additional issues were nonetheless mentioned in the findings as important factors worth exploring in future research.

5. I was cautiously aware of any potential new themes that might emerge from the data. A list of themes, sub-themes, original topics and leftovers were used for this. I found it challenging to leave out some factors that emerged during the interviews and data analysis that I believed were crucial but were not themes or sub-themes because only one or two people would bring up a specific issue. Once again, the supervisor assisted me in deciding how many actual themes would be included in the final thesis. As a result, the supervisor's objectivity helped to minimise these occurrences while also allowing me the freedom to decide what should and should not be included in the final report. At this stage of the process, multiple perspectives of the participants were selected by taking direct quotations from their narratives.
6. In the final sixth step, I made interpretations of the findings of the analysed data. This was done by comparing and contrasting the findings with previous studies on similar research relating to family reunification and with literature relating to the ethics of care.

According to Grinnell and Unrau (2011:447), the goal of data analysis in qualitative studies is to sift, sort, and arrange the vast amount of data collected in order to identify patterns and arrange those patterns into themes, sub-themes and interpretations, to respond to the research problem. Through this procedure, I acquired information about the challenges relating to family reunification experienced by social workers offering such services to children in CYCCs and their families.

The selected six-step process for data analysis proposed by Creswell (2014) proved to be useful for data analysis in this study. While there were some challenges as described

above, they were not overwhelming or insurmountable and I was able to conclude the data analysis process with the least amount of disruption.

3.7 DATA VERIFICATION AND TRUSTWORTHINESS

Trustworthiness is defined by Marshall and Rossman (2014:4) as the degree of confidence we have in the study, how we evaluate it, and what evidence supports the claims. Data verification and trustworthiness were ensured through credibility, confirmability, conformability, dependability, transferability and reflexivity. These are discussed next.

- **Credibility**

Credibility is defined as the ability of those who have had a similar experience to acknowledge the qualitative study's correct account or interpretation of such experiences (Thomas & Magilvy 2011:152). Participants signed a consent form emphasising honesty in submitting their information. The transcripts of the interviews were made available to the participants so they could verify how the results should be interpreted. According to Shenton and Hayter (2004:223) and Thomas and Magilvy (2011:21), credibility is also the effort made by researchers to show that a true reflection of the topic under examination is being given.

My supervisor carefully examined the research procedure and project, and numerous supervision meetings between us helped to assure the validity and authenticity of the study report. In addition, I read the transcripts of the interviews and, in some cases, gave them to the participants to read and comment on my interpretations of the interviews. I

then made changes according to their input. In this way, credibility was ensured as I provided a description of the selected research design earlier in this chapter. Also, the context and the participant selection were explained in this chapter which all influence how accurately the research question was answered.

- **Confirmability**

Confirmability relates to objectivity. It implies that the data accurately obtained during the study accurately represents the information that the participants provided, and that interpretations thereof are authentic and not influenced by me as the researcher. In this study, the research supervisor served as an independent coder. The research supervisor requested the audio recordings and transcripts to compare whether what was transcribed accurately matched what was recorded during the interviews. She also reviewed whether the questions in the interview tool were reflected in the audio recordings and the transcripts. Consequently, she was able to certify that the study's findings were a true reflection of the data collection methods described and of the participants' narratives. Another process used to ensure confirmability was to ask some participants to read through their transcripts to check whether I captured their experiences accurately and whether I interpreted their experiences correctly. Thus, I engaged in the data collection and analysis processes in the manner described in the six steps above.

- **Conformability**

Conformability refers to a degree of neutrality: the extent to which the findings of a study are shaped by and based on the participants' experiences and not on the researcher's motives, interests or bias (Enworo 2023:376) Methods to ensure conformability are the

use of an audit trail, memos and journals (Korstjens & Moser 2018:130). I therefore kept a journal in which I jotted down field notes on what occurred, as well as my own feelings, and used an audit trail to compile all records pertaining to all aspects of the research, such as dates and times of interviews, challenges and positive experiences relating to the research methods, processes and protocols. I relied on these methods to maintain objectivity and to deal with my own bias since I am a social worker employed at a CYCC, offering family reunification services. Using these methods ensured that the data collected and its analysis were based on the perspectives and experiences of the participants and not my biased interpretations or my personal biases.

- **Dependability**

Dependability is defined as the consistency of the study's conclusions, interpretations and recommendations, all of which are backed by the information gathered from the participants (Korstjens & Moser, 2018:120). Therefore, dependability is the assurance that the findings were established through a rigorous process of data collection techniques and procedures. A qualitative research approach was employed and described earlier in this chapter. The data collection and analysis processes are described to assure that the results of the data are trustworthy. I described the methods I used for data collection, analysis and interpretation and provided adequate contextual information about the CYCCs, the social workers who participated in this study and the qualitative processes employed, so that the study could be replicated by other researchers and the same result would be generated.

In addition, to improve dependability, I discussed and double-checked the research strategy and its implementation with the research supervisor, who confirmed that the processes and protocols followed were accurate and consistent with the study conclusions and interpretations of the findings.

- **Transferability**

The ability to transfer research findings or methodologies from one group to another is referred to as transferability (Korstjens & Moser 2018:124). It is also the extent to which the findings of qualitative research can be applied to other situations or settings with different participants. It is established by demonstrating that the findings of a study can be applied to various environments or groups of people (Daniel 2019: 129). To ensure transferability, I provided an in-depth discussion of the demographic profile of the participants and the research setting. This is done in qualitative research to enable other researchers to conduct the same type of research with participants from similar backgrounds and in similar settings by using the current study as a guide.

- **Reflexivity**

In order to be reflexive, researchers must be aware of their own experiences, perceptions, assumptions and beliefs during the research process (Dodgson 2019:220). By keeping a journal and taking notes regarding participants' comments and being cognisant of my own ideas, opinions and perspectives throughout the interviews, I ensured reflexivity while minimising bias. Reflexivity in this study also entailed self-awareness of my own beliefs, values and attitudes, of my personal and professional views regarding family

reunification, and by being critical of the research methodologies I decided to use. As a result, in addition to field notes, I kept a reflective notebook.

Since I work as a social worker within the family reunification domain, it was important for me to be conscious of my own perceptions, experiences and emotions regarding family reunification. This was a challenge and continuous reflection on my thoughts and emotions was very important. I also knew a few of the participants and therefore had to assure those participants understood that although I am also a family reunification social worker, my involvement during the research process would be that of a researcher, and not that of social worker offering family reunification services. In this way I was authentic about potential bias and about influencing the study findings, albeit unintentionally. Keeping a reflective journal to record my personal feelings, thoughts and biases was critical in terms of ensuring trustworthiness in this study.

3.8 ETHICAL CONSIDERATIONS

According to Denscombe (2010:55), research ethics are concerned with moral behaviour while conducting the study. Researchers must carry out their research projects as faithfully and honestly as they can, and they must report their findings without allowing considerations other than the facts of the subject to influence them, according to ethical behaviour guidelines. I followed several ethical criteria, which are discussed next.

This study was ethically approved by the UWC Humanities and Social Sciences Research Ethics Committee. Permission to conduct the study and to recruit participants was received from the DSD, NGOs and CYCCs whose staff participated in the study. Access was requested from the heads of departments, directors and managers of these

organisations. After receiving permission to access the social workers, I provided potential participants with information letters, explaining the study goal and what would be expected of participants.

3.8.1 Avoidance of harm

People who participate in a research study should never be harmed in any way. As a result, I adhered to the appropriate steps and procedures to safeguard participants from any physical or mental harm or emotional distress. The study was carried out in an environment where participants felt most comfortable and was convenient in terms of access and proximity. Furthermore, I had an obligation to identify any potentially susceptible participants and remove them from the situation as soon as possible to avoid any potential harm (Babbie 2008:68).

This study did not involve any physical tests or experiments; it also did not require any personal or emotional experiences to be shared. I am aware that speaking about oneself and challenges relating to one's work experience may cause emotional or psychological distress. Therefore, I arranged for debriefing in the event that any of the participants may have the need for such services as a result of their participation in the interviews. Fortunately, none of the participants experienced emotional or psychological distress and debriefing was not required.

3.8.2 Informed consent

Obtaining informed consent implies that prospective participants are given all possible accurate information about the purpose of the study and the procedures that will be followed during the investigation before they consent to participate. The potential

benefits, drawbacks and hazards to which participants may be exposed should be disclosed to them. In the present study, an information letter and consent form were emailed to each participant weeks before conducting the interviews. Therefore, the participants had ample time to study the contents of the information letter and consent form. I also briefed the participants again on the day of the interviews to confirm that they understood what was expected from them and their rights as participants in the study. As mentioned earlier in this chapter, participants were assured that they may withdraw from participating in the study at any time, and that they were free to inform me if there was any part of the interview that they did not wish to have included in the findings.

3.8.3 Confidentiality and anonymity

During the interviews, the information was acquired in such a way that each participant's identity was protected. They were assured that their personal information would not be available or disclosed to a third party, ensuring confidentiality. In order to safeguard their identities, each participant was assigned a code (for example, Participant 1). The names of the CYCCs where the participants are employed are not presented in the thesis, nor will they be disclosed in any publication that may emanate from the study. The CYCCs, the DSD office and the NGOs from which the participants were recruited will remain anonymous.

3.8.4 Deception of subject

Withholding information or offering incorrect information to convince people to participate in research is a form of deceit. This can be prevented by informing the research subjects about the study's goal and their rights as participants to withdraw from

participation at any time (Babbie 2008:72). I provided the ethics approval reference in the information letter and presented a full brief of what the study entailed, explained participants' rights and allowed participants to ask questions about any uncertainties relating to the study context, processes and their rights. I ensured that participants were informed that the study was solely for research purposes.

3.8.5 Withdrawal without negative consequences

All participants were informed that they could withdraw from the study at any time, whether before, during or after the interviews were conducted, with no negative consequences.

3.9 DATA MANAGEMENT

The audio recordings and transcribed interviews are stored on my password-protected computer. This is to ensure confidentiality and safeguarding of information. The information letters, consent forms and interview questions were in English. All the participants were well-versed in and comfortable to speak English during the interviews.

The data, recordings, and transcripts will be electronically retained on the UWC data management system for five years. After five years, the data on my computer and on the UWC management system will be deleted, in line with UWC's data management policy.

3.10 LIMITATIONS AND DELIMITATION OF THE STUDY

The study was conducted with a small sample of participants in the Cape Metropole of the Western Cape. If the study had been conducted on a large scale, there is the possibility that it would have produced several perceptions and insight with regard to social workers'

experiences with rendering family reunification to CYCCs. Initially, 12 participants agreed to participate in the study which would have ensured an even number of four from each type of organisation, namely the DSD, NGOs and CYCCs. A limitation was the fact that most of the participants were female; perhaps a sample with more males would have had a different outcome. During qualitative research study researchers' interpretations are usually constrained and the observations and conclusions pertaining to the research problem are influenced by personal experience and knowledge (Chetty 2016:2). I was cautiously aware of my role as a RSW and therefore kept a journal to address my personal bias based on my knowledge and experience and how this may influence the interpretation of the findings. Regular supervision sessions with the research supervisor assisted in maintaining a measure of objectivity.

Bowen (2007:30) asserts that the primary disadvantage of qualitative research studies is its time-consuming nature. In this study I experienced that scheduled appointments dates were often cancelled and postponed which greatly impacted on the planning during the data collection process. Despite the stated limitations, I was satisfied with the quality of data obtained.

3.11 CHAPTER CONCLUSION

In this chapter, I described the methodology that was employed, the data collection process that transpired and the data analysis procedure. The population was social workers rendering family reunification services to children in CYCCs in the Cape Metropole. The inclusion and exclusion criteria were based on the number of years of experience in family reunification services of the social workers. For me, this was an important aspect of the study as I wanted to hear an insider's perspective, and to obtain

rich and thick descriptions which I was sure to receive from experienced social workers. Based on the collective demographic profile of the participants; 72 years of experience in family reunification services, the wealth of experience added to the depth of the findings, which are presented in the next chapter.

CHAPTER 4

RESEARCH FINDINGS

4.1 INTRODUCTION

The previous chapter provided the research methodology of the study. The aim of the research was to gain a better understanding of how social workers experience the family reunification process of children in CYCCs. With this in mind, the research question was: In this chapter, the research findings are presented and discussed based on the responses generated from the social workers who met the sampling criteria. The findings are discussed according to the themes and the sub-themes that were identified in this study.

4.2 PRESENTATION AND DISCUSSION OF FINDINGS

The collected data (verbatim transcripts of the interviews, semi-structured interviews with social workers, and observation notes) were analysed and resulted in the study's findings. Codes, themes and sub-themes were developed based on the data obtained. The results are presented in this section and are discussed and supported with direct quotations from the participants' interview responses. The findings are compared and contrasted using literature and theoretical references. The themes and sub-themes which emerged from analysis of the collected data are presented in Table 4.1, followed by a discussion of the identified themes and sub-themes.

Table 4.1 PRESENTATION OF THE THEMES AND SUB-THEMES

THEME	SUB-THEME
1 Cooperation between DSW and RSW to ensure family reunification	1.1 Teamwork between DSW and RSW
	1.2 Collegial relationships between DSW and RSW
2 Challenges experienced by social workers that hinders family reunification services	2.1 Lack of communication between DSW and RSW 2.2 Role clarification 2.3 Reneging and abdicating responsibilities 2.4 Power relations in the MDT
3 Challenges faced by parents that hinder reunification efforts	3.1 Uninvolved parents hinder the reunification process
	3.2 Uninformed parents lead to uninformed parents which hinders reunification efforts
	3.3 Unknown whereabouts of parents hinder reunification efforts
	3.4 Challenges placing children with extended family in the absence of biological parents
	3.5 Challenges relating to poverty that hinders reunification efforts
	3.6 Parental substance abuse hinders reunification efforts
	3.7 Lack of support and social services in the community of origin
4 Problems in the welfare system	4.1 Financial challenges experienced by child protection NGOs
	4.2 Geographical distance between the community of origin and the CYCC
	4.3 High staff turnover among social workers
5 Social workers' experience regarding mandated family reunification services	5.1 Social workers' perceptions on mandated family reunification services 5.2 Social workers' experience regarding the period for reunification services 5.3 Social workers' perception regarding successful reunification
6 Recommendations from social workers on how to improve family reunification services to families and children in CYCCs	6.1 Prevention and early intervention services with families and communities should be priorities 6.2 Permanency placements of children be assessed and prioritised earlier by social workers and courts

4.2.1 Theme 1: Cooperation between designated and residential social workers to ensure family reunification

Social workers are responsible for returning children from CYCCs to their biological families or relatives in order to repair the broken relationship between the child and the family (Chadambuka & Chikada, 2020:198). However, reunification is multifaceted and requires multi-level cooperation between social workers, CYCWs and the child's parents/family. Each of these role players has a stake and a responsibility in ensuring that the child's best interests are paramount. This is in line with Tronto's (1993:195) ethical qualities of care, specifically responsibility, stating that in order for an individual to care for another, they need to take a measure of responsibility upon themselves. However, in this first theme the emphasis is on cooperation, relationship-building and the challenges experiences in the relationship between the DSW and RSW.

The first theme contextualises the participants' perspective and experiences with regard to the role players involved in the process of family reunification and their interaction with each other in the best interests of the child. This theme emanated from the interview questions: (1) What are your perceptions and experiences of rendering family reunification services to children in CYCC within the Cape Metropole area? and (2) What are your experiences working with other professionals in the family reunification process? The two questions are linked to Objective 1, which is to explore and describe the perceptions and experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole area.

What came out strongly in the findings was that cooperation and collegial relationship-building between the DSW and the RSW are important in ensuring successful reunification services.

It should be noted that during the interviews, participants referred to DSWs as external social workers and to RSWs as internal social workers. While the participants used these terms interchangeably, I refer to DSW and RSW in the discussion sections of the chapter and throughout the thesis.

Sub-theme 1.1: Teamwork between designated and residential social workers

The Children's Act mandates social workers to begin rendering family reunification services to children in alternative care immediately after removal (SA 2005). Social workers working with children placed in CYCCs share the responsibility and work in partnership and collaboration towards reunification of children with their families. The main priority of the DSW is to render the necessary family reunification services in order for the child to return as soon as possible (Lalayants 2020:471). On the other hand, the role of the RSW involves counselling with the child and ensuring contact by means of visitations, telephone and regular panel discussions (Johannisen et al. 2021, Veldhuizen 2021).

The research findings showed DSWs and RSWs understood their different roles in the reunification process and both emphasised the importance of teamwork and collaboration for the end goal of successful reunification. Some participants expressed their expectations of collegiality while others expressed their disappointment in not getting cooperation from their counterparts. These are some of their narratives:

We need to be in contact with external social workers on a regular basis because we need to motivate, we need to encourage reunification, we need to constantly work with the social worker hand in hand because we need to establish whether there's families out there and to reintegrate the child back into the family system. (Participant 4, RSW)

Maar as ons as ons baie hard werk as ons almal saam werk die kinderhuis die familie, ouers en die case manager ons buite maatskaplike werkers kan dit gedoen word.[But if we all work hard together the CYCC, parents, case manager and external social workers then it can be done]. (Participant 1, DSW)

Eks baie teleer gestel party keer in social workers, internal social workers by kinder huise, ek sal se ek werk met kinderhuise van ... kinders all over en as ek op my hand kan tel sal ek se daar is vier kinder huise wat ek regtag kan se ek voel die internal social workers gee regtag alles en hulle probeer hard. [I am sometimes very disappointed with some internal social workers at children homes, I'll say I work with children's homes from (mentions areas), children all over and if I can count on my fingers there are only four internal social workers who really give their all and try hard.] (Participant 3, DSW)

So I don't feel like they [DSW] very actively working on, or constantly finding the families or just being motivated to even go and look because I mean really, you ask them information or you give them information today, they don't even acknowledge your email. (Participant 4, RSW)

It is clear from the participants' narratives that there is sometimes a lack of cooperation between social workers in CYCCs and social workers working with families. According to Chadambuka and Chikadzi (2020:196), a lack of role clarification and a lack of cooperation between the professionals not only prolongs the child's term in the CYCC, but it can also jeopardise the child's chances of successful reunification. During the study it was largely RSWs who expressed their frustrations with the lack of cooperation from DSWs, whom they believed placed extra pressure on them. A study by Dimba-Ndalen, 86

Motloung and Kasiram (2022:62) confirms this notion, stating that it is a burden on the RSW social worker at the CYCC when they have to solely work with families and deal with the children. The second sub-theme relating to collegial relationships between RSWs and DSWs is discussed next.

Sub-theme 1.2: Collegial relationships between designated and residential social workers

Literature supports the notion that the social worker's actions significantly affect the case outcomes of family reunification of children in CYCCs (Sauls & Esau 2015, Jedwab et al 2018, Potgieter & Hoosain, Lalayants 2020, Bovu 2021). This illustrates the importance of effective partnership between DSWs and RSWs. In this study it was observed that social workers were in agreement that a positive working relationship was necessary for successful reunification. These are some of the participants' comments:

I think one is about relationship-building if they [RSW] understand and know what your expectations are at the CYCC that is good. (Participant 9, DSW)

Building relationships and just being kind and actually just know that we all on the same playing field, it's just we in it together. (Participant 7, DSW)

Yes, I think I have good working relationships. (Participant 6, DSW)

The sentiments from participants show that there is an understanding of the importance of positive working relationships between parties. What surfaced in the findings however was the fact that most RSWs felt that DSWs were not doing enough to find families and some DSWs on the other hand felt that they were not receiving enough support from RSWs which prevented effective reunification of children in CYCCs. Similar findings were made in a study by Dimba-Ndalen et al. (2022:65), who found that when the DSW

and the RSW do not work in partnership, they place tremendous strain on each other which hampers and delays the reunification process. According to the ethics of care theory, a level of competence is necessary to ensure and show effective care.

4.2.2 Theme 2: Challenges experienced by social workers that hinder family reunification services

The interview question discussed here is, ‘What are the experiences of social workers working with other professionals during the family reunification process?’ A strong theme emerging from the data was the fact that social workers were experiencing many challenges which had a significant impact on the reunification of children in CYCCs. This result supports the findings of a research study by Van der Walt (2018:630) on alternative care in South Africa, that although there is legislation guiding the reunification process, it remains a challenging process for social workers. Since social workers are the drivers of family reunification of children in CYCCs, it is essential to understand their challenges. Social workers’ challenges during reunification can ultimately influence their functioning and could result in stumbling blocks delaying and preventing children from being reunified with parents and families (Jedwab et al 2018, Maltais 2019, Dimba-Ndalen et al. 2022). Three sub-themes emerging from this main theme and are discussed next.

Sub-theme: 2.1 Lack of communication between designated and residential social workers

Most RSW participants said that they experience a great deal of frustration with DSWs who often do not respond to requests for information on the family, which hampers reunification efforts. The same was expressed by DSW participants who had also

experienced RSWs not responding to requests for information. Here are some of their responses:

Unless I ask for it [information on the family circumstances] two months or three months in advance I'm not going to hear from you [DSW] until two weeks before [the] court date. (Participant 8, RSW)

It has not been easy to be honest working with even my colleagues. I mean like other social workers from other organisations, from other departments, other professionals; you see because sometimes you don't get like responses you need (information) on time. (Participant 2, DSW)

You [DSWs] ask them [DSWs] information or you give them information today, they don't even acknowledge your email, five weeks later or a month after that you must follow up again they don't get back to you. (Participant 4, RSW)

Communication between the DSW and the RSW could include regular panel meetings and updates on family circumstances, family contact and progress of the child at the CYCC. In their research study on the evaluation of family reunification in the Western Cape, Sauls and Esau (2015:56) found that a lack of communication between the DSW and RSW resulted in poor planning which is essential for meeting deadlines during family reunification of children.

Sub-theme 2.2 Role clarification

A critical part of the family reunification process is distinguishing between the RSW and the DSW functions. RSWs focus on the child's well-being and are responsible for presenting progress reports to the children's court. The reports presented by the DSW will describe whether or not the child is ready for reunification and give an update on the child's development in terms of their health, education, counselling and therapy as

stipulated in the IDP (Potgieter & Hoosain 2018, Lidström & Smith 2020, Sibanda & Lombard 2020). The latter is generally drawn up by the RSW and submitted to the DSW as part of the court report for reunification.

The manner in which the participants spoke about their roles in the reunification process showed they understood their individual roles. This was evident in comments such as:

As the social worker at the child and youth care centre I render services to the child but [I] am also in constant contact with the external social worker [DSW], so that we can see, where the family is or is there family? Whether it's conducive for the child to go and visit the family? What is the connection with the children and the family? Do they know this family? So, this is the kind of things that is my responsibility on the inside. (Participant 4, RSW)

I'm just, the social worker [DSW] who comes in [CYCC] and often times has to bare bad news and I think it's difficult because children don't necessarily need to know the nitty gritty [relating to finer, sometimes negative details] of what their parents are doing and their circumstances. (Participant 7, DSW)

We [DSWs] send emails and give them [DSW] feedback about the children we invite them and if there's real problems with the children, behavioural problems then we would call a family panel. (Participant 11, RSW)

The DSW's responsibilities include providing reunification services to the parents and the family and they bear the primary responsibility for the reunification process (Talent 2020:58). The DSW and the RSW are required to present progress reports to the children's court regarding the child and the family's progress. The report elaborates on the parents' preparation, how the intervention services with the parents was completed, and whether the child was able to participate (Jamieson 2017, Malatji & Dube 2017, Ziyambi 2020, Johannisen et al. 2021).

Sub-theme 2.3 Reneging on and abdicating roles and responsibilities

Part of effective collaboration between DSWs and RSWs necessitates that they understand their roles and responsibilities towards the families and children during service-rendering (Dimba-Ndalen et al. 2022:64). The following excerpts confirm that participants are knowledgeable regarding their respective roles; however, they expressed concern that sometimes their colleagues neglected and abdicated their roles and responsibilities:

You [DSWs] have organisations that's very on board they know what their role is, then there's others; they just forgot about the children and that's the children that's here [CYCC] for ten years, fifteen years, seventeen years in a children's home. (Participant 4, RSW)

The external social workers [provides an example of what they will say]: 'I could not make the zoom meeting' ... I'm like it was not a zoom meeting it was a panel meeting, which is now postponed once again after you DSW] set the date and you [DSW] politely forgot about it. (Participant 8, RSW)

There is supposed to be regular reviews and panel meeting to assess the family reunification component and whether family reunification prognosis is there but it doesn't happen. (Participant 9, RSW)

Contrary to the findings by Dimba-Ndalen et al. (2022:64) that often a role overlap existed between the DSWs and the RSWs, the current study's findings differed. The participants in the current study undoubtedly understood the importance of fulfilling their roles to provide family reunification services to families and children in CYCCs. They also understood the role of their counterparts and expressed their dissatisfaction and dismay when roles and responsibilities were negated and abdicated as they affected the reunification process. It is apparent that the majority of RSWs reported that DSWs were

not always cooperative and not doing enough to find families, which resulted in children remaining in CYCCs for longer than necessary.

Sub-theme 2.4 Power relations in the multi-disciplinary team

According to Chadambuka and Chikadzi (2020:190), social workers working towards the reunification of children do not work in isolation but collaborate with multiple stakeholders; failure to do so can negatively influence the reunification process. Some of the services provided in the area of family reunification are counselling, therapy, psychosocial support, parenting skills training, referral to specialised organisations, and facilitation of access visits – which are crucial for empowering the family and preparing the child for reunification (Sibanda & Lombard 2022:231). Effective partnership with the MDT is absolutely vital as social workers cannot make a success of reunification without the assistance of the broader team. During the interviews, participants reported experiencing challenges and frustrations with the rest of the MDT which includes CYCWs, magistrates at children's courts, teachers at schools, psychologists and lawyers to name a few. This is what participants had to say regarding MDT cooperation:

Even if you [RSW] send the school an email you may or may not get a reply so it also requires a lot of follow-ups, so a [yes] with the MDT it is an uphill battle. (Participant 8, RSW)

Vir my is dit as of hulle dink maatskaplike werkers is dalk benede hulle stand is dit kom by dalk n hoof van n skool, n hoof van n kindershuis of n prokureur. [To me it's like they (other professionals in the MDT) feel social workers are beneath them when it comes to a principal of a school, principle of a children's home or a lawyer.] (Participant 1, DSW)

I just think that there's this wave of inferiority that's placed over social worker; the fact that maybe we are the type of people that only just remove children ... place children, just do simple counselling, whatever the heck that means. (Participant 9, RSW)

The power dynamics within the MDT, as experienced by both DSW and RSW participants, were evident during the interviews and can be gauged from their narratives. The reality for social workers in the Cape Metropole is that they are experiencing many hindrances and reported not feeling supported by the rest of the MDT, whom they also believed did not value the social work profession. The result corroborates a study by Potgieter and Hoosain (2015:438) who found that social workers received limited assistance from the MDT, especially when referring children or parents for specialised services as part of the reunification process.

4.2.3 Theme 3: Challenges experienced by social workers relating to parents' circumstances that hinder reunification efforts

In theme 3, the interview question relates to the experiences of social workers rendering family reunification to the parents/families of children in CYCCs. Section 187 of the Children's Act 38 of 2005, as amended, states that children found in need of care and protection should be removed with the view to be reunified with their biological parents if it is in the best interests of the children. The legislation is therefore clear that the removal of children from parents should not be viewed as a permanent option and social workers should prioritise the return of the child. During the interviews, participants discussed the fact that there were many challenges with parents and families which hindered successful reunification with their children.

Sub-theme 3.1 Uninvolved parents hamper the reunification process

Participants' narratives demonstrated their concern regarding the uninvolved and nonchalant attitude of most parents once their children were placed in CYCCs. Participants cited parental involvement as a key aspect of reunification services. These could be heard in the following sentiments:

It has truthfully been very difficult, I think often times when children are placed in CYCCs families especially parents feel like there is no responsibility of looking [after] and caring for the children. I think they become comfortable with a life of no children and it's very sad. (Participant 7, DSW)

The kind of client base [parents] we are working with tend to move around a lot and most of them show no interest when it comes to being reunified with their children. Some of them get comfortable with the fact that their children are placed with this CYCCs. (Participant 2, DSW)

The negative aspect is families who think that [name of CYCC] or any other CYCC automatically taken over full parental responsibility and they are absorbed from it [taking responsibility]. (Participant 9, RSW)

Uninvolved parents seriously inhibit the reunification process. In contrast, active parental involvement and contact while the child is in a CYCC can be beneficial since it ensures that parents remain accountable for raising their children (Chadambuka & Chikadzi 2020, Dimba-Ndaleneni et al. 2022, Sibanda & Lombard 2022). The finding relating to irregular contact between parents and their children in CYCCs agrees with previous studies which found that uninvolved parents caused major challenges and hinder reunification efforts by social workers who constantly motivate parents to maintain contact and deal with the emotional state of the child who longs for the contact and involvement of the parents (Esau & Sauls 2015, Dimba-Ndilani et al. 2022, Sibanda & Lombard 2022).

Sub-theme 3.2: Uninformed parents lead to uninvolved parents which hinders reunification efforts

Some participants admitted that social workers sometimes do not provide parents with all the information involved in the statutory process. These were some of their comments:

We need to try to improve the knowledge of our parents and assist them, because what I've experienced is when a parent comes to our CYCC then parents wants to empty their hearts to you, they are not informed because the external social worker doesn't give them the time of day. (Participant 4, RSW)

I just feel some social workers just give up on the parents they judge them on what they've done. On the other hand, the parents feel that they don't have a say and that social workers are in control so social workers must improve their [parents'] knowledge. (Participant 6, DSW)

I just think the designated social workers and the social workers at the CYCC they must really involve the parents more. (Participant 9, RSW)

Well I think we must not give up on the parents although I must say we have heavy caseloads, so you deal with one case, now you move on to another and another case every day and when we see the parent is not interested we give up. So yes, I think if we are more involved with the parents and also encourage them it could make a difference. (Participant 11, DSW)

Several local studies have demonstrated that South African social workers are overburdened and seldom have the time to render effective reunification services to the parents and families whose children are placed in CYCCs (Van Breda 2018A, Van der Walt 2018, Pistor 2019, Nzuza 2019, Bovu 2021, Janse-Pieterse 2022). One of the many repercussions of social workers' high caseloads is that parents are not fully informed of the statutory process, and are consequently not involved with or informed during the

reunification process, believing that social workers are not available to assist and support them in getting their children back home (Potgieter & Hoosain 2018:441). In their study on parents' experiences of family reunification services at Girls & Boys Town (CYCC) in Cape Town, Potgieter and Hoosain (2018:442) found a link between uninformed and uninvolved parents, in that parents who were uninformed lacked involvement with their children in the CYCC.

In a study on the perceptions and experiences of parents during removal of children, Harris (2020:96) also found that parents said they were uninformed regarding the statutory process when children are removed from their care. This suggests that parents might be experiencing the interaction with social workers from the time of removal to family reunification in a negative manner, where perhaps their input and involvement is not being considered by social workers.

Sub-theme 3.3 Unknown whereabouts of parents hinder reunification efforts

Several participants' report that a high percentage of biological parents disappear after the child's placement in CYCCs. The following comments express their views:

The parents they disappear ... that brings me to the biggest challenge [the search for families]. (Participant 10 RSW)

It is very difficult to trace biological parents in most cases. (Participant 2, DSW)

Some parents don't want to cooperate, they want nothing to do with the children, so it makes it kind of hard for us. (Participant 5, DSW)

The above sentiments shared by participants show the challenges and frustration of social workers when parents become untraceable after children are removed and placed in

CYCCs. A key success factor for family reunification is considered to be the parents' cooperation and motivation to want the child back (Dimba-Ndalen et al. 2020:58). It can therefore be seen as a catastrophe when a parent disappears without a trace after the removal of a child. This ultimately defeats the purpose of section 187 of the Children's Act, which states that the view of the alternative care placement is family reunification, which is meant to bring children and parents together, not pull them further apart. In a study by Sibanda and Lombard (2022:102) on the nature of family reunification in the Gauteng province, it was found that social workers struggled to trace parents who vanished after children were placed in CYCCs. Social workers then have to advertise parents' names in the local newspaper or request the South African Police Service to inquire and check the crime administration system for information on parents. Such interventions can be time-consuming and place further burdens on social workers with high caseloads.

Sub-theme 3.4 Challenges placing children with extended family in the absence of biological parents

Participants expressed their difficulties with finding families after parents disappear and abandon their children after placement in CYCCs. They explained that it places tremendous pressure on social workers to have to start searching for alternative placements with extended families, which is also a major challenge as extended family members cannot take children or simply do not want to get involved. These are some of the participants' comments regarding the challenges they experience when exploring placements with extended family members:

*I think that it's really a challenge to place children back with their family of origin.
(Participant 6, DSW)*

Dan is daar ook ouers wat van dag een af glad nie belangstel gestel het nie, en hulle is weg en sommige gevalle waar daar geen familie is wat belangstel nie. Daars miskien ouma's en oupa's maar hulle stel nie belang nie en reik ook nie uit na die kind in die CYCC nie. [Then there is also parents who since day one showed no interest and they are gone, and certain cases where there is no family who are interested in caring for the child. There might be grandmothers or fathers but they are uninterested and don't reach out to the child in the CYCC.] (Participant 1, DSW)

Even if you try to mobilise other family members, they're not interested because they may get involved in the politics [the problems of the parents]. (Participant 10, RSW)

We don't have a lot of foster parents, and also, people [extended family] don't want to take responsibility for other people's children. It is not like those days where families took each other's children in. (Participant 11, DSW)

The above excerpts show that social workers experienced the search for families of children in CYCCs as problematic. Both the ACRWC and the UNCRC call for children to be placed in alternative care with their relatives as a priority in order to lessen disruptions to their education and social and cultural lives. Since a CYCC is the last resort on the alternative continuum (SA 2005), it remains the duty of the social worker to find extended family which is typically viewed as the first option of placement in South Africa's alternative care system for vulnerable children, also referred to as kinship care (Fortune 2016:28). Ultimately, this means that social workers should exhaust the option of kinship care before the decision is made for a CYCC placement. In South Africa, kinship carers are mainly grandparents, uncles, and aunts who generally feel obligated to

care for their abandoned or orphaned family members (Helton, Boutwell, & DiBernardo, 2017:9).

It was Manthosi (2020:33), in his research on the perceptions and experiences of grandparents regarding fostering their teenage offspring in Limpopo, Manthosi (2020:33) found that even though the country has a long tradition of caring for the upbringing of relative's children, this was no longer possible due to rising adult mortality as a result of AIDS, increasing levels of poverty, socioeconomic inequities, and family difficulties. Such children end up and remain in CYCCs because there are no family members able or willing to take the children in. It therefore becomes very challenging when the parents of the children disappear after children's placement in CYCCs, requiring social workers to broaden their search for 'family' to whom reunification services can be rendered. In a country such as South Africa, many families battle with issues such as inadequate housing, financial hardship, crime, grief adjustment difficulties, illiteracy and fear of the unknown (Mosimege 2017, Van der Walt 2018), all of the factors which make it difficult for social workers to find a conducive placement for a child in a CYCC.

The current DSD Director for Families and Children, Dr Corrie, published a prevention and early intervention strategy in March 2021, stating that the government recognises that vulnerable families will need targeted services to overcome challenges to provide care and protection that prevents children from falling prey to risk, falling through the public safety nets and having no parents, families, caregivers or guardians to care for them (DSD 2021:44). Despite this, Van der Walt (2018:88) points out that here continues to be very little government assistance for families, causing the extended family structure to be under severe pressure as it continues to carry the bulk of the responsibility for children who lack parental care (Luyt & Swartz 2022:174). The literature proves that family

systems in South Africa are strained, placing family reunification social workers in a difficult position where a placement back to the family or community of origin becomes a very challenging and daunting task.

Sub-theme 3.5 Challenges relating to poverty that impede reunification efforts

In their studies, Hope and Van Wyk (2018) as well as Bovu (2020) found that children are often removed from parents owing to poverty-related circumstances. Similarly, participants in the current study mentioned that many children in the CYCCs they were involved with had been placed owing to neglect and abandonment arising from poverty in the family. Participants concurred that persistent poverty hinders family reunification because children cannot be reunified with their biological family if there is no means to meet the child's basic needs – for food, shelter, education and clothing, for example. These are some of the observations made regarding persistent poverty in the family of origin:

Jy wil he daai persoon moet elke dag uit gaan om te gaan werk soek maar hulle het nie kos nie, so dink dus waar die challenges in kom en dit is hoekom ons dan baie keer nie successful is om kinders terug te plaas. [You (social workers) want this person (parents) to go out every day and look for work but they don't even have food so I think that's where the challenges come that prevents successful reunification.] (Participant 3, DSW)

A mom who has really struggled to put food on the table and there has been neglect, not by choice, but just because of their circumstances. (Participant 7, DSW)

Daar is regtig ouers wie belanstel maar daar is n problem met finansies en die omstandighede en werkloosheid. [There are really parents who care but there is a problem with finance and the circumstances and unemployment.] (Participant 1, DSW)

It is apparent from these excerpts that poverty poses a threat and adds to the challenges experienced by social workers in the reunification of children and their families. From the participants' narratives, it is also evident that the parents they are dealing with are part of the millions of South African families who are vulnerable as a result of chronic unemployment, a shortage of housing and extreme poverty (Francis & Webster 2019, Fikile 2021, McCaul 2021). Poverty is not a deciding factor in family reunification, an unemployed parent will be unable to pay for a child's basic needs, undermining the family's ability to care for the child (Sibanda & Lombard 2020:338). Clearly, poverty has a significant impact on the family reunification process as parents are unable to make the necessary changes due to financial strain.

To illustrate the hardships experienced in the country Esau and Sauls (2015:45) reported that social workers often used food parcels to attract families to attend parenting programmes and family meetings. Esau and Sauls' (2015) findings align with the present study, revealing that most parents of children in CYCCs were unemployed and struggling to make a living.

Sub-theme 3.6 Parental substance abuse affects reunification efforts

A study by Frans, Dykes and Carelse (2022:12) on the effects of parental substance abuse on perceived well-being in a selected area in the Western Cape found that in many cases, children are removed from parental care due to substance abuse, which leads to parents neglecting or abusing their children. This is certainly the case in the current study where participants mentioned that most children in need of care and protection they engaged with had come from families where parental substance abuse was a leading cause for removal in the first place. A huge factor hindering family reunification efforts, according

to the participants, was persistent substance abuse by a high percentage of the parents. With limited resources available in rehabilitation centres, coupled with resistance from parents to stop their drug and alcohol abuse, this was by far their biggest challenge experienced by social workers. Participants expressed their frustration in working with parents who are abusing substances as follows:

We know SANCA [South African National Council on Alcoholism and Drug Dependence] is out there offering out-patient programmes and all that. Okay, but people [parents of children in CYCCs] are not willing to attend and how do we convince people to start attending to deal with the issue of drugs, for us to be able to facilitate family reunification? (Participant 7, DSW)

They [DSW] want the parents to be motivated and voluntarily go [to a rehab] and most of the people [parents of children in CYCCs] are not willing to go. (Participant 10, RSW)

Another challenge is finances; government places [drug rehabs] is there but the process is long. That is also a challenge for us because the people [parents of children in CYCCs] are not motivated to go because they have to wait a few months up until a year. It's difficult and by the time that they get placement they have already changed their minds. (Participant 8, RSW)

The results indicate a level of frustration experienced by social workers relating to the challenge of a lack of motivation of parents to get the necessary help. In addition, specialised substance abuse services are limited and often not affordable for most families (Frans et al. 2022:14), especially in the Cape Metropole, where the current study was conducted, and in which thousands of families struggle to make ends meet (Fikile 2021, Shipanga, Kappas & Wyss 2021. It is for this reason that Groenewald and Bhana (2018:148) emphasise the importance of child welfare organisations sending parents to

drug rehabilitation centres for assistance, and that such assistance should be easily accessible (Simbanda & Lombard 2022:336).

Sub-theme 3.7 Lack of support and social services in the community of origin

A lack of resources and a shortage of social workers and other social care assistants are among the major difficulties and setbacks experienced by communities in South Africa (Van Breda 2018A, Lidström & Smith 2020, Truter & Fouché 2021), causing difficulties for family reunification programmes to run effectively (Chadambuka & Chikadzi 2020:218). In the current study, most participants reported that their organisations lacked resources to give skills training or financial assistance to biological parents. Although social workers tried very hard to support parents to seek employment, it remains a huge challenge. The following comments were made by participants:

But at the same time lack of resources is something we can never run away from. How do you expect us [social workers] to perform [professional services] like magicians if we lack resources? (Participant 2, DSW)

Die problem is finansies ek werk oor vir n NGO so dus baie moeilik om altyd geld vir vervoer te gee so ek ek hoop en wens so dat dit kon verander. [The problem is finances. I also work for an NGO and it is difficult to give money for transport (to parents to seek employment or visit their children in the CYCC) and I hope and wish it could change.] (Participant 1, DSW)

I don't think there are enough hands to actually tackle the complexity of the problems [challenges experienced by families, and it comes back down to a lack of resources. (Participant 8, RSW)

Participants' confirmed that the lack of resources and support in communities are causing major stumbling blocks for social workers who need to assist parents in making the

necessary changes to be reunited with their children. This finding concurs with the study findings of Dimba-Ndalen et al. (2022:65) that social workers believe the chances of family reunification of children increase when there are resources in the community that can support families. The finding resonates with the ethical characteristic of care attentiveness, which states that care demands the recognition of others' needs in order to respond to them.

Previous studies (Nzuza 2019, Pistor 2019, Chiimba 2020, Goemans et al. 2021, Lidström & Smith 2022) suggest that services provided in the area of family reunification should include poverty reduction, counselling, therapy, psychosocial support, parenting skills training, referral to specialised organisations, and facilitation of access visits which are crucial because they empower the family in all facets of life and prepare the child for reunification. However, the reality is that most NGOs in countries such as South Africa experience severe resource shortages, which has forced a number of them to close down over the years (Francis & Webster 2019:788). This occurred particularly after the Covid-19 pandemic, which had significant economic implications for the country (Pillay 2022:149).

3.2.4 Theme 4: Problems in the South African welfare system

A strong theme which arose from the research question on how family reunification of families and children in CYCCs can be improved was the problems participants faced with the welfare system itself. The following sub-themes were derived from this theme.

Sub-theme 4.1 Financial challenges experienced by child protection non-governmental organisations

Recent studies have found that child protection organisations, particularly NGOs in South Africa, struggle to provide effective family reunification services because they are understaffed and underfunded (Fortune 2016, Bovu 2020, Ziyambi 2020 Truter & Fouché 2021). The participants during this research study agreed that funding challenges were a huge factor affecting family reunification since social workers were not always able to render effective services to families owing to a lack of finances.

So we [social workers at NGOs] rely a lot on outside funding because we only get like thirty-three per cent funding from DSD; the rest we have to make up for ourselves by means of donations. (Participant 10, RSW)

The external social workers at many of the organisations [NGOs] struggle they don't always have cars available to do the transporting of children. (Participant 10, RSW)

Social workers are supposed to be all-rounders to address issues because NGOs do not have the money to employ a social auxiliary worker, whereas the Department [DSD] has all. (Participant 9, RSW)

Op hierdie stadium probeer ons self-fundraise sodat ons kan vir mense verhogings gee maar dit moet eintlik van die departement af kom. [At this stage we are doing fund raising ourselves so that people can have increases that should actually be given by the Department (DSD).] (Participant 3, DSW)

The lack of finances at NGOs places an extra burden on social workers who have to render effective services to families with limited funding. Furthermore, according to Jamieson (2017:77), the responsibility for child protection services lies primarily on the shoulders

of NGOs. In the Western Cape alone, NGOs provide 55% of all child protection interventions and they are compelled by law and service level agreements to provide the same level of care as the government – at a fraction of the cost (McCain 2023:2). It seems that even though national government relies heavily on the services provided by child protection NGOs, there is very limited financial support provided which in turn can have major repercussions for families and children in CYCCs who are dependent on their services.

Sub-theme 4.2 Geographical distance between the community of origin and the child and youth care centre

During this study, participants also raised their concerns regarding children who were placed in CYCCs that were far from the community of origin, which they believed affected family contact which in turn hampers family reunification. These concerns could be heard in the following observations:

You find when the children come here they might come from an almost rural area and they like placed in the middle of Cape Town, different culture and language and they change, and also if they far away it's difficult to keep that contact with families. (Participant 10, RSW)

Die child and youth care centres is ook nie altyd naby nie dus ver want die kinders word geplaas waar daar plek is, so die ouers het nie n keuse of inslae omtese waar die kind moet gaan nie nou moet die ouers partykeer drie of vier taxis vat of twee tot drie honderdrand uitgee per keer om net die kinders te besoek en my hart gaan uit na die ouers wat regtig belangstel. [The child and youth care centres are not always close by because the children are placed where there is space and the parents do not have input into where the children are placed. As a result, they sometimes have to take three or four taxis or spend between two and three hundred

rand just to visit the children, and my heart goes out to parents who are really interested.] (Participant 1, DSW)

Kinders word so wyd geplaas word soos [naam van drie verskillende kinders en jeug sentrums], so die travelling raak so moeilik vir die families en ek dink dit is nie altyd so enabling vir hulle om kontak te maintain nie want want dit kos geld om te travel en hulle het nie altyd eers geld om te eet. [Children are placed as far away as (names three different children's homes), so the travelling becomes very complicated for families and I don't think its enabling for them to maintain contact because it cost money to travel and they don't even have money to eat.] (Participant 3, DSW)

In the interview excerpts above, social workers perceive that placing children in CYCCs far from the family home is a hindrance to both the families and the children. A concerning matter deriving from the research findings was participants reporting that children are being placed at CYCCs where there is space, not necessarily because it is the best fit for the child. This is a direct contravention of section 158 (d) of the Act which states that a child placed in a CYCC should be placed in a programme best suited to the child, including placement close to the family and community of origin. A placement far from the family can have serious repercussions for the children who may not benefit from the programme offered by the CYCC, and also for the families who have to travel long distances in order to see their children. Sibanda and Lombard (2022:102) also found that families are further disempowered if they are unable to have access to and contact with their children after removal. The current study therefore confirms that social workers have empathy with families who want to maintain contact with their children but, owing to the distant location of the CYCC, are unable to so.

Sub-theme 4.3 High staff turnover among social workers

The high turnover of social workers has been well documented in local research studies over the years (Van Breda 2018, Chadambuka & Chikadzi 2020, Lidström 2020, Dimbani-Ndalen et al. 2022). The participants in the current research study shared their perceptions of this concerning issue, which, in their experience, negatively influences the rendering of family reunification services to children in CYCCs.

I can tell you what happens: the external social workers has [have] a big turnover so unfortunately because of that, we don't find that it's [family reunification] happening over two years. (Participant 10, RSW)

The challenge which is very high staff turnover, and that again happens both government and non-governmental. I just think it would improve [family reunification] if one social worker carries the case and sees it through. I think that once the level of relationship has been established with the families and where the social worker knows where she started from and where she wants to take this family. (Participant 9, DSW)

It is not often that we are able to journey with the family for that long you know because as we know social workers change every three months, then there is a new face. If you are able to sort of be consistent in your position and actually journey with families we might see results. (Participant 8, RSW)

These responses confirm that RSWs experience the high turnover of DSWs who directly work with the family as a hindrance that delays the reunification of children with their families. This is in line with previous studies which found that the reunification process suffered due to social workers' high turnover, particularly in the NGO sector (Esau & Sauls 2015:99). The challenge seems to be that as soon as parents or families build a trusting relationship with social workers, they leave the organisation and the process has

to start all over again with the new social worker. In their research on the challenges faced by parents when reunifying with their children, Chadambuka and Chikadzi (2020: 87) found that it is the development of a trusting connection between social workers and families which is crucial to successful reunification and which is undercut by a trend of social workers coming and going. The reality is that time is required for rendering effective reunification services, which becomes difficult when there is a continuous shift in the social worker–client relationship.

The problems in the South African welfare system have been well documented as a topic of concern for decades. The participants in this research study shared their frustration and concern with the system, which some felt was working against them.

South Africa typically adheres to a child protection model that places a strong emphasis on welfare and statutory pressure to safeguard children from harm when providing child protection services (Robinson 2017, Strydom et al. 2020). The Act protects children by providing child and family welfare services at these levels and prioritising the preservation and strengthening of families. Although South Africa has one of the largest welfare systems in the world (Gray & Lombard 2023:4), it remains badly under-resourced (Van der Walt 2018:87). The findings in the current study confirm previous research findings that social workers experience challenges with the welfare system which they feel they have no control over and which significantly affect their goal to reunify the children in CYCCs back to the families and community of origin.

3.2.5 Theme 5: Social workers' perceptions regarding mandated family reunification services

In section 187 of the Children's Act states unequivocally that a child in need of care and protection will be removed with the intention to be reunified with their parents. In section 157 of the Act, social workers are mandated to provide reunification services which involve investigating the reason for the removal, taking action to prevent those causes from recurring, and providing counselling for the child as well as the parent both during and after the removal. Theme 5 and associated sub-themes were therefore derived from the interview question: What are your perceptions about the Children's Act 38 of 2005 mandating family reunification services?

Sub-theme 5.1 Social workers' perceptions of mandated family reunification services

Most participants were in agreement with the family reunification mandate as stipulated in the Children's Act (SA 2005), and supported the fact that legislation promotes strengthening families and the well-being of children. Participants commended the Act's focus on keeping the family system intact. They had the following to say regarding their commitment to prioritising family reunification:

I really agree with that and believe it is a good thing because no child should be away from family forever. I understand the CYCC should only be temporary, at the end of the day family should be the primary caregiver of the child, so I totally commend the legislation in terms of that, in terms of encouraging family reunification. (Participant 2, DSW)

In die verlede ekt nog gewerk met die kindernetwet voor 2005 en daar was die klem gele net om die verlenging te doen en dit moet so spoedig as moontlik by die hof kom en op die regte datum en daars soms vergeet van die ouer maar, met die nuwe kindernetwet word ons verplig om inligting te gee oor die ouers en alhoewel plaas dit lelike druk op ons as maatskaplike werkers is dit reg. [In the past I worked with the old Children's Act before 2005 and back then the focus was on extension of court orders and to attend court proceedings on the stipulated dates, and sometimes we forgot about the parents, but with the new Children's Act we are obligated to give information on the parents and although a lot of pressure for social workers, I agree with this.] (Participant 1, DSW)

Yes, I would say I agree with the Children's Act, especially section 187 clearly states that a child who has been removed from a family, that reunification between that child and the biological parent must happen, and although tough, we [social workers] need to do it. (Participant 6, DSW)

The above responses confirm that participants understand the importance of the role they play in the reunification of children and their families. Participants appear to understand that as social workers they have a mandated responsibility to commit themselves towards the family and the children in CYCCs and as a trio, they should work towards reunification. This is also in line with previous studies which highlight the involvement between the parties as a success factor in the reunification process (Potgieter & Hoosain 2018, Lidström & Smith 2020). With social workers in the driving seat, according to Jedwab et al. (2018:67), it is important to view the reunification process through the perceptions and the experience of the social worker.

What surfaced from the research findings and which ties with other studies was that although social workers understood their mandated role, there were many aspects beyond their control which affected reunification planning (Sauls & Esau 2015, Potgieter &

Hoosain, 2018). In this particular study it was observed that despite the challenges faced by social workers, they remain committed to working towards reunification of children and families. This aligns with responsibility as the ethical quality of care, which states that in order to care effectively, one should not feel an obligation to do things for others but take full responsibility (Tronto 2013:105).

Sub-theme 5.2 Social workers' experiences regarding the period for reunification services

The sub-theme was derived from the interview question on the perceptions of social workers of the two-year period stipulated in the Act for parents/families to work towards changing the circumstances that caused the initial removal of a child. The finding revealed that participants were divided about the period; some believed it was enough and others considered two years to be insufficient stating. The latter argued that each case is unique and that reunification depended on the nature of the family issues. These were sentiments expressed by the participants:

I think it is sufficient time for the parents to really work [on improving their circumstances]. Family reunification can only be successful, when the parents fully cooperate with the social workers, with the designated social workers, with the CYCC social workers. I think that's more than enough time for parents. (Participant 6, DSW).

All the years it was two years and when I started as a social worker in 1989 it was two years. I feel that it is sufficient because then you know, in die twee jaar kan jy 'n verhouding bou met die ouer. Stel die ouer genoeg belang het die ouers se omstandighede so verander dat terugplasing kan geskied of het hy gereelde kontak met die kind. Twee jaar is genoeg tyd. In the two years you can build a relationship with the parent. Does the parent show interest? Did the circumstances change in

order for you to reunify the child? Did they (parent and child) have enough contact? Two years is enough time.] (Participant 1, DSW)

Ja, ek dink dit is genoeg, die kinders wat ek gereunify het was onder twee jaar. So dit is my professionele opinie dat as die ouers gaan reg kom gaan dit voor daai twee jaar gebeur. Na die twee jaar is dit as of dit al hoe moeiliker raak dus as of daai gap tussen vir hulle om te kan plek behaal waar hulle moet wees om die kinders terug te kry raak al hoe verder weg vir hulle, so ja ek sal se dit is genoeg. Yes, I think it is enough (time), the children that I reunified all happened under two years. So, so it is my professional opinion that if parents want to change it will happen within two years. After the two years it becomes more difficult because it is as if that gap for parents to achieve goals for reunification becomes bigger. So, I will say it is enough (time). (Participant 3, DSW)

I'm sorry, I think two years is a bit too long. Personally and I think for the children as well, two years away from your parents is a very long time and that sense of belonging, and that nurturing of your mother and father, it's far too long. (Participant 7, DSW)

However, other participants disagreed, stating the following:

Often substance abuse is just the symptom, now you got to go dig in and as you go in further, what do you realise? Oh this is a multi-generational problem now you sitting with three generations in the family and before you know it your two years is up and the family is still not ready, and the issues the families are facing is so big and so broad with so many different factors that two years is just not enough, I don't think there is enough hands to actually tackle the complexity of the problems families face. (Participant 8, RSW)

It depends; where there is substance abuse, there's domestic violence, there's neglect, and then obviously for those kinds of parents it's going to take longer than two years to take the children back into their care. (Participant 4, RSW).

Okay for me, it differs from family to family but I feel like the two years are not enough, to be honest. Imagine working with someone who has been using drugs for the past twenty years and then you expect this person to be in a very much better position in two years to come. (Participant 2, DSW)

The above excerpts verify that participants were divided in their views on whether a two-year period was sufficient for families to make the necessary changes in order for family reunification to occur. According to section 159 (1) (a), an order made by the children's court in terms of section 156 lapses within two years from the date the order was made, and (b) may not be extended for more than two years at a time (SA 2005). It is therefore the duty of both the DSW and the RSW to submit reports to the children's court stipulating whether possibility for family reunification exists and if it does not, provide the reasons why the child cannot be returned to the family home (SA 2005).

Chadambuka and Chikadzi (2020:217), found that children in the country remain in CYCCs for longer than necessary as a result of the dysfunction within the child protection system. There seems to be a dearth of local studies that focus on the two-year period and whether social workers have success in reunification of children within this period or not. What emanated from the current study was that the two-year period allowed social workers to assess whether the parents or family were motivated to work towards reunification. The finding also proved that social workers had different experiences in this regard and differed on whether this time frame was sufficient for family reunification to occur.

Sub-theme 5.3 Social workers' perceptions regarding successful reunification

During the interviews, participants were asked whether they were successful in reunifying children with their parents or families. Shockingly, almost all participants felt that they were not successful in their mandate to reunify children as there were many factors beyond their control that prevented reunification. They commented as follows:

I don't think we [social workers] are, at least there's a whole bunch of things that contribute to why reunification in our area does not always happen, a lack of resources, lack of parental responsibility, and it's a very vast, complex matter. (Participant 7, DSW)

No, we're not [successfully reunifying families]. In most of our cases in child protection the children remain in CYCCs for more than two years. Sometimes till the age of eighteen. It's very difficult to reunify the children [with their families]. (Participant 11, DSW)

Ek dink ons almal probeer maar ek dink nie eintlik ons is successful nie omdat ek dink daars soveel ander challenges wat ons nie kan beheer nie. oos die feit dat party mense nie huise het nie,. Of die feit dat party mense nie employed kan wees nie, want mense moet by hierdie standard uit kom voor ons kan reunify maar ons vra vir hulle goed wat amper ontmoontlik. Daar is ander gebroke sisteme in ons land en alles koppel aan mekaar. So jy kan nie net die child protection as die sisteem sien wat op sy eie staan nie, en dus waar die challenges in kom en dit is hoekom ons dan baie keer nie successful is om kinders terug te plaas nie. [I think we all try, but I do not think we are successful because there are so many other challenges beyond our control, like the fact that people do not have homes, and are not employed but have to reach this standard in order for the children to be reunified, asking things from them (parents) that are impossible. There are other broken systems in our country and they are all linked. So you cannot view child protection on its own and that is where the challenge comes in preventing the child's return.] (Participant 3 DSW)

Unfortunately, we're not successful. But I would think that maybe the way we should look at it is still ... in terms of alternative care that when they're [social workers] at the point of removing the child there should be more time given to investigate if there is not alternative family, community member, foster care possibility, that the CYCC really be the last level [resort]. (Participant 10, RSW)

Participants in this study did not experience many successes with reunification mainly due to factors they felt were beyond their control. Sibanda and Lombard (2022:1) argue that even though the placement of children in CYCCs is supposed to be short term, the majority of children in South Africa remain for the long term because the country lacks a family reunification model. The findings are in line with previous studies (Van der Walt 2018, Pistor 2019) who found that most children in SA are removed and placed in CYCCs due to socioeconomic issues such as unemployment, substance and alcohol abuse, or poverty-related problems and therefore reunification is even more difficult and results in children staying for longer periods. The findings of the current study demonstrate that social workers are battling factors resulting from the many broken systems in the country. As stated by Chege and Ucembe (2020:57), South African social workers are mainly responding to the symptoms of poverty in the country and the underlying issues are not addressed.

It appears to be a sad reality in the Cape Metropole that children are removed from risk within the family and placed in CYCCs by social workers who are unable to assist parents to deal with these risk factors in order for their children to return back home. Therefore, causing children to remain in CYCCs for many years at the risk of losing family and being institutionalised, which Petrowski et al. (2016:26) warns could have an adverse impact on children's holistic development.

4.2.6 Theme 6: Recommendations from social workers on how to improve family reunification services

During the research interviews, participants were asked how they thought family reunification to families and children in CYCCs could be improved. They responded that prevention, early intervention and permanency placements of children should be prioritised by social workers and courts earlier in the statutory process.

Sub-theme 6.1: Prevention and early intervention services with families and communities should be prioritised

The participants emphasized the need for prevention and early interventions services in the Cape Metropole to be prioritised and for families and communities to be empowered and educated about the services available to them. It was the view of participants that parents and families are unaware of the services rendered by social workers. Therefore, they seldom seek assistance and by the time social workers intervene, the situation has deteriorated to the point where children's well-being has been compromised and their removal is necessary. These were their views:

We [social workers] are very limited to go house to house and actually tell people what we do and where they can come when there is a problem. People need to be educated about the services that we offer. (Participant 2, DSW)

To be able to have the opportunity to actually change the perception and the narrative of the community in general because the moment they see a social worker: 'Dit is die aunty wat die kinders weg vat' ['This is the lady who takes the children away']. They don't believe or understand that we are able to do anything more because when we meet them they are already in the crises and they don't understand

that we are actually a positive resource that they could've reached out to.
(Participant 8, RSW)

They [parents and families] need to be aware of our services, because when we [social workers] come we take away their child and then we return and we want to give them instructions on how to make things better. (Participant 6, DSW)

I think to be absolutely honest family reunification services should start already before the social workers made an assessment that removal of a child is imminent.
(Participant 9, RSW)

These sentiments shared by participants are in line with section 143 (b) of the Children's Act, 38 of 2005, which states that prevention includes providing families and children with programmes which strengthen and build their capacity and self-reliance to address problems that may or are bound to occur in the family environment, which, if not attended to, may lead to statutory intervention. Interestingly, sub-section (g) of the same section 143 (b) of the Act stipulates that early intervention should be focused on diverting children away from CYCC systems. This emphasises the importance of early intervention as a way to prevent removal of children and placements in CYCCs. It is for this reason that Sibanda and Lombard (2022:333) postulate that the foundation of family reunification begins with prevention and/or early intervention, continues with the child's removal, and concludes with the child being reunified with their family.

In the current study, participants felt that the lack of early intervention contributed to the cycle of removing children and placing them in CYCCs, with very limited hope of returning to the family, resulting in further disempowerment and breakdown of the family system. This finding aligns with a South African study by Nhedzi and Makofane (2015:354) on the experiences of social workers with family preservation. These

researchers found that despite the legislative emphasis on family preservation services being prioritised, statutory services rather than prevention remain the focus, inevitably delaying permanency (a stable long-term family environment/placement) for children in the welfare system).

Sub-theme 6.2: Permanency placements of children to be assessed and prioritised earlier by social workers and courts

It was the perception and experience of participants that children in the Cape Metropole remained in CYCCs for many years without any prospect of returning to their biological parents. They therefore recommended that social workers be more focused on permanency of children instead of waiting for parents and families to take the children back into their care:

Ek dink ons moet die initial twee jaar periode gee vir ouers en indien die ouers nie hulle saamewerking vir dai twee jaar gee nie moet ons kyk na foster care plasings, ons moet kyk na adoptions want ek dink dan die permanensie van die kind moet geprioritiseer word bo die ouers se lee beloftes. [I think we have to give the initial two- year period to parents and if the parents do not to give their cooperation in that two years, then we have to start looking at foster care placements. We have to look at adoptions because I just think the permanency of the child must be prioritised above the parent's empty promises.] (Participant 1, DSW)

I think the rights of a child should be taken into account, that we should be focused earlier for the child to be put up for adoption or placed with host or foster parents. We should have a system for that. (Participant 11, DSW)

Children have a better chance with a foster care family or being adopted earlier ... We could have broken that cycle or changed that cycle if we started early. Specifically, with young children. (Participant 10, RSW)

Ek dink net permansie van die kind moet prioityd wees en dan kan mens kyk as jy nie vir 'n kind 'n foster care plasing kan kry nie, natuurlik sal ons aanhou werk met die ouers maar as ek net kyk na my eie laading hoeveel ouers werklik inskakel vir family reunification dienste, dus seker net vyf-en-twintig persent. [I just think permanency of the child should be prioritised and then one can look at a foster care placement. Obviously, we will continue to work with the parents but if I look at my case load at how many parents are really interested in family reunification services then I have to say only twenty-five per cent (of parents show an interest).] (Participant 3, DSW)

Participants perceived long-term placement of a child in a CYCC as a violation of the rights of a child, and believed that a placement back to a family environment such as adoption or foster care should be prioritised. According to the Children's Act, before a court makes an order for a child found in need of care and protection in terms of section 156, a documented permanency plan should be obtained from the DSW which considers the child's age and development needs, aimed at achieving stability for the child (SA 2005, s 157).

Judging from the participants' experiences as reported in this study, it seems that permanency plans are not being considered effectively, leading to the long-term stay of children in CYCCs. It can be argued, then, that as soon as a child is removed from their biological parents, plans for permanent placement should be considered immediately which could include plans to place the child back with parents or family, a foster placement, adoption or independent living. Studies have found that children who are not reunified with family or placed in a family have the tendency to later present with

challenging behaviour due to uncertainty relating to permanency (Fortune 2016, Gwenzi 2019, Wade et al. 2019). Permanent placement provides children with long-term stability and a sense of family and belonging which is vital throughout their childhood, as a CYCC environment can never be compared to that of a family (Jedwab et al 2018, James & Roby 2019, Chadambuka & Chikadzi 2020)

4.3 CHAPTER CONCLUSION

The findings presented in this chapter demonstrates the importance of cooperation between the DSW and the RSW to ensure family reunification. The importance of team work between social workers working at CYCCs and those working directly with the family is another essential factor that could enhance family reunification efforts. The challenges experienced by social workers that hinders family reunification vary from work overload to a lack of resources to facilitate reunification. It shows the numerous challenges that social workers experience which delays the reunification process. The challenges experienced by parents that hinders family reunification is a contention that requires more in-depth exploration, since parents were not the focus of the study. However, the findings demonstrate that parents also experience many difficulties, sometimes beyond their control which delayed or prevented successful reunification. But most crucial are the findings relating to the problems in the welfare system itself. The findings indicate that there are many concerns within the SA Welfare system that contribute to children's delay in reunification with families as such several recommendations in this regard are prioritised in the next chapter.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 5 concludes this study, the aim of which was to gain an understanding of the experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole. Chapter 1 provided an overview of the study, while Chapter 2 reviewed literature on this important issue and presented the theoretical framework. In Chapter 3, the research methodology was discussed, and Chapter 4 presented the study findings. In this final chapter, the main conclusions and recommendations for this study are presented, followed by recommendations for social work practice, policy and future research.

5.2 SUMMARY AND CONCLUSIONS

By following qualitative research conventions and employing a combination of exploratory and descriptive design, I reached the conclusions discussed below.

5.2.1 Summary and conclusions relating to the literature review

Key aspects of the literature review regarding family reunification were the legislative framework relating to the rights of children, CYCCs as an alternative placement for vulnerable children, and key role players in the field of family reunification services. The literature highlighted that the plight of children continues to worsen despite grand international and local policy directives.

The situation in South Africa is that social workers involved in family reunification at CYCCs have high caseloads and challenging working conditions that prevent them from offering effective reunification services to children and their families. Based on the literature reviewed, not enough is being done to realise the rights of vulnerable children to be reunited with their parents/family. This is not always as a result of lack of competence on the part of social workers, but is rather due to the challenges experienced by social workers such as high staff turn-over, high workloads and uninvolved and or absent parents. The challenges therefore are manifold and complex.

5.2.2 Summary and conclusions relating to the theoretical framework

Chapter 2 presented the theoretical framework to explain the phenomenon of the role of social workers rendering family reunification to children in CYCCs. The ethics of care theory was the theoretical lens used to understand and explain the research phenomenon. The ethics of care theory was an appropriate theory to facilitate an understanding of the dynamics, roles, communication and power relations involved in the family reunification process. The social work profession has always considered care to be an important characteristic for social workers to possess since they work with vulnerable adults and children from all walks of life. The five dimensions of care were useful in the study to explain social workers' interaction with the different role players especially parents and families of children in CYCCs. The conclusions relating to each of the five elements of care are presented next.

- ***Attentiveness (Caring about)***

The research findings showed that social workers recognised and were cognisant of the fact that parents whose children were found in need of care and protection were also vulnerable and in need of care themselves. Attentiveness in this particular study has a two-pronged meaning for social workers in family reunification: 1) they are attentive to the needs of the child who has to return to the family and 2) they are attentive to the family who requires assistance in order for this process to be successful. As revealed in the results of this research study, social workers understood and empathised with parents whom they believed were facing many challenges and obstacles preventing them caring for their children. On the other hand, they also felt compassion for the children in CYCCs who were removed from parental and family care and who had a desire to be back with their families.

- ***Responsibility (Caring for)***

Although social workers are mandated by legislation to render family reunification services, it was shown that despite many uphill battles, social workers were doing what they could to assist parents. The research findings demonstrated social workers taking responsibility in searching for the parents and families in order for children in CYCCs to be able to return to their homes. Participants expressed deep frustration on behalf of and empathy with children who have to remain in CYCCs for long periods because no family wants to take them into their care. It would appear that social workers care by taking responsibility for assisting both families and children in working towards family reunification.

- ***Competency (Caregiving)***

Even though social workers in the research study were qualified with between two and thirty years of experience in family reunification, most of them agreed that they were not always successful in the quest to reunify children in CYCCs with their families. Factors such as the lack of effective collaboration between DSWs and RSWs, as well as challenges associated with role clarity, responsibility and collaboration between and among the broader MDTs, all contribute to social workers' capacity and ability to render effective and efficient reunification services. In addition to the aforementioned, lack of involvement of families and high caseloads appear to significantly restrict social workers' ability to render effective and successful family reunification. The challenges experienced by DSD and NGO social workers and the incompetency within the welfare system generally also have a negative impact on service delivery in respect of family reunification. Another noteworthy factor contributing to competency issues of social workers was the high turnover of social workers, both from the DSD and RSWs.

- ***Responsiveness (Care-receiving)***

Care-receiving involves the recipient's response to the care given, which requires that the person being cared for is responsive to the care received. The emphasis of family reunification is on the family and on the intervention that needs to occur with the family before the child can be reunited with them. The study showed that social workers experienced many challenges with parents and families who were not always open to receive the assistance offered by the social workers, nor were they always willing to work with social workers and became despondent when the children were removed from their care. Uninvolved and disinterested parents as well as poverty were shown to be

contributing factors to the dilemma experienced by social workers relating to responsiveness.

- ***Integrity (Caring with)***

Family reunification services are rooted in principles of respect for the worth and dignity of the child and the parents/family. Consequently, family reunification is a just cause in the sense that every child has a fundamental human right to be part of a family and to live in a safe family environment. The integrity of social workers working in family reunification, in addition to the integrity of the child's parents/family and that of the broader community, embodies caring with. This means that the essence of care, at least from an ethics of care perspective, is rooted in democracy and social justice. Integrity in this regard places emphasis on caring needs and practices to be aligned with democratic commitments to justice, freedom and equality for all. In this instance, the altruistic acts by social workers, parents/family and the broader community are only morally acceptable if they benefit society as a whole. Therefore, helping those in need of care to make decisions, and providing for their needs is a duty rooted in respect and concern for a just cause which, in the end, benefits society by improving human relationships.

Summary and conclusions relating to the research methodology

A qualitative research approach was employed in this study because I wanted to obtain rich narratives from social workers regarding their experiences during the family reunification process of children in CYCCs. A qualitative approach was therefore suitable for this study because I wanted to understand the problem from the participants' point of view, conducted in their natural setting, to make sense of and interpret the phenomenon

in terms of the meanings that participants bring. This approach was appropriate because I was able to explore and describe the nature of the phenomenon, helping me understand the perspective of social workers rendering family reunification services to children in CYCCs in the Cape Metropole. Furthermore, this approach enabled me to achieve an in-depth understanding of the phenomenon from the participants' own perspectives and their descriptive first-hand knowledge of the issue.

The exploratory–descriptive design facilitated an understanding of the experiences of the participants and their knowledge of their world. Using the purposive sampling technique enabled me to reach the appropriate participants who provided appropriate and adequate insight into the phenomenon and using semi-structured interviews enabled me to obtain in-depth, descriptive narratives from participants.

The analysis of the data was a tedious back and forth process. Using thematic analysis that resulted in six main themes and several sub-themes which were quality controlled, employing various forms of data verification, provided credibility and ensured trustworthiness.

5.2.3 Summary and conclusions related to the research findings

5.2.3.1 Theme 1: Cooperation between designated and residential social workers to ensure family reunification

Theme one emerged strongly in relation to objective one, which was to explore the perceptions and experience of DSWs and RSWs since they both play a pivotal role in the reunification children of children in CYCCs.

The first theme also relates to objective two, since one of the ethics of care dimensions, competence (giving care) speaks on the fact that social workers cannot simply accept accountability and acknowledge the need for care without providing enough follow-up to deliver appropriate care, which would include cooperating within the collegial relationship between DSWs and RSWs in order to ensure effective family reunification of children.

Since social workers are the drivers of family reunification of children with their parents and family, this study focused on obtaining a social work perspective. The placement of a child in a CYCC means that there are two social workers responsible for family reunification; therefore, teamwork between the two counterparts is essential. The findings of the study suggest that there were challenges to maintaining a collegial relationship between these social workers. Most of the frustration came from RSWs who felt that DSWs were not always rendering effective services to the families, making it difficult for RSWs to work with children at the CYCC. This finding appears consistent with previous local studies which established that difficulties in the relationship between the DSW and the RSW can cause great frustration for the social workers. The findings of this study suggest that the lack of effective cooperation and collaboration between social workers is a hindrance in the family reunification process of children in CYCCs.

5.2.3.2 Theme 2: Challenges experienced by social workers that hinder family reunification services

Theme two relates to the first objective as it speaks on the issues and experiences which social workers perceive as challenging in their pursuit to reunify children in CYCCs back with families.

The second theme relates to the second objective as well as it describes the ethics of care ‘attentiveness’, (caring about) which means to show care and concern about the well-being of others. In this study social workers showed that they were attentive to the needs of families and children in CYCCs and are therefore able to express the challenges they faced that they believed hampered successful reunification.

Linked to theme two, the data revealed that social workers in the Cape Metropole experienced tremendous challenges which they believed affected their chances of successful reunification of children with their families. One such challenge was the lack of effective communication between the RSW and the DSW. Social workers in the study were in agreement that regular feedback between the DSW and the RSW by means of regular panel meetings – in addition to updates on family circumstances, family contact and the progress of the child at the CYCC – was very important for success in reunification. For the most part, DSWs and RSWs were well acquainted with their tasks and different roles; however, they experienced frustration with one another in the delivery of certain tasks. In light of the importance of a good working relationship between the DSW and the RSW, social workers also emphasised the fact that family reunification is only possible if there is cooperation from the rest of the MDT. However, the study’s findings demonstrated a lack of cooperation with the MDT which created inconvenience for both DSWs and RSWs.

The findings suggest that social workers sometimes felt judged and undermined by the larger MDT. Overall, social workers felt alone in their quest to reunify children with their parents and families since, in their experience, other stakeholders did not always cooperate. It may be concluded that a lack of effective teamwork among social workers

and the rest of the MDT can be challenging for a social worker trying to reunify children from CYCCs with their families.

5.2.3.3 Theme 3: Challenges experienced by social workers relating to parents' circumstances that hinder reunification efforts

The third theme aligns with objective one as social workers also related the challenges experienced whilst working with the parents of children in CYCCs.

The core of care ethics is preserving relationships by attending to others' needs. The care ethics emphasise the fact that some people and communities are more vulnerable than others. Demonstrated by this theme was that social workers had first-hand insight of the challenges experienced with parents and also the challenges parents experienced in trying to get children back home from CYCCs. This seem to be mainly due to the complex nature of vulnerability of parents at an individual and community level, in terms of the effects of poverty, substance abuse, scarce resources and a lack of support.

The findings relating to theme three provide additional information about the dilemma of uninvolved parents who often disappear after their children are removed and placed in CYCCs. Interestingly, the data from the study aligns with previous local studies which found a link between uninformed and uninvolved parents. Participants agreed that sometimes, owing to heavy caseloads, they are not always able to liaise effectively with parents. However, they deemed it the responsibility of parents to follow up and show interest in the well-being of their children in CYCCs. This allows the conclusion that there can, at times, be a strained relationship between social workers and parents. The research findings also suggest that since a large number of parents abandon their children

in CYCCs, the real challenge begins when social workers have to find families to whom family reunification services can be rendered. It was described by participants as an uphill battle for social workers since families were experiencing their own struggles and did not always want to take the responsibility of caring for other children.

The present findings confirm that in South Africa the family system, including the foster care system, is deteriorating at a rapid pace and families are suffering. The results suggest that factors such as poverty, lack of resources and substance abuse were significant contributing factors to the lack of interest shown by families towards children in CYCCs. This is an important finding towards understanding why children remain in CYCCs for so many years without being reunified with their parents or families.

Themes 2 and 3 demonstrate some of the major challenges family reunification social workers experienced. Importantly, the data provides evidence of a worrying reality in the Cape Metropole where children are removed from parental care with very limited chances of ever being reunified with their families.

5.2.3.4 Theme 4: Problems in the South African welfare system

Theme four aligns with this objective three as social workers were able to highlight what they perceived as problems within the welfare system. These problems seem to be beyond the control of social workers and requires intervention at legislative and policy level.

Participants expressed their concerns and experiences with the welfare system and factors which they believed affect the family reunification process. Most participants in the current study were employed at NGOs and experienced the financial challenges plaguing

most NGOs and thus directly influencing certain reunification services. This adds to the growing literature on the incongruity between support provided to social workers at NGOs vs support to social workers employed by the DSD.

The present findings also confirmed that a high staff turnover of social workers across the board severely affected family reunification. Resulting in parents and families becoming despondent when social workers are replaced and the reunification process having to restart when a new social worker was appointed. Furthermore, participants experienced the placement of children in CYCCs far from the family and community of origin as a major constrain to family reunification. This is due to a lack of available space in CYCCs near children's place of origin. This finding is evident that the South African alternative care system is in disorder, contravening the very important 'best interests of the child' standard emphasised by international, regional and local legislation such as the UNCRC (1989) and the South African Children's Act 38 of 2005.

5.2.3.5 Theme 5: Social workers' perceptions and experience regarding the mandate for family reunification

The theme aligned with objective one of the research study as it explored the perceptions and experience of the participants regarding a very important piece of legislation which mandates their job as family reunification social workers.

Theme five also addresses the second objective of the study because according to the care ethics, 'responsiveness' (care receiving) enables people to understand others' vulnerability. Social workers support the local legislation that mandates and emphasises the importance of the reunification of children in CYCCs back to the family of origin.

The theme also aligned with the third objective as it pointed out what social workers perceived as the gaps within the SA welfare system as well as the reality within the Cape Metropole that made the implementation of this legislation so complicated and challenging.

The findings confirmed that participants understood and agreed with the mandate as stipulated by the Children's Act and advocated for the strengthening of families and return of children from CYCCs as soon as reasonably possible. This research found that participants were divided on whether a two-year period was too long or too short for families to be strengthened and for children to return to a conducive home environment. The data suggests that despite the motivation of social workers to push for family reunification, they faced a situation in which very few children are successfully returned. The results of this study provide evidence that social workers in the Cape Metropole are facing many hardships in their efforts to reunify children with parents or families.

I did not expect the data would demonstrate that social workers rendering family reunification to children in CYCCs in the Cape Metropole were experiencing so many challenges. The findings suggest that South Africa is still a long way from actually utilising CYCCs for the purpose of 'short-term' and 'last resort' placements as it is essentially meant to do. As proven by the current research study, placements of children in CYCCs are viewed and to a certain extent accepted by the South African welfare system as a long-term placement. This is despite innumerable treaties and a wealth of research emphasising the negative impact it has on children who grow up without the normality of a loving and caring family environment. Thus, it would appear that social workers rendering family reunification services to children in CYCCs in the Cape Metropole experience frustration and feel as though they are losing hope and achieving

very little success in their attempts to remove children from CYCCs and return them to their families.

5.2.3.6 Theme 6: Recommendations from social workers on how to improve family reunification services

In terms of fifth stage of the care ethics, assisting individuals who require care in making decisions and meeting their needs is a responsibility based on respect and care for a ‘just’ purpose, which could eventually improve human connections on a social, personal, and international level, benefiting society as a whole. Social workers during the research study used the opportunity to not just relate their perceptions and experiences but felt a sense of responsibility to make recommendation which they believed could greatly improve the reunification of children in CYCCs back where they belong, with their families.

The theme also speaks directly to objective three where the participants’ who are experienced family reunification social workers within the CYCC domain provided meaningful insights and recommendations which could contribute to social work practice and policy changes in the future.

With regard to theme six, participants made the following recommendations regarding reuniting children with their families:

- **Prevention and early intervention services with families and communities should be prioritised.**

Participants emphasised the importance of early intervention services with families. They held the belief that parents and families are unaware of the services provided by social

workers. As a result, the family seldom ask for help. Consequently, by the time social services become involved, the situation has become so bad that the well-being of the child is in jeopardy and removal is required. The study findings show that social workers are cognisant of the fact that prevention in the form of early intervention in this case is better than ‘cure’, which involves the struggle to return children from CYCCs after removal.

- **Families and communities need to be empowered and educated about services available to them in order to prevent removal of children.**

It was the perception of social workers that families are not always informed on the functions and services rendered by social workers. Participants believe that a mental shift needs to occur within communities regarding the stigma surrounding social workers. The belief that social workers’ sole purpose is to remove children must change to an understanding that social workers are able to assist when families find themselves in difficulties. The main conclusion to be drawn from this is that the lack of information and knowledge of social work services contributes to the removal of children and placements in CYCCs. This ripple effect can add to the lack of involvement of parents and families after the removal of children because they may not believe that social workers are there to assist them with the return of their children.

- **Family reunification services should be initiated as soon as assessment for removal of a child is made.**

Participants were in agreement that family reunification services should be initiated as soon as a court places a child in a CYCC. It was recommended that early intervention social workers begin immediately after realising that removal of a child is necessary.

Emphasis was on the fact that more attention needs to be given to the child's return home to the parents, family and community members. The data suggests that there is still a long way to go, especially in the absence of a family reunification model. The focus still seems to be on strong statutory intervention to safeguard children and less on preserving the family unit.

- **Permanency placements of children should be assessed and prioritised earlier by social workers and courts.**

Participants shared that children in the Cape Metropole spent many years in CYCCs with very little hope of being reunited with their birth parents. Therefore, they recommend that after assessing children who are abandoned or parents who are uninvolved, social workers should shift their focus and concentrate more on permanency, ensuring that children are placed with a family instead of remaining in CYCCs for years on end.

5.2.4 Summary and conclusions relating to the research aim and objectives

The aim of the study was achieved as evident in the findings (see Chapter 4). The thesis provides an understanding of the experiences and perceptions of social workers who are rendering family reunification services to children placed in CYCCs in the Cape Metropole. The objectives were achieved as follows:

Objective 1 was to explore and describe the perceptions and experiences by social workers rendering family reunification services to children in CYCCs within the Cape Metropole area. Theme 1 focused on the perception of social workers in their interaction and emphasis on teamwork and collaboration. Theme 2 focused on the experience of

social workers in their interaction with the broader MDT. Theme 3 focused on the experiences of social workers rendering family reunification to parents and families.

Objective 2 was to describe, from an ethics of care perspective, the perceptions and experiences of social workers rendering family reunification services to children in CYCCs. Theme 4 highlighted the challenges of social workers with the welfare system and Theme 5 emphasised how, despite challenges, social workers are showing care and working towards the mandate of family reunification. This objective was achieved as evidenced in Chapter 5 where I used the ethics of care principles to demonstrate the level of care shown by participants in this study.

Objective 3 was to make recommendations for social work practice and policy which is evidenced in Chapter 4, recommendations suggested by the participants. In addition to recommendations by participants, I present recommendations below, which are based on my interpretation of the findings.

5.3 RECOMMENDATIONS

5.3.1 Recommendations for social work practice

- Social workers should receive the required and appropriate training to facilitate effective family reunification services to children in CYCCs. Such training should be mandated and monitored by the DSD. Organisations such as the National Association of Child Care Workers could offer such training.
- The caseloads of RSWs and DSWs should be capped to allow them to have enough time to work effectively with parents and families and the children in CYCCs. The DSD and NPOs should collaboratively engage in further research

to investigate the feasibility of capping caseloads for more effective intervention in relation to family reunification services.

- DSWs from the DSD and child protection organisations (CPOs) should prioritise prevention and early intervention services with the opening of the children's court inquiry and decision, and involve the parents and families in the helping process from the outset of the case inquiry. This will mitigate parents and families abandoning the child once the child is placed in a CYCC.
- DSWs should exhaust all the possibilities of placement with family, or community members' foster placement before a placement in a CYCC is considered.
- DSWs and RSWs should involve community workers and volunteers to assist in tracing parents and families of children who have been abandoned after removal.
- DSWs and RSWs should develop specialised programmes for parents and families whose children have been placed in CYCCs with an emphasis on removing the risk factors that caused the removal.

5.3.2 Recommendations for social work policy

- The DSD should prioritise family reunification as a specialised field with specialised training for social workers who are solely focused on the family reunification mandate.
- Legislation and policy should be amended that mandates biological parents via the children's court to make the necessary changes in order for the children to be returned to them within a two-year period. They should be subpoenaed to court to provide reasons why their child should remain in a CYCC beyond that period.

- Policymakers should legislate permanency – such as adoption of children – as a priority over family reunification should parents and family abandon a child in a CYCC.
- DSWs and RSWs should develop guidelines for protocols aimed at improving and enhancing collaboration and promote effective communication and teamwork between them and their organisations.
- The DSD should offer guidelines to CPOs and NGOs regarding reunification service protocols and should offer access to available resources for social workers who facilitate reunification services.
- The DSD and NPOs should prioritise awareness campaigns using multiple platforms, including media, to inform people about the challenges and dilemma of children remaining in institutions such as CYCCs for extended periods without families, thereby expanding possible host and foster placement options.
- The national DSD should increase the socioeconomic support to parents and families who face socioeconomic difficulties to ensure that they can provide for the needs of their children. The latter could be facilitated through a form of social grant and Extended Public Work Programme (EPWP).
- The DSD should host annual meetings, inviting different stakeholders who form part of the broader MDT to inform and educate them on the importance of family reunification.
- Policymakers should revisit family reunification services provided by RSWs in CYCCs and formalise policies that would prevent children spending extended periods in the CYCC and institutionalisation of children in CYCCs.

5.3.3 Recommendations for future research

- A research study by social workers and CYCWs could focus on parents and families' perceptions of children placed in CYCCs. Such a study could expand the explanation of why children remain in CYCCs.
- RSWs, DSWs and CYCWs could explore the perceptions and experiences of children who are institutionalised with no prognosis of family reunification.
- RSWs, DSWs, CYCWs and policymakers could investigate why adoption is not the preferred placement option for abandoned children in CYCCs in South Africa, despite legislation emphasising that an abandoned child could be made adoptable.
- RSWs, DSWs, CYCWs and policymakers could explore the experiences of adults who were institutionalised as children and remained in CYCCs until the age of 18.

5.4 CHAPTER CONCLUSION

By using a qualitative exploratory–descriptive case study design, the research aim was achieved, which was to understand the perceptions and experiences of social workers rendering family reunification services to children in CYCCs in the Cape Metropole. Based on the understanding gained, I was able to make recommendations for social work practice, policy and for future research in this field.

5.5 FINAL CONCLUSION

The aim of this study was to understand the essence of social workers' lived experiences in rendering family reunification services to children in CYCCs. The ethics of care theory was the lens used to contextualise this phenomenon. In addition to the theory, a

comprehensive literature review on family reunification and CYCCs assisted me in gaining an understanding of this phenomenon. By employing a qualitative and exploratory approach with a descriptive research design, the study aims and objectives were achieved. The study highlighted the challenges faced by social workers in their pursuit of rendering effective family reunification services to children in CYCCs. Social workers in this study acknowledged the deep-rooted challenges associated with family reunification, and highlighted areas for development and improvement in this field of service delivery. The findings of the study reveal that social workers are deeply concerned about children who were removed from their families, and placed in CYCCs with very little opportunity of returning to parental care, family of origin or any family for that matter. The study findings show social workers feel a sense of powerlessness and are faced with many hardships and challenges within what they perceive as a broken welfare system, in which reunification of children in CYCCs are not prioritised. The finding further reveal that not enough attention and emphasis is placed on CYCCs as a last resort, nor the permanency of children after remaining at a CYCC for over two years.

The study findings expose the tremendous defects, weaknesses and flaws within the welfare system that seemingly goes against international, regional and local legislation that put so much emphasis on the 'best interest of the child', and the importance of preserving the family system. Despite the many challenges and adversities in family reunification services revealed in this study, it appears that some social workers continue to demonstrate care and render family reunification services to the best of their abilities.

More local research on this topic to monitor and evaluate the effectiveness of family reunification services and development of policy will go a long way towards dealing with the current gaps and challenges.

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UNIVERSITY of the
WESTERN CAPE

Appendix A

Belville 7535
Republic of South Africa

12 September 2022

Mrs M Joseph Van Wyk
Social Work
Faculty of Community and Health Sciences

HSSREC Reference Number: HS22/6/42

Project Title: Family reunification services to children in child and youth care centres in the Cape Metropole: A social work perspective.

Approval Period: 09 September 2022 – 08 September 2025

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and amendments to the ethics of the above-mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via:

<https://sites.google.com/uwc.ac.za/permissionresearch/home>

The permission letter must then be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

NHREC Registration Number: HSSREC-130416-049

Appendix B: Information Letter



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2849 Fax: 27 21-959 2845

E-mail: scarelse@uwc.ac.za / 3817804@myuwc.ac.za

INFORMATION SHEET

Project Title: Family reunification services to children in Child and Youth Care Centres- A social work perspective

What is this study about?

This is a research project being conducted by Mareldia Joseph van Wyk at the University of the Western Cape. We are inviting you to participate in this research project because you have been identified to fit as a relevant information source on the topic of **family reunification services to children in Child and Youth Care Centres (CYCCs)**. The purpose of this research project is to gain an understanding of this topic by asking you about your perceptions and experiences of the issue. The study will help to create knowledge on this topic that can be used when planning and implementing appropriate interventions.

What will I be asked to do if I agree to participate?

You will be asked to participate in a 1-hour interview that will be conducted by the researcher. The interview can take place at your office or at the office where the researcher is employed for private purposes. You will be asked to answer eight questions about your own perspective and experiences in rendering family reunification services to children in Child and Youth Care Centres. There are no right or wrong answers, we merely want your view on the topic. The interview will be audio recorded only so that we do not lose all you have discussed.

Would my participation in this study be kept confidential?

Information will always be handed in a professional and confidential manner. The surveys are anonymous and will not contain information that may personally identify you. Your name will not be included on the surveys and other collected data. A code will be placed on the survey and other collected data. Using an identification key, the researcher will be able to link your survey to your identity, and only the researcher will have access to the identification key. To ensure your confidentiality all information will be stored on a computer and will be password-protected. If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and professional standards, we will however disclose to the appropriate individuals and/or authorities' information

that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we must break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

There may not be physical risk but some risks from participating in this research study can include discomfort, emotional distress, or embarrassment. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

The benefits to you include a deeper understanding on the topic and an opportunity to share your personal perspectives, experiences, and challenges. The research study will help you produce information on family reunification to Child and Youth Care Centres within the Cape Metropole area. The information from the study can also be used to help plans and implement appropriate services in the area as well as inform policies.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by **Mareldia Joseph Van Wyk of the Community and Health Sciences** at the University of the Western Cape. If you have any questions about the research study itself, please contact Mareldia Joseph Van Wyk at: 074 749 9826 or email at 4223023@myuwc.ac.za. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof Marichen van der Westhuizen
Head of Department: Social Work
University of the Western Cape
Private Bag X17
Bellville 7535
mvanderwesthuizen@uwc.ac.za

Prof Anthea Rhoda
Dean: Faculty of Community and Health Sciences
University of the Western Cape

Private Bag X17
Bellville 7535 .
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

Humanities and Social Sciences Research Ethics Committee
University of the Western Cape
Private Bag X17
Bellville
7535
Tel: 021 959 4111
e-mail: research-ethics@uwc.ac.za
REFERENCE NUMBER: HS22/6/42

Mareldia Joseph van Wyk
Tel: 0747499826
Email: 4220323@muwc.ac.za

Appendix C: Consent Form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel : +27 21-959 2277, Fax : 27 21-959 2845

E-mail: scarelse@uwc.ac.za /3817804@myuwc.ac.za

CONSENT FORM

Title of Research Project:

Family reunification services to children in Child and Youth Care Centres in the Cape Metropole- A social work perspective.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand that my personal information will be stored on the UWC data management system and on the researcher's computer that is password protected. I understand that all the information that I gave will be kept on these platforms for 5 years after which it will be deleted.

I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

☐ I hereby give consent for my personal information to be collected, stored, processed and shared as described above

☐ I do not give consent for my personal information to be collected, stored, processed and shared as described above.

☐ I agree to be audiotaped during my participation in this study.

☐ I do not agree to be audiotaped during my participation in this study.

Participant's name

Participant's signature

Date

Humanities and Social Sciences Research Ethics Committee

University of the Western Cape

Private Bag X17

Bellville

7535

Tel: 021 959 4111

e-mail: research-ethics@uwc.ac.za

Mareldia Joseph van Wyk

Tel: 0747499826

e-mail: 4220323@myuwc.ac.za

Appendix D: Semi-structured interview schedule

Research title: Family reunification to children in Child and Youth Care Centres in the Cape Metropole: A social work perspective.

Open-ended questions

1. Tell me about your experiences of rendering family reunification services to children in CYCC within the Cape Metropole area?
2. What are your perceptions about the Children's Act 38 of 2005 mandate, which prioritise family reunification services?
3. What are your experiences working towards family reunification with children in CYCCs?
4. What are your experiences working with other professionals in the family reunification process?
5. How do you perceive the two-year period allowed by the children's court for parents/families to change the circumstances that caused the initial removal?
6. What are your concerns regarding family reunification within the Cape Metropole area?
7. How do you think reunification services can be improved to parents/family and children living in CYCCs?

Appendix E: Editor's Letter

RUTH COETZEE
Accredited Text Editor (English)
Full member: Professional Editors' Guild NPC
Academic specialist

34 Heritage Village
Tzaneen 0850

Cell: 072 9339417
Home: 015 0650145
Email: ruthc111@gmail.com

13 July 2024

I am an experienced English language editor, fully accredited by the Professional Editors' Guild, South Africa. I hereby confirm that I have completed a language edit of the thesis written by **Mareldia Joseph Van Wyk** titled:

**FAMILY REUNIFICATION TO FAMILIES AND CHILDREN
IN CHILD AND YOUTH CARE CENTRES IN THE CAPE METROPOLE:
A SOCIAL WORK PERSPECTIVE**

The work was edited to achieve

- clarity of expression and style;
- accuracy of grammar, spelling and punctuation;
- consistency in all aspects of language and presentation.

The author was requested to attend to suggestions for improvement of the text, and is responsible for the quality and accuracy of the final document.

RCoetzee

Ruth Coetzee (Mrs)



Ruth Coetzee
Full Member
Accredited Text Editor (English)

PEG administrator
Membership number: COE004
Membership year: March 2024 to February 2025

ruthc111@gmail.com
administrator@editors.org.za

www.editors.org.za

Appendix F: Turnitin Report

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