

A developmental approach to statutory social work services

By

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Declaration

I hereby declare that this dissertation is the result of my independent investigation, and that all the sources used have been acknowledged by means of complete references.

I hereby certify that this dissertation is not submitted for any other degree.

Signature:



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2004/11/22

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Abstract

A developmental approach to statutory social work services

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The changeover of the South African government in 1994, brought along a need for transformation on all levels of society, including social welfare. As part of this transformation the South African government adopted the developmental approach to social welfare. Within this policy framework the government expects all social welfare services to be developmental. Existing services, including statutory social work services, should thus be reoriented to make them developmentally focused (White Paper for Social Welfare, 1997:7). The researcher has, however, identified a lack of clear guidelines for the transformation process of social welfare services and particularly of statutory social work. The goal of this study was therefore to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

For this study, the researcher utilised the qualitative approach. The respondents included were seven social workers and six clients in the study as respondents, representing five welfare organisations in Tshwane.

The key findings indicated that the developmental approach to statutory social work entails an emphasis on family preservation, which implies prevention and early intervention as well as reunification strategies. The findings also indicate that, although social workers are aware of what the developmental approach entails, this emphasis currently does not exist in practice due to various reasons, including the fact that social workers are overburdened and under-resourced.

The recommendations of this study are captured in guidelines for developmental statutory social work and guidelines for creating an enabling environment for statutory social work services. The guidelines for developmental statutory social work include various strategies for prevention and early intervention, while the guidelines for creating an enabling environment especially emphasise creating working partnerships with the government and other professionals and organisations.

Opsomming

' n Ontwikkelingsgerigte benadering tot statutêre maatskaplikewerkdienste

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Die oorskakeling na ' n nuwe Suid-Afrikaanse regering in 1994 het ' n behoefte vir transformasie op alle vlakke van die samelewing geskep. Ook op die vlak van maatskaplike welsyn. As deel van hierdie transformasie het die Suid-Afrikaanse regering die ontwikkelingsgerigte benadering tot maatskaplike welsyn as beleid aangeneem. Binne hierdie beleidsraamwerk verwag die regering dat alle maatskaplikewerkdienste ontwikkelingsgerig moet wees. Alle reedsbestaande dienste, statutêre maatskaplikewerkdienste ingesluit, moet dus geheroriënteer en -transformeer word om ontwikkelingsgerig te wees (Wit Skrif vir Maatskaplike Welsyn, 1997:7). Die navorser het egter ' n leemte geïdentifiseer, naamlik ' n afwesigheid van duidelike riglyne vir die transformasieproses van maatskaplikewerkdienste en veral vir statutêre maatskaplikewerkdienste. Die doel van hierdie studie was dus ' n ondersoek na hoe statutêre maatskaplikewerkdienste op ' n ontwikkelingsgerigte wyse, dit wil sê, op ' n bemagtigende en opbouende manier, gelewer kan word, en om in hierdie verband riglyne voor te stel vir maatskaplikewerkpraktyk.

Die navorser het, vir die doeleinde van hierdie studie, gebruik gemaak van ' n kwalitatiewe benadering. Sewe maatskaplike werkers en ses kliënte, verteenwoordigend van vyf welsynsorganisasies in Tshwane, is as deelnemers in die studie ingesluit.

Die hoofbevindings het daarop gedui dat die ontwikkelingsgerigte benadering met betrekking tot statutêre maatskaplike werk klem lê op die instandhouding van die gesin, wat voorkoming, vroeë intervensie en herenigingsstrategieë insluit. Die bevindings het ook aangedui dat, alhoewel maatskaplike werkers bewus is van wat die ontwikkelingsgerigte benadering behels, hulle dit nie altyd in praktyk bring nie. Dit is as gevolg van verskeie faktore, waaronder die feit dat hulle oorbelaas is en nie genoeg hulpbronne tot hul beskikking het nie.

Die aanbevelings van die studie word saamgevat in riglyne vir ontwikkelingsgerigte statutêre maatskaplikewerkdienste en riglyne vir die skep van ' n omgewing wat maatskaplike werkers in staat sal stel om ontwikkelingsgerigte dienste te kan lewer. Die riglyne ten opsigte van ontwikkelingsgerigte statutêre maatskaplikewerkdienste sluit verskeie strategieë vir voorkoming en vroeë intervensie in, terwyl die riglyne vir die skep van ' n omgewing wat maatskaplike werkers in staat stel om ontwikkelingsgerigte dienste te lewer spesifiek klem lê op die sluit van vennootskappe met die regering en ander professionele persone en organisasies.

Key words

Children

Families

Social work

Children' s court

Statutory intervention

Developmental approach

Family preservation

Prevention

Early intervention

Reunification

Partnerships

Poverty

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Chapter 1: General introduction and orientation to the study

1.1 Introduction

The changeover of the South African government in 1994, brought along a need for transformation on all levels of society, including social welfare. As part of this transformation the South African government adopted the developmental approach to social welfare. This developmental focus was revealed in one of the first documents published by the new ANC-led government – the *White Paper on Reconstruction and Development* (Notice 1954 of 1994). In the White Paper for Reconstruction and Development (1994:9-10) the government indicated that it wishes to transform South Africa by focusing on:

- meeting basic needs;
- developing human resources;
- building the economy; and
- democratising the state and society.

The *White Paper for Social Welfare* (Notice 1108 of 1997) elaborated on this developmental focus. It indicated that the vision of the proposed National Developmental Social Welfare Strategy is “a welfare system which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment” (White Paper for Social Welfare, 1997:15).

Within this policy framework the government expects all social welfare services to be developmental. Existing services, including statutory social work services, should thus be reoriented to make them developmentally focused (White Paper for Social Welfare, 1997:7).

Flowing from the White Paper for Social Welfare (1997), the *Financing Policy* (Notice 463 of 1999) was another important document in the transformation process. The Financing Policy was intended as a tool for transforming the traditional welfare sector through changing the manner in which welfare organisations were funded (Department of Social Development, 2002:44). The Financing Policy (1999:12-13) differentiated between four levels of service delivery:

- *Prevention* – preventing social problems before they occur through capacity building and empowerment;
- *Early intervention* – dealing with social problems at an early stage in order to prevent further deterioration and statutory intervention;
- *Statutory process* – a court process to deal with the presented social problem; and
- *Continuum of care and developmental services* – dealing with a person who has been placed in alternative care either in a community setting (including foster care) or in an institutional setting (including children’s homes and schools of industry).

The Financing Policy (1999:12) clearly indicated that it expects social services to be rendered in a developmental manner at all four levels, in other words it expects that at each level services should be rendered that are “most empowering.” In describing each level, the Financing Policy (1999:12-13) used key words and phrases such as “strengthen,” “build the capacities and self-reliance,” and “ensure [that] no further deterioration takes place.” Even at the fourth level, which one might expect would be more remedial than developmental, the Financing Policy (1999:13) stresses that services should be developmental: “[...] while services at this level of the system may tend to be (and may need to be) more specialised in some respects, the methodology of delivery remains a developmental one.”

By 2001, the Department of Social Development was, however concerned about the slow pace of implementation and also had “concerns that the complexity of the policy may undermine one of its key objectives, namely, to strengthen small, community-based organisations” (Department of Social Development, 2002: 44). The Council of Ministers for Social Development (MINMEC) therefore conducted a high level review of the Financing Policy, which was completed in May 2001. This review concluded that

although the principles of the Financing Policy were sound, significant revision to the content of the policy was necessary. MINMEC also decided that the Financing Policy should be located within a broader transformation programme, which involves reviewing welfare legislation, costing of welfare services and transforming the social services professions (Department of Social Development, 2002:44).

This conclusion led the national Minister of Social Development, Dr Skweyiya, to call for a halt of the implementation of the Financial Policy, whilst the policy was under revision. Although not all provinces were implementing the Financial Policy since its inception in 1999, the Gauteng Province was and, according to the then Chief Director of Social Services of the Gauteng Province, it continued to do so after 2001 (Nel, 2003:1; Venter, 2003:1). At present the new policy document, i.e. the *Policy on the Financial Awards to Service Providers* is available in its third draft. This document no longer discusses the levels of service delivery that were outlined in the Financing Policy (1999). It does, however, reiterate the government’s commitment to prevention and early intervention as part of its developmental approach to social welfare (Policy on Financial Awards to Service Providers, 2004a:20). In neglecting to provide a discussion of developmental services at the various levels, this policy, however, moves even further away from providing clear guidelines for developmental statutory social work services.

The impact of the lack of clear guidelines to transform social services, and in particular statutory social work services, into a developmental paradigm is observed and experienced in practice. Hence the researcher’s choice of this research topic. In relation to this, Bless and Higson-Smith (1995:17-18) identify three possible sources for research problems, namely observation of reality, theory and previous research. This research subject was chosen based on observation and experiencing of reality in social work practice. The researcher had previously worked as statutory social worker and experienced dissonance in applying her knowledge of the developmental approach within that setting, since statutory

social work practice has the tendency to have a remedial (rather than developmental) focus. She saw that statutory social work services are often repeated over generations, that is, when removing a child from a family, it often became apparent that the parents of that child were themselves also removed as children. This implies that statutory social work services are often not effective, nor developmental in that they do not sufficiently empower people.

In addition social workers face heavy caseloads. As a just graduated social worker, the researcher was already confronted with 60 existing cases, which, within the half year that she was employed, grew to 75 cases. Most of these cases were statutory in nature – approximately 15 were early intervention cases, another 15 were in statutory process and the remaining 40 or so were continuum of care cases. From informal discussions with colleagues in 2003, it appeared that this caseload was, however, still minimal when compared to other colleagues, some of who have caseloads of 150 and more. Considering the fact that, based on information obtained from welfare organisations, there are just under 100 social workers in Tshwane that provide statutory social work services, it is not difficult to estimate that there are literally thousands of statutory cases in this Metropolitan alone. Due to this overwhelming caseload, social work practitioners and organisations increasingly do not know how to invest time and resources in planning to transform the need for statutory social work services into prevention and early intervention services.

In addition, the Department of Social Development and the provincial departments (including the Gauteng Department of Social Services and Population Development) increasingly outsource statutory social work service delivery to non-governmental organisations (NGOs), thus further increasing the statutory caseloads (feedback provided by Christian Social Council Director during a staff meeting, 2003). At the same time they indicate that subsidies are “allocated according to service priorities,” which interestingly do not include statutory social work services, but rather include such services as poverty reduction, community development, and countering the impact of HIV/AIDS (Department of Social Development, 2003/4-2004/5:51). The Gauteng Department of Social Services and Population Development (2003:105-106) goes so far as to assert that “NGOs, which are funded by the Department, cannot be permitted to selectively choose when, where and what type of services would be rendered,” implying that funding can be removed from organisations who do not adapt their services to meet the Departmental expectations and service priorities. From the above tendencies it can be concluded that, while the government on the one hand recognises the relevance of statutory social work services with regard to the protection of vulnerable groups, it also demands that there should be a general shift toward more developmental social work services. The burden of statutory cases will, however, remain until there is a clear vision and guidelines to transform these services into a developmental approach.

Whilst it is acknowledged that South African policies that stipulate that services should be rendered in a developmental manner have only been passed since 1994, those policies can be questioned from an operational point of view. Experiences from countries, such as the

United States of America (henceforth USA), indicate that transformation of statutory social work services to early intervention and prevention is possible when carefully planned. Although South Africa is a Third World country, lessons can be learnt from successful programmes in First World countries. The USA has a slightly longer history of similar policies, starting with the *Adoption Assistance and Child Welfare Act* of 1980 (Westat, Chapin Hall Center for Children & James Bell Associates, 2002: section 1.1). This Act “required states to make “reasonable efforts” to prevent children from entering foster care and to reunify children who were placed out of the home with their families” (Westat *et al.*, 2002: section 1.1). The Act was later amended by the 1997 *Adoption and Safe Families Act*. This law “made safety of children the paramount concern in service delivery” and “increased the need to understand how family preservation services strengthen families and prevent foster care placement and subsequent abuse and neglect allegations” (Westat *et al.*, 2002: section 1.1). Essentially these Acts and other supporting policies resulted in a rapid transition of the USA child welfare system (the system that provides statutory social work services) “from a focus on orphanages and traditional foster care to innovative programs such as after-school prevention, community-based day treatment, and brief, collaborative intervention programs” (Helton & Jackson, 1997:122-123).

Lessons can therefore be learnt from what USA welfare organisations have done in response to the above-mentioned policies. In 1991 the book *Intensive Family Preservation Services* was published in the USA. This book, comprising of articles from various authors, promoted the use of *Intensive Family Preservation Services* (henceforth IFPS), which have the following main goals (Tracy, Haapala, Kinney & Pecora, 1991:1):

- to protect children;
- to maintain and strengthen family bonds;
- to stabilise the crisis situation;
- to increase the family’ s skills and competencies;
- to facilitate the family’ s use of a variety of formal and informal helping resources; and
- to prevent unnecessary out-of-home placement of children.

Using the words of the National Coalition for Child Protection Reform (henceforth NCCPR) (2003a), these programmes involve “a systematic determination of those families in which children could remain in their homes or be returned home safely, and provision of the services needed to ensure that safety.”

The success rate of these programmes is largely debated. Some authors argue that these programmes are successful in preventing placement in foster care and in building the family functioning (NCCPR, 2003b; Institute for Family Development, [sa]). Others, such as Westat *et al.* (2002), debate this and state that no clear differences can be found between children who received IFPS and those who did not. Westat *et al.* (2002: executive summary) do, on the other hand, recognise that these services form an “important part of the continuum of child welfare services.” They suggest that even if such services may not actually prevent

placements, they can be utilised to improve family and child functioning. Furthermore, they state: “ The results can be seen as a challenge to keep trying, to find new ways to deal with the problems of families in the child welfare system” (Westat *et al.*, 2002: Executive Summary).

The emphasis on the family and family preservation is also applicable in South Africa. In January 2000 the Minister of Social Development, Dr Skweyiya, launched the Ten Point Plan, “ which represents the priorities to be addressed by the social development sector during the period 2000 to 2005” (Department of Social Development, 2003/4-2004/5:16). The first point of this plan is the *Rebuilding of family, community and social relations*. The Department of Social Development (2003/4-2004/5:16) defines this priority as follows:

We will restore the ethics of care and human development in all welfare programmes. This requires an urgent rebuilding of family, community and social relations in order to promote social integration.

The emphasis on ‘*all welfare programmes*’ implies that statutory social work services should also be rendered in a manner that will rebuild the family. This poses a challenge for South Africa to deal with statutory social work service delivery in a developmental manner. One programme that has been launched in 1997 in an effort to transform the South African child welfare system is *Project-Go*. *Project-Go* was launched jointly by the National Ministry for Welfare and the Inter-Ministerial Committee on Young People at Risk, consisting of the Departments of Welfare, Justice, Correctional Service, South African Police Service, Education and Public Works (Mashego & Lombard, 2002:202). The idea of this project is to reduce the number of children living in residential care, away from their parental home. Mashego and Lombard (2002) report the findings of a research study involving 30 social workers in the Far East Rand, Pretoria and Johannesburg, in which they evaluated the social workers perceptions of *Project-Go*. One of the findings was that 60% of the respondents believed that *Project-Go* did bring about some changes in child and youth care (Mashego & Lombard, 2002:219). However, this research indicated that there are still many challenges ahead to transform statutory processes for children in need. Particular problems highlighted by Mashego and Lombard (2002:220) are:

- inadequate training of stakeholders and social workers;
- lack of adequate consultation with stakeholders;
- heavy social worker caseloads;
- inadequate follow-up and monitoring; and
- lack of accessibility to needed resources, including alternative placements.

This research study investigated how the challenges identified by Mashego and Lombard (2002) could be addressed in order to render statutory social work services in a developmental manner. A developmental perspective in this regard was considered to imply two focuses, namely:

- to prevent the statutory process from resulting in the removal of a child through early intervention; and

- when statutory social work services need to proceed in the interest of a child, that the aim would be to prevent the child from going deeper into the system of institutional care by focusing on the rebuilding of the family and linking them with support systems in the community.

The research results contribute to the knowledge base of the social work profession by providing guidelines for transforming statutory social work services into a developmental approach. These guidelines will ensure that those in need, in particular vulnerable children, can remain in their families and communities as opposed to going through statutory processes which could lead to foster care or residential placement. Finally, the findings of the research study also contribute significant information for social welfare *policy* and developmental *theory* and *practice* (compare Marshall & Rossman, 1999:34-38).

1.2 Problem formulation

The *problem formulation*, or *statement of the problem*, “ gives a more accurate approach to the issue and clarifies the purpose of the study” and is usually formulated as a question (Bless & Higson-Smith, 1995:29; 148).

A research problem must be *researchable*, that is, it must lend itself for scientific study (Williams, Tutty & Grinnell, 1995:57). It must also be sufficiently *narrow*, in other words, it must enable the researcher to say “ a lot about a little” (Silverman, 1993:3). Bless and Higson-Smith (1995:20) caution that a problem must, on the other hand, not be too narrow.

Social welfare policies, such as the White Paper for Social Welfare (1997), the Financial Policy for Developmental Social Services (1999), the Children’ s Bill (Bill 70 of 2003) and strategies such as the Minister of Social Development’ s Ten Point Plan (2000) for social service delivery, create an enabling environment to render social services from a developmental perspective. These policies emphasise the importance of prevention and early intervention services, but at the same time do allow room for statutory social work services as a method for protecting children in need of care, where prevention and early intervention services have failed. These policies also indicate that statutory social work services should be transformed to make them developmentally focused. However, although these policies indicate *why* it is important to transform statutory social work services, they fail to indicate *how* this should be done.

The problem identified by the researcher, in other words, was that there are no clear guidelines available regarding how to apply and implement the developmental approach to statutory social work services. The key question underlying the problem statement was as follows: How can statutory social work services be prevented and if required, rendered in a developmental manner? The focus of this research study was to investigate how this could be achieved and, as a result, to formulate guidelines for social work practice.

This problem met both of the criteria that were mentioned earlier. The problem was researchable – it was possible to determine how statutory social work services can be

rendered in a developmental manner using scientific research methodology. The problem was also reasonably narrow and focused. It looked at only one type of social welfare services and examined how those services could be transformed.

1.3 Purpose, goal and objectives of the research study

1.3.1 Purpose of research

Fouché (2002a:108) explains that any research endeavour should have a purpose either to explore, describe or to explain. The purpose of this research was *exploratory*. Bless and Higson-Smith (1995:44) state that the aim of exploratory research is “to gain insight into a situation, phenomenon, community or individual.”

The purpose of this research study was to explore how statutory social work services can be rendered within a developmental approach, which will protect vulnerable groups and, at the same time, through early intervention, prevent further statutory processes, or undo previous statutory processes.

1.3.2 Goal of study

According to Fouché (2002a:107) the words *aim* and *goal* can be used interchangeably to refer to “the end towards which effort or ambition is directed.” Struwig and Stead (2001:35) indicate that the aim “delineates (describes) the scope of the research effort and specifies what information needs to be addressed by the research process.” The aim for this study was formulated as follows:

To investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

1.3.3 Objectives of the study

The *objectives* are the “steps one has to take, one by one, realistically at grassroots level, within a certain time-span, in order to attain” the aim or goal (Fouché 2002a:107-108).

The objectives for this study were the following:

- To conceptualise statutory social work services within a developmental framework.
- To investigate the extent in which current statutory social work services are developmental in nature.
- To determine current obstacles for statutory social work services within a developmental framework.
- To provide guidelines for statutory social work service delivery within a developmental framework.

1.4 Research questions for the study

Williams *et al.* (1995:81, 196) state that hypotheses are only relevant for studies with an explanatory purpose, whereas other studies only have research questions. Since this study has an exploratory purpose a hypothesis is not relevant. Bless and Higson-Smith (1995:18) indicate that research questions should be “specific, precise and well-delimited.” Research questions are based on the research problem and reduce that problem to ensure that it “can be handled in a single study” (Bless & Higson-Smith, 1995:19).

This study intended to provide the answer to the following two questions:

- To what extent are current statutory social work services developmentally focused?
- How can statutory social work services be rendered in a developmental manner?

1.5 Research approach

There are two main approaches to research, namely the *quantitative* paradigm and the *qualitative* paradigm (Struwig & Stead, 2001:3). The researcher chose the qualitative paradigm for this study. Fouché and Delport (2002:79) state that the qualitative paradigm is concerned with

understanding (*verstehen*) rather than explanation; naturalistic observation rather than controlled measurement; and the subjective exploration of reality from the perspective of an insider as opposed to the outsider perspective that is predominant in the quantitative paradigm.

The researcher sought the answers to the research questions by obtaining the opinions and suggestions of both clients and social workers. Both of these groups were insiders, in that they were involved with the statutory social work services that formed the focus of this study.

1.6 Type of research

Williams *et al.* (1995:52) distinguish two types of research, namely *applied research* and *pure research*. This study was applied research with a *developmental* focus (Delport, 2003). Williams *et al.* (1995:52) define applied research as follows:

Applied research studies involve problems that need to be solved in order to aid decision making at line levels, managerial levels, or policy levels. Such studies are designed to directly benefit a specific client system, whether it be a national organization, a single agency, or an individual worker helping a client.

The aim of this study was to investigate how statutory social work services should be rendered in a developmental manner, and as a result to *develop* specific guidelines to achieve this. Those guidelines will aid decision making at all levels, from the line level where social workers provide statutory social work services to their clients, all the way through to the government policy making level.

1.7 Research design and methodology

1.7.1 Research design

Struwig and Stead (2001:9) define *research designs* as “strategies that can be used to address research questions.” In this study the *instrumental case study* was utilised. Case studies are often used in qualitative studies with an exploratory aim (Bless & Higson-Smith, 1995:43; Struwig & Stead, 2001:7). A case study is “the detailed and thorough investigation of a few cases” (Bless & Higson-Smith, 1995:43). The instrumental case study is a particular kind of case study in which the researcher wishes to “elaborate on theory or gain a better understanding of a social issue” (Fouché, 2002b:276). The researcher investigated the experiences of various social workers and clients in order to better understand the extent in which current statutory social work services are developmentally focused and to generate guidelines for developmental statutory social work services.

1.7.2 Research methodology

For this study the researcher chose to conduct *focus groups*. Loneck (1994:449) states that a focus group is “a qualitative research technique in which a moderator leads a planned group discussion that focuses on one or more topics selected by the researcher.” In this study the researcher personally fulfilled the role of moderator. Focus groups generally have seven to ten participants, but can have as few as four and as many as twelve (Marshall & Rossman, 1999:114). Focus group members should be homogenous in some respects (Struwig & Stead, 2001:99). This data collection method is based on the assumption that “an individual’s attitudes and beliefs do not form in a vacuum: People often need to listen to others’ opinions and understandings in order to form their own” (Marshall & Rossman, 1999:114).

The researcher chose focus groups because she agreed with the assumption that people often form opinions and understanding through discussions with other people. She hoped that focus group discussions would facilitate the generating of suggestions regarding how statutory social work services can be rendered in a developmental manner.

Unfortunately, the response rate of this study was very low, with one to three participants turning up for each focus group session. The researcher, however, decided to proceed with the sessions and conducted small group/individual interviews with the respondents who came. This, unfortunately, reduced the opportunity for discussion, although the respondents were still able to interact in the small group interviews.

The researcher intended to conduct four focus groups – two with social workers involved in statutory social work services and two with adult clients who receive statutory social work services with regard to their children. In this way the researcher created homogenous groups that were able to discuss the topic from different angles. Due to the low response

rate the researcher ended up conducting a total of six small group/individual interviews, having added an additional session for both the social workers and the clients.

The interviews were semi-structured, that is, the researcher formulated a list of issues which had to be investigated prior to the focus group, but she also formulated “ other questions as judged appropriate in the given situation” (Bless & Higson-Smith, 1995:107). In this way she ensured that all the interviews covered the same issues, but she was simultaneously also able to obtain rich information since she could probe further than the questions in the interview schedule.

Greeff (2002:313) suggests that a researcher should ideally utilise an *assistant facilitator* (or *research assistant*). While the researcher’s role during the focus group is to facilitate the discussions, the research assistant “ takes comprehensive notes, operates the tape recorder, handles environmental conditions and logistics, and responds to unexpected interruptions” (Greeff, 2002:313). For this purpose the researcher recruited an undergraduate Communication Pathology student, who had experience with working with groups as part of her practical training. This student took notes during the interviews and operated the tape recorder. This student also assisted with the post-meeting analysis of the interviews and the creation of the transcripts.

1.7.3 Data processing and analysis

For data processing and analysis the five steps of qualitative data analysis identified by Creswell (in De Vos, 2002:340) were used:

- collecting and recording data;
- managing data;
- reading, writing memos;
- describing, classifying, interpreting; and
- representing, visualising.

The first two steps, although technically speaking not part of data analysis, were of utmost importance, as indicated by Silverman’s (1993:116-119) emphasis on the creation of comprehensive *transcripts* of the interviews. Greeff (2002:317-318) indicates that with regard to focus group interviewing, the researcher and the research assistant should write extensive *field notes* both during and immediately following the focus group interview.

Field notes should, according to Greeff (2002:317-318), include the following details:

- seating arrangements;
- the order in which the people speak, to aid voice recognition;
- non-verbal behaviour such as eye contact, posture, gestures between group members, crying, fidgeting;
- themes that are striking, highlighting as much of the conversation as possible; and
- group dynamics.

The researcher asked the research assistant to write field notes during the interviews, focusing on the above-mentioned aspects. After the interviews, the researcher and research assistant discussed their experiences of the interview process. The researcher and research assistant utilised the tapes and field notes to create comprehensive (typed) transcripts. After this the researcher read and re-read those transcripts in order to identify the themes and to identify “ salient themes, recurring ideas or language, and patterns of belief that link people and settings together” (De Vos, 2002:344). Once she had identified those themes, she identified quotes that reflected those themes and incorporated them in this report.

1.8 Pilot study

A pilot study is more than merely testing a data collection instrument; it involves a “ dress rehearsal of the main investigation” (Strydom, 2002a:211). Bless and Higson-Smith (1995:43) indicate that a pilot study involves assessing “ the feasibility of a research project, the practical possibilities to carry it out, the correctness of some concepts, [and] the adequacy of the method and instrument of measurement.”

1.8.1 Pilot test of the interview schedule

Greeff (2002:316) indicates that pilot testing the focus group questions is quite difficult, since the “ questions used in focus group interviews are hard to separate from the environment of the focus group.” She concludes that the best pilot test is the first focus group. Despite this, she does mention that it may be possible to pilot test the interview schedule using research team members, experts and potential respondents.

For this study the researcher originally intended to conduct two pilot test focus groups – one with four social workers and the other with four clients. The researcher chose this number of respondents since it is the minimal number of group members that can be used for a focus group (Marshall & Rossman, 1999:114), thereby allowing for the researcher to also gain some experience of the focus group process. However, due to the fact that the researcher struggled to recruit sufficient respondents for the empirical study, she ended up recruiting only two social workers and two clients. These pilot test respondents were recruited using the same criteria as those used to recruit the respondents involved in the empirical study. The respondents involved in the pilot test were not included in the empirical study.

1.8.2 Feasibility of the study

Williams *et al.* (1995:58) indicate that a study is *feasible* “ if all the necessary data can be collected and analyzed by the particular researcher, given his or her own resources and situation.” The researcher had sufficient resources to complete the study within one year (2004).

Respondents are vital to any research project and if they are not available a researcher has a huge problem. The researcher contacted the welfare organisations and obtained permission to recruit their employees (social workers) and clients (compare Appendix 1). The welfare organisations provided lists of employees, from which the researcher was then able to recruit respondents.

Marshall and Rossman (1999:183) advise researchers to plan for more time than initially appears necessary. The researcher only worked part-time during 2004, which ensured ample time for completing this study.

The research study was cost effective. The researcher did most of the research work – the data collection, the transcribing and the data analysis – herself. Since the research assistant was a friend who volunteered to help, this brought no extra costs. The main expenditure was the printing costs related to the study. In addition the researcher also bought refreshments for the respondents and provided transport money to enable clients to return home.

1.9 Research population, sample and sampling method

1.9.1 Research population

Before being able to select specific respondents, a researcher must know who are all the potential respondents. Arkava and Lane (as cited by Strydom & Venter, 2002:198) distinguish between the universe and the population. The *universe* “refers to all potential subjects who possess the attributes in which the researcher is interested” (Strydom & Venter, 2002:198). The universe of this study was all the welfare organisations in South Africa that provide statutory social work services and their clients. The *population*, on the other hand is a more select group, comprising of “the totality of persons, events, organisation units, case records or other sampling units with which our research problem is concerned” (Strydom & Venter, 2002:199), that is, the people who actually have the possibility of being selected to be part of the sample.

Marshall and Rossman (1999:69) provide some criteria for selecting the population:

- entry should be possible;
- there should be a high probability that a rich mix of the processes, people, programs, interactions, and structures of interest are present;
- the researcher should be likely to be able to build trusting relations with the participants of the study; and
- data quality and credibility of the study should be reasonably assured.

The population of this study therefore only included the welfare organisations that provide statutory social work services and their clients in the Tshwane metropolitan district. This population was selected since it was easily accessible to the researcher and yet contained

a fairly broad spectrum of organisations. The researcher contacted the Department of Social Services and Population Development, to determine how many organisations there were in Tshwane that provide statutory social work services. There were twelve such organisations. The researcher contacted the organisations to inquire how many social workers they employ. The total number of social workers employed by these organisations was just under 100, with just over 20 supervisors and managers. The researcher estimated, based on a conservative assumed average caseload of 70 cases per social worker, that there were approximately 7000 cases (that is, 7000 families) receiving social work services in Tshwane. She reasoned that of these cases the majority were statutory cases, either in the statutory process or already in the continuum of care.

1.9.2 *Boundary of sample and sampling method*

Since it was not possible to include the entire population of approximately 100 social workers, and all their clients in this study, the researcher selected a sample. A *sample* comprises of those elements of the population that are actually included in the study (Strydom & Venter, 2002:199). Before selecting a sample, the sample size must be chosen. The ideal is for the sample to be as large as possible, since this makes the sample more representative (Bless & Higson-Smith, 1995:96).

Based on the estimate of 100 social workers the researcher planned to recruit sixteen social workers, involved in statutory social work service delivery, and sixteen adult clients, who receive such services with regard to their children, to participate in the focus groups. In this way the researcher intended to form four focus groups of eight respondents each. She considered eight to be an optimal number of respondents per group, since this allows for a variety of contributions, while at the same time ensuring that all the respondents will be able to participate (Greeff, 2002:311).

The researcher contacted the twelve organisations she had identified in Tshwane to ask for their permission to utilise their social workers and clients in the study. Ten of the twelve gave their permission. The researcher contacted the organisations again in order to obtain lists of social workers involved in statutory work. At this stage one organisation indicated that they did not have any social workers who would qualify. The researcher ended up receiving 39 names from nine organisations. Due to this number being much smaller than initially anticipated, she ended up recruiting twelve social workers and twelve clients in order to form groups of six respondents each.

There are two broad categories of techniques for selecting a sample, namely *probability* and *non-probability sampling* (Bless & Higson-Smith, 1995:88). Probability sampling refers to a sample where each unit of the population is known and has an equal chance of being selected. As can be expected, in non-probability sampling not all population units are known to the researcher and the units therefore do not have an equal chance of being selected. Strydom and Delport (2002:334) indicate that “in qualitative investigations non-probability sampling is used almost without exception.”

In order to select the social workers for the study, the researcher utilised a probability sampling technique, namely *stratified random sampling*. This type of sample “is designed so that a predetermined number of items are chosen from each stratum (or section)” (Struwig & Stead, 2001:113). In this study the strata were the various organisations. Strydom and Venter (2002:205) indicate that this kind of sample ensures “that the different groups or segments of a population acquire sufficient representation in the sample.” As indicated earlier the researcher obtained staff lists from the various organisations. She asked them to compile these lists using the following criteria:

- the social worker needed to have at least one year of experience with statutory social work; and
- the social worker needed to either be a statutory social worker (providing any of the following services: early intervention, children’s court investigations and/or reunification services) or a specialist therapist for clients involved in such services.

The researcher determined the number of respondents that she required from each organisation based on the number of social workers that appeared on their lists. She randomly selected respondents from those lists, using the *simple random sampling* technique. This technique uses a table of random digits to randomly select respondents (Strydom & Venter, 2002:205).

With regard to selecting clients this method was not possible, since it was ethically difficult to obtain complete lists of clients. A non-probability sampling technique was therefore used. The particular type of non-probability sampling technique that was chosen was *purposive sampling*. According to Williams *et al.* (1995:230) purposive samples “are selected with a particular purpose in mind.” Struwig and Stead (2001:122) add that this sampling technique allows the researcher to select “a sample of information-rich participants.” The respondents for the focus groups were selected by asking the social worker respondents to identify clients who met the following sampling criteria and who were prepared to participate in the study:

- the client needed to have received statutory social work services with regard to his/her children (ranging from early intervention to children’s court cases to reunification services) during the previous six months;
- the client needed to be able to communicate reasonably fluently in either English or Afrikaans; and
- the social worker who rendered the statutory social work services to the client had to have explained the purpose of the research as an independent action to the service rendered by the organisation and assured the client that participation was voluntary. (This was in addition to the researcher’s responsibility to follow this up.)

1.10 Ethical issues

Ethics is concerned with the question of right and wrong (Babbie, 1998:438). Ethical guidelines “serve as the basis on which each researcher ought to evaluate his own conduct” (Strydom, 2002b:63). Various authors identify a whole range of ethical issues that researchers should take into consideration, each of which will now be briefly discussed.

1.10.1 Harm

Taylor (2000:8) indicates that participation in the research study “should not leave the subjects more psychologically depressed or physically incapacitated than they were before.” Hollway and Jefferson (2000:98-99), on the other hand, point out that while reliving painful or distressing experiences during an interview may be discomforting, it need not be harmful, and may, in fact, be a road to healing.

To minimise the possibility of harm resulting from this study the researcher ensured that the respondents were fully informed about the process of the focus group interview. The researcher recognised that during the interview the respondents, and particularly the clients, would likely relive their experiences that led to the statutory process. She, however, ensured that the discussions did not transform into blaming sessions regarding the manner in which the statutory process unfolded or any other form of negative discussion, and that the respondents instead remained focused on evaluating the extent in which statutory social work services were developmental and on generating guidelines for developmental statutory social work services.

Strydom (2002b:73) indicates that debriefing the respondents may minimise harm but cautions that it should only be used where harm “has been done in spite of all precautions taken against such harm.” The researcher supported this. Due to the precautions taken, this was actually not necessary. The interview process itself was a form of relief for the respondents, since they were able to discuss their problems and negative experiences in a structured environment. The researcher referred some of the clients, who had questions about why certain processes had been followed, back to their social workers to discuss the matter.

1.10.2 Informed consent

Voluntary participation is an important norm in social research (Babbie, 1998:438-439). This implies that a respondent should be allowed to choose to participate or not participate in the study (Taylor 2000:7). The word *informed* stresses the importance of ensuring the respondents know about the research study before consenting to partake in it (Williams *et al.*, 1995:30). Taylor (2000:7-8) indicates that a researcher should inform potential respondents of the following aspects:

- the type of intervention or treatment to be conducted;
- the impact upon the normal activities of respondents;
- what will be expected of the respondents; and

- that the respondents have a right of withdrawal.

The researcher contacted each organisation to inform them about the study and to obtain their written consent allowing their employees and clients to participate (compare Appendix 1). She contacted each of the social worker respondents to inform them about the study and ask them to participate. She also asked them to recruit a client and to discuss the research study with that client in order to explain the purpose of the research as an independent action to the service rendered by the organisation and to ensure the client that participation is voluntary. The researcher asked each individual respondent to sign a letter of consent prior to the interview. In that letter she included all of the above-mentioned elements (compare Appendixes 2 and 3 for letters of consent). The researcher repeated the key information regarding the informed consent form at the beginning of each interview and provided the respondents with the opportunity to clarify unclarities in this regard. As has been indicated previously, the response rate during this study was only just over fifty percent. This was actually due to the fact that the researcher abided by this ethical guideline, and allowed the respondents to decide whether or not to participate.

1.10.3 Deception

Deception includes giving respondents wrong information or withholding information from them (Struwig & Stead, 2001:69). Taylor (2000:9) indicates that preferably no hidden agenda should be relevant to the research study. No deception was used for this study. All respondents were fully informed about the study and what it entailed.

1.10.4 Privacy, confidentiality and anonymity

Respondents in research studies' privacy should be protected through confidentiality and/or anonymity (Babbie, 1998:440). An *anonymous* respondent' s identification details are not even known to the researcher (Babbie, 1998:440). *Confidentiality*, on the other hand, means that the respondent' s information will not be used for any purpose other than the stated purpose and that no other person will have access to the interview data (Bless & Higson-Smith, 1995:103).

The researcher was not able to assure the respondents of anonymity, since they actually saw and heard each other during the interview. In the letter of informed consent, the researcher informed the respondents of this procedure and asked them to treat the information shared during the focus group confidentially. She also informed them that tape recorders would be used to effectively capture data afterwards (compare Strydom, 2002b:69). In addition the researcher informed the respondents that she would write a research report which she will submit to the university and that a possible publication may follow. She assured them that any information that would identify them (particularly names) would not be included in the research report nor in any further publications. When writing the report, the researcher therefore made sure that no identifying material was included in the report.

Greeff (2002:311) suggests that in recruiting respondents for the focus groups, researchers should strive to ensure the respondents are not acquainted, since this would limit confidentiality. The researcher therefore strove to recruit respondents from a variety of organisations in an attempt to ensure that they were not (closely) acquainted. Due to the low response rate, this was not always possible, and at times the respondents did know each other. However, the researcher emphasised that they needed to respect each other's privacy and treat the information confidentially.

1.10.5 Other ethical considerations

According to Strydom (2002b:69) researchers must be “competent and adequately skilled to undertake the proposed investigation.” With regard to the focus group, Greeff (2002:313) indicates a need for “the necessary communication and group facilitating skills.” While the researcher had not previously conducted a focus group, she had experience with therapeutic groups and thus had knowledge of group dynamics and experience in how to communicate within a group and how to facilitate group discussions. The researcher assistant likewise had prior experience of group functioning.

Williams *et al.* (1995:40) stress the importance of giving proper credit to all the people who contributed to the research project. For the researcher this meant giving recognition to the research assistant and informing respondents of the results. Strydom (2002b:71) suggests that the researcher should create a written contract with all contributors, to spell out what their roles are. The researcher entered a written contract with the research assistant and ensured that she is recognised in the final research report. She also provided feedback to the organisations, social workers and clients who were involved in the study in the form of newsletters – one for the organisations and social workers and the other for the clients.

Strydom (2002b:72) emphasises that the research report should be written in an “accurate, objective, clear, unambiguous” manner and that it should “contain all essential information.” Williams *et al.* (1995:37) warn against the danger of giving “great weight to positive findings while playing down or ignoring altogether negative or disappointing findings.” Struwig and Stead (2001:70) warn against plagiarism, the practice of “using the work of others without proper acknowledgement of their contribution.”

The researcher wrote the final report in such a way that it abides by the above-mentioned standards and that, as far as possible, it does not give a biased picture. As a further safeguard, she asked the research assistant to read the empirical data and findings to ensure that she had covered all the information obtained. The research assistant provided some comments, which the researcher then incorporated in the report. In writing the report the researcher acknowledged all the works that she cited.

1.11 Definitions of key concepts

Goldenberg (1992:50) stresses the importance of assuring that the reader will be “speaking the same language when comparing notes or attempting replications or even when being

critical [of the report] ...” For this reason the researcher defined the key concepts relevant for the study.

1.11.1 Statutory social work services

The New Dictionary of Social Work (Terminology Committee for Social Work, 1995:62) defines *statutory social work* as follows:

A specialised field of social work aimed at improving the social functioning of individuals, families and communities by applying administrative procedures prescribed by a written law of a legislative body.

According to The New Dictionary of Social Work (Terminology Committee for Social Work, 1995:62) *social work* refers to “professional services by a social worker aimed at the promotion of the social functioning of people.” The International Federation for Social Workers (2001) elaborates on this definition when it states that the “social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.”

The Financing Policy (1999:13) indicates that statutory social work services involve a statutory process in which an

individual has become involved in some form of court case ... for example, anyone who is being placed away from home in alternative care on the basis of a committal order, a family going through divorce, anyone in trouble with the law who has not been diverted, and those who are survivors of criminal acts against them.

The Financing Policy (1999:12-13) differentiates this process from prevention, early intervention and the continuum of care and developmental services. It does, however, consider the statutory process to be part of a continuum, that is, it cannot be seen in isolation from the other three levels (Financing Policy, 1999:12).

For the purpose of this study, *statutory social work services* were defined as follows:

Professional services by a social worker aimed at promoting social change, problem solving in human relationships and the empowerment and liberation of individuals and families within their broader social environment in order to enhance their well-being and social functioning by applying the administrative procedures prescribed in the Child Care Act (Act 74 of 1983) as amended.

These services were considered to include:

- the early intervention services aimed at preventing further statutory intervention;
- the children’s court inquiry into the situation of a child in need of care (what the Financing Policy calls the statutory process);
- placing such a child in alternative care – that is, foster care, a children’s home or a school of industries – (what the Financing Policy calls the continuum of care and developmental services); and

- providing reunification services to the parents of such a child.

1.11.2 Developmental social welfare

Midgley (1996a:6) defines *development* as “ a dynamic process of growth, change and progress.” Eade and Williams (in Eade, 1997:24) state that development

is about women and men becoming empowered to bring about positive changes in their lives; about personal growth together with public action; about both the process and the outcome of challenging poverty, oppression, and discrimination; and about the realisation of human potential through social and economic justice. Above all, it is about the process of transforming lives, and transforming societies.

Elliott (1993:31) operationalises development as “ change in a positive direction assisted by planned intervention,” including therapy, organisational change, community development, social education and social action. In other words, development is not limited to only one target group, such as the community, but is relevant for all target groups. It can also be achieved by a range of methods, including therapy.

The White Paper for Social Welfare (1997:7) states that the goal of *developmental social welfare* is

a humane, peaceful, just and caring society which will uphold welfare rights, facilitate the meeting of basic human needs, release people’ s creative energies, help them achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life.

For the purpose of this study developmental social welfare (and words derived from it, such as “ developmental”) was seen as follows:

Developmental social welfare is an integrated intervention, including therapy, organisational change, community development, social education and social action, that seeks to empower and to promote the well-being and social functioning of individuals, families, communities and society at large, by fostering sustainable growth, change and progress.

1.12 Limitations to study

For future research it is necessary to identify the limitations of this research study. The limitations that the researcher has identified were:

- The small number of respondents who participated in this study was the largest limitation, although the data that was obtained showed a saturation tendency, with themes being repeated over and over. The low response rate, however, particularly meant that less resourced communities, such as townships, were not adequately represented. Further research is therefore required to verify the findings of this research study.

- The fact that the client respondents were recruited by their social workers was also a limitation, since the social workers likely recruited clients who were favourably inclined towards them. Despite this method of recruitment, the client respondents indicated negative experiences of statutory procedures and of the social workers' role. It therefore did not seem that they were biased. The researcher' s assurance of confidentiality must have influenced them to speak their mind.

1.13 Contents of research report

Chapter 1 provided a general introduction and orientation to the study, including the problem statement, goal and objectives, the research methodology, definitions of key concepts and the limitations of the study. In chapter 2 the focus is on a theoretical framework for developmental statutory social work services, in order to conceptualise and operationalise these services from a literature point of view. Chapter 3 will present the empirical study findings and interpretations, which will be integrated with the theoretical framework. Finally, chapter 4 will provide the conclusions and recommendations, with a particular emphasis on strategies for transforming statutory social work services toward a developmental approach.

Chapter 2: Statutory social work services within a developmental framework

2.1 Introduction

The drive for transforming statutory social work services is not something that is unique to South Africa. Transformation issues are being discussed throughout the world. The shift towards the developmental approach has been propagated for a few decades in America and in Europe. It should therefore be possible to learn from what has been done internationally in terms of transforming statutory social work services. This chapter will look at both the theoretical transformation debates and at the practical solutions that have been proposed. However, before turning to these transformation issues, this chapter will start with an overview of the statutory process, in order to come to an understanding of the current situation.

2.2 Overview of statutory process

In this section, statutory social work services will be discussed, which will include an evaluation of the effect of these services on the child. In this discussion, the word “parent” will be used to refer to the person or persons in whose care the child was prior to the initiation of the statutory process, be that the parent/s, guardian/s, or custodian/s.

2.2.1 Goals of statutory process

The decision to remove a child may not be taken lightly, or as the Department of Welfare (1998a:29) indicates, “the natural bond between parent and child should only be disrupted in order to provide for the care and protection of the child where this would be in his or her best interests, otherwise, it will be an immoral and improper exercise of the powers of the State.” Plumer (1992:149) indicates that placing a child in alternative care can have the following purposes for the child:

- to remove the child from a situation which endangers him/her physically or psychologically;
- to provide healing from past, negative experiences;
- to meet the child’ s emotional needs in accordance with his/her age;
- to provide for the child’ s care, education, and nurture while away from home;
- to foster maturation and self esteem in the child, including specific treatment as required;
- to help the child understand family circumstances and the necessity of placement;
- to prepare for the child’ s return to his/her family;
- to provide adoption or other permanent, alternative care for the child if reunion is impossible; and

- for the older child who will not return to his/her family it prepares the child for independent living.

Van Niekerk (1998:32) has captured the gist of the above purposes in the following three goals:

- to protect children who have suffered serious harm or who are at risk of suffering serious harm;
- to ensure that all reasonable efforts are made to safely maintain children in their own homes once abuse/neglect has been substantiated; and
- to provide permanency for children who are removed from their families.

Eckard, Hutchings, Gaum and Songca (2003:140) indicate that the primary goal should always remain to eventually return the child to his/her family. Only where this is clearly impossible should complete removal be considered an option (Eckard *et al.*, 2003:141). Although the researcher agrees that returning the child to his/her family should be the ultimate goal, she considers the first goal mentioned by Van Niekerk (1998:32), namely that statutory services should protect the child, equally important. She considers that any intervention should ultimately strive to ensure the welfare of the child, be that by maintaining that child with the parents or by removing the child from them.

2.2.2 Outline of statutory process

The statutory process is more than merely a children's court intervention. The entire process entails three phases, namely prevention and early intervention services, the statutory intervention and finally reunification services. Each of these phases will now be discussed.

2.2.2.1 Phase 1: Prevention and early intervention

Regulation 2(4)(b) of the current Child Care Act, Act 74 of 1983, as amended by the 1998 amendment act (Notice 6133 of 1998), stipulates that a social worker should "present a summary of prevention and early intervention services rendered in respect of the child and his or her family" in the report presented to the children's court. This stipulation thus assumes that these services should occur prior to the initiation of the statutory process. Various authors support this and indicate that only once such services have been found to be to no avail should statutory intervention occur to remove the child from his/her parent (compare Eckard *et al.*, 2003:140; Department of Welfare, 1998a:29; Van Niekerk, 1998:36).

The Department of Welfare (1998a:3) emphasises that social workers should strive to "prevent that children be found '*in need of care*' and that fewer be placed in alternative care." Van Niekerk (1998:32) adds: "Preventing child maltreatment is the best kind of protection." According to Matthias (2004:173) prevention can be classified into three main levels:

- *primary prevention*: directed at the general population with the aim of stopping problems before they start;
- *secondary prevention*: targeted at families where children are thought to be at risk, with the aim of preventing potential problems; and
- *tertiary prevention*: targeted at families where maltreatment has already occurred and aimed at preventing further maltreatment.

The 2002 Draft Children's Bill, in clause 158(2)(b) defines prevention services as social work services "provided to families with children in order to strengthen and build their capacity and self-reliance to address problems that may or are bound to occur in the family environment which, if unchecked, may lead to statutory intervention." The Department of Welfare (1998a:3) adds that prevention services foster "healthy relationships between parents and children." According to Van Niekerk (1998:32) prevention services are mainly educational and can be provided to individuals, groups and communities. In other words, this use of the word *prevention* coincides with Matthias' (2004:173) description of primary prevention.

Early intervention services are defined by the 2002 Draft Children's Bill, in clause 158(1)(b) as social work services which are "provided to families where there are children identified as being vulnerable to or at risk of harm or removal into alternative care in order to avoid such intervention." According to the Department of Welfare (1998a:4) these services should be fairly intense, including an assessment of the child's developmental needs, education, support and empowerment. When comparing these services to Matthias' (2004:173) levels, it can be said that they are mainly on the secondary level, and to some extent on the tertiary level, in that they strive to prevent problems that are either likely to occur or that have already occurred previously. The remainder of the statutory process, as discussed below, is at the tertiary level of prevention, in that it reacts to existing problems and attempts to protect a child against further maltreatment once it has already occurred (compare Matthias, 2004:172).

2.2.2.2 Phase 2: The statutory intervention

The statutory intervention can essentially be initiated in two circumstances, namely where early intervention has failed, or where there is a crisis (Department of Welfare, 1998a:4). Crisis cases are usually reported to social workers in one of the following three ways (Van Niekerk, 1998:36):

- requests by the family themselves;
- community organisations and professionals;
- reports of child abuse and neglect by the public.

In other words, the family can either report itself to the social worker, or be reported by professionals/paraprofessionals working for organisations or in private practice, or by any other concerned person, such as a neighbour or extended family member.

A social worker has the duty to treat all such reports as urgent, requiring immediate response (Van Niekerk, 1998:36). On the other hand, various authors stress that it must be remembered that initiating a statutory process should always be a last resort (compare Eckard *et al.*, 2003:140; Department of Welfare, 1998a:5). This implies that, wherever possible, the social worker should attempt to utilise early intervention strategies to prevent a statutory process, although it is possible that, in urgent cases, such services may be skipped in order to provide immediate protection for the child.

The statutory process can be initiated in various ways. Eckard *et al.* (2003:146) state that “[in] practice, the social worker who deals with children’s court matters is usually also the person who takes the initiative in reporting cases for a children’s court inquiry.” The social worker can follow any one of the following three routes to initiate the statutory process (Department of Welfare, 1998a:36):

- initiation of an inquiry with no immediate removal;
- immediate removal of the child with a search warrant; and
- immediate removal of the child without a search warrant.

The Department of Welfare (1998a:29) strongly recommends using the first route. When using this route the social worker initiates an inquiry, and completes the entire investigation, while the child remains at home. The child may then, if the children’s court finds the child to be a child in need of care, be immediately moved to the appropriate alternative care situation.

In many instances, however, the child is in immediate need of protection. In such a case the social worker will first remove the child to a place of safety, that is, a temporary place of accommodation where the child can be housed in safe custody (Eckard *et al.*, 2003:146, 151). In order to do so, the social worker should first obtain a warrant from the commissioner, that is, the presiding officer of the children’s court (Eckard *et al.*, 2003:146, 143). Such a warrant can also be issued by the commissioner “based on information of any responsible person provided by oath,” that is, when the concerned person reports the case directly to the commissioner, rather than to the social worker (Van Niekerk, 1998:41).

In particularly urgent cases, the social worker may also remove the child without a warrant (Eckard *et al.*, 2003:146). This should be done taking into consideration the two rules set out in the Child Care Act (Act 74 of 1983) as amended, namely that there should be “reason to believe that the child is a child referred to in section 14(4),” which stipulates the criteria for finding a child in need of care (compare 2.3), *and* “that delay in obtaining a warrant will be prejudicial to the safety and welfare of that child.” It must be remembered that where no sound reasons exist for the removal, the commissioner can set aside the

detention of the child (Eckard *et al.*, 2003:136). Policemen and authorised officers can also remove children without a warrant.

In addition to the above-mentioned routes that can be followed by a social worker (as well as a policeman or other authorised person), it is also possible for another court (for example a divorce court or a criminal court) to refer a child to a place of safety and to thereby initiate a children's court inquiry (Eckard *et al.*, 2003:146).

Once the statutory process has been initiated, the case needs to be brought before the children's court commissioner for a review, also known as the opening of the children's court inquiry (Department of Welfare, 1998a:39; Van Niekerk, 1998:48). During this court hearing the commissioner reviews the removal initiative and the parent, child, social worker or others may place further information before the commissioner to aid that review (Department of Welfare, 1998a:39). Based on the documentation, and any further information revealed during the opening, the commissioner must decide if there are sufficient grounds for the children's court inquiry to proceed, or if the case should be set aside (Van Niekerk, 1998:48). In the case of the child who has not been removed, this review hearing can be skipped (Department of Welfare, 1998a:29-30).

If the commissioner decides that there are sufficient grounds, the case can proceed. The social worker must then conduct an intensive social work investigation of all aspects of the parent's and the child's functioning (Van Niekerk, 1998:58). The social worker will then compile a report for the children's court, which, according to Eckard *et al.* (2003:148), has a twofold purpose, namely to provide information that will enable the court to determine whether the child is a child in need of care, and to provide recommendations regarding the kind of care that will be suitable for the child. The commissioner may also request examinations and reports from other professionals, such as medical doctors or psychologists (Van Niekerk, 1998:58).

On completion of the investigations, the court must sit again for a finalisation of the inquiry (Department of Welfare, 1998a:41). The Department of Welfare (1998a:41) emphasises that the finalisation should be held as soon as possible after the opening, if it is "to serve the best interests of the child who has been removed." During the finalisation, the social worker's report is regarded as evidence, and all involved parties may also present further evidence (Department of Welfare, 1998a:49). Based on all this evidence the commissioner must determine whether the child is a child in need of care (compare 2.3). If this is the case, the commissioner must also issue an order regarding the placement of the child (Eckard *et al.*, 2003:148). The *Child Care Act* (Act 74 of 1983) as amended by the *Child Care Amendment Act* (Act 96 of 1996), indicates in section 15(1) that the children's court may do any one of the following:

- a) order that the child be returned to or remain in the custody of his parents or, if the parents live apart or are divorced, the parent designated by the court or of his guardian or of the person in whose custody he was immediately before the

commencement of the proceedings, under the supervision of a social worker, on condition that the child or his parent or guardian or such person complies or the parents of the child comply with such of the prescribed requirements as the court may determine; or

- b) order that the child be placed in the custody of a suitable foster parent designated by the court under the supervision of a social worker; or
- c) order that the child be sent to a children's home designated by the Director-General; or
- d) order that the child be sent to a school of industries designated by the Director-General.

Eckard *et al.* (2003:149) indicate that the above possible orders “are arranged in order of preference.” The Department of Welfare (1998a:5) adds that the first option “should be resorted to with frequency as a measure to prevent placement in alternative care.” In the researcher’s opinion, literature regarding the impact of alternative care on a child (compare 2.5) supports these statements, since alternative care, and especially residential care (a children’s home or school of industry), appears to have some negative consequences for children.

2.2.2.3 Phase 3: Reunification services

Once the child has been placed in alternative care, as per children’s court order, the social worker begins with reunification services (Van Niekerk, 1998:105). As has been indicated previously, the statutory process should be focused on the eventual reunification of the child with his/her family – hence the importance of reunification services. According to the Department of Welfare (1998a:22) these services should “include activities to promote an environment conducive to the development of the strengths and skills of the parent or guardian and child.” In addition, the social worker should link the parent or guardian with relevant resources for utilisation while the child is in alternative placement, and should encourage and arrange visits of the parent to the child, as well as of the child to the parent, in addition to other regular forms of contact, such as telephone calls and letters (Department of Welfare, 1998a:22).

The children’s court order expires after 2 years, or after a shorter period specified in the children’s court order (Eckard *et al.*, 2003:150). According to Van Niekerk (1998:105) this period “is considered sufficient for the implementation of the reunification process.” This does, however, not imply that the child cannot be reunited with his/her parent prior to the end of the 2-year period. The Department of Welfare (1998a:22) clearly indicates that the child “should not be withheld from his or her parents for longer than is absolutely necessary, but should be restored to their custody as soon as is reasonably certain that the child’s best interests will be served thereby.” On the other hand, the fact that the order expires after 2 years also does not imply that the child cannot remain in alternative

care beyond the 2-year period. Eckard *et al.* (2003:150-151) indicate that the Minister of Welfare and Population Development may extend the effective duration of the order for 2 year at a time, until the child reaches the age of 18. Even after that time the order can be extended, in order to enable the child to complete his/her education or training (Eckard *et al.*, 2003:151).

Just prior to the completion of the 2-year period, the social worker must submit a report regarding the circumstances of the child and of his/her parent, as well as the possibility or desirability of restoring the child to their custody (Eckard *et al.*, 2003:151). At that stage, if possible, the child can be restored to his/her parent (although this may occur earlier, as indicated previously).

When a child cannot be restored with his/her parent it is important to provide another form of suitable and permanent care (Department of Welfare, 1998a:22). Marsh and Trisliotis (in Van Niekerk, 1998:103) define permanence as

a state which aims to promote the child's physical, social and psychological wellbeing through providing consistent care, stable relationships and a social base in life from which to face adulthood.

This implies that finding suitable and permanent care is important for the child's welfare. The Department of Welfare (1998a:23) adds that permanency helps to "ensure the child's sense of security and feeling of being wanted and loved." If it is not possible to return the child to his/her parent, the second best option is to place the child in the care of other relatives, but this is also often not possible (Department of Welfare, 1998a:25). Van Niekerk (1998:103) indicates that permanence can also be achieved in the following ways:

- *long term foster care*: often the most appropriate option;
- *adoption*: a suitable option where there does not exist a strong emotional bond between the child and his/her parent;
- *subsidised adoption*: suitable when foster parents adopt their foster child, but are dependent on the foster care grant to maintain that child; and
- *long-term residential care*: suitable for children who exhibit anti-social behaviour and require intensive treatment.

The Department of Welfare (1998a:25), adds one further option, namely the *emancipation* of the child, which is, of course, only possible once the child has turned 18, and is able to take care of him/herself.

Essentially, it is of utmost importance for a child to receive some stability with regard to his/her care situation. Preferably such stability should be attained by reuniting the child with his/her family, but where this is not possible, the other, above-mentioned, alternatives should be considered.

2.2.3 *Criteria for finding a child in need of care*

In order to justify the statutory process, the involved child “ must be found to be ‘*in need of care*’ ” (Department of Welfare, 1998a:29). This term is defined by the New Dictionary of Social Work (1995:9) as a “ child whose social functioning, as well as physical, psychological and emotional development is impeded by neglect or abuse, or lack of exercising control by the parent or guardian.”

The current *Child Care Act* (Act 74 of 1983) as amended by the *Child Care Amendment Act* (Act 96 of 1996) indicates in section 14(4) that the criteria for a child to be considered in need of care are:

- a) the child has no parent or guardian; or
- aA) the child has a parent or guardian who cannot be traced; or
- aB) the child-
 - i) has been abandoned or is without visible means of support;
 - ii) displays behaviour which cannot be controlled by his or her parents or the person in whose custody he or she is;
 - iii) lives in circumstances likely to cause or conduce to his or her seduction, abduction or sexual exploitation;
 - iv) lives in or is exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;
 - v) is in a state of physical or mental neglect;
 - vi) has been physically, emotionally or sexually abused or ill-treated by his or her parents or guardian or the person in whose custody he or she is; or
 - vii) is being maintained in contravention of section 10 [that is, the child is being illegally maintained apart from his parents].

The criteria for removal, as listed above, can, generally speaking, be summarised by the term *child maltreatment*, that is, “ actions that harm children either physically or psychologically” (Baron & Byrne, 2000:463). In order to be able to evaluate the impact of statutory intervention, the next two sections will discuss the effects of maltreatment and statutory intervention, respectively, on the child’ s functioning.

2.2.4 *The impact of child maltreatment on the child*

Child maltreatment occurs in two forms, namely *abuse* and *neglect* (Van Niekerk, 1998:63). Lamenna and Riedman (in Van Niekerk, 1998:72) describe abuse as “ overt acts of aggression.” The New Dictionary of Social Work (1995:8-9) provides a more comprehensive definition of child abuse, calling it the “ [phenomenon] that children are the victims of parents, guardians, caregivers or other persons who wilfully causes them physical, psychological and emotional damage and may also sexually abuse them or allow

others to abuse them sexually.” In other words, child abuse is any wilful action intended to harm a child. Child abuse can take various forms (Baron & Byrne, 2000:463; Potgieter, 1998:68; Van Niekerk, 1998:72-78):

- *physical abuse* – attacks that produce physical injuries;
- *sexual abuse* – fondling, intercourse, and other forced sexual contacts; and
- *psychological or emotional abuse* – actions that damage children emotionally, such as rejection and verbal abuse.

The New Dictionary of Social Work (1995:9) defines child neglect as “ [inadequate] care of a child which may retard or adversely affect his growth and development.” Van Niekerk (1998:64) considers neglect “ an act of omission, where the parent, guardian or custodian fails to provide adequate physical, emotional and educational care.” In summary, it could be said that while abuse entail an action that wilfully harms the child, neglect is a lack of action that results in harm to the child. Like abuse, neglect can come in various forms. Baron and Byrne (2000:463) identify two types of neglect:

- *physical neglect* – living conditions in which children do not receive sufficient food, clothing, medical attention, or supervision; and
- *emotional neglect* – failure of parents or other adults to meet children’ s need for affection and emotional support.

Van Niekerk (1998:65) adds a third type, namely *educational neglect*, which refers to a failure on the part of the parents to meet the child’ s educational needs, including both formal schooling and stimulation at home.

Parrott (1997:54) cautions that the effect of abuse is “ multifaceted.” With this he means that it is not possible to see the consequences of abuse (or neglect) in isolation of the social context. Mullen and Fleming (1998) agrees with this and indicates that it is difficult to separate the effects of child abuse from the effects of the context in which the abuse arose. For this reason, before turning to the specific effects of maltreatment on the child, it is good to first briefly look at the context in which child maltreatment takes place. Peterson and Brown (in Baron & Byrne, 2000:463-464) indicate that child maltreatment is caused by an interaction of the following three variables:

- *sociocultural variables* – factors such as poverty, crowded living conditions, frequent moves, isolation from others and stress;
- *caregiver-based variables* – factors relating to caregivers, such as having been abused themselves as youngsters, emotional disturbances, substance abuse, being young and single, intense needs for exerting control over children and ineffective discipline techniques; and
- *child-based variables* – characteristics of children, including being highly distractible, showing a high activity level, being impulsive, and being resistant to parental control and discipline.

Van Niekerk (1998:67-69; 79-80) lists similar variables related to neglect and abuse. Potgieter (1998:68) stresses that in South Africa “poverty, unemployment and malnutrition are major factors that contribute toward the neglect and abuse of children” – that is, he emphasises the role of socio-cultural variables. Research in the USA indicated that abuse is 14 times more likely to occur in poor families than in affluent families, while neglect is 44 times more likely to occur (NCCPR, 2003c). The NCCPR (2003c) suggests that the reason for the higher rate of abuse is due to the link between stress and child abuse (a caregiver-based variable) and the fact that poor families tend to experience more stress than affluent families, while the higher rate of neglect is quite simply because maintaining a child in poverty-stricken circumstances is often defined as neglect (compare Pretorius, 1998:381). Fourie and Scholtz (2003:7) therefore make a distinction between “neglect,” that is, the failure to meet the child’s needs, and “circumstantial neglect,” that is, the inability to meet the child’s needs, due to lack of means to meet those needs.

Mullen and Fleming (1998) discuss a number of caregiver characteristics in addition to those listed above. They indicate that children are more likely to be abused in a family in which there is marital dysfunction, such as parental separation or domestic violence. Children are also more likely to be abused in a family in which there is a stepparent. Pretorius (1998:382) emphasises that the caregivers are often socially isolated and thus do lack social support networks.

Pretorius (1998:383) suggests that children can provide the trigger for abuse by being demanding and difficult. On the other hand, being non-demanding and trusting can also trigger abuse. Mullen and Fleming (1998) provide following characteristics making it more likely for a child to be sexually abused:

- being pretty;
- being trusting;
- early sexual maturation; and
- being socially isolated with few friends of own age.

All forms of child maltreatment have a damaging effect on the child. Especially abuse can have long-term consequences for the child. It can “seriously impair emotional and social development” and can therefore often lead to difficulties during adulthood (Van Niekerk, 1998:82). The effects of child maltreatment can be classified under the following categories (compare Van Niekerk, 1998:71 and Wenar & Kerig, 2000:322):

- physical;
- cognitive;
- emotional; and
- social (also referred to as behavioural or interpersonal).

Each of these categories will now be more specifically discussed.

2.2.4.1 Physical consequences

Van Niekerk (1998:66; 73; 76 and 77) provides checklists of physical indicators for various forms of child maltreatment. Those checklists are provided in Table 2.1 on page 32. While those checklists are intended to help a social worker identify maltreatment, they give a clear indication of the immediate physical consequences of maltreatment for a child.

The physical indicators listed in Table 1 can also give an indication of possible long-term effects of maltreatment. Pregnancy and venereal diseases can, for example, both hold life-long physical as well as emotional and social consequences.

The physical consequences of physical abuse and neglect are the most obvious. Wenar and Kerig (2000:305) indicate that, while not all physical abuse causes lasting physical harm, severe forms of such abuse can. They indicate that severe injuries include brain damage, internal injuries, burns and lacerations. The most extreme consequence of physical abuse is death (Pretorius, 1998:385). Death can also occur “accidentally” when parents leave their children supervised, an omission that may be considered neglect (Wenar & Kerig, 2000:311). Moore (1992:83) cites research that indicated that neglected children are more likely to die than children who grow up in equally poor families, but where there is no neglect.

When discussing the long-term physical consequences of neglect, Van Niekerk (1998:71) focuses specifically on the effects of malnutrition. Malnutrition retards growth and development, such that children suffering from malnutrition are still smaller than their counterpart three years after being placed on a treatment program (Meyer, 1998:22). Prolonged malnutrition may even stop growth permanently (Van Niekerk, 1998:71). In addition malnutrition also has a negative impact on the cognitive and social development of the child – making it difficult for the child to concentrate and interact with other people (Van Niekerk, 1998:71, compare Meyer, 1998:22). Severe malnutrition can also result in marasmus and kwashiorkor, two conditions that are life threatening (Van Niekerk, 1998:71).

Other than physical damage, the child can also struggle with normal survival functions, including toilet and sleep problems. Pretorius (1998:385) mentions that they can suffer from enuresis (involuntary urination) and/or encopresis (involuntary defecation). They can also struggle with sleep disturbances (Pretorius, 1998:385).

In short, all forms of maltreatment can have damaging effects on the child's physical health. Most of those effects are short-term, entailing immediate pain or discomfort, but some forms of maltreatment can also have long-term implications, or even death.

Table 2-1: Physical Indicators of Maltreatment

Maltreatment:	<i>Neglect</i>	<i>Physical abuse</i>	<i>Emotional abuse</i>	<i>Sexual abuse</i>
Physical indicators:	<ul style="list-style-type: none"> • consistent hunger, poor hygiene, inappropriate dress • consistent lack of supervision, especially in dangerous activities or for long periods • lack of adequate shelter • unattended physical problems or medical and dental needs and immunisations • underweight, poor growth, failure to thrive • abdominal distension • poor skin care, bald patches on scalp 	<ul style="list-style-type: none"> • unexplained bruises and welts • unexplained burns • unexplained fractures • unexplained lacerations 	<ul style="list-style-type: none"> • speech disorders • lags in physical development • failure to thrive • hyperactivity • self-mutilation 	<ul style="list-style-type: none"> • difficulty in walking or sitting • pain, swelling, or itching in genital area • bruises, bleeding, or scarring in external genitalia, vaginal, or anal areas • vaginal/penile discharge • faecal soiling or retention, poor sphincter tone • pregnancy • recurring urinary infections • venereal disease

Source: Van Niekerk (1998:66; 73; 76 and 77)

2.2.4.2 Cognitive consequences

Van Niekerk (1998:71; 83) indicates that maltreatment can result in school learning problems. Pretorius (1998:385) adds that maltreated children can experience intellectual dysfunction as well as language development delays (compare Wenar & Kerig, 2000:307; 312; 314; 316). According to Wenar and Kerig (2000:312) neglected children can be as much as 2 years behind with language, reading and maths, throughout their school years (compare with the effects of malnutrition on cognitive development, see Meyer, 1998:22). Van Niekerk (1998:76) names speech disorders as possible indicators of emotional abuse (compare Pretorius, 1998:385). All in all, it appears that maltreatment has a negative impact on the child's school performance and cognitive development.

2.2.4.3 Emotional consequences

One very important aspect of early childhood development is the development of attachment. Attachment is actually an intersection between emotional and social development (Louw, van Ede & Louw, 1998:212), but will be discussed here, since it has an enormous emotional impact on the child. Attachment refers to “a strong and relatively long-lasting emotional tie between two humans” (Sternberg, 1998:434-435). The first attachment forms just after birth between the child and his/her primary caregiver, usually the mother. Through secure attachments children develop their self-esteem and interpersonal trust (Baron & Byrne, 2000:306). Louw *et al.* (1998:214-215) describe a secure attachment as follows:

Babies use their mothers as a security base from which they explore their world. When they are separated from their mothers, babies are usually visibly distressed; when their mothers return, they are very happy. They also welcome physical contact with the mother. Babies' reactions to strangers are relatively positive when their mothers are present.

Wenar and Kerig (2000:307) indicate that between 70 and 100 percent of maltreated infants demonstrate an insecure attachment with their caregiver. There are two types of insecure attachments (Baron & Byrne, 2000:306; Louw *et al.*, 1998:215; Sternberg, 1998:435), namely:

- *avoidant attachment*: the young child avoids contact with the mother while she is present and does not appear very upset when she leaves; and
- *ambivalent attachment*: the young child is anxious about being left alone, but in the presence of the mother both seeks contact and physically avoids it by crying, kicking and hitting.

Neither of these insecure types of attachment gives the child the security needed to explore the environment (Louw *et al.*, 1998:215). According to Wenar and Kerig (2000:307, 313) the avoidant attachment pattern is typical of the infant who experiences physical abuse, while the ambivalent attachment pattern is typical of the neglected infant.

The latter finding is supported by Van Niekerk (1998:71), who indicates that neglected children display an “ abnormal fear of loss of important adults.”

As indicated previously, a secure attachment is necessary for the formation of self-esteem. It should therefore come as no surprise that maltreated children, regardless of the type of maltreatment they experience, often suffer from a low self-esteem (Wenar & Kerig, 2000:307-308; 313; 315; 316; and Pretorius, 1998:385). Especially for children who have been sexually abused, this low self-esteem is related to their feelings of guilt and shame (Moore, 1992:55; compare Van Niekerk, 1998:83). In some cases these children (especially physically abused children) have an inflated self-esteem, that is, an over-estimation of the self, possibly as a “ primitive defence against deeper feelings of powerlessness and inadequacy” (Wenar & Kerig, 2000:308). Problems related to self-esteem already emerge at a very young age, in that they are late in developing the ability to recognise their reflection in a mirror, and when they do react with neutral or negative effect, rather than the positive effect with which normal children react (Wenar & Kerig, 2000:307). Self-esteem problems persist into adulthood. However, research indicates that mainly “ those aspects of self-esteem involved with an increased expectation of unpleasant events (pessimism) and a sense of inability to influence external events (fatalism) [...] were affected, not those involved with a sense of being attractive, having determination, or being able to relate to others” (Mullen & Fleming, 1998).

Another observed problem is the inability to talk about emotions, especially negative emotions (Wenar & Kerig, 2000:307). Blom (2004:137-138) notes that it is normal for children to struggle with verbalising emotions, since children tend to express emotions through their behaviour and play rather than verbally. She, however, indicates that children coming for play therapy tend to suppress negative emotions and should be helped to find social acceptable methods of expressing these emotions (Blom, 2004:138).

Many maltreated children, especially those who have been either physically or emotionally abused, also develop a problem in regulating their emotions, resulting in either over-control or under-control of emotions (Wenar & Kerig, 2000:307; 315). Maltreated children often deal with their confused emotions through either externalisation, that is, taking those feelings out on the community, or through internalisation, that is, taking those feelings out on themselves (Moore, 1992:16; 55; Wenar & Kerig, 2000:307; 313; 315). Externalisation will be looked at more in the next section (2.4.4, social consequences), while some forms of internalisation will be discussed in the following paragraph.

The disorder that is common to all forms of maltreatment is depression (Wenar & Kerig, 2000:307-308; 313; 315; 316; compare Van Niekerk, 1998:71, 83). For children who have either been emotionally or sexually abused, depression and low self-esteem may coincide with self-destructive behaviour, including self-injury, eating disorders, substance abuse, and especially in the case of sexually abused children, suicidal ideation (Wenar & Kerig, 2000:315; 316; compare Moore, 1992:55 and Mullen & Fleming, 1998). Children who

have been sexually abused may also experience posttraumatic stress disorder (Mullen & Fleming, 1998; Wenar & Kerig, 2000:316).

Maltreatment thus has a very negative impact on the attachment formation between the parent and the child. In addition, maltreatment appears to have various other negative emotional consequences, ranging from low self-esteem to severe emotional disorders. These emotional consequences also have an impact on the child's interaction with other people, as will be discussed more in the next section.

2.2.4.4 Social consequences

It appears that the way in which the maltreated child responds to people outside the family, corresponds closely with the type of maltreatment that s/he experiences. Physically abused children are particularly likely to show aggression towards peers, and later also toward dating partners (Wenar & Kerig, 2000:308; compare Fourie & Scholtz, 2003:12).

Sexually abused children, on the other hand, often experience problems regarding sexual expression. As children they often display inappropriate sexual behaviour, including excessive masturbation, compulsive sexual play, seductive behaviour towards adults, and victimisation of other children (Wenar & Kerig, 2000:316; compare Fourie & Scholtz, 2003:13). As adolescents and adults they can, on the one hand, experience an aversion to sexual activity, or, on the other hand, become promiscuous or involved in prostitution (Moore, 1992:55; compare Van Niekerk, 1998:78 and Mullen & Fleming, 1998). As adults they also often struggle to trust their marriage partners (Parrott, 1997:52). They are also more likely to report being dissatisfied with their sexual life and with their intimate relationships (Mullen & Fleming, 1998). As a result, they are more likely to experience relationship breakdown (Mullen & Fleming, 1998). In addition they appear to struggle with correctly identifying or responding to risky situations and may even feel that they have no right to defend themselves against unwanted sexual attention. Hence sexually abused children are likely to be revictimised by peers or other adults (Wenar & Kerig, 2000:317). This risk remains in adulthood, with an increased risk of being exposed to rape or domestic violence (Mullen & Fleming, 1998).

One of the offshoots of emotional suppression (compare 2.4.3) is the inability to empathise with other people, which can even take the extreme form of being capable of heartless torture (Moore, 1992:83). This inability to empathise has been observed in abused toddlers, who have been found to be less likely to respond with sympathy or concern and more likely to respond with fear and even physical aggression (Wenar & Kerig, 2000:308; compare Van Niekerk, 1998:74).

As mentioned under point 2.4.3, many maltreatment victims display externalisation behaviour. This can include aggression, delinquency, non-compliance, and conduct disorder (Wenar & Kerig, 2000:307; 313; 215; compare Van Niekerk, 1998:71, 83 and

Pretorius, 1998:384-385). These types of behaviours gain them a negative reputation among their peers, making it more likely for them to be rejected by their peers (Wenar & Kerig, 2000:308; compare Pretorius, 1998:384). In addition maltreated children, especially those who have either been neglected or emotionally abused, are likely to withdraw from social contacts (Wenar & Kerig, 2000:313; 315).

In summary it can be said that children who have been maltreated will likely give some indication of that through their behaviour with other people. Such children may either withdraw from other people, or act in a socially unacceptable manner. Either way they are likely to not have many friends and to thus be isolated.

2.2.5 The effects of the statutory process on the child

It must be remembered that children who are removed from their parents are twice traumatised, firstly by the circumstances within the parental home and secondly by the removal from that home. The combined effect of the traumatic experiences prior to the removal and the trauma of the removal is that these children are emotionally, socially, physically and scholastically vulnerable and prone to experiencing fear, insecurity and rejection (Department of Health Services and Welfare, 1990:29).

The Department of Welfare (1998a:7) indicates that each child will react differently depending on factors such as “ age, the nature and extent of the relationship with the parent and the child’ s ability to understand what is happening to him or her.” Brady and Caraway (2002) discuss a study they conducted regarding the factors associated with the current functioning of children living in a residential treatment setting. They came to the conclusion that the following factors influence the experiences of the child (Brady & Caraway, 2002: 1158-1160):

- *gender* – the female respondents in their study tended to internalise their problems less than the male respondents, however, they indicate that further study is required to confirm this;
- *satisfaction with their current discharge plan* – children who were not satisfied with their discharge plan were more likely to be depressed; and
- *number of traumas* – children who had experienced more types of trauma tended to report less anger than those who had experienced fewer types, they, however, point out that this may be the children’ s way to avoid the painful stimuli that remind them of the traumas, as well as a coping strategy to avoid further trauma.

Despite those differences, it is possible to discuss general trends regarding the consequences of being removed, remembering that not every child will experience all of the consequences discussed. For ease of comparison of the effects of the statutory process with the effects of maltreatment, the categories used in that discussion (2.4.1-2.4.4) will also be used here.

2.2.5.1 Physical consequences

The physical purpose of alternative care is to protect the child from maltreatment and to provide healing from past maltreatment (compare 2.1). A child placed in alternative care is generally maintained with the aid of a state grant or subsidy as well as possibly a contribution by the parents as stipulated in a contribution order (Department of Welfare, 1998a:17). In this way the child's physical needs can be met. As indicated under 2.4.1, some of the physical consequences of maltreatment may, however, have a long-term impact on the child's physical wellbeing. The dwarfing effect of malnutrition, for example, is still visible three years after being placed on a treatment program (Meyer, 1998:22).

A study in the USA compared the physical development of "crack babies" (infants exposed to cocaine during pregnancy) placed in foster care with those allowed to remain with their mothers. The finding was that, using the usual measures of infant development, such as rolling over, sitting up and reaching out, those infants allowed to remain with their mothers performed better than those placed in foster care (NCCPR, 2003d).

Another problem is that maltreatment may reoccur. Browne and Lynch (1999:354) mention that in England children placed in alternative care are often exposed to further abuse and neglect at the hands of their alternative carers or at the hands of other children also in alternative care. A few USA studies, as cited by the NCCPR (2003e), have indicated that abuse is actually more likely to occur in alternative care settings than in the general population (compare Mullen & Fleming, 1998).

Many children placed in alternative care leave that home early (Gerdes, Louw, van Ede & Louw, 1998:574). According to Brown and Lynch (1999:354) such children may run away as a result of the above-mentioned further abuse. This could also be as a result of a lack of attachment formation (compare 2.6.2; Gerdes *et al.*, 1998:574). When children run away to the street this, however, places them at further risk of maltreatment (Potgieter, 1998:68; Browne & Lynch, 1999:354).

The NCCPR (2003e) balance their statement that abuse is more likely to occur in alternative care than in the general population by making the following statement:

This does not mean that all, or even many, foster parents are abusive. The overwhelming majority do the best they can for the children in their care –like the overwhelming majority of parents, period.

Thus, ideally, alternative care provides physical nurturance to previously maltreated children, enabling them to recover physically, be that slowly or not completely. In many cases this is also what these children receive, but disturbingly many children are exposed to further maltreatment in their alternative care situation.

2.2.5.2 Cognitive consequences

In the Exemption Of Parents From The Payment Of School Fees Regulations, Notice 1293 of 1998, the Department of Education indicates that a person "who has the responsibility of a parent of a learner placed in a foster home, foster care or a place of

safety is exempted from payment of any school fees.” As has been mentioned under 2.2.6 the children’ s court order can be extended after the child has reached 18 years or age, in order to enable that child to complete his/her education. In other words, the South African government has protected the right to education of children placed in alternative care.

A study by Rushton and Minnis (as cited by Bullock, 2003:51) suggests that residential care may “ be a detrimental environment for children’ s education,” particularly for children with special education needs, since these needs are according to them rarely met. Barber, Delfabbro and Cooper (2001:785) cite research in Australia in which foster children were found to display “ modest improvements in [...] adjustment at school” within 12 months after being placed in foster care. They, however, also present contrasting findings by other researchers that children who remain in foster care until they become independent often show among others, poor academic attainment (Barber *et al.*, 2001:785).

In summary, it appears that while some children benefit cognitively from alternative care (especially if it is foster care) others do not.

2.2.5.3 Emotional consequences

According to the Department of Welfare (1998a:7) children who are removed may experience any or all of the following:

- a child experiences insecurity as a result of the temporary loss of a parent;
- the life-line of a developing child is broken prematurely as his or her natural sense of belonging is lost;
- a child’ s selfimage is seriously impaired through lack of identification with an own parent;
- a child is likely to go through the phases of protest, despair and detachment;
- a child may experience difficulties to adjust to the unfamiliar placement in a foster or children’ s home; and
- a child may find the reality of two sets of parents, in the case of a foster placement, too intricate.

Ghetti, Weede Alexander and Goodman (2002:236) indicate that while “ some children may benefit from being removed from the abusive situation, others may become distressed because of a new environment, separation from attachment figures and alteration of their support system for an extended period, and uncertainty regarding reasons for their relocation.” The NCCPR (2003e) adds that when children are removed, they do not have to deal only with the separation from their parents, but also often from friends, neighbours, teachers, and even brothers and sisters.

Molloy (2002) emphasises the importance for children in alternative care to know their origins as part of their identity formation. She indicates that many children who have grown up in foster care or adopted families tend to want to find out about their roots. The process of finding out about the roots is “part of a positive one of achieving a sense of continuity of experience, mourning losses and integrating a sense of identity” (Molloy, 2002:177).

Separation and attachment is thus a very important issue for the child who has been removed from his/her family. Plumer (1992:25-45) devotes an entire chapter to this issue in her book *When You Place a Child...* She starts this chapter with the statement: “Enforced separation from his family is the most devastating thing that can happen to a child” (Plumer, 1992:25). In the case of a normal child, separation can be handled due to the emotional satisfaction and self-confidence that the parents have fostered in the child, through their attachment relationship (Plumer, 1992:28). In the case of children who have to be removed this is different. Since such children have been maltreated in various ways, they have often been left with “a low level of trust in adults, making new attachments problematic” (Palmer, 1996:589). Gerdes *et al.* (1998:574) indicate two types of attachment problems:

- *children who have formed a previous attachment* – these attachments are, however, often unstable and destructive, and this pattern is carried over to the new attachments;
- *children who have not formed a previous attachment* – such children tend to rebuff any attempts made by alternative carers to establish attachment.

In addition to the initial separation from their parents, many children also face repeated separations as they are moved from the one placement to the next (Palmer, 1996:589). According to Kenrick (2000:395) this exposes the child to additional trauma, which “often reactivates early trauma and too often ensures the failure of the next placement.” The NCCPR (2003e) states that this repeated separation might have the effect that the child becomes unable to love or trust anyone.

Palmer (1996:599-600) suggests that these children can be helped to form new attachments by their parents. The parents should, if possible, accompany the child to the alternative place of care for a pre-placement visit and should remain involved with the child during the period of alternative care. Plumer (1992:44-45) emphasises the role of the social worker in providing the necessary therapy and support to both the child and the alternative carers in order to facilitate the attachment formation. According to her, the social worker should “deal with separation while it is fresh” (Plumer, 1992:45). Bullock (2003:52) likewise emphasises the importance of professional help for children who struggle with attachment formation: “Certainly, studies of young people in secure accommodation show that young people with attachment disorders who receive little or no professional help have poor prognoses.”

Thus, while one would hope that alternative care would help the child to bounce back emotionally, it seems that the negative impact of maltreatment on attachment formation carries over into alternative care relationships. This can also be accentuated by repeatedly being moved from one alternative caregiver to the next.

The effects of institutional (or residential) care on the mental health of children has long been a controversy. Bullock (2003:51) makes the following conclusion based on research by Rushton and Minnis: “[The] research suggests residential care is detrimental to children’s mental health, whereas foster care may improve it.” The findings of a study by Roy, Rutter and Pickles (2000:147) seem to support this, in that they found that when comparing children in institutional care with children in foster care, who had been matched for having a similar background, the former had much higher levels of hyperactivity/inattention.

The research findings of Barber *et al.* (2001:788-789), however, indicate that extreme psychological problems caused by maltreatment, are not necessarily solved by placing the child in foster care. In their study they found that younger children are more likely than older children to experience psychological adjustment to foster care, while children with mental health problems are least likely to experience such adjustment (Barber *et al.*, 2001:788-789). Kenrick (2000:411) illustrates by means of a case study that residential care may in some instances be a better option for a child: “Some, like Kris at one point in his life, may thrive more in a less intensive environment than that of the family.”

It would thus appear that there exists uncertainty regarding the effects of residential and foster care on the mental health of children. The researcher is of the opinion that these different forms of alternative care generally speaking cater for different types of children, and can thus not really be compared.

2.2.5.4 Social consequences

The social costs of being removed from the family are, according to Browne and Lynch (1999:354):

- the stigma of being removed;
- a lack of continuity in relationships;
- bewilderment;
- reduced family contact;
- feelings of abandonment;
- changes in environment, school, family and friends; and
- there may be a change in class and culture.

The Department of Welfare (1998a:5) adds that statutory intervention can “seriously [damage] a child’s faith in the supreme authority of his or her parents.” According to Rushton and Minnis (as cited by Bullock, 2003:52) “the nature of institutions (as opposed to foster care) may discourage visiting by some families. This implies that such children

lose their family ties and would likely experience the feelings of abandonment mentioned above.

Barber *et al.* (2001:785) state that for some children, especially foster children, their placement has a long-term positive effect on their lives. Such children eventually grow into well-functioning adults, “as demonstrated by a wide range of social indicators such as high school completions, crime rates, drug and alcohol usage, divorce rates, and satisfaction with life generally.” On the other hand, many children, especially those who grew up in institutional care, do not experience positive long-term effects (Barber *et al.*, 2001:785).

A study by Widom (as cited by Ghetti *et al.*, 2002:236) indicates that children who experience multiple placements tend to have more problems later in life, including a higher criminal tendency, while children placed in stable foster care appeared to have a similar crime rate to those who remained at home. Ghetti *et al.* (2002:236) suggest that this may be due to the fact that children who experience multiple placements may actually have had a greater emotional disturbance prior to their becoming involved in the statutory process.

Gerdes *et al.* (1998:574) note that many children who are removed at a young age end up acting out during their adolescent years. They suggest that this could be the child's way to test the love of the alternative caregiver, or a longing for the biological parents as part of his/her identity formation needs (Gerdes, *et al.*, 1998:574).

In the long-term some children appear to benefit socially from having received alternative care, while others continue to display the social problems associated with maltreatment.

2.2.6 Summary

When comparing the impact of maltreatment with the impact of statutory intervention it becomes clear that it is difficult to make a clear-cut statement that it is better to either remove the child from his/her family or to leave the child with his/her family. Both maltreatment and removing the child from his/her family have a traumatising effect on the child. It must, however, be noted that it is difficult to separate the long-term impact of maltreatment from the impact of statutory intervention, since few studies have made a comparison between equally maltreated children either placed in alternative care or left at home (compare Ghetti *et al.*, 2002:237). In other words, the problems experienced by children placed in alternative care may be related to the pre-existing problems that they carried over into their alternative care situation. What does become apparent is the truth of what has been stated earlier on, namely that great care must be taken in removing a child and that much effort must be made to work towards reunification of the child with his/her family.

In summary it can therefore be said that while statutory social work services are intended to protect children from harm, they may not always achieve that goal. As a result statutory

services have increasingly been questioned. During the past few decades various calls for transformation have been heard throughout the world. It has been suggested that a shift from traditional statutory services to a more developmental approach is required.

2.3 Transformation to a developmental approach

Booyens and Erasmus (2001:242) indicate that the 1994 electoral victory of the African National Congress (ANC) “ mandated the new government to engineer far-reaching policy renewal.” One of the earliest documents published by the government was the White Paper on Reconstruction and Development (Notice 1954 of 1994). In this document the government committed itself to stimulating socio-economic progress. A few years later the White Paper for Social Welfare (Notice 1108 of 1997) was published, in which the government officially adopted the developmental approach to social welfare. These policies have, however, not been published in isolation. Internationally a debate has been going on for many years regarding the best approach to social welfare and statutory social work services.

In this section attention will be given to the theoretical debates regarding transformation and in the next section the practical applications of the developmental approach will be looked at. This section will start with the broad debate in terms of transforming social welfare and will then zoom in on statutory social work services.

2.3.1 Transforming social welfare: Social welfare models

Traditionally there were essentially two social welfare models, namely the *residual* and the *institutional* models (Lombard, 1996:164). These models were in conflict with each other, since they indicated opposing ideas of how social welfare should be conducted (Lombard, 1996:164; Midgley, 1995:25; Midgley, 1996a:2; Potgieter, 1998:116). Lombard (1996:164) summarises the underlying beliefs of these two models as being that residual model “ holds that causes and solutions for problems lie within the individual” while the institutional model “ reflects the belief that an individual’ s difficulties are due to causes largely beyond his or her control.” The residual model thus favours “ limited and selective state intervention, a high degree of personal responsibility, the extensive involvement of non-profit organizations and the full utilization of the market” while the institutional model favours “ large scale state intervention, collective involvement, universality of coverage and long term provision” (Midgley, 1996a:2; compare Kaseke, 1995:17-19). Midgley (1995:25) summarises the difference between these models as the difference between a “ limited, remedial and stigmatizing” approach to social welfare (the residual model) and an approach that sees social welfare as “ universalistic and a ‘ normal,’ frontline and integral part of society” (the institutional model).

The current approach to statutory social work services, as stipulated in the Child Care Act (Act 74 of 1983) essentially falls under the residual model’ s approach to social welfare services. These services are remedial in nature – providing protection to children once

abuse has already taken place (Matthias, 2004:172). Potgieter (1998:116) indicates that the residual model blames people's difficulties on their own mistakes and inadequacies. This is also exactly what traditional statutory services tend to do – they blame the parents and then remove their children from them (Nieuwoudt, Epprecht, Matlakala, Moremi, Muller, Nieuwoudt, Raganya, Rich & Timm, 2001:6).

Prior to the 1996 Child Care Amendment Act (Act 96 of 1996), parents were literally accused whenever there was a children's court case, since article 14(4) of the Child Care Act (Act 74 of 1983) indicated that the children's court could make the following finding: “[..The] child has no parent or guardian, or has a parent or guardian who is unable or unsuitable to have custody of the child [..].” The Department of Health Services and Welfare (1990:26) indicated that the result was that parents needed to make use of legal representation to prove their innocence. Fortunately the Child Care Amendment Act (Act 96 of 1996) changed the wording of article 14(4) to focus more on the child (compare 2.3).

Lombard (1996:164) and Midgley (1995:25) suggest that an entirely new model for social welfare is needed – the *developmental* model. Midgley (1995:1) states that this model “transcends the residualist-institutionalist debate by linking social welfare directly to economic development policies and programmes.” That is, this model attempts to “integrate social and economic policies within an ongoing, dynamic development process” (Midgley 1996a:3). This model sees social policies and programmes as tools to enhance “the capacities of the needy people to participate in the productive economy” (Midgley & Sherraden, 2000:437). Midgley (1996a:3) states that this model is thus able to “justify social programs in terms of economic efficiency criteria” because it redefines social welfare as no longer a consumer of resources, but rather a generator of resources. In other words, the developmental model creates a link between social and economic development (Gray, 1996:10).

According to the White Paper for Social Welfare (1997:96), *social development* is aimed at bringing about:

sustained improvement in the well-being of the individual, family, community and society at large. The reduction or eradication of mass poverty, inequality and conditions of underdevelopment are widely accepted indicators of social progress.

According to Midgley (1995:25) social development is “a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development.” Midgley (1995:26-27; compare Midgley, 1996b:181-183) highlights the following key characteristics of social development:

- it is linked to economic development;
- it has an interdisciplinary focus;
- it invokes a sense of process;
- it is progressive in nature;
- it is interventionist;

- it utilises various strategies;
- it is inclusive or universalistic in scope; and
- its goal is the promotion of social welfare.

As has been indicated social development is linked to economic development. According to Midgley (1995:23) social development cannot take place without economic development and economic development is meaningless unless it is accompanied by improvements in social welfare for the population. Various authors, quoted by Mupedziswa (1996:47) have criticised the social work profession for a lack of engagement in economic development, and of perpetuating a remedial approach, which maintains unproductive groups in a state of dependency. They also argue that the social work profession has avoided economic development issues. Even where social workers have attempted to use the developmental approach they have misunderstood it. As Gray (1997:218) puts it “ Social development is NOT service-delivery with development tagged on. It is a fundamentally different approach which recognises the relationship between social, economic and political development.”

As has been indicated previously, the NCCPR (2003c) suggests that maintaining a child in poverty-stricken circumstances is often defined as neglect, and therefore, per implication, sufficient reason to remove a child from his/her family. The Department of Health Services and Welfare (1990:6) emphasises that children should never be removed from their parental care merely because the parents are not in the financial position to maintain them. Likewise it advises that children should be returned to their parents as soon as the danger of *serious harm* to the child no longer exists, even if a more well-off home can be found for the child (Department of Health Services and Welfare, 1990:5). This emphasis is fine, but then the family should also be enabled to meet its needs. This is where the developmental approach can fill a void. Since this approach recognises that economic development is a vital part of the developmental process, it will be able to help such families become independent and thereby enable them to provide the care that their children require. Such a strategy develops the entire family, rather than only focusing on the child.

2.3.2 Justifying individual/family strategies within a developmental model

Social development has often been associated with community work, while casework, which deals with individual/family problems and includes statutory social work interventions, has been seen as a remedial, that is, a residual strategy (Elliott, 1993:21; Pittman-Munke, 1999:203). These two distinct methods of social work service delivery have thus often been seen as opposites that are irreconcilable. Likewise, casework, and per implication statutory social work, has traditionally been viewed as a method that does not fit within the developmental model.

Since the South African government has adopted the developmental approach, the use of casework has been severely criticised (Sturgeon, 1998:25). Both Jacques (2000) and Sturgeon (1998), react to this by pointing out that casework should still have a place within the developmental framework (compare Elliott, 1993; Pittman-Munke, 1999; Midgley,

1996a). As Elliott (1993:31) puts it: “ A combination of social development and systems theory brings back the social perspective into social work, while still allowing for individual therapy approaches.” Potgieter (1998:120) adds:

The [developmental] model does not focus on a particular system, but sees individuals, married couples, families, small groups, organisations and communities as the vehicle for change. It does not limit itself to a particular “ method” but sees the helping process as a partnership that seeks to attain specific objectives through the utilisation of one or a combination of strategies.

Jacques (2000:274) hopes that with all the emphasis on development, “ the individual will be given as much credibility, respect and consideration as the society of which he/she is an integral part.” This implies that individual problems (for example child abuse) should be dealt with at an individual level. Interestingly, the very same White Paper for Social Welfare (1997:20), which resulted in criticism of casework, also stated:

The family is the basic unit of society. Family life will be strengthened and promoted through family-oriented policies and programmes.

Thus various authors emphasise that casework and programs focused on strengthening families, should still have a place within the developmental model. On the other hand, casework should not be done in isolation, but needs to form part of “ integrated practice methods” (Sturgeon, 1998:25). Elliott (1993:31) also emphasises such integrated practice at various levels, when she indicates that developmental services include both: “ [Individual] therapy so that immediate and short-term considerations are not ignored” and “ economic restructuring – focusing on urban and rural poverty, preventative educational campaigns and empowerment.”

2.3.3 Criticism on traditional statutory service delivery

Waldfoegel (2000:45-46) summarised the problems identified by various USA reviews of statutory service delivery by means of the following five points:

- *overinclusion*: families receive statutory services when they actually do not need them;
- *underinclusion*: due to an overload caused by overinclusion, some families that should receive services do not;
- *capacity*: the number of families that need to be served far exceeds the capacity of the system;
- *service delivery*: families do not necessarily receive the right type of services and services tend to be unevenly distributed across communities; and
- *service orientation*: social workers have trouble finding the right balance between child protection and family preservation and tend to adopt a “ one-size-fits-all” approach.

The researcher considers these issues to also be applicable in South Africa. With regard to the third issue, capacity, the Department of Social Development reports in its Strategic Plan (2003/4-2004/5:21) that limited capacity, “both in terms of numbers and skills, is one of the most serious constraints to effective service delivery at the Department of Social Development.” The researcher therefore considers it likely that the first two issues are also relevant in South Africa, due to the capacity problems resulting in social workers making hasty decisions regarding statutory interventions (compare Wexler, 2002:1).

The White Paper for Social Welfare (1997:11) identified the fourth issue, service delivery, as a critical problem in South Africa: “Racial, gender, sectoral and geographical disparities have created significant distortions in the delivery system.” The government committed itself to address this, by indicating that one of the national goals of the national developmental social welfare strategy is: “To facilitate the provision of appropriate developmental social welfare services to all South Africans, especially those living in poverty, those vulnerable and those who have special needs” (White Paper for Social Welfare, 1997:15).

The last issue, service orientation, can also be seen within the South African context. Although Eckard *et al.* (2003:146) considers removal without a warrant an exception for particularly urgent cases, the Department of Welfare (1998a:31) indicates that this is the most frequently used method of initiating the statutory process. This implies that, in practice, many families actually do not receive prevention or early intervention services (aimed at family preservation), but are immediately faced with the removal of the child from the family. In other words, in South Africa the “one-size-fits-all” approach has been to protect children, at the cost of family preservation.

This also links with the statement by Nieuwoudt *et al.* (2001:5) that child welfare has historically been based on a drive to rescue children by separating them from their parents (compare Whittaker, 1991:144). While such a strategy seeks to develop the child, research has indicated that removal from parents can of itself also be damaging (compare 2.5). Keith-Lucas (in Nieuwoudt *et al.*, 2001:8) states that children have a need for a sense of identity and should therefore not be isolated from their true roots “in the name of loving.”

In addition to this child rescue drive, Whittaker (1991:144-145) also identifies the following three features of the old approach to statutory services:

- *categorical services*: there was no apparent link between foster care, residential care and in-home care;
- *diagnosis and treatment*: there was an emphasis on personalistic psychology, that is, on diagnosing and then treating pathology; and
- *segregated approach to families*: children were treated in isolation from their families.

Nieuwoudt *et al.* (2001:6, 8-9) and Whittaker (1991:145-146) indicate that a new model for statutory services has been proposed, one that includes the entire family in the helping process and not just the child. This model also seeks to develop families by providing support and teaching practical life skills, rather than diagnosing and treating pathologies (Whittaker, 1991:145). See Table 2.2 for a contrast between these two models. The researcher considers this model to be a developmental model, since it seeks to empower families. No longer are parents blamed and made scapegoats, but rather they are helped to take care of their own children. At the same time, this model still recognises the need to protect children if necessary. The researcher considers that this is also important, since true empowerment cannot neglect protecting children from harm.

Table 2-2: The Child-Centred and Family-Centred Models Compared

	Child-Centred (Residual) Model	Family-Centred (Developmental) Model
Focus	Child welfare	Family and child welfare
Reason for out-of-home care	Poor parenting Parental neglect Abandonment	Family stress, both environmental and psychological, limited parental adaptation and coping skills
Intervention	Protection by separation from parents. Treat parents and/or remove parental rights	Protect child as necessary, but recognise parent/family' s continuing place in the child' s life and as equal partners in the child care process
How the parent(s)/ family are viewed	Blame the parents for their inadequacies	Support parental family to make a positive contribution to the child' s life
Care task	Look after children	Teach parents wherever possible how to look after their own children; if not possible, maintain active connections between the parent(s) and child
Duration	Until adulthood if necessary	Time limited, pending reunification

Source: Nieuwoudt *et al.*, 2001:6

While neither Nieuwoudt *et al.* (2001) nor Whittaker (1991) specifically mention economic components, they do indirectly refer to such components in their emphasis on supporting and educating families to take care of their own children. In the researcher' s opinion, such support should, where necessary, include economic empowerment in order to combat poverty issues. The family-centred model can thus be described as a developmental model for statutory service delivery.

One very important part of the family-centred model is its focus on family preservation. The Third Draft National Policy for Families (2004b:73) indicates that the rationale of family preservation strategies is “ the belief that children and young people need a family in which

to develop.” According to NCCPR (2003c) family preservation “ refers to a systematic determination of those families in which children could remain in their homes or be returned home safely, and provision of the services needed to ensure that safety.”

In South Africa statutory services have been under review for quite a number of years. In 1990 the Department of Health Services and Welfare published its report regarding an investigation into foster care services. This report emphasised the relationship between children and their parents (Department of Health Services and Welfare, 1990:5). The result of this report and subsequent reviews was a number of changes to the Child Care Act (Act 74 of 1983) by means of Child Care Amendment Acts (Act 86 of 1991; Act 96 of 1996 and Act 13 of 1999). However, even then it was recognised that the entire Act should actually be rewritten, a lengthy process which has ultimately resulted in the release of the Children’ s Bill (Bill 70 of 2003).

A major addition in the new Children’ s Bill, when compared to the current Child Care Act, is the emphasis on prevention and early intervention (Matthias, 2004:172). The first draft of the Children’ s Bill appeared in December 2002. This draft contained a chapter entitled *Early Childhood Development* and another entitled *Prevention and Early Intervention Services*. While most of the first chapter and all of the latter chapter have been removed from the Bill when it was released in 2003, this was done for technical reasons, and the government intends to reinsert those chapters by means of an amendment act (Minister of Social Development, 2003:83-85). By adding these chapters to the Children’ s Bill, the government has reaffirmed its commitment to prevention and early intervention and by implication to a more developmental approach to statutory social work services.

The Children’ s Bill (Bill 70 of 2003, section 46(1) has also allocated more power to the children’ s court by extending the number of orders that this court can make. The new orders that have been added include the following:

- “ an order subjecting a child, a parent or care-giver of a child, or any person holding parental responsibilities and rights in respect of a child, to early intervention services, a family preservation programme, or both early intervention services and a family preservation programme” (clause 46(1)(g)); and
- a child protection order “ instructing a parent or care-giver of a child to undergo professional counselling or to participate in mediation, a family group conference, or other appropriate problem-solving forum” (clause 46(1)(h)(iii));
- a child protection order “ instructing a person to undergo a specified skills development, training, treatment or rehabilitation programme where this is necessary for the protection or well-being of a child” (clause 46(1)(h)(vi));
- a child protection order “ instructing a person who has failed to fulfil a statutory duty towards a child to appear before the court and to give reasons for the failure” (clause 46(1)(h)(vii));

- a child protection order “ instructing an organ of state to assist a child in obtaining access to a public service to which the child is entitled, failing which, to appear through its representative before the court and to give reasons for the failure” (clause 46(1)(h)(viii)); and
- a child protection order “ instructing that a person be removed from a child’ s home” (clause 46(1)(h)(ix)).

These new orders effectively empower the children’ s courts to implement early intervention strategies and family preservation (compare Matthias, 2004:176).

Another recent development is the formulation of a National Policy for Families. This policy is currently in its third draft and the Department of Welfare hopes to launch it at the International Conference on the Family, which is planned for March 2005 (Ramphenyane, 2004). The Third Draft National Policy for Families (2004:55) aims to:

- Promote the positive benefits of a well-functioning family.
- Promote the rebuilding and forging of sound relationships within the family.
- Provide support mechanisms to regenerate morals in society that enhance family life.
- Advocate for family life as a powerful agent for political, economic, cultural and social change.
- Provide a framework for effective integrated service delivery to rebuild, strengthen and preserve family life.
- Coordinate policies and legislation with regard to services rendered to family members affecting family life.
- Strengthen intersectoral collaboration to enhance integrated service delivery to families.

This policy thus intends to lay the foundation for family-centred programs in South Africa. It clearly articulates the roles of various stakeholders, including the government, welfare organisations and the community in striving towards the aims of the policy.

From the above it should have become clear that a theoretical debate has been going on for sometime regarding the transformation of statutory social work services. This theoretical debate has even become part of new policies. In the next section a more practical approach will be taken and the focus will shift to strategies for facilitating the transformation to a developmental approach to statutory social work services.

2.4 Strategies for developmental statutory social work services

Wexler (2002:20; 2003:63) recommends that legislators, representatives of welfare departments and of welfare organisations should take a “ best practices” tour, and see what

really works in child welfare. The researcher agrees with this recommendation, and will accordingly complete this chapter with a brief review of some strategies that have been implemented and/or recommended internationally as well as nationally, namely:

- prevention;
- screening new intakes;
- early intervention;
- changing the children' s court process;
- alternative placement options;
- forming partnerships; and
- *ubuntu*: an African contribution.

2.4.1 Prevention

Prevention programs strive to prevent a situation that may necessitate statutory intervention. Wenar and Kerig (2000:324) indicate that prevention generally speaking involves targeting at-risk families in order to provide assistance before any problems occur, that is, in order to empower those families. There are a wide variety of prevention programs and strategies that have been implemented internationally.

One category of prevention strategies is home visiting (Tomison & Wise, 1999:8). Wenar and Kerig (2000:324) cite the success story of the *Prenatal and Infancy Home Visitors Program*, which was tested in the USA and found to significantly reduce later problems. In this study, conducted by Olds, 400 low-income adolescent single mothers were visited at their homes by a nurse, while they were still pregnant (Tomison & Wise, 1999:8). This nurse helped them by providing parent education regarding child development, involved the family and friends of those mothers to form a support network, and linked those mothers to other medical and social services. When the experimental group was compared with a control group, which had not received home visits, after 2 years and even after 10 to 15 years, it was found that the control group members were less likely to have been reported to child protection agencies, had less subsequent children, spent less time on welfare, and were less likely to have been arrested for or to have engaged in substance abuse (Wenar & Kerig, 2000:324; compare Brooks-Gunn, Berlin & Fuligni, 2000:553-554). These findings give a strong indication of the preventative, and empowerment value of home-based interventions with at-risk population groups, such as adolescent single mothers.

Another strategy is to focus on school-based education. In Australia, the Victorian Board of Studies created a school-based community education program, called the *Healthy Families Project*, which “ teaches children that individuals have the power to change their lives and to develop more constructive forms of parenting than they themselves experienced as children” (Tomison & Wise, 1999:6). The program was integrated into the standard curriculum of primary schools and as a result the entire community was targeted, and not only at-risk families. The researcher considers that such a program can also potentially develop and empower South Africans.

Since the 1960' s early childhood intervention has been promoted in the USA and elsewhere in an effort to “ help young children and their families to thrive” (Meisels & Shonkoff, 2000:3). Early in the 1960' s the *Perry Preschool Project* was launched in order to test the effectiveness of preschool education in empowering at-risk three- to four-year-olds (Barnett, 2000:597). Based on the early findings of this project the well-known *Head Start* program was launched in 1965 (Tomison & Wise, 1999:7-8). The researchers involved in the *Perry Preschool Project* followed the initial participants as well as control group participants until they were 27 (Barnett, 2000:597). The key findings, as presented by Barnett (1999:598), were:

- an initial increase in IQ, which, however, ceased to be statistically significant by the second grade;
- better performance in achievement tests and on teacher ratings throughout the school years;
- lower likelihood of being placed in special education;
- higher likelihood of pursuing higher education;
- higher employment rates and higher incomes as young adult;
- less involvement in crime and delinquency;
- less teenage pregnancies; and
- less dependency on welfare as young adult.

From these findings it would seem that preschool education programs might have long-term benefits in empowering children. Although it cannot be deducted that this will prevent statutory intervention, it seems likely that it will, at least, reduce poverty-related problems in the long-term. For this reason, early childhood intervention programs have also been introduced in South Africa, although, according to Biersteker (2001:29) they are currently not as accessible to children and families as they should be.

Many more preventative programmes and projects could have been discussed, the researcher has, however, selected the ones that have been mentioned because she considers these programs to be fairly representative of the main types of strategies that have been employed internationally. At the same time the researcher considers the above strategies to have value for South Africa as potential strategies for implementing the developmental approach, since they all seek to empower families to take care of their own children. One other category of preventative interventions that the researcher identified in literature dealt with forming community partnerships for child protection and care. This category of interventions will be discussed under 2.4.6 (forming partnerships).

As a recap, the strategies discussed were, home visiting, school based education and early childhood intervention. All of these strategies had a strong educational focus, with the first

two focusing mainly on improving parent-child relationships, while the latter was focused on the general functioning of the child.

2.4.2 Screening new intakes

Wexler (2003:44-47) makes a number of recommendations regarding the approach toward new intakes. He suggests that a rational method must be established for screening intake calls, which should be supported by law (Wexler, 2003:45). Such a screening method should include that, before an intake call is accepted and referred for investigation, the caller must be able to demonstrate that s/he does, indeed, have “reasonable cause to suspect” maltreatment (Wexler, 2003:45). Anonymous calls should, according to him, not be accepted, since they are often false and if a person is really concerned about the welfare of a child it should be sufficient for such a person if the call is treated confidentially (Wexler, 2003:45-46). All of the above suggestions for screening intake calls, will, according to the researcher, help social workers to filter out cases that should actually not have been reported, helping them to focus on cases that do require their services. This will, thus, enable better utilisation of limited resources and time, which is essential in South Africa, considering the limited capacity (Department of Social Development, 2003/4-2004/5:21).

Wexler (2003:45-47) also indicates that cases that do not meet the criteria for a child abuse or neglect report should not be forwarded to statutory social workers. Such cases should instead be referred to resources in the community that may be able to help, or to other social workers who specialise in early intervention services. He indicates that this prevents social workers from becoming confused by conflicting roles (Wexler, 2003:46). It also sends a clear message to the community that assessments for early intervention and statutory investigations are two completely different processes (Wexler, 2003:47). The researcher considers this important, since the developmental approach requires families to be empowered. Clients who receive early intervention services from a statutory social worker can, in the researcher’s opinion, mistrust their social worker and live in a constant fear for a possible statutory intervention. This situation is thus not empowering, but is rather disempowering.

In summary, what these suggestions are about is screening intake calls, such that only those that are really cases warranting possible statutory intervention end up being referred to a statutory social worker for investigation. All other cases should be referred to community resources or a social worker specialising in early intervention.

2.4.3 Early intervention

Wexler (2002:22-23; 2003:47-49) recommends that “hard services,” such as assistance with housing, jobs, and day care, should be made readily available to ameliorate the worst effects of poverty and avoid the confusion of poverty with neglect. This suggestion

coincides with what has been mentioned previously regarding the need to avoid removing children merely because their parents are poor (compare 3.1).

Likewise Wexler (2002:25; 2003:48-49) recommends that substance abuse treatment should be provided to parents who need this, so that they will be able to take care of their children themselves. He bases this recommendation on the research mentioned earlier that infants whose mothers were addicted to crack fared better if allowed to remain with their mothers than if they were removed (compare 2.5.1).

Both of the above strategies are important within a developmental approach to statutory social work, since poverty and substance abuse drain human capacities. These strategies will build human capacities and will promote family preservation. They are also very relevant in South Africa, where poverty, and to a lesser extent substance abuse, are major problems.

Even where abuse has already taken place, social workers should strive to keep the family together, by working on family relationships. Research has shown that children “whose relationship with their parents subsequent to abuse was positive and supportive fared better [in later life], and a good relationship with the father appeared to have a strong protective influence regarding subsequent psychopathology” (Mullen & Fleming, 1998).

Another suggestion provided by Wexler (2002:23; 2003:47) is to introduce IFPS (Intensive Family Preservation Services), based on the *Homebuilders* program, and to ensure that these services are available to every family that needs them. The Institute for Family Development [sa] states that the goal of the *Homebuilders* program is “to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.” According to Kinney, Haapala, Booth and Leavitt (1990:23-37; compare the Institute for Family Development, [sa]) the basic components of the *Homebuilders* model are:

- *therapist availability*: the first contact with the clients occurs within 24 hours of the clients being accepted into the program and thereafter the therapist is on call 24 hours a day, seven days a week to deal with crises as they occur;
- *flexible scheduling*: the therapist is available at times that suit the clients, and are available for as many hours as required;
- *location of services*: services take place in the natural setting, that is, the clients' homes, or any place that is relevant for the clients' problems, including schools, community centres and teenage hangouts, therapists also may take clients to restaurants to provide some privacy from the rest of the family;
- *flexibility of services delivered*: services are tailored to the clients' needs and the therapist therefore provides a wide range of services, including meeting basic needs, teaching skills and various forms of therapies;

- *intensity*: the therapist provides intense services during a crisis period in the lives of the clients;
- *worker caseload*: each therapist has only two cases at a time;
- *brevity*: the therapist sees the clients for between four and eight weeks;
- *limited objectives*: the goal is to prevent out-of-home placement, not to ensure that the family is perfect; and
- *staffing*: each case is managed by only one therapist, with a team back-up.

Various studies have been undertaken to evaluate IFPS. Some of these studies, such as the one completed by Westat *et al.* (2002), have found these programs to have no significant impact on whether children were removed or not, when compared to families that were not involved in such programs. Others, such as the study of Kirk, Griffith and Gogan (2000), indicate that, when the cases are controlled for risks, IFPS significantly prevented or delayed out-of-home placements. Kirk *et al.* (2000:49) points out that the effects of IFPS diminish toward the end of 12 months. He indicates that this should, however, not be interpreted as an indicator of the failure of IFPS, but should rather be seen as suggesting “the need for policy review and possible implementation of follow-up interventions in IFPS cases to sustain and prolong the initial treatment effects” (Kirk *et al.*, 2000:49). Arthur and Baker (2004) agree with this, when they state their “experience has shown that if parents are connected to ongoing supports and services they are more likely to be successful at keeping their families together and providing a safe and stable home for their children.”

In addition to the IFPS model, two other similar models have also been developed in the USA. The first is what Westat *et al.* (2002: section 1.1) call the *home-based* model. This model utilises less intense services spread over a longer period of time (Shireman, [sa]a). Just as with the IFPS model, services include both therapy and concrete help, but unlike the IFPS model the focus of those services is not crisis intervention but rather the overall functioning and interaction of the family (Westat *et al.*, 2002: section 1.1). The caseload within this model is ten to twelve cases per worker and the duration of services is generally speaking four and a half months (Westat *et al.*, 2002: section 1.1).

The other model is what Westat *et al.* (2002: section 1.1) call the *family treatment* model. This model utilises intensive office-based services (Shireman, [sa]a). The focus of this model is more on family therapy, and usually does not include concrete help (Westat *et al.*, 2002: section 1.1). The caseload with this model is approximately eleven cases per worker and services are provided for 90 days, after which weekly follow-up services are provided for three to five and a half months (Westat *et al.*, 2002: section 1.1). According to Shireman ([sa]a) this model is particularly effective in working with families with adolescents.

The researcher considers IFPS to be a developmental approach to statutory social work. This approach empowers families and promotes family preservation. However, in South Africa, where capacities are very limited (compare Department of Social Development,

2003/4-2004/5:21), it will not be possible to implement the *Homebuilders* model, since this model requires resources and social workers that are not available in South Africa. This is also the reason why the researcher has also presented the other two less intense models. The caseloads of these models are likely still too low to be affordable in South Africa. Since South African social workers are currently managing caseloads of 60 or more, the researcher considers that it might be possible to develop a South African IFPS model that give social workers a caseload of approximately twenty cases. While this model could not be as intensive as the USA models, it will definitely be more intensive than any services that are currently provided in South Africa, and will therefore be able to provide more developmental services. Such a model will be expensive, however, alternative placement is also expensive (compare Wexler, 2002:33; 2003:61-63). The researcher is of the opinion that South Africa cannot afford the cost of removing children who, by means of IFPS, could have remained at home.

There are many other early intervention strategies, however, the three categories that the researcher selected, namely poverty-relief, substance abuse treatment and IFPS (and related models), in the researcher's opinion, are strategies that are particularly relevant within the developmental approach. All three emphasise family preservation and the empowerment of families. These strategies are, in the researcher's opinion, also very relevant for South Africa.

2.4.4 Changing the children's court process

Wexler (2003:51-53) recommends that whenever a child is removed by a social worker or anyone else so empowered, whether a warrant was obtained first or not, there must be a hearing, with full notice to parents so they can take part, within 48 hours, with no exceptions for weekends or holidays. While the researcher considers this suggestion ideal, she does not consider it attainable in South Africa at this stage. The current prescription with regard to bringing a case before the children's court for review is that this must take place within 4 days after the removal, weekends excluded (Regulation 9 of the 1998 Regulations under the Child Care Act, Notice 6133 of 1998). In the researcher's experience even this goal is not always attained due to the large number of cases that the children's courts must deal with. She, however, considers it important that children's courts be provided with the resources that they need to abide by this regulation, and that children's courts insist that social workers stick to this regulation. The reason for this is that this regulation can prevent children from unnecessarily being maintained apart from their parents. Family preservation requires that any statutory intervention that does occur must be verified as a matter of urgency.

In addition to the above-mentioned recommendation, Wexler (2003:53-54, 56-60) recommends that in children's court process the following should be ensured:

- the standard of proof shall be at least "clear and convincing";

- from the moment a child is removed until the first hearing at which all sides are represented, the welfare agency shall be responsible for arranging daily visits, unless it can show, by clear and convincing evidence, that this would cause severe emotional harm to the child;
- all indigent parents shall have the right to free legal representation from the moment a child is taken from them, which shall be provided by an “institutional provider” such as a legal aid society or public defender’s office, and that provider shall be funded sufficiently to provide meaningful representation; and
- all court hearings in child maltreatment cases and almost all documents should be subject to a “rebuttable presumption” of openness, that is, open for public scrutiny.

These suggestions are, in the researcher’s opinion things that may or may not be happening in South Africa, depending on the children’s court’s interpretation of the current laws. The researcher considers those suggestions to be ones that will protect the rights of families and that promote family preservation. She would therefore recommend that they be included in the regulations for the new Children’s Bill (Bill 70 of 2003).

2.4.5 Alternative placement options

Shireman ([sa]b) indicates that while during the 18th and 19th centuries institutional care was the main form of alternative placement for children, in the 1850’s “a movement began to place children in family foster care, rather than institutions, so that their upbringing could more closely resemble that of other children in the community.” As a result foster care has become a major resource, although many children continue to be placed in institutional care. Wexler (2003:36) recommends dramatically reducing the proportion of children “warehoused” in institutional care. The problem with this recommendation is, however, according to Shireman ([sa]b) that:

With more women in the work force, and more single parent families, there are fewer families that wish to foster children. At the same time, increased poverty, fragmentation, and violence in communities, and a resulting failure to support family life, have resulted in increased numbers of children needing foster care.

In response to this problem, Wexler (2002:23-25; 2003:49-50) suggests adopting two promising USA national initiatives, namely *Family-to-Family* and *Community Partnership*. Both of these initiatives are based on forming partnerships with the community and will be discussed in more detail under point 4.6.

Recently various alternative forms of foster care have also come into use. One of these alternatives is *kinship foster care*. Shireman ([sa]c) defines kinship foster care as care by relatives “in which the relative home meets foster care licensing standards, is under the supervision of the child welfare agency, and receives payments for the child’s maintenance as a non-kin family would.” In South Africa this alternative is also increasingly being utilised

and the new Children's Bill (Bill 70 of 2003, clause 46(1)(a)(ii)) has now also specifically included it as a placement option separate from normal foster care.

In addition to kinship foster care, the Children's Bill (Bill 70 of 2003, section 46(1)) also legislates for three other new alternatives, namely:

- *child-headed household*: placing a child in the care of the child heading the household under the supervision of an adult person designated by the court (clause 46(1)(b));
- *partial care*: instructing the parent or care-giver of the child to make arrangements with a partial care facility to take care of the child during specific hours of the day or night or for a specific period (clause 46(1)(d)); and
- *shared care*: instructing different care-givers or child and youth care centres to take responsibility for the care of the child at different times or periods (clause 46(1)(e));

The inclusion of child-headed households merely reflects a recent trend of an increase in such households, due to HIV/AIDS related orphaning of children and the need to protect such household (Richter, Amoateng & Makiwane, 2003:49, 64; Department of Social Development, 2003/4-2004/5:48).

The other two options, represent, in the researcher's opinion, an attempt at finding less intrusive options for children that enable them to remain in the care of their parents, while simultaneously receiving additional support and care from other people. The Children's Bill (Bill 70 of 2003, section 1(1)) defines a partial care facility as "any premises or other place used partly or exclusively for the partial care of six or more children, which place may include—

- (a) a private home;
- (b) other privately owned or managed premises; or
- (c) a school, hospital or other state-managed premises where partial care is provided by a person other than the school, hospital or other organ of state"

Shireman ([sa]d) discusses another alternative to standard foster care, namely *specialised foster care*. These foster homes specifically cater for special needs children, such as children with serious emotional disturbance, medical needs, or developmental delays, who might otherwise be admitted to an institutional setting. The foster carers are specially trained and in some instances even paid and generally speaking take care of one of two such children.

Judging from the above arguments it would appear that foster care is a more empowering option than institutional care. Foster care, and the alternative forms discussed above, allows a child to remain in the community and to have similar experiences as other children. It therefore is more empowering for children. The new alternatives proposed by the Children's Bill for partial or shared care are empowering for the entire family, since they do

not sever the tie between the parents and children, but rather provide a support network enabling the parents to take care of their children.

2.4.6 *Forming partnerships*

Turnbull, Turbiville and Turnbull (2000:631-632) discuss the role of power in the family-professional relationship. They indicate that there are three types of power relationships:

- *power-over*: the professional is seen as the expert on whom the family is dependent, as in the traditional psychotherapy model;
- *power-with*: the professional collaborates with the family, as in the family-centred model; and
- *power-through*: the professional empowers the family by linking it with the community, as in the collective empowerment model.

Turnbull *et al.* (2000:632) consider the power-through relationship to be the best option of the three:

No longer is control of communication, resources, decision making, or other people the issue. In these partnerships, there is a synergy that creates power (and empowerment) for all participants. [...] This partnership creates the context in which all participants can access and influence the resources they need to achieve their goals.

The power-through relationship between families and social workers is thus a truly empowering partnership, where not only the family is involved in the decision-making process, but also family, friends, other professionals and any community member who might be able to contribute (Turnbull *et al.*, 2000:636). The need for such partnerships has also been expressed by Kendig and Lowry (1998:6):

We knew there was no way we and the families could solve their multiple problems without the resources and the support of many other programs, agencies, and individuals, working in concert. This was no place for turf wars.

In the previous section *Family-to-Family* and *Community Partnership*, two USA national initiatives that utilise partnerships with the community as a solution for foster care shortages were mentioned (Wexler, 2002:23-25; 2003:49-50). *Family-to-Family* is an initiative that was started in 1992 by the Annie E. Casey Foundation as a method of improving services to families and children (Omang & Bonk, 1999:16). According to the Annie E. Casey Foundation (2004:Overview) the strategies used within the *Family-to-Family* initiative are:

- recruitment, training, and support of resource families (foster and relative);
- building community partnerships;
- family team decision-making; and
- self-evaluation.

Within the *Family-to-Family* initiative foster parents are trained to be mentors for the biological parents so that they will eventually be able to take care of the children themselves (Wexler, 2003:50). Foster parents and biological parents are thus no longer viewed as adversaries, but rather as partners who together seek the best for the children.

Family to Family has been found to be successful in reducing the number of children placed in foster care, and the period that children remained in foster care and the number of children moved from one foster home to the next (Wexler, 2002:2224). Another positive outcome of this initiative is that the number of children who needed to be removed again after returning home did not increase and in some cases even decreased (Wexler, 2003:50).

Community Partnership is a similar initiative specifically targeted at poor communities (Wexler, 2002:24). In this initiative the poor communities are first of all provided concrete help so that the worst poverty was relieved, after which the community members were able to help each other (Wexler, 2003:50-51). The community members were mobilised “to support each other, watch out for each other, and build trust among themselves and with child protective services” (Wexler, 2002:24). Wexler (2002:24; 2003:51) cites two examples of how this partnership functioned in the USA community of Jacksonville. In the first example a mother was arrested for child neglect and community members immediately took charge of her children and after the mother was released from jail they supported her so that her children could remain with her. In the second example a mother was threatened that her children might be removed because of the condition of her house. Neighbours then pitched in to help her clean up the house.

In both of the above initiatives the social workers have moved closer to the community, by being established in a community based centre (Wexler, 2002:24). Both also emphasise the need for team decision-making, involving the family, the professionals and everybody that knows the family (such as extended family members, friends and neighbours). Such a team decision-making meeting should preferably take place before removing children becomes necessary, or otherwise within 72 hours after a removal (Wexler, 2003:49). The purpose of such team decision-making is to draw up a safety plan for the child. The involvement of community members is important, since they may be able to provide helpful solutions to keep children safe (Wexler, 2003:50).

In South Africa similar programs have also been developed. Doran (1999) reports on the *Isolabantwana* (Eye on the Children) program of the Child Welfare Society. In this program community members are trained to be “eyes” who identify and assess at-risk children. Other community members are trained to be caregivers, who can provide short-term alternative care if the “eyes” consider such placement necessary. The “eyes” receive support from social workers. However, in the researcher’s analysis of this initiative, the researcher is concerned about the lack of family and economic empowerment. Although *Isolabantwana* utilises community members, these people are still focused mainly on empowering children, rather than entire families. The program also does not include an

economic focus, such as that found in the *Community Partnership* program in the USA. The researcher therefore considers it important to compare this program, and other similar programs, such as the *Neighbourhood Child Protection Strategies* initiative developed by the Child and Youth Centre of the University of the Western Cape, with the USA programs to see if these two elements cannot also be included.

In the above initiatives community members helped each other on an informal basis. There are, however, also quite a number of authors who write about using community members as paraprofessionals. Kendig and Lowry (1998:10, 199) indicate that “at the heart” of the Cedar House child abuse treatment program were paraprofessionals “with special ability to make empathetic connections with the walking wounded.” These paraprofessionals received training on the job, but Kendig and Lowry (1998:10), both social workers, indicate that they also learned a great deal from them. Musick and Stott (2000:440-441) indicate that the rationale for using paraprofessionals includes the following:

- they can fill in on shortages in trained workers;
- they may contribute to increases in efficiency and effectiveness of services;
- they contribute to a more cost-effective system of service delivery;
- since they are community members they have a better understanding of the clients' circumstances, and thus provide a bridge to the broader community; and
- being employed as paraprofessional is also beneficial for community members, both economically and socially.

In 1991, South African paraprofessionals who help social workers received the official title “social auxiliary worker” (Lombard & Pruis, 1994:257). Since then social auxiliary workers' role has been more clearly spelt out. The South African Council for Social Service Professions (henceforth SACSSP) ([sa]:1) defines the task of the social auxiliary worker as follows: “The social auxiliary worker focuses on primary social services, under the guidance and control of a social worker.” Pruis (2004:3-4) indicates that social auxiliary workers can perform the following tasks:

- assist in the implementation and running of prevention, education and development programmes;
- provide community based care;
- link people to resources and if needed establish resources;
- provide practical support to people in need;
- provide administrative support to social workers; and
- assist social workers with research.

In addition to the above forms of creating partnerships at the grassroots community level, it is also important for social workers to form partnerships at organisational level and with the

government. Both the White Paper for Social Welfare (1997) and the Financing Policy (1999) emphasise the need for partnerships in the South African welfare context. The White Paper for Social Welfare (1997:27) states this need as follows: “ Given the diversity of stakeholders in the welfare field there is a wealth of knowledge, skills and resources which should be harnessed by the Government and its partners in a restructured welfare system.” Stewart (1996:2) adds that when the government and non-government organisations (NGO’ s) plan their services together this leads to “ maximum use of government and non government resources, thus eliminating duplication of services and establishing partnerships in service delivery.”

In summary, partnerships should be an integral part of the developmental approach to statutory social work services. Social workers should form partnerships with the families and work together with community members as well as other organisations and the government. Social auxiliary workers are also a valuable resource for social workers that can assist them in their work. The challenge for social workers is to create partnerships that truly empower families.

2.4.7 *Ubuntu: an African contribution*

Ubuntu has become a fashionable word in the New South Africa (Van Niekerk, 1997:13). Government officials have used it in various policy documents and speeches, including the White Paper for Social Welfare (1997:17). However, as Mbigi (1997:2) emphasises, *ubuntu* “ is not just an abstract concept.” The researcher considers that *ubuntu* can also be a uniquely African contribution to the transformation of statutory social work services.

Ubuntu is a Xhosa and Zulu word, which literally means: the characteristic of being human, humanity (Van Niekerk, 1997:14). According to Dandala (1996:70) *ubuntu* is “ about fundamental things that qualify a person to be a person.” Or, in the words of Mbigi and Maree (1995:2) *ubuntu* “ stands for *personhood* and *morality*.” The value that a person attaches to personal relationships defines that person’ s personhood.

The archbishop Desmond Tutu has provided the following comprehensive definition of *ubuntu* (in Mbigi, 2000:7):

Africans have a thing called Ubuntu; it is about the essence of being human, it is part of the gift that Africa is going to give to the world. It embraces hospitality, caring about others, being willing to go that extra mile one for another. We believe that a person is a person through other persons; that my humanity is caught up, bound up inextricably in yours. When I dehumanize you, I inexorably dehumanize myself. The solitary human being is a contradiction in terms, and therefore you seek work for the common good because your humanity comes into its own in community, in belonging.

In other words, *ubuntu* spells out how people should treat each other. It is essentially an attitude of respect towards other people. This attitude should be the one taken by social workers towards their clients. As Mbigi (1997:6) states, service quality “ is not only determined by what we do for the client but also by the spirit in which we render the

service.” Potgieter (1998:104) likewise considers *ubuntu* to be one of the characteristic features of the helping relationship. In the researcher’s opinion treating clients with *ubuntu* is of itself developmental, in that clients who have been dehumanised by their circumstances are, through *ubuntu*, reaffirmed by the social worker.

Partnerships (compare 4.6) should also be marked by the spirit of *ubuntu*. Mbigi (2000:28) suggests that grass-roots bottom-up participation and communication are important. In order to achieve this various authors stress the importance of creating decision-making forums (compare Mbigi, 1995:11-12; Mbigi & Maree, 1995:120-121; Webster, 1996:175). The government has facilitated the creation of these forums throughout South Africa, in response to the White Paper for Social Welfare (1997:31). However, in the researcher’s experience, the forums do not currently have sufficient decision-making power.

Another suggestion based on African culture is to create “rituals and ceremonies to celebrate achievements and to share misfortune” (Mbigi and Maree, 1995:121). The researcher considers this suggestion worthwhile for social workers to help build cohesion to provide an opportunity for emotional release.

Ubuntu is thus an attitude of respect toward other people that should mark both the client-social worker relationship and the partnerships among various role-players involved with statutory social work service delivery. The researcher considers that *ubuntu* is currently not sufficiently practiced by the government in terms of allowing social workers and communities to participate in decision-making. Social workers also need to ensure that they practice *ubuntu* in their therapeutic relationships.

2.5 Conclusion

In this chapter statutory social work services have been discussed based on literature. From the findings in this chapter it can be concluded that statutory services, as they stand, are essentially remedial and have the potential to harm children. The developmental approach, on the other hand, strives to empower families and promotes family preservation. Various developmental strategies were highlighted in this chapter, included home visiting programmes for at-risk families, IFPS for families already reported as dysfunctional, and partnerships with communities as a general approach for empowering families and communities. In the researcher’s opinion, these strategies provide an alternative approach to statutory services, and will minimise the harm done to children, while empowering families. In the following chapter the findings of the empirical study will be presented and integrated with literature.

Chapter 3: Empirical study, findings and interpretations

3.1 Introduction

As indicated in chapter 1, the researcher has identified a policy gap with regard to clear guidelines for implementing the developmental approach with regards to statutory social work services. The goal for the empirical study was therefore to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard. The study intended to provide the answer to the following two questions:

- To what extent are current statutory social work services developmentally focused?
- How can statutory social work services be rendered in a developmental manner?

In this chapter the results of the empirical study will be discussed. The findings of this study are applicable to Tshwane. Due to the exploratory nature of this study these findings cannot be generalised to the entire South African welfare system, although the researcher considers it possible to utilise these findings as suggestions that should be tested in other communities before being applied.

3.2 Research methodology

Since the answers to the research questions required understanding, rather than explanation, the *qualitative approach* was chosen. This approach enabled the researcher to explore the topic from the insider perspectives of social workers and clients (compare Fouché & Delport, 2002:79).

Due to the fact that the goal of the study was to develop guidelines for practice, the type of research that was utilised was *applied research*. Williams *et al.* (1995:52) define applied research as follows:

Applied research studies involve problems that need to be solved in order to aid decision making at line levels, managerial levels, or policy levels. Such studies are designed to directly benefit a specific client system, whether it be a national organization, a single agency, or an individual worker helping a client.

The research design utilised in this study was the *instrumental case study*. A case study is “the detailed and thorough investigation of a few cases” (Bless & Higson-Smith, 1995:43). The instrumental case study is a particular kind of case study in which the researcher wishes to “elaborate on theory or gain a better understanding of a social issue” (Fouché, 2002b:276). The researcher investigated the opinions of various social workers and clients in order to gain a better understanding of developmental statutory social work services.

The original intention was to conduct two *focus groups* with social workers involved in statutory service delivery and two with adult clients who receive statutory social work services with regard to their children. Loneck (1994:449) states that a focus group is “a qualitative research technique in which a moderator leads a planned group discussion that

focuses on one or more topics.” These groups generally have seven to ten participants, but can have as few as four and as many as twelve (Marshall & Rossman, 1999:114). Due to a low response rate, resulting in a maximum of three people turning up for any one focus group discussion, the researcher was forced to rather conduct small group interviews and individual interviews with those respondents that did turn up. The interviews were conducted using a semi-structured interview, based on an interview schedule (compare Appendixes 4 and 5), but also utilising additional probes in order to obtain richer data (compare Bless & Higson-Smith, 1995:107).

The data was processed and analysed using the five steps of qualitative data analysis identified by Creswell (in De Vos, 2002:340), namely:

- *collecting and recording data*: the researcher conducted interviews while the research assistant managed two tape recorders and wrote some notes to aid voice recognition. The researcher and research assistant utilised those tapes and notes in order to create transcripts. The respondents were also asked to complete a biographical data questionnaire;
- *managing data*: the transcripts were stored in a Microsoft Excel file, with a separate worksheet for each transcribed interview. The biographical data questionnaires were stored in a large envelope;
- *reading, writing memos*: the researcher printed those transcripts with an extra wide margin along the right hand side. She read through the transcripts and wrote notes in the margin of the transcripts regarding the key issues that were discussed;
- *describing, classifying, interpreting*: the researcher read the notes and sorted them on other sheets of paper in order to identifying themes in the transcripts; and
- *representing, visualising*: in this chapter the identified themes will be described by means of summaries of responses and key quotes. The biographical data will also be presented in this chapter both in the form of graphs and words.

3.3 Research population and sampling

The researcher selected the research respondents utilising a combination of *stratified random sampling* and *purposive sampling*. A stratified random sample “is designed so that a predetermined number of items are chosen from each stratum (or section)” (Struwig & Stead, 2001:113). Purposive samples, on the other hand “are selected with a particular purpose in mind” (Williams *et al.*, 1995:230).

In this research study the population consisted of the welfare organisations in Tshwane, with each welfare organisation comprising a strata. The researcher initially contacted twelve welfare organisations in Tshwane to ask their permission to utilise their social workers and clients for this study. Of those twelve, ten gave their permission. She next asked them to provide lists of social workers involved in statutory services. At this stage one indicated that they did not have any social workers that would qualify, while in some other cases the organisations only provided the name of one social worker they deemed suitable/available.

In those cases where more than one name was provided, the researcher randomly selected one or two social workers, depending on the total number of names provided. This method of recruitment resulted in a sample that met the criteria of a stratified random sample, since each stratum was represented and, where there was more than one unit in the stratum, this was done in a random manner.

With regard to the selection of clients, the researcher asked each social worker respondent to select and bring along a client, based on the sampling criteria. Since this was not done randomly, but rather based on the social workers' judgement, this sample was thus a purposive sample. This is a drawback in the sense that the clients selected in this manner were not necessarily representative of all clients; however, the researcher did not consider it ethically viable to ask the social workers to provide lists of clients so that she would be able to recruit the clients randomly.

The criteria for selecting the social workers were:

- the social worker needed to have at least one year of experience with statutory social work; and
- the social worker needed to either be a statutory social worker (providing any of the following services: early intervention, children's court investigations and/or reunification services) or a specialist therapist for clients involved in such services.

However, the first criterion was ignored with regard to one of the respondents, who had only 3 months of experience with statutory social work, since she was the only social worker available at one of the organisations. She was, however, able to provide some valuable contributions regarding the support required by junior social workers.

The criteria for selecting the clients were:

- the client needed to have received statutory social work services with regard to his/her children (ranging from early intervention to children's court cases to reunification services) during the previous six months;
- the client needed to be able to communicate reasonably fluently in either English or Afrikaans; and
- the social worker who rendered the statutory social work services to the client had to have explained the purpose of the research as an independent action to the service rendered by the organisation and assured the client that participation was voluntary. (This was in addition to the researcher's responsibility to follow this up.)

Due to a misunderstanding, the first criterion was ignored with regard to one of the respondents, who, instead was a foster parent. This respondent was, however, able to provide valuable contributions with regard to the foster care situation.

The researcher's original intention was to recruit sixteen social workers and their clients in order to make up two focus groups with social workers and two with clients, each comprising

of eight respondents. Due to the small number of names that she received from the welfare organisations (39), she ended up selecting a total of twelve social workers, six per focus group session. The researcher asked each social worker to bring along a client, thus effectively recruiting twelve clients, six per focus group session. Unfortunately only seven social workers and six clients actually ended up attending the focus group sessions, representing a mere five out of the total of twelve welfare organisations contacted originally. This is in spite of the fact that the researcher arranged an additional session for those who were unable to attend on one of the originally arranged dates. Ethical issues imply that respondents participate voluntarily and that they could withdraw at any time if they so wish (compare 1.10.2). The researcher could therefore not force any respondent to attend the additional sessions.

The researcher interviewed the social workers first, while their clients waited in another room, and after that interviewed their clients separately. All the respondents completed a letter of informed consent (compare Appendixes 2 and 3) and were made aware of the fact that they could withdraw/not participate at any stage of the research study. The session attendance was thus:

- Three social workers and two clients during the first sessions;
- Three social workers and three clients during the second sessions; and
- One social worker and one client during the additional third sessions.

Although this may seem like a small number of respondents, the responses that they gave were reasonably similar, suggesting that the responses may be representative. The data thus became saturated, which is important in qualitative research. In addition, the reasons provided for not turning up for the focus groups, namely having no transport, having no time and being unable to find a client able to participate in the focus group, correlate with the constraints faced by social workers as identified by the respondents.

The major drawback is, however, that the majority of those who did not turn up for the focus group discussions were those working among African clients living in the townships, where the issues and needs are not necessarily identical to those found in the traditionally white urban areas. The findings of this study would have been more valuable if a more representative group participated. However, despite this the research findings are applicable, especially considering the fact that this is an exploratory study. The researcher does, however, recommend that follow-up research should be conducted in less resourced communities, such as townships and rural areas.

3.4 Pilot study

A pilot study involves a “dress rehearsal of the main investigation” (Strydom, 2002a:211). The researcher recruited two social workers and two clients to pilot test the interview schedules. This pilot test helped the researcher to fine-tune the interview schedules. At the same time it also indicated that the responses from social workers and clients differ

substantially – the social workers, for example, emphasised lifeskills groups, while the clients emphasised housing. This provided support for the researcher’s decision to include both social workers and clients in the study. The respondents of the pilot study were not included in the main study.

3.5 Biographical details

The biographical details of the respondents were collected using biographical details forms (compare Appendixes 6 and 7).

3.5.1 Biographical details of social workers

A total of seven social workers participated in this study. All of them were female, and all but one, who was African, were white. Their ages ranged between 21 and 55 years, with four below 35 years of age and three above 46, resulting in a gap between 35 and 46 years of age (compare Figure 3.1).

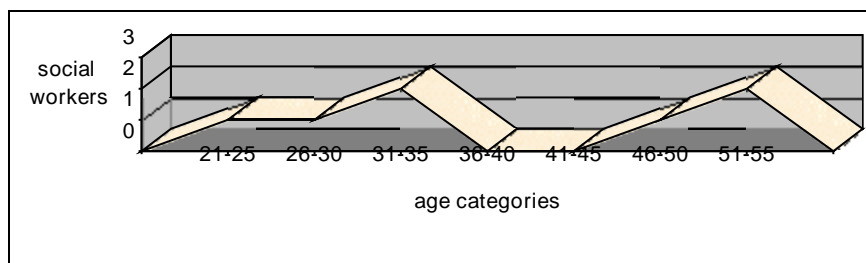


Figure 3-1: Ages of social workers

Between them the respondents had a total of approximately 48 years of experience with social work practice of which 45 years were specifically with statutory social work. Their individual number of years of experience (for both social work and statutory social work) ranged from three months to eighteen years, with an average of between six and seven years experience (compare Figure 3.2).

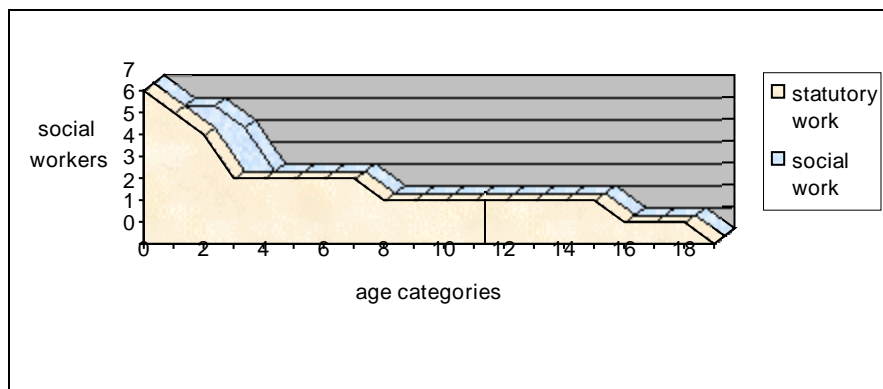


Figure 3-2: Years of experience with social work and statutory work per social worker

Between them the respondents provided all identified services related to statutory social work, that is, prevention, statutory services, reunification services and counselling/therapy, with at least four of them providing each of those services (compare Figure 3.3). The form also provided a category “other: (please indicate),” under which one specified that she provides adoption services, while two mentioned group work and one mentioned

community work. One of the social workers worked specifically with clients who are deaf, while another social worker mainly provided therapeutic services.

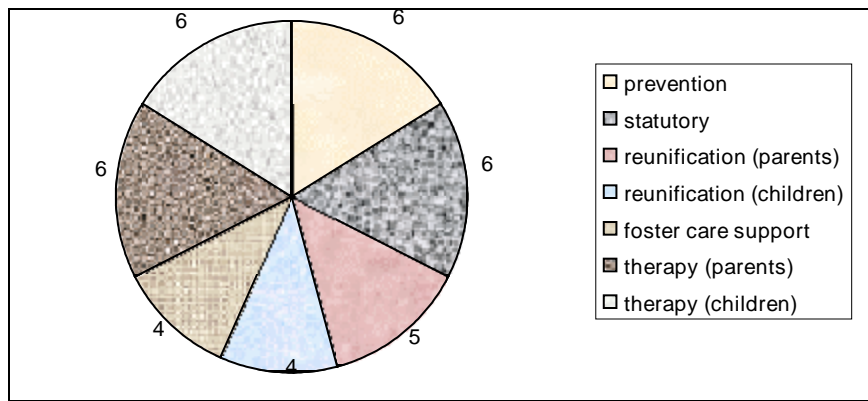


Figure 3-3: Number of social workers providing each service

3.5.2 Biographical details of clients

A total of five clients (parents) who are receiving statutory services with regard to their children, as well as one foster parent participated in this study. Of the parents four were female and one was male, while the foster parent was female. The parents' ages were evenly distributed between 21 and 55 years of age and all of them were white (compare Figure 3.4). The foster parent's age fell in the 41 and 45 years category and she was an African.

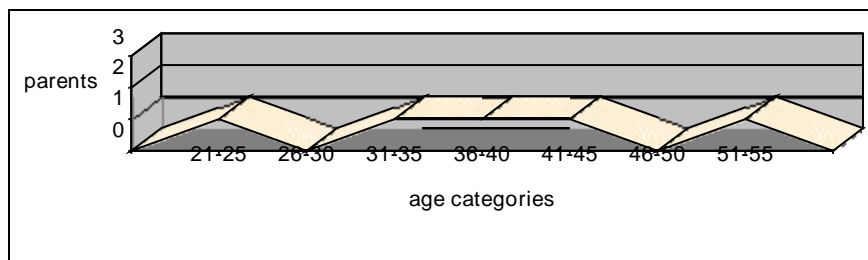


Figure 3-4: Ages of parents

The parents' experience with social work services ranged between ten months and ten years, resulting in a total of about sixteen years between them, with an average of just over three years per person. Their experience with statutory services was shorter, ranging from one month to three years, resulting in a total of about six years, with an average of just over one year per person (compare Figure 3.5). Two of the parents indicated that the children's court case had been finalised, while three indicated that it was still in process. The foster parent had been involved in foster care services as well as other volunteer work for five years.

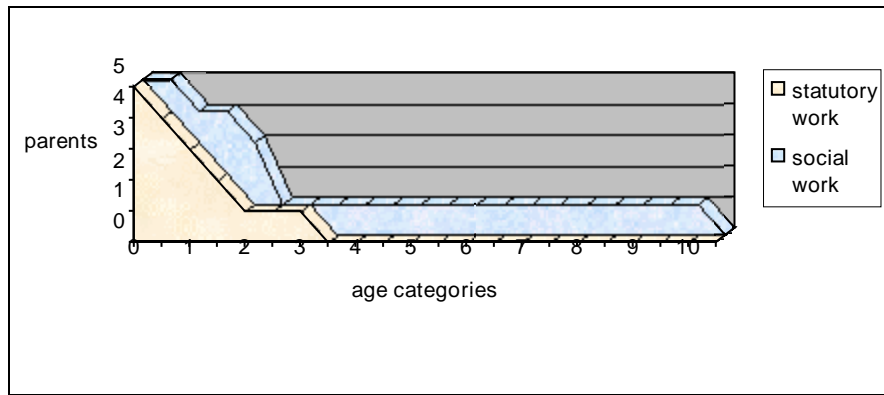


Figure 3-5: Years of experience with social work and statutory work per parent

The reasons for statutory involvement were alleged neglect (2), alleged physical abuse (3), alleged emotional abuse (2) and alleged uncontrollable behaviour of the child (2) (compare Figure 3.6). This means that either none of the parents became involved in statutory intervention due to alleged sexual abuse, or they did not mention this allegation to the researcher.

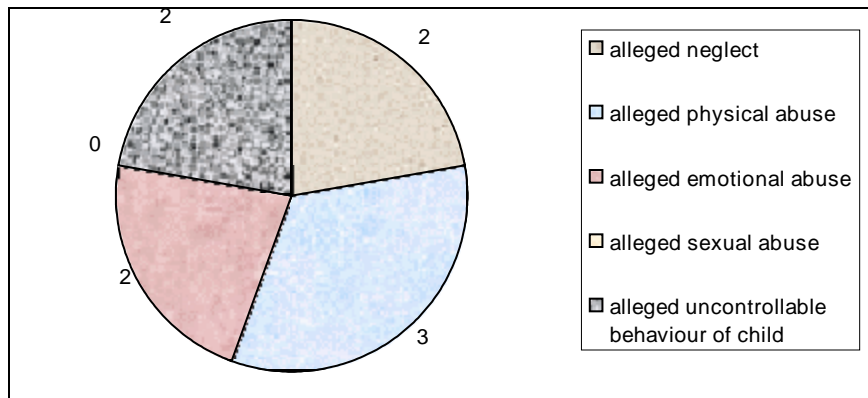


Figure 3-6: Reasons for statutory intervention

All the parents’ children were placed in institutional care, with the children of four placed in children’ shomes and of one in a school of industries. This unfortunately means that this study did not include parents whose children were placed in foster care, although the foster parent was able to provide some insight into foster care.

3.6 Empirical findings: Social workers’ perspectives

Since the responses of the social workers and clients differed substantially with regard to emphasis, the empirical findings of both groups will be discussed separately. The data will be provided according to themes and findings will be supported by direct quotations in order to give voice to the respondents’ views. Where quotations are presented in Afrikaans, the researcher has translated it freely into English.

When analysing the transcripts the researcher was able to identify the following themes from the interviews with the social workers:

- developmental statutory services;
- client circumstances;
- social worker caseloads;

- funding and resources;
- social worker training;
- social worker morale;
- forming partnerships; and
- intervention programs.

The following discussion of the results of the interview with the social workers will be based on these themes.

3.6.1 *Developmental statutory services*

The first two questions that were asked the social workers dealt with what they understood by the term “developmental statutory services” and to what extent they would consider their current statutory services to be developmental. The definitions that were presented by the social workers varied quite significantly. The social workers with more experience of statutory services (more than 10 years) focused more on therapy and treatment of clients in order to improve their circumstances, whereas the social workers with less experience (less than 10 years) talked about prevention and early intervention. One social worker added that in her opinion development also includes implementing services that were previously not available in the community. Some of the social workers also talked about improving the statutory process so that it is less traumatic and more helpful to the client. All in all, though, it can be said that the social workers considered development to be something that would improve the client’s circumstances, whether before statutory intervention or afterwards.

This definition is similar to the one provided by the White Paper for Social Welfare (1997:96), namely that *social development* is aimed at bringing about “sustained improvement in the well-being of the individual, family, community and society at large.”

When the researcher presented the social workers with the following definition of *developmental services*: “Empowering and promoting well-being and social functioning, through fostering sustainable growth, change and progress,” all the social workers agreed that developmental services are not entirely achieved. Some considered that they were trying to achieve such services, but that it was not always so easy to get results. As one indicated:

Dis een ding om te werk daarnatoe en ’ n ander om die resultate te sien wat jy graag wil bereik. Maar ek werk daarnatoe, want as mens nie daarnatoe werk nie, waarna werk jy dan?

[It is one thing to work towards that and another thing to see the results that you would like to achieve. But I work towards that, because if one doesn’ t work towards that, towards what do you then work?]

Others went so far as to state that it quite simply was not happening at all. To quote the words of one social worker:

I think the reality is that, ja that, the department is um, asking for developmental social work, also statutory work, but people in the field is not really, um, not knowing what it is, but they are doing the

work without realising this is what we must do, this is how we must operate. We just do the work, just like five years ago and ten years ago. That eh is the reality.

This finding correlates with the finding of Mashego and Lombard (2002:210) that only 20% of their respondents indicated that they never use the remedial model, thus implying that “there is no major paradigm shift in terms of moving away from the pathology approach towards the developmental approach.” This finding was part of a study to evaluate the effectiveness of *Project-Go* in unblocking the residential care system in Gauteng.

In summary it would appear that the social workers themselves were aware of the need to develop and empower clients, but that they are struggling to achieve results in this regard.

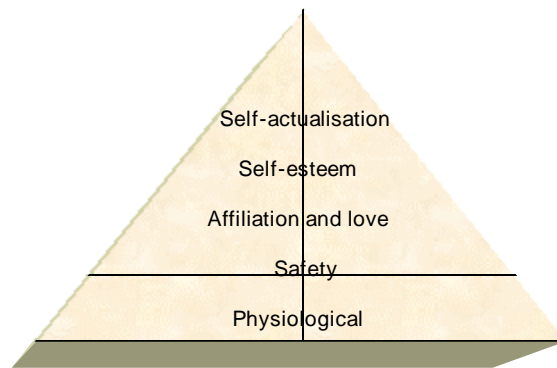
3.6.2 Client circumstances

One of the obstacles in achieving results that the social workers mentioned was the circumstances of the clients. In all three interview sessions the social workers mentioned that they experience problems with the motivation of clients. They indicated that they often find that clients are not really motivated to change and that they therefore tend to not attend programs such as parental guidance programs. The social workers linked this low motivation with poverty. One even indicated that she has noticed a clear difference between people from lower socio-economic class and middle-upper class circumstances, with the latter being more motivated to attend therapy. The social workers indicated that a client living in poverty is not really interested in parenting guidance, but is rather interested in things like food, clothing, housing and employment. One social worker put it very straightforward:

Because how can you train people when they' re hungry? They won' t even listen to what you are saying!

In addition, clients do not necessarily have the means to be able to attend programs. Two particular problems were mentioned in this regard, namely transport and being able to take off from work. With regard to transport the social workers mentioned that clients often do not have their own transport and they may need to come from far. With regard to being able to take time off from work, they mentioned that when clients have a job they are often unable to take off from work to attend programs, or for that matter to meet appointments with social workers.

These findings confirm the need for development to not only focus on social aspects, but to also include economic aspects (compare Midgley, 1995:23). It also reminds the researcher of Maslow' s *Hierarchy of Needs* (compare Figure 3.7). According to Maslow, needs placed lower in the hierarchy must first be satisfied before needs higher up in the hierarchy can receive attention (Sternberg, 1998:529). This implies that poverty issues (physiological / safety needs) should first, or at least simultaneously, be addressed before parental guidance (affiliation and love needs) becomes relevant for parents.



Source: Moore, 1997:439

Figure 3-7: Maslow's Hierarchy of Needs

One social worker mentioned that the HIV/AIDS crisis is adding to the poverty of people, since this causes families to be left behind without breadwinners. A multisectoral committee reported in the National Report on Social Development: 1995-2000 (2000) that: "Statistics indicate that the state of poverty will be exacerbated [sic] by the [HIV/AIDS] epidemic" since it tends to target the poor and leaves many orphans.

One social worker cautioned that they should be careful to impose their perceptions on clients, since removing a child from what might be considered poverty circumstances is not always a good solution. According to her, those children are used to their circumstances. Once they have been placed in alternative care, however, they may end up refusing to return home, because they have become used to better circumstances and no longer wish to live in poverty. This coincides with the statement by the Department of Health Services and Welfare (1990:6) that children should never be removed from their parental care merely because the parents are not in the financial position to maintain them.

According to the social workers, difficult circumstances also contribute to a feeling of hopelessness among the clients, such that they have little ego strength and do not see how things can change. One social worker indicated that being unemployed is detrimental for a person's sense of selfworth:

You know, it is a big thing that, you know, especially for a man, to sit at home, not being able to provide for his family.

The frustration that results from this, could, according to her, also be taken out on the wife and children. She considered that it is asking for trouble to have a situation in a community where men are just sitting around without work. The social workers suggested that the government should take responsibility for job creation projects to ease the unemployment and poverty, and thus indirectly also build people's sense of selfworth.

Another disturbing aspect of the clients' circumstances is the tendency for cases to stretch over a number of generations. In one of the interview sessions this topic was discussed at some length. The social workers indicated that they have some cases where they are already dealing with the third and fourth generations. They indicated that it is very difficult to break that cycle, partly due to the circumstances of poverty and partly due to the fact that

the latter generations do not have a good parental example to follow. In addition one of the social workers also acknowledged that it is in any case difficult to change, because then they will no longer fit in with their family and friends.

The picture presented by the social workers about the circumstances of their clients is not a very bright one. It would appear from the above that clients are often demoralised due to their circumstances and that this makes it difficult for social workers to help them. This is, what Sternberg (1998:250-251) calls *learned helplessness*, that is, the clients have been conditioned by repeated failure to believe that they cannot break free from their circumstances.

3.6.3 Social worker caseloads

All the social workers agreed that their caseloads are too large and said that this was one of their main problems. One mentioned that the SACSSP has indicated that social workers should have a maximum of 15 statutory cases on their caseload, but that in her experience the reality is that they have a minimum of 15 and a maximum of up to 40 such cases. She indicated that she herself has had to deal with 30 this year.

The social workers experience that they have too many tasks to do at once. Statutory work requires a lot of inputs, including the children's court appearances and the reunification services. One social worker mentioned that clients with special needs, such as clients with hearing problems, require even more time, since they do not always immediately understand what the social worker is saying. In addition the social workers feel that they are burdened by the government demand that they should do community work. They indicated that while they can understand the reasoning behind promoting community work, they do not have time to do that in addition to their high statutory caseload.

The social workers also feel burdened by administrative tasks. They are frustrated by the statistics forms that they must constantly fill in. Especially since the government has a tendency to change those forms constantly. They are also frustrated by the long court reports that they must write. Even writing process notes has become burdensome. One mentioned that when representatives from the Department came for inspection they criticised her for not having all the process notes on file yet. She said:

And you don't have time, you don't have time to do the work and then you don't have time to put it on, you know, in writing on the files.

This also creates a problem for professional conduct. In fact, "failure to keep a record of acts performed" is considered to be unprofessional conduct (SACSSP, section 3(11) of Notice 54 of 1993). Social workers whose files are not up to date, or who have incomplete notes, cannot at a later stage account for their intervention plans. During disciplinary hearings they can therefore not defend themselves.

One social worker also indicated that she feels burdened by organisational meetings. She said those meetings have nothing to do with her work, but are organisational ones arranged by the board of management.

They indicated that due to their high caseloads they do not have time to provide their clients with proper and intensive services. In the words of one of the social workers:

There is so much more that you want to do, but there' s no time. You just handle the... You go through the process, you just do what' s expected from you, but you can' t really work in depth, trying to really make a difference.

The findings indicated that the social workers only have time for crisis management, that is, dealing with cases that seem to be a crisis at that moment. They do not have time for providing intensive services or for properly planning their services. In fact they don' t even have time for clients who do not present a crisis:

If there' s a family that doesn' t contact you, they don' t have a problem. You don' t see them, you don' t phone them, you don' t worry. You are just glad that someone' s quiet.

They agreed that this is detrimental to clients, since they do not receive the services that they need and are entitled to. This is also unprofessional, since this in effect is “negligent performance of [...] professional duties (SACSSP, section 3(1) of Notice 54 of 1993). One mentioned the example of reunification services, where social workers tend to remove children, place them and after that forget about them for two years, when they have to write an Article 16(2) report without having really provided any proper reunification services. They simply do not have the time for providing services:

[...] the foster care workers, their caseloads just go up and up and up. They don' t really put children back in the care of their parents, but they receive more and more cases of new children that were removed.

In addition to the above responses by the social workers that participated in the interview, it can also be noted that two of the social workers that were recruited but did not actually turn up said that they could not attend because they are too busy.

Lombard [sa], also highlights the high caseload of statutory social workers, when he writes: “The overwhelming caseloads associated with statutory work such as foster care investigations are debilitating to practitioners.” In response a *Guideline document for the remuneration, service conditions and human resources management in the social service professions*, has been created, which, according to the SACSSP ([sa]b), makes the following recommendations with regard to social worker caseloads:

- within each organisation or department, work study and job evaluation should be conducted, where possible to determine a reasonable workload per staff member;
- consultation should take place with staff and agreement should be reached regarding the workload.

For all the social workers it was clear that one very important part of dealing with the caseload problem is quite simply to appoint more social workers. They indicated that the organisations are not really able to do much about the caseloads, but that they are trying their best. They saw it as a government responsibility to provide the means for the organisations to be able to do this. But they felt that the government does not really grasp the true impact of the high caseloads, but rather continues to burden them with more work. One social worker said:

If the Department now should come with an, " I am not working developmental," then I' m going to throw all those cases in their face and tell them I can' t.

Some social workers mentioned the situation in England, where they have heard that social workers have approximately 10 cases for which they must provide intensive services. They voiced the wish that in South Africa caseloads would also be able to be reduced to more manageable levels, even if this would entail approximately 30 cases per social worker.

Some social workers mentioned other possibilities for managing the high caseloads. One urged social workers to begin working more creatively:

Ek dink ons moet regtig besluit, ons het soveel tyd, ons het soveel werk, hoe kan ons dit slimmer doen? En ek dink dit is dit, hulle moet iewers iets begin doen in maatskaplike beroepe. Want dit gaan nou al vir te klomp jare op dieselfde trant aan. Iewers moet iemand iets kreatiefs uitdink.

[I think we must really decide, we have so much time, we have so much work, how can we do this smarter? And I think this is this, they must begin somewhere to do something in social professions. Because it has now being going on in the same pattern for too many years. Somewhere someone must think out something creative.]

One social worker mentioned that at her organisation they have begun categorising the reunification caseloads. The first category is of cases where there is a good chance for reunification and where intensive services should thus be provided. The second category is where there is some possibility for reunification but where this is more doubtful and the focus is therefore more on stabilisation and maintaining contact between the parents and the children. The third category is where the parents are not really involved and where only minimal services are required. She indicated that these categories help her in planning her service delivery and in deciding which cases require more intense services.

Although this suggestion focuses on classifying reunification cases, it is similar to the suggestions by Wexler (2003:45-47) for filtering intakes and clearly classifying them according to whether they will require early intervention or potential statutory intervention.

Another social worker suggested that social workers should specialise:

Een wat van groepwerk hou doen net groepwerk. Een wat van kindertherapie en speltherapie hou en net dit doen. Wat van huweliksterapie en volwasseterapie doen net dit.

[One who likes group work only does group work. One who likes child therapy and play therapy and only does this. Who likes marriage therapy and adult therapy does only this.]

Based on what has already been said about community work being a burden for a statutory social worker, it would seem that other social workers agree with this. This correlates with the key conclusion of Landman (2004:100) that “ integration of statutory services and community development as two social service interventions is not feasible by the same social worker, but is possible by means of well established and sustained partnerships.”

One social worker, on the other hand, mentioned that she has positive experiences of being the only social worker working with a family and not having other workers providing some of the services to that family, such as the foster care services. She said that this enables her to work more goal directed. In other words, she recommends against specialisation with regard to services provided to a particular family. This suggestion correlates with the way in which the *Homebuilders* program is run, where each case is managed by one social worker, who functions with the support of a back-up team (Kinney *et al.*, 1990:35-37).

From the above discussion it becomes apparent that South African social workers are overburdened. Their caseloads are too high and in addition they are burdened by various other tasks. This overburdening means that clients do not receive optimal services. The social workers indicated that the government should urgently look at providing more funds so that organisations can appoint more workers. In addition they made various suggestions for managing caseloads, such as categorising cases and specialisation.

3.6.4 Funding and resources

Another major problem that the social workers mentioned, in addition to the high caseloads, and the demoralised clients, is the general lack of funding and resources. As one social worker put it:

[...] there' s not money in the whole welfare system.

One social worker indicated that even organisations like Lotto are not able to help everybody, since there is only a particular amount of money that is available.

The shortage of money makes it really difficult for social workers to provide clients with services. When clients need therapy this is a problem because referring the client to a therapist costs money – money that neither the organisation nor the client can afford to pay. The social worker herself, however, does not have time due to her caseload. This problem has been addressed in some organisations by creating a therapy unit, which makes therapy somewhat more accessible. One social worker mentioned that helping clients with special needs requires more specialist services, for which it is incredibly difficult to obtain funding. The social workers also mentioned that there are plenty of programs that they would like to run, but there simply is no money to do so. One social worker asked the question:

And how do, how do you explain to a client that, you know, you can' t offer this service beause you just don' t have the funds for it?

In addition to a general funding problem, the social workers also mentioned a lack of resources. One social worker mentioned that her organisation has only one car, which

must be used in turns by two social workers. She indicated that this is a serious problem if there is a crisis to attend to. Two of the social workers that did not turn up for the interviews also mentioned that they did not have a car that they could use to come. Another social worker mentioned that she would love to have a better venue in which to run groups, but there is no money for creating such infrastructure.

The Department of Social Development acknowledges the above funding and resource shortages in its Strategic Plan (2003/4-2004/5:20) and points out that 90 percent of the welfare budget is spent on grants, leaving a mere 10 percent for funding service delivery. The Department of Social Development points to its limited capacity and indicates that it struggles to do more to help the Non-government sector (Strategic Plan, 2003/4-2004/5:21).

One resource that was mentioned a number of times is the shortage of alternative placements. The social workers said that there simply are nowhere near enough places for the children and those places that do exist are crowded. They mentioned that it is also incredibly difficult to recruit more foster parents to take care of the children. One social worker mentioned that this problem often results in children being placed far away from home, which causes problems in terms of maintaining contact with the family. To add to the burden, one social worker mentioned that the HIV/AIDS crisis is resulting in more and more children needing to be placed. The shortage of alternative placements is not unique to South Africa, but also exists in the USA (compare Shireman [sa]b). In response to this problem two programs have been developed in the USA, namely *Family-to-Family* and *Community Partnership* (Wexler, 2002:23-25; 2003:49-50). Both are related to forming partnerships with the community as will be discussed under 3.6.7.

The social workers indicated that their organisations are largely powerless to do something about the lack of funding and resources. They saw them as trying, but also struggling with this problem. One social worker mentioned that the private sector does not seem to be particularly eager to help. All of the social workers looked to the government for a solution. They were, however, not optimistic about actually receiving help from the government and about receiving it on time. One social worker said:

The Department that never gives!

Another social worker indicated that the money might come, but it certainly takes rather too long:

[...] you' ve got to apply for every sent too, you' ve got to justify everything, you know. Eh. That' s good, I mean, it prevents corruption. But it also, you know, if you are sitting today with a family that' s got nothing on the table, um, then it' s not going to help the government promising you five months down the line they are going to do something like a food parcel project. Um. The money is coming; we' re just here looking to wait until the minister to give his signature on a piece of paper. I mean.

Lombard (2003:27) reports on the findings of a study on the impact of social services that respondents likewise indicated that the government does not sufficiently fund NGOs. As

has been indicated earlier, the Department of Social Development experiences limitations in its ability to help NGOs. Lombard (2003:33) indicates that the government should, nonetheless provide an enabling environment for NGOs by, among other things providing “a legislative framework for funding and service delivery.”

Other than hoping for help from the government, the social workers made two suggestions about improving the sharing of resources among social workers from various organisations. One suggested that a central resource list should be compiled. She suggested that maybe the SACSSP can keep that list and that social workers can call there if they are looking for a particular resource. Another social worker suggested that forums could also be used for sharing resources. She suggested that forum members could maybe assist each other. These suggestions coincide with the need for creating partnerships among NGOs so as to maximise the use of available resources and to avoid unnecessary duplication (compare Stewart, 1996:2).

It thus appears that social workers not only struggle with high caseloads, but also with a lack of funding and resources. These two are related in the sense that funding is required in order for more social workers to be able to be appointed. The social workers considered the government responsible for finding and providing the necessary funding, but were not optimistic that the government would do that. They also suggested that social workers and organisations should somehow pool the available resources and share them.

3.6.5 Social worker training

Various social workers mentioned that they would like to increase their knowledge, in order to improve their services. One indicated that she experiences that her training at University is not sufficient and that she especially struggled in the beginning to find her feet in the organisation where she is working:

I mean, you sit here at University and they teach you all these wonderful theories. Um. And you get into the field and it' s nothing like what they tell you in the textbooks.

The social workers indicated that due to the fact that the senior social workers are also overloaded, it is also difficult to find time for supervision. They indicated that in the end this situation is not beneficial for either social workers or clients. A social worker indicated that she would appreciate it if the government would train social workers in what exactly they mean with the developmental approach. On the other hand, another social worker indicated that the high caseload also means that there is little or no time to attend any additional courses. Besides, such courses cost money, which is also not really available.

The social workers made a number of suggestions. As has been mentioned they suggested that additional courses should be presented regarding the developmental approach. Some social workers noted that various courses are already available, but that one is not always aware of them. One suggested that a central register of courses should be compiled so that social workers can know what courses are available. In order to deal

with the issue of new workers finding their feet, one social worker suggested that each organisation should provide its employees with in-service training.

The need for reviewing the training of social work students and the retraining of social workers was also highlighted by Lombard (2003:33). These findings highlight the need for the continuing professional development (henceforth CPD) initiative that the SACSSP ([sa]c) is currently pilot testing and hopes to implement in 2005.

To summarise it can be said that the social workers experience a need for additional training, but struggle to find the time and means to obtain such training. They suggested that organisations should provide their employees with in-service training and that a central register of available courses should be compiled.

3.6.6 Social worker morale

All the above-mentioned problems – the demoralised clients, the overloading with cases and other tasks, the lack of funding and resources, and the social workers feeling of inability due to insufficient training – frustrated and disheartened the social workers. They indicated a few times that they seem to have few success stories. The words of one social worker were:

Maar wat my frustreer is, ek sien nie sukses nie, wat sinvol is nie. Ek, jy weet, dit is vir my belangrik, ek moet iewers heen beweeg.

[But what frustrates me is that I don' t see success stories, ones that are meaningful. You know, it is important to me that I must be getting somewhere.]

Another one indicated her frustration as follows:

En dit voel partykeer asof jy, eh, I don' t know, like you are trying to, to plug a hole with, a bucket with like 50 holes and you' ve got like one plug and, you know, you are just kind of going round and round in circles and the bucket is getting more and more empty.

At the same time the social workers are also afraid of being accused at the SACSSP for misconduct and that they are frustrated by being criticised by the Department. One social worker added that it is certainly not easy to be asked to change over to a developmental approach. As a result, the social workers experience burnout. One mentioned that she suffers from bad dreams.

The social workers mentioned that the fact that salaries are low adds to their burden. Lombard [sa] estimates that salaries in the non-government sector start from as low as R3 433 per month before any deductions, while in the public sector they start at R 7 046 per month. He reasons that “ even at the present level of remuneration in the public sector, the fourth year of tertiary education and training is not taken into account!” (Lombard, [sa]).

The social workers mentioned that some of their colleagues have left to go to England. They said that they were jealous of those colleagues' current working conditions there. Some social workers indicated that they intended to leave the social work profession, or at

least the statutory social work setting within the next ten years and move on to other settings, such as residential care settings or training institutions.

Lombard [sa] indicates that between 1996 and 2003 “ some 250 workers left for overseas.” In addition many social workers move from the non-government sector to the public sector in order to benefit from the higher salaries mentioned earlier (Lombard, [sa]).

In spite of all these negative feelings about social work, one social worker still clung to the idea that there was hope:

There' s just so much potential. There' s so much potential for change and growth and... Ok, maybe it' s because I' m still just young and eh, I cannot think that this is it, what happens. You knowja, there' s so many possibilities, strategies that we are overseeing.

Various suggestions were made about what should be done to improve the social workers' morale. One social worker suggested that social workers should be more assertive and should learn to say “ no,” but immediately added that this is difficult for social workers. Another social worker suggested that forming partnerships with others is very important and helps to keep one motivated. It was also mentioned that it would be beneficial if organisations could spend some money on incentives and motivational activities. A social worker added that she thinks the government should empower social workers by giving them some basic support, instead of criticism. In this context the practice of *ubuntu*, rather than the mere talk of *ubuntu*, may also help. *Ubuntu*, after all implies treating other people with respect, and social workers would appreciate such respect from the government (compare Mbigi, 2000:7). Another, *ubuntu*-related suggestion also links in here, namely the creating of “ rituals and ceremonies to celebrate achievements and to share misfortune” (Mbigi & Maree, 1995:121). Such rituals and ceremonies could serve as a way of motivating social workers.

In summary, due to the difficult working conditions that have been discussed under the previous sections, social workers are becoming demoralised. Some leave to go to England and other plan to leave, at least, the statutory social work setting. The social workers indicated that both mutual support and government support is important to counteract the demoralisation of social workers.

3.6.7 Forming partnerships

As indicated in the previous section, one social worker mentioned that forming partnerships helps to make social work practice more bearable. The social workers discussed partnerships at various levels and with various role-players.

One big concern for the social workers was to form partnerships with the community. One of the social workers mentioned that the *Isolabantwana* program is quite successful. According to her, this program entails training community members to be able to identify at-risk children and to report them to the social workers (compare Doran, 1999). The social workers indicated that, in addition to help in identifying at-risk children, they also actually

need the community's help with foster care. According to Doran (1999:397) the intention of the *Isolabantwana* program was also to recruit community-based caregivers, however, according to the respondents it is very difficult to recruit people willing and able to help with this. In the words of one social worker:

And many of them aren't really, they aren't able, they don't have the resources, or the money, or the skills, or they've got problems of their own.

In the USA the *Family-to-Family* and *Community Partnership* programs were also created with the same focus, namely to involve the community in the identification and care of at-risk children (Wexler, 2002:23-25; 2003:49-50). The *Community Participation* program was particularly focused on poor communities (Wexler, 2002:24). This program provided concrete help to the community so that the worst poverty was relieved, after which the community members were able to help each other (Wexler, 2003:50-51). If this poverty relief aspect of the *Community Participation* program could be incorporated into the *Isolabantwana* program, the success of that program may increase.

Another concern regarding the community is related to the involvement of employers in the helping of the client. One social worker told that with one of her clients she was able to empower that client such that she applied for work and got a job, only to lose it again after a few months due to retrenchments. She indicated that this was disempowering for her client. Other social workers indicated that it is often difficult for clients to receive time off from work in order to attend appointments. One social worker said:

[...] you are my worker, to bring in money. En dan kan hy nie verstaan maar hoekom moet jy dan gaan vir 'n onderhoud daar buite om.

[And then he can't understand why you must go for an interview in addition to that]

As indicated by the above, community members are often not particularly helpful. The social workers linked this with ignorance. They suggested that more marketing should be done to make the communities aware of what social workers really do and what they strive to achieve. They saw this to be the task of the organisation to some extent, but also the task of the social worker.

The social workers indicated that not only is the broader community often ignorant about what social workers do, other professionals are also often not aware of this. One related how a school psychologist recently discovered for the first time that she was also able to contact the welfare organisation for services. Another added that she often struggles to get the cooperation from teachers in informing her regarding the situation of at-risk children. Ignorance is also not the only problem. It also happens that the different professions

[...] are kind of guarding. Instead of saying, ok, this is the problem and let's see how we can all work together. You know, I'm doing this and you are doing that and you are not allowed to step on my toes.

According to the social workers, clients could receive better services if the different professions and organisations would co-operate with each other. The schools could, for

example, keep an eye on the children and in this way more could be achieved on a preventative level. Such linking could also prevent duplication of services and enable referring of clients to each other.

The need for co-operation with community members, other professionals and organisations was also emphasised by Kendig and Lowry (1998:6), in their recognition that in service delivery there is “no place for turf wars.”

The contact between social workers among themselves could also improve. One social worker indicated that it is great to have someone else who is striving for the same goal as you and to then be able to work together and to support each other. As has been mentioned earlier, the social workers considered partnerships a possible solution for the resource shortage. The social workers mentioned that it is important for social workers to share information with each other. Success stories should be told in detail, telling the process that was followed to achieve that success. Research results should also be made generally available. Likewise, they suggested that social workers should share information regarding useful programs with each other, since this can save a lot of time by avoiding duplication. One social worker suggested also looking at international solutions in order to see how they can be applied in South Africa. This coincides with Wexler's (2002:20; 2003:63) recommendation of taking “best practices” tours to see what really works in child welfare.

Co-operation between the management levels of organisations and the social workers is also important, although different from that between social workers among themselves. The social workers indicated that they expect leadership from the management. Management should support the social workers to fulfil their tasks, and should take leadership in terms of the marketing of the organisation. In order to do this they should also be aware of what exactly the social workers do. One social worker mentioned that the board of directors, which comprises of community members, do not always know what is going on and therefore make uninformed decisions. Management also has the important task of negotiating with the government. The social workers indicated that the organisations' management tries its best in this regard, although not always with much success.

The current difficulty in the partnership with the government was certainly one of the most discussed themes. This theme has already been mentioned previously with regard to funding and resources. The social workers experienced the government as being out of touch with reality. They felt that the government officials are unfair in their criticisms of what social workers are doing/not doing. They felt that rather than pointing the accusing finger to the welfare organisations, the government should take mutual responsibility for sorting out the problems. Some of the social workers suggested that government officials should physically join them for a few days to see what they do and the working conditions in which they work. Thus, in spite of the government's earlier indications that partnerships between them and the NGO sector are important (White Paper for Social Welfare,

1997:27), social workers do not experience that such partnerships are functioning as they ought, as also confirmed by Lombard's (2003:2224) findings. Mashego and Lombard (2002:220) likewise indicated that one of the critical issues regarding the implementation of *Project-Go* (an initiative launched by the government in an effort to reform statutory social work services) was a lack of adequate consultation with stakeholders.

One other problem area with regard to partnerships that the social workers identified was the function of the courts. They experienced the courts as not applying the laws strictly enough. Two particular laws that caused problems for them were regarding the enforcement of maintenance and the prosecution of child molestation. In both cases they experienced that offenders get off too easily and too lightly, with cases often not even being prosecuted at all, and that as a result children and women are not really protected or empowered. One cited the example of a court refusing to prosecute in a case of abuse because the victim was deaf and, in the court's opinion, would therefore experience difficulty in witnessing in the court. They indicated that it is important for them to work together with the law-enforcers, but that these types of problems make this very difficult for them. These comments by the social workers indicate that they do look for alternatives to "punishing" the child by removing him/her. The courts should provide the alternative of punishing the offending parent.

In short, the social workers realised that partnerships with the community, other professions and organisations, the government and the courts is important and beneficial for the clients. They, however, indicated that many improvements could be made in this regard.

3.6.8 Intervention programs

There was general agreement that more intervention programs should be run. Parental guidance programs were mentioned, as well as life skills programs. The social workers indicated that such programs should be provided not only to families who are already involved in a statutory process, but also as preventative measure for at-risk families. One social worker suggested that at-risk families should be identified and involved in preventative programs. On the other hand, the social workers expressed their concern about the general poor attendance of clients when they do run programs.

They also considered therapy of utmost importance, both as part of family reunification and early intervention services. Some of the social workers reasoned that it would be far better to support families to take care of their own children, rather than removing the children. Another social worker responded that they are right, but it often seems easier to work with the children than to work with the entire family and to bring the parents so far that they can take care of the children. The social workers thus emphasised the need for family preservation services (compare NCCPR, 2003c).

One social worker suggested that social workers should create individual intervention programs for each family, with specific goals for all the family members. Such a program should be formulated together with the family – they must be part of the program. Likewise

the social workers emphasised that any program that is developed should match the needs of the community for which it is developed. One of the social workers proposed that parental guidance programs should be developed that are tailored more for the specific needs of the statutory clients. Another emphasised the needs of clients with disabilities. The social workers indicated that the clients maybe do not attend the programs that are run because those programs are not what they want. One social worker suggested that it would be a good idea to run job creation programs. She indicated that such programs would be able to deal with the poverty issues of the clients and simultaneously also deal with self-esteem issues, since being able to generate an income would also be beneficial for the client's sense of self-worth. The social workers thus have recognised one of Waldfogel's (2000:46) criticisms against statutory service delivery, namely that service orientation tends to utilise a one-size-fits-all approach. They suggest that instead programs should be tailored to the clients' needs.

From the above-mentioned suggestions regarding programs, two things become clear, namely that the social workers consider it important to utilise programs not only for remedial purposes, but also for prevention/early intervention purposes and that programs should be tailored for the client group's specific needs.

3.6.9 Conclusion: Social workers' perceptions

The general picture sketched by the social workers is that they want to develop and provide developmental services but that their working conditions make this close to impossible. They want to help the clients to change, but the clients are stuck in a situation where they feel helpless and therefore require intensive help to break out of that situation. They want to present client-tailored programs and provide intensive therapy, but do not have the time, money or resources to do so. They want to prevent statutory cases, but due to their caseload only have time to handle crises. In addition they experience that they do not always have access to further training. All of this frustrates them and demoralises them.

The main solution suggested for dealing with this situation is to form partnerships. The social workers looked to the government to help in solving the problems. They wanted the government to become aware of the true circumstances at ground level and to begin taking mutual responsibility for improving those circumstances. But not only did they want improved the partnership with the government, they also indicated that partnerships among service providers should improve. Those few available resources should be better-utilised and shared among service providers, that is, organisations, social workers and other professionals. And with resources they not only thought of material resources, but also of knowledge. Another important group with which the social workers wanted to form partnerships is with the community itself. They felt that such partnerships would enable earlier identification of at-risk families and would also enable identification of community resources to aid service delivery.

3.7 Empirical findings: Clients' perspectives

Just as the social workers discussed their problems, so the clients discussed theirs. The themes identified are therefore quite different, although the information does overlap to some extent. The social workers emphasised their lack of time, money and resources. The clients focused more on their own circumstances and the type of services that they would like to receive. The following themes were identified:

- Client circumstances;
- General expectations of social workers;
- Early intervention;
- The statutory investigation;
- Costs of statutory intervention;
- Reunification process; and
- Social worker constraints.

The empirical findings obtained in the interviews with the clients will be discussed using these themes as headings.

3.7.1 *Client circumstances*

The clients indicated that they really try and that they want to be the best for their children:

I want to be there for her.

They maintained that it was circumstances that resulted in their problems:

My omstandighede het my dinge laat doen wat ek nie rêrig...

[My circumstances made me do things that I didn' t really...]

The types of circumstances that the clients were referring to were circumstances of (partial) poverty due to unemployment or low-paying employment. They indicated that they do not always have the means to give the very best for their children, but they certainly try. Unpaid maintenance money also caused problems for one of the clients, and she blamed her ex-husband for her problems. One of the clients was actually glad that her children had been removed because now they would receive an opportunity to obtain an education and they might also receive help in eventually obtaining work. One specific problem that they experience is with regard to housing. One of them related how she and her family were set out of their home and how her children as a result ended up being placed in alternative care. Another mentioned that some HIV/AIDS patients do not have any place to go and nobody to care for them. Another problem is transport. They do not have their own cars and therefore struggle to get around, especially now that they must visit their children.

The NCCPR (2003c) supports the clients' statement that they mean well, but that their circumstances disadvantaged them. This coalition points out that abuse and neglect are more likely to occur in poor families, because those families experience more stress and because maintaining a child in poverty-stricken circumstances is often defined as neglect.

The clients indicated that the government must urgently do something about poverty. They suggested that the government should make a plan to create more low-cost housing and if people have a spare room they should make it available to other people. The government could, according to them, also use spare resources better for the South African poor. They cited the example of the government donating maize to Zimbabwe, and suggested that the maize could have fed South Africa's poor people. The government realises that it needs to combat poverty, as indicated by the fact that the second point of the Ten Point Plan of the Department of Social Development is to create an integrated poverty eradication strategy (Strategic Plan, 2003/4-2004/5:16).

In addition to poverty clients also experienced various personal problems. One struggled with single parenthood and the emotional crisis of losing a spouse in an accident. Family fighting, including post-divorce and extended family issues, can also cause problems, especially when the children are used as bait. Alcohol can become an escape and this then causes further problems in the relationship with the children. Wexler's (2002:25; 2003:48-49) recommendation that substance abuse treatment should be made available is thus also relevant in South Africa. One of the clients admitted that changing is also certainly not easy for them, since they are used to their lifestyle. She indicated that social workers should provide long-term support if changes are to be lasting. This last comment relates to the statement of Arthur and Baker (2004) that families should be linked to "ongoing supports and services" in order to help them remain intact.

Although the clients indicated they try to do the best for their children, one of the clients pointed out that some parents are bad parents who dump their children. Related to this, two of the clients indicated that they oppose the giving of childcare grants to the poor because, according to them, many parents abuse those grants for their own gain. One of them suggested totally getting rid of grants, while the other suggested that grants should be more closely monitored to ensure that the money is used for the child's benefit. Although Lombard (2003:6,31) does not mention the same criticism against grants, she does indicate that grants alone will not alleviate poverty, but will rather contribute to dependency and that a more developmental approach is required. A shift is required from allowing clients to be consumers of resources to making them generators of resources through development and entrepreneurship (compare Midgley, 1996a:3).

In summary, the clients indicated that they want the best for their children. They, however, are hindered in providing this due to their socio-economic circumstances as well as due to personal problems. They indicated that the government should do something about the first, while social workers should walk a path with them with regard to the latter.

3.7.2 General expectations of social workers

All of the clients indicated that they really have not much to complain about. Many of the aspects that are mentioned under this heading are ones that they said social workers are doing that they experience positively.

The clients saw the social worker's task as being to look after the welfare and safety of children. They saw this as including helping parents to look after their own children. It is important to work together with parents and to not make them enemies, but to consider them allies in seeking the best for children. This implies that social workers should communicate with parents and involve them in decisions regarding their children:

En die volgende ding wat ek hoor toe' s hulle in Tutela. Ek meen, hallo, hoekom? Hulle was nie eers by my nie, whoops daar gaan hulle Tutela toe! Wie gee hulle die reg? Niemand het eers na my toegekom en gesê, hoor hierso, hulle is in Tutela, nie. Ek het die per óngeluk uitgevind. Anders het ek nooit geweet eers my kinders is daar nie. [...] Ja, hulle kan nie net stil bly nie!

[And the next thing I heard, they were in Tutela. I mean, hello, why? They weren' t even with me, whoops, there they go to Tutela! Who gives them the right? Nobody even came to me and said, listen here, they are in Tutela. I found out by áccident. Otherwise I would never even have known my children were there. [...] Yes, they can' t just remain quiet!]

Likewise they should inform children regarding what is happening with them. Social workers should also not change the rules (such as visitation arrangements) at their own will, but should involve the parents and decide together what the rules should be. In order to help the parents give the best for their children, social workers should develop the parents' insight into the needs of their children by giving them information and guidance. They should also inform clients of what services are available for them, such as whether financial aid can be provided.

In relation to the above, Turnbull *et al.* (2000:632) state that " control of communication, resources, decision making, or other people" should not be the issue for social workers, but they should rather work together with their clients.

The client also indicated that social workers should be available to help with all sorts of problems and should support clients in any way that they can. They should make time for all their clients. The clients saw home visits as an important part of service delivery, since this enables social workers to be in touch with what is happening in the families. The usefulness of home visiting was also recognised by the creators of the *Homebuilders* program, which is an IFPS program that is used in the USA (Institute for Family Development, [sa]).

The clients emphasised the general respectful attitude that social workers should have towards them. They wanted social workers to consider their feelings and to treat them in a humane manner. An important part of this was that social workers should return telephone calls. One of the clients praised her social worker for returning phone calls, while another client complained about the fact that her social worker tends to not do so:

You have to phone them ten times a day, leave ten messages telling them hów important it is, but they' re not phoning back unless you phone back. [...] I just feel that if you leave an urgent message that they must come back to you.

Likewise they emphasised that social workers should keep their word. If they say that they will do something they should also do it and at the time that they said they would. The clients' emphasis on being treated with respect relates to the concept *ubuntu*, where service quality is not only determined by the services, but also by the spirit in which those services are provided (compare Mbigi, 1997:6).

In short, the clients indicated that they want to be treated with respect. They want to be involved in the care of their children and in any decisions related to that care. They want to be empowered to take care of their own children.

3.7.3 Early intervention

The clients emphasised that they think children should if at all possible remain with their parents. The clients acknowledged that in some instances it is best to remove a child, such as cases where there is severe abuse. The clients, however, cautioned that wherever possible social workers should first attempt to help the family to change without removing the child. They indicated that their children had been removed too quickly. They admitted that they do not always do what is best for their children, but suggested that with the right support they would be able to take care of them. One client compared the removal of a child with the removal of someone with Post Traumatic Stress to a place like Weskoppies. The question asked was: why remove if the situation can be dealt with at home? The clients suggested that the changes that they had made in their lives in order to work towards reunification could also have been made without removing the child. The clients questioned whether the children really benefit, since removal is traumatic for children. These findings provide support for the need to provide early intervention services, such as IFPS (compare Wexler, 2002:23; 2003:47).

One client suggested that when social workers receive a new intake they should meet with that family to discuss the situation and to decide together what to do. In the USA this suggestion is being implemented in the form of team-decision making meetings, at which in addition to the immediate family, also include any other community member who may be able to help in solving the problem situation (Wexler, 2003:49).

Another client added that social workers should make spot checks. They should tell the client what is expected of them in terms of changes and should regularly check up on them to see whether they are in fact making such changes. They should also warn clients that if such change is not forthcoming their child will need to be removed.

One of the clients considered poverty-related neglect as a reason for removal, but others disagreed and indicated that the poverty should be dealt with rather than removing the child. Wexler (2002:22-23; 2003:47-49) agrees with the latter clients and recommends that "hard services," such as assistance with housing, jobs, and day care, should be made readily available to ameliorate the worst effects of poverty and avoid the confusion of poverty with neglect. One client also suggested that in terms of prevention it would be a good idea if the government could run a program to reduce the number of children being

born. The government has formulated policies for this purpose, including the Population Policy for South Africa of the Department of Welfare (1998c). The programs based on these policies include sexual education and improving access to contraceptives (Population Policy for South Africa, 1998c:38-39).

From the findings it seems that the clients' experienced that their children were removed too quickly and that they would have benefited from early intervention services. The clients indicated that with the right support they could have changed while their children remained with them. Only in severe instances should children be removed immediately.

3.7.4 The statutory investigation

As indicated above, the clients agreed that the removal of their children had happened too quickly. They blamed this intervention on a lack of a thorough investigation prior to the removal. One of them questioned the methods used to investigate:

[...] Rather than investigate they took her away immediately – to investigate. How can they investigate if she's not with me? Rather they come and visit us and see what's going on.

The clients claimed that social workers go on hearsay. They said that the child or someone else tells the social worker a story and the social worker immediately believes it and holds it against the parents. The clients experienced that the social workers did not really listen to their side of the story. Nor did the social workers, according to them, involve other important people, such as stepparents, neighbours, ministers and schools in the investigation. The clients suggested that before anything else is done, the social workers should gather everyone around a table to discuss the situation and to decide together what to do about it. The clients emphasised that social workers should conduct thorough investigations – they should be like detectives.

The clients also complained that the court case hearing was too short. One indicated that she could not believe how quickly the children's court commissioner wrapped up the case. They indicated that during the hearing evidence should be presented and they, as parents, should be interviewed. They were frustrated that in instances where they were innocent on some of the charges, such innocence was never acknowledged. These recommendations coincide with a similar recommendation by Wexler (2003:53), namely that any proof presented at children's courts should at least be "clear and convincing."

Two other problems that were mentioned were, firstly, that in some instances social workers do not take intakes seriously, especially if family members report the case to them. The client who mentioned this was concerned that this could be harmful to the child. This is an illustration of one of the problems with statutory service delivery that Waldfoegel (2000:45) mentions, namely underinclusion, where some families that should receive services do not receive those services due to the fact that social workers are too busy to give them attention.

Secondly, a client expressed concern about the lack of a thorough investigation prior to approving people as alternative weekend placements for children. An example was cited in which the involved person was approved based on a report from a pastor who did not even know that person properly. In addition that person only introduced her boyfriend to the children's home after the child had already visited her for a weekend. Both of these problems further underline the need for thorough investigations to ensure the safety of children.

To summarise, the clients expressed their concern about inadequate investigations before the removal of children from their parents. They indicated that they expect social workers to be detectives and to uncover evidence by interviewing a wide range of involved people. Such investigation should not be delayed, but if social workers receive an intake they should react immediately. The same counts for investigations for approving people as alternative weekend placements.

3.7.5 Costs of statutory intervention

The clients were adamant that social workers should consider the costs of statutory intervention before removing children. Statutory intervention may seem like a good solution, but they must remember the negative effects on the child and the parents as well. The clients experienced the statutory intervention as a punishment:

[...] toe die Hof beveel het dat ek nou vir twee jaar moet pak slae kry [...]

[when the Court ordered that I would receive a thrashing for two years]

They experienced the statutory intervention as painful. One of them suggested that some parents might actually turn out worse as a result; since they feel helpless to do something about the situation and then turn around and say, "Well, take my child then if you want to." The children also suffer and long to return home. The clients indicated that children who are removed are confused and don't know where they belong:

Why put her through the emotional breakdown? They must think before they do something. It may be so, it may sound like a good solution, but at the end the child is the one who has to work through it.

And to, ok, where do I actually belong? My mummy doesn't want me, my father doesn't want me, nobody wants me.

Plumer (1992:25) confirms this when she indicates: "Enforced separation from his family is the most devastating thing that can happen to a child." To add to the confusion many children are moved from one placement to the next. The clients emphasised that this is detrimental to children. They said that children might eventually not even remember their parents and are left in a very confused state. In relation to this Kenrick (2000:395) adds that children who are moved from one placement to the next are exposed to repeated traumas, which often ensures the failure of the next placement. According to one of the clients some children may even commit suicide as a result of feeling unwanted.

The clients indicated that children, who have been placed in alternative placement, especially if that placement is an institution, are also stigmatised by society and especially by their peers (compare Browne and Lynch, 1999:354). Their peers tease them. As a result of the stigma and the emotional turmoil they struggle with their schoolwork (compare Barber *et al.*, 2001:785).

One parent mentioned that she has noticed that the child also matures very quickly, and actually is no longer a child, due to what has happened to her. Another client related how her child has already run away from the children's home, without the children's home staff even realising it. She is concerned about her child's safety.

The clients emphasised that maintaining contact between the parents and the child is vital. Through such contact the parents can prove that they have not forgotten or rejected the child. There were, however, various problems that they experienced with regard to maintaining contact. Two of the clients related that the children's homes have various rules about how regularly they may contact their children. They indicated that they may only phone their children once or twice a week. They do not like this:

I' ve been phoning them every day. If I can' t phone them, I' m in tears, I' m crying because I can' t talk to her. [...]

And:

Ja, and they must get a general rule of you can phone at any time. [...] It stays our children, and we love them. If you don' t phone them she thinks that you' ve forgotten about her.

Other clients related that it costs them a lot of money to maintain contact, due to the cost of telephone calls and transport to fetch their children for weekends. One of them suggested that since the welfare organisation removed the child, they should also ensure that the child comes home to visit. On the other hand, one of the clients indicated that regular contact with parents could also confuse children, since this hinders them in forming a bond with their alternative carer.

The clients' emphasis on maintaining contact between the parents and children is also found in literature. The Department of Welfare (1998a:22) indicates that social workers should encourage and arrange visits of the parent to the child, as well as of the child to the parent, in addition to other regular forms of contact, such as telephone calls and letters. Wexler (2003:53-54) even goes so far as to suggest that in the period immediately following the removal of a child such contact should be daily, to help ease the trauma of the removal.

During one of the sessions, the clients discussed that the government could save a lot of money if children were not so easily removed. They would then be able to save on the costs of running children's homes and could use that money to feed and clothe poor children and to provide social workers with resources so that they can improve their services. Wexler (2002:33; 2003:61-63) agrees with this and indicates that, while

introducing early intervention programs may initially cost money, such programs are much cheaper to run than statutory intervention.

From the above, it should become clear that statutory intervention is not something that can be done lightly. The clients indicated that statutory intervention is emotionally traumatic for both the parents and the children, and may actually cause more damage. They suggested that the money used for maintaining children in alternative care could be better spent on services to keep them in their parents' care. Where statutory intervention does take place, the clients, generally speaking, considered it of utmost importance that the contact between the children and the parents be maintained.

3.7.6 Reunification process

The clients indicated that reunification is quite an extensive process. It was for them very important that the child must visit the parents in order to sort out the issues that caused the removal. Some of the clients were concerned about their children visiting other people, since they saw that as a distraction:

Hoekom moet die kind familie toegaan? Dit gaan nie die probleme oplos nie. Die kind moet terug gaan na die probleem toe. Want die kind het gesê hy' s die probleem. So die kind moet terug gaan na die probleem toe en die probleem moet die probleem uitsorteer.

[Why should the child go to the family? That will not solve the problems. The child must return to the problem. Because the child said that he is the problem. So the child must return to the problem and the problem must sort out the problem.]

The clients indicated that they want parental guidance to help them understand how to deal with their children. This is in contrast with what some of the social worker' s said, namely that they experience that clients are often not interested in parental guidance programs. The clients also appreciated therapy, whether given by a psychologist or social worker. This helped them to understand their child better. One of the clients indicated that some social workers only visit their clients a few times. She said she could not understand how they can solve problems so quickly:

[...] Want in die tydperk wat jou kind van jou weg is kom hy/sy twee, dri e keer na hom toe. Ek, ek kan nie verstaan hoe kan jy probleme so vinnig oplos nie. Want hoekom is jou kind dan twee jaar weggevat as die vrou, die welsyn drie keer by hom was en dan is die probleme weg. [...]

[Because in the time that your child is away he/she comes two, three times to visit him. I, I don' t understand how you can solve problems so quickly. Because why is your child then taken away for two years if that woman, the welfare visits him three times and then the problems are gone.]

Another question that the clients asked is why, if they have met the requirements that have been stipulated to them, is the child not returned to them? One indicated that she was told to get another job, because her job took her away from home for too many hours. She said she has now been working for her new boss for a few months, but the child has not yet been returned to her. Another client questioned the manner in which decisions regarding

reunification are made. She indicated that her social worker's manager must make that decision, while she does not really know what is going on. She reasoned that the social worker should decide whether or not the child could be reunited.

The clients insistence that children should be returned home as soon as possible, is supported by the Department of Health Services and Welfare (1990:5) when it advises that children should be returned to their parents as soon as the danger of *serious harm* to the child no longer exists, even if a more well-off home can be found for the child.

The clients also realised that reunification itself is not easy. The child becomes used to different rules at the alternative placement and will need to readjust at home. This was for them another reason for emphasising that removal should not be done so easily.

From the above it becomes clear that the clients expect intensive services from social workers to help in working towards reunification. They also expect that children should be returned as soon as possible. They realise that reunification is not easy, since the child and the family need to readjust.

3.7.7 Social worker constraints

The clients realised that welfare is a big problem in South Africa. Some of the clients complained about the high turnover of social workers, and expressed their wish that their current social worker would not also disappear. One indicated that in the three years that she receives services she has had three social workers. The clients noted that social workers face enormous caseloads and that they have difficult cases to handle. One told that the social worker once arrived for an appointment when she was still frustrated about the previous appointment and that she mentioned that it had been a difficult case. The clients expressed their concern that social workers also have families to go home to and that they might not be able to do justice to their families due to their heavy workload. The social workers could thus do with more staff. They could also do with more cars. One told that her social worker often must travel by taxi or bus. Some of them suggested that social workers should receive a better salary (or a promotion). One mentioned that the social worker had once explained her salary scale, and questioned how social workers can survive on such a salary. The clients also expressed concern about the fact that not all of the children's homes are particularly good, having heard of some, where there are drug problems. They said this made the work of statutory social workers more difficult if they wanted to find a good placement for the children. The clients thus mentioned more-or-less the same issues that the social workers identified (compare 6.2 and 6.3).

The clients indicated that the government should help with funding and resources. Some of them suggested that the private sector should also contribute, since the government cannot carry the burden on its own. They also suggested, as has been mentioned previously, that the funding could be better spent on improving services to keep children with their parents than on maintaining them in alternative placement. One of the clients talked about the

general safety problems in South Africa and indicated that the government should do something to improve security in safety.

In light of the above-mentioned constraints that social workers, according to them, face, the clients were positively surprised by the standard of services that they receive:

Dat hulle nog so gemotiveerd is om te werk, dis, dis ' n wonder. Ja, dit is seker die liefde vir die saak.

[That they are still so motivated to work, that is, that is a miracle. Yes, that is certainly the love for the matter.]

Although they mentioned various issues that they would like to see improved, they felt that their current social workers do their best, given the circumstances under which they work.

The clients thus also realised that social workers face various constraints – heavy caseloads and lack of funding and resources. They were full of praise for those social workers that continue with their work in spite of those constraints, while noting that the worker turnover is high.

3.7.8 Conclusion: Clients' perceptions

The clients indicated quite clearly that they consider that children should be kept with their parents, if at all possible. They as parents do, generally speaking, want what's best for the children, but do not always know how to give it. Some parents also lack the means to care for their children due to poverty. For this reason they emphasised that social workers should rather support parents to take care of their own children. This implies respecting clients and involving them in the decision-making regarding their own lives. The clients thus support the community-based, family preservation approach.

Social workers should also conduct thorough investigations when they receive intakes, to come to know the complete situation of the clients. Any statutory case that does occur should thus be based on evidence and not on hearsay and hasty decisions. The clients warned that removal of a child is a painful process for both the parents and the children. Social workers should thus not be hasty in deciding to take such a drastic step. If a child has been removed, social workers should provide intensive services to help the family prepare for reunification. At that time it is of utmost importance to ensure that the parents and the children maintain contact.

The clients also realised that social workers face various constraints, including heavy caseloads, and a lack of funding and resources. They indicated that the government as well as the private sector should help social workers in obtaining the necessary funds.

3.8 Conclusion

All in all, it appears that social workers face various obstacles and constraints that hinder them in their service delivery. They want to provide their clients with the required services, but find themselves unable to always do so. They experience various demands from government, their organisations as well as their clients. Due to those demands they end up

handling crises and making rapid decisions regarding other people' s lives. The clients felt that those decisions were made too rapidly and indicated that they want early intervention services. The clients felt that such services would be able to achieve the same results but with much less pain for all involved. In the next chapter the recommendations made by the social workers and clients as well as suggestions from literature will be integrated and the researcher will draw final conclusions and make recommendations for practice.

Chapter 4: Conclusions and recommendations

4.1 Introduction

In chapter 2 the researcher reviewed literature regarding both statutory social work services and how to transform these services toward a developmental approach. In chapter 3 the research findings of the empirical study were presented and integrated with literature. In this chapter the key findings of those two chapters will be presented, based on which the researcher will make conclusions and recommendations. This chapter will, however, firstly review the goal and objectives of the research study in order to determine whether the intended outcomes of the study were achieved.

4.2 Research goal and objectives

The goal of this research study was to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard. In order to measure the achievement of that goal, the researcher also formulated the following objectives:

- *To conceptualise statutory social work services within a developmental framework:*

This objective was achieved mainly by means of the literature study in chapter 2. The social workers involved in the empirical study were, however, also asked to define developmental statutory social work services (compare 3.6.1) and both social worker and client respondents contributed to the operationalisation of these services (compare 2.3.3, 3.6.8, 3.7.3 and 3.7.6).

- *To investigate the extent in which current statutory social work services are developmental in nature:*

This objective was achieved by means of both the literature review in chapter 2 (compare 2.3.3) and the empirical study (compare 3.6 and 3.7).

- *To determine current obstacles for statutory social work services within a developmental framework:*

This objective was achieved during the empirical study by asking both social workers and clients to identify the obstacles (compare 3.6 and 3.7).

- *To provide guidelines for statutory social work service delivery within a developmental framework:*

This objective was achieved by means of a literature review (compare 2.4), the empirical study (compare 3.6 and 3.7) as well as this chapter, where the guidelines will be integrated and presented as recommendations (compare 4.4).

4.3 Key findings and conclusions

Based on the findings of the study (compare chapter 3), key findings have been identified by the researcher and will be presented together with conclusions as follows:

- The findings indicated that the developmental approach to statutory intervention seeks to empower the entire family, which in practical terms implies family preservation, that is, keeping children with their parents (compare 2.3.1, 2.3.3, 3.6.1, 3.6.8 and 3.7.3). Such empowerment not only involves social development, but also economic development (compare 2.3.1, 3.6.2 and 3.6.8). Developmental statutory intervention requires an emphasis on prevention and early intervention strategies, including poverty alleviation, but also includes family reunification strategies for families who, for whatever reason, are separated (compare 2.3.3, 3.6.8, 3.7.3 and 3.7.6).
- From the above findings it can be concluded that social workers are able to define and operationalise developmental statutory social work. They would therefore be able to implement developmental statutory social work provided they have an enabling environment to do so.
- Research findings indicated that child maltreatment, that is, abuse or neglect, can harm children physically, cognitively, emotionally and socially (compare 2.2.4 and 3.7.3).
- Since allowing harm is the opposite of empowering, allowing maltreatment to occur cannot be considered developmental. It must therefore be concluded from the above findings that social workers cannot neglect their protective responsibility towards children (compare White Paper for Social Welfare, 1997:61). Such protection, must, however, be done from within a developmental framework, namely by empowering the entire family as discussed earlier.
- The findings highlighted various problems with regard to statutory social work intervention (the protection of children from harm caused by maltreatment by removing them from their caregivers), namely:
 - Statutory social work intervention potentially causes harm to children, especially if they are placed in institutional care or are moved from one placement to the next (compare 2.2.5 and 3.7.5). Of particular concern is the issue of attachment, since children who have been removed from their parents often struggle with the question of where they belong (compare 2.2.5.3 and 3.7.5). Statutory intervention is also painful for the involved parents (compare 3.7.5).
 - Research findings emphasised the need for thorough investigations prior to any statutory intervention (compare 2.4.4 and 3.7.4). The clients indicated that, in their experience, such investigations did not happen (compare 3.7.4).

- The findings indicated that statutory intervention, as it currently stands, tends to blame families for their problems and seeks to protect children once harm has already taken place (compare 2.3.1 and 3.6.1). The children are removed from the situation of harm and dealt with in isolation from their families (compare 2.3.3 and 3.6.8).
- From the above findings it can be concluded that the current approach to statutory intervention is not developmental, but is rather residual, since, as has been concluded earlier, a developmental approach would empower, not harm, and would include not only the children, but the entire family, while this current approach blames parents and isolates their children from them (compare Potgieter, 1998:116).
 - Findings indicated that social workers regard parental guidance programs as an important element of both reunification and prevention/early intervention programs from a developmental perspective (compare 3.6.8). They, however, experienced clients as often not interested in parental guidance programs (compare 3.6.2). The client respondents, on the other hand, expressed their appreciation of parental guidance programs and saw this as helping them become better equipped as parents (compare 3.7.6).
- From the above findings it can be concluded that social workers and clients experience interventions and the priority thereof in different ways. Clients are also not uniform in their experiences, but different clients experience interventions differently. It can therefore be concluded that programmes that are not based on the expressed needs and social reality of clients might not be successful.
 - It was indicated by the findings that both social workers and clients regarded heavy caseloads and shortages in funding and resources as major obstacles in the delivery of developmental statutory social work services (compare 3.6.3 and 3.6.4 and 3.7.7). These working conditions, as well as the low salaries, demoralise social workers (compare 3.6.6). Due to this, there is a high social worker turnover, as also identified by the client respondents (compare 3.7.7).
- From these findings it can be concluded that caseloads, salaries and access to funding and resources should be urgently addressed in order to empower social workers to provide developmental statutory services. If this is not done, South Africa will continue to lose more and more social workers, which will, in turn, further increase the burden on the remaining social workers.
 - Findings indicated that social workers experience a need for extra training and development to help them in their service delivery (compare 3.6.5). They, however, struggle to find time or money in order to obtain such additional training.
- The above findings provides support for the decision by the SACSSP ([sa]c) to introduce compulsory CPD. These findings, however, also leads to the conclusion that not only

should CPD be compulsory, it must also be made accessible to social workers, both in terms of time and money.

- The findings indicated there is a lack of trust in the government (compare 3.6.7). The social workers perceive the government as unaware of the true grassroots circumstances and problems. They perceive the government as demanding but unhelpful in providing the means to meet those demands. Whenever either social worker or client respondents mentioned the need for funding or resources, the government was also mentioned as the one who should provide help, although as indicated, social worker respondents did not trust the government to do so (compare 3.6.3, 3.6.4, 3.7.1 and 3.7.7).
- From the above findings it can be concluded that the government is not creating and facilitating its self-stated goal of developing partnerships with social workers and non-government organisations (compare White Paper for Social Welfare, 1997:27). In the researcher's opinion this is a serious problem, since trust is essential for a working relationship and can easily be lost, but takes extensive effort to regain (compare Potgieter, 1998:101-102).
- The findings provided various guidelines for both developmental statutory services and for creating an enabling environment within which those services can be provided, by dealing with the obstacles mentioned above. These guidelines will not be spelled out here, but will rather be integrated with the recommendations (compare 4.4).
- Based on the above findings, the researcher comes to the conclusion that developmental statutory social work is a possibility.
- The researcher, however, also concludes that in South Africa the implementation of developmental statutory social work services will require creating an enabling environment for social workers, which includes dealing with the heavy social worker caseloads and ensuring access to funding and resources.

4.4 Recommendations

In response to the above conclusions, the researcher has divided the main recommendations into two categories, namely:

- guidelines for developmental statutory social work services; and
- guidelines for creating an enabling environment for statutory social work services.

The guidelines provided under both of these categories will be based on the suggestions received from the social worker and client respondents (compare chapter 3), as well as strategies that have been utilised internationally, as discussed in the literature review (chapter 2).

Finally, the researcher will also propose topics/areas for further research.

4.4.1 Guidelines for developmental statutory social work services

The researcher makes the following recommendations for developmental statutory social work services:

- *Prevention:* At risk families should be identified and social workers should present parental guidance and life skills programs to such families as a preventative measure. It may be possible to introduce a home visiting program similar to the *Prenatal and Infancy Home Visitors Program* (compare Tomison & Wise, 1999:8; and Wenar and Kerig, 2000:324). Such a program need not be run by professionals, but could be run by paraprofessionals under the supervision of professionals, such as nurses or social workers. A home visiting program will entail that the paraprofessional will visit pregnant mothers to provide them support and parental guidance right at the beginning of their motherhood. In order for such a program to be successful at a national level, it should be coordinated by the government, possibly the Departments of Social Development and Health. Potential clients should be identified at the clinics, while an NGO could be contracted in to provide the services.

The *Healthy Families Project* should be introduced in South Africa, as a combined initiative of the Department of Social Development and the Department of Education (compare Tomison & Wise, 1999:6). This school-based project has been successfully implemented in Australia and teaches children that they have the capacity to change and to develop better parenting skills.

- *Intakes:* Social workers should take reports seriously, even if family members do the reporting. Whenever social workers receive a serious intake they should meet with that family as well as any other people who know the family and may be able to help – such as neighbours, pastors and teachers – to discuss the situation and to decide together what to do (compare Wexler, 2003:49-50). This could be made a legal imperative by making it a requirement in the new Children's Bill/Act that such a "team conference" (as it is known in the USA) must be held prior to statutory intervention or within a week of an emergency removal. In the researcher's opinion, team conferencing is a practical application of *ubuntu*, and is therefore also relevant in the South African context (compare Mbigi, 2000:28).
- *Early Intervention:* Children should, if at all possible, remain with their parents. In order to achieve this, a South African version of the IFPS model should be developed (compare Wexler, 2002:23; 2003:47). The researcher realises that current working conditions in South Africa would not allow a model that is anywhere near as intensive as the *Homebuilders* program (compare the Institute for Family Development, [sa]). The researcher, however, does believe that an intensive approach is required and that in order for this to work, social workers providing such services require a small caseload of no more than 20 cases. This is already more

than the 10-12 cases that USA workers within the *home-based* and *family treatment* models have (compare Westat *et al.*, 2002: section 1.1), but the researcher is of the opinion that South African workers have learned to cope with higher caseloads and will be able to provide intensive services if their caseload is reduced to a maximum of 20 cases.

Social workers providing IFPS should strive to empower the entire family by providing a range of services including providing material support, teaching skills, and providing suitable therapy (compare Kinney *et al.*, 1990:29-30). They should formulate treatment programs together with the clients with clear indications of what change and growth is expected of the clients in order to prevent statutory intervention. The social workers should regularly provide follow-up services to clients in their homes to see whether they are in fact making such changes and should provide the necessary support to help them make those changes. Although the researcher believes that interventions should be time-limited, with a maximum duration of four to five months (compare with the *home-based* model, see Westat *et al.*, 2002: section 1.1), she also is of the opinion that longer-term follow-up visits should also be provided to ensure that changes are to be lasting (compare with the *family treatment* model, see Westat *et al.*, 2002: section 1.1).

While the researcher realises that IFPS will be expensive, she reasons that alternative care is even more expensive, both financially and in terms of the potential damage that it inflicts on families (compare Wexler, 2002:33; 2003:61-63). The Department of Social Development should take financial responsibility for this program, while NGOs will need to actually provide the services. This could be done either by ensuring that each NGO has workers who exclusively provide these services (while other workers continue to provide statutory services) or by allowing some NGOs to specialise in intensive services while others continue providing statutory services.

- *Poverty relief*: Children should not be removed from their parents due to poverty circumstances, but the poverty issues should rather be addressed (compare Wexler, 2002:22-23; 2003:47-49). Whenever social workers provide services to families they should not only strive to develop them socially (for example through parental guidance programs) but should also include economic aspects in their programs (compare Midgley, 1995:23). The government should empower social workers in this by ensuring they have access to funding and resources. Some specific elements that should be addressed in the poverty relief programs are the following:
 - *Grants*: The provision of grants should not be viewed as sufficient economic development (compare Lombard, 2003:6,31). The government should review childcare grants and monitoring systems should be created to ensure that the money is used for the child's benefit.

- *Job creation:* Job creation projects should be run to ease the unemployment and poverty. Such programs will simultaneously also deal with self-esteem issues, since being able to generate an income will also be beneficial for the client's sense of selfworth. These projects should be run in partnerships between the government and the NGOs and other community-based organisations. The government should be ultimately responsible to ensure that these projects are run and that they are successful.
- *Housing:* The government should continue to create more low-cost housing. Families with children should be given priority in accessing such housing. To achieve this, partnerships should be forged with NGOs to help identify priority families.

Community members who have spare rooms/houses should be encouraged to make them available to other people at an affordable price. The government could possibly do this by providing tax incentives. Organisations can also contribute by means of awareness campaigns.

- *Substance abuse programs:* Should parents be addicted to alcohol or drugs, social workers should urge them to attend substance abuse programs (compare Wexler, 2002:25; 2003:48-49). One of the provisions of the new Children's Bill, namely that parents can be required to attend therapy, could be utilised for this purpose. For the duration of such parents being away at treatment centres, the children may be temporarily placed in alternative care, but the social worker must return the children as soon as the parents return and should then provide support to the parents in order to maintain the change.
- *Thorough statutory investigations:* The process of bringing cases before the children's court must be reviewed. This is not necessarily in order to change what is currently stipulated in the Child Care Act (Act 74 of 1983) and its regulations, but rather to ensure that social workers abide by the stipulations, since the client respondents indicated that this does not always happen (compare 3.7.4). A task team, comprising of government and NGO representatives as well as independent observers should conduct this review.

Of particular concern to the researcher is the stipulation that cases should be brought before the children's court within 4 working days after the removal for a review (compare Regulation 9 of the Regulations under the Child Care Act, Act 74 of 1983, as amended by the 1998 amendment act), since the removal of children from their families should be treated with urgency (compare Wexler, 2003:53). Another important aspect is that social workers should inform clients of their rights, including the right to legal representation (compare Wexler, 2003:54). Social workers should also conduct thorough investigations, which implies that they should interview any person who may be able to provide insight into the family. During the

children's court hearing, evidence should be presented and the commissioner of child welfare should interview the family members. Should any of the reasons for removing the child be found to be unfounded, this should be acknowledged.

Likewise, investigations regarding alternative placements should be thorough, to ensure that such placements are suitable. This includes short-term placements, and weekend/holiday placements. In order to ensure this, social workers should be required to submit background reports on the alternative family to the Department of Social Development (or regional offices) prior to any placement. The alternative placement should also be closely monitored by means of home visits. Should the placement be an emergency placement, the social worker should closely supervise that placement by means of daily home visits and should submit the report within a week after the placement. Social workers can utilise social auxiliary workers to help them with the home visits. However, in the case of an emergency placement, they must also visit the family personally in order to conduct the investigation.

- *Reunification services:* Children should be returned to their parents as soon as the reasons for the removal no longer exist. Social workers should provide intensive services, including parental guidance and therapy, in order to work towards this reunification. Should the reasons for removal have ceased to exist, but the family be living in poverty, this poverty will need to be addressed, as indicated earlier, since this should not be allowed to cause the family to remain apart. Children who are currently living away from their parents due to poverty reasons should be identified and this situation should be addressed as a matter of urgency.

Maintaining contact between the parents and the children is vital, and welfare organisations must ensure that this is possible, unless this can be proven to be detrimental to the child (compare Department of Welfare, 1998a:22; and Wexler, 2003:53-54). When children visit their parents, social workers should monitor those visits by means of home visits to the family. Those home visits can also be utilised as opportunities to teach the parents skills. Social auxiliary workers can assist social workers with the home visits.

- *Needs-based programs:* As has been indicated with regard to early intervention services, social workers should create individual intervention programs for all their clients (also including reunification cases), with specific goals for all the family members. Such programs should be formulated together with the family – they must be part of the program. These programs should be indicated on client files with time lines to respective components of the program. This provides an accountability safeguard for social workers in the event of any charges of unprofessional conduct.

Likewise, any program that is developed should match the needs of the community for which it is developed. In other words, before preparing any program, social

workers must conduct a needs assessment. This will prevent them from presenting irrelevant programs, such as, for example, a parental guidance program, when the community wants a job creation program. This needs assessment does not necessarily have to be done by the statutory social worker, but other members working in the team such as the social worker responsible for community development or others engaged in community development as Landman (2004:101-103) proposed in her study.

- *Community partnerships:* Programs for creating community partnerships for child protection, such as the *Isolabantwana* program of Child Welfare Society (compare Doran, 1999), or the *Neighbourhood Child Protection Strategies* initiative of the Child and Youth Centre at the University of the Western Cape, should be expanded to include poverty relief as empowerment for the community and should then be implemented throughout South Africa (compare Wexler, 2003:50-51). In this way communities can become empowered to take care of the children and the burden on social workers can be reduced. The implementation of these programs should be the joint responsibility of the Department of Social Development and NGOs.
- *Respect for clients:* While this may sound “obvious,” the researcher wishes to emphasise that social workers should at all times communicate respect to their clients, since this is in itself empowering for clients. This includes keeping clients informed about what is happening with regard to the intervention process and involving them in decisions that affect them. Parents should not be made scapegoats but should rather be treated as allies in seeking the best for children. In order to help clients make decisions, social workers should fully inform them regarding resources that are available to them. Social workers must be reliable, by keeping appointments and promises and returning phone calls.

4.4.2 Guidelines for creating an enabling environment for statutory social work services

The researcher makes the following recommendations for creating developmental statutory social work services:

- *Reclaiming the social work profession:* Social workers need to become assertive. They need to unite and stand up for their professional rights (compare Lombard, 2003:34). They need to learn to say “no” for unrealistic demands from the government and the community, for example demands for more statutory work or extra administrative tasks without financial support. At the same time they should use their creativity to find alternative solutions and compromises that benefit all parties. Part of the process of reclaiming the profession should be for each social worker to join a social worker association as well as a union in order to help building a united force and voice for the sector.

- *More, better-paid social workers:* The government should provide the necessary funding to appoint more social workers, to ensure that each worker will have a smaller caseload. The review of social worker salaries should be completed as a matter of urgency and the government should provide the necessary funding for organisations to be able to increase those salaries. Improved salaries will also attract more and better quality students to the social work profession, which will have a long-term positive effect on the profession. These changes will also make working in South Africa more attractive for social workers, and may slow the current brain drain to other countries (compare Lombard, [sa]).
- *Social worker specialisation:* The government should provide a policy officially allowing social workers to specialise in particular interventions, including IFPS (as indicated earlier), statutory intervention and community development (compare Landman, 2004:101-103). This will increase the effectiveness of service delivery. It will also prevent the need for social workers to sort out conflicting priorities, such as protection versus family preservation. This specialisation should, however, not imply isolation, but different specialists will need to work in partnerships and together provide integrated services (compare Landman, 2004:101-103).
- *Filtering of intakes:* Clear protocols should be developed for filtering intakes. These protocols should assist the worker receiving the new intake to sort cases in terms of urgency and in terms of the type of services that they require (compare Wexler, 2003:45). This will ensure that each family receives appropriate services and that social workers do not waste valuable time on cases that are less urgent, while urgent cases do not receive the necessary attention. One possible part of the protocol should be to reject all anonymous calls, since most of such calls are often false and if a person is really concerned about the welfare of a child it should be sufficient for such a person if the call is treated confidentially (compare Wexler, 2003:45-46). These protocols should be developed by a task team consisting of government, NGO and community representatives and should be included in a government policy.
- *One social worker per family:* Each family should be served by one social worker, who functions with a team backup, consisting of other social workers, a supervisor and any other professional who is asked to assist (compare Kinney *et al.*, 1990:35-37). This social worker provides all services, including, for example, reunification services, foster care supervision, poverty relief and therapy. This will enable the worker to work in a more focused manner, while the team will be able to provide additional suggestions and support to that worker. This, however, does not mean that the social worker will not be able to utilise community resources, or that the family may not be referred to, for example, a job creation project. This does, however, mean, that one social worker is ultimately responsible for co-ordinating the entire intervention program of that family.

- *Mutual support:* Social workers should work together and motivate each other. The organisations should provide a platform for their employees to get together to support each other. Rituals and ceremonies could be introduced to celebrate successes and work through/mourn failures (compare Mbigi and Maree, 1995:121). This would help build internal cohesion among the workers and could be a way of dealing with emotions. Social workers should also regularly hold case conferences in order to discuss their cases and obtain team support (as indicated above).
- *Leadership of managers:* The managers and directors of welfare organisations should provide clear leadership regarding the transformation of statutory social work services. This requires them to be informed regarding the practical implications of the developmental approach. They should support the social workers in providing relevant services to their clients and should take the lead in initiating marketing and forming partnerships with the community, other organisations, other professions and the government. They should be in contact with the social workers and be aware of their day-to-day functioning, so that they can provide them with relevant support.
- *Government support:* The government should take mutual responsibility for statutory social work services and should provide practical support to social workers to help them transform their services, instead of only criticising them. Government officials should physically join NGO social workers for a few days to see what they do and the working conditions in which they work. In order to ensure the success of such visits, NGOs should do nothing to provide the officials a comfortable visit, but should leave everything as it normally is. The government should provide an enabling environment for social workers both in terms of policy and in terms of access to funding and resources (compare Lombard, 2003:33-34). This implies creating the policies that have been mentioned in other guidelines as well as any other policy that will aid social workers in the process of transforming statutory social work services. With regard to providing access to funding and resources, the government will need to increase the budget for social work service delivery so that intensive services and community empowerment programmes can be developed and provided. In the long term this will save money in terms of children who are no longer placed in alternative care and families who are no longer dependent on government grants (compare Wexler, 2002:33; 2003:61-63).
- *Criminal courts:* The government should review court procedures to ensure offenders, particularly with regards to maintenance defaulting and child molestation, are prosecuted and that the process of prosecuting such offenders is not delayed unless absolutely necessary. This will provide families the statutory support they need in order to take care of children themselves.
- *Private sector contributions:* The private sector should be encouraged to contribute financially for the expansion of social work services. The government should take a

leading role in urging the private sector to make its contribution (compare Lombard, 2003:33). The private sector should also be urged to ensure that social work services are accessible to their employees, in terms of allowing them time off from work to receive such services.

- *Partnerships with other professions / organisations:* Welfare organisations and social workers should market themselves in their communities and should link up with other organisations, such as schools, churches, police stations and clinics, as well as other professions, such as teachers, pastors, police, medical professions and psychologists (compare Kendig & Lowry, 1998:6). This will create a broader network to aid in service delivery, which will prevent duplication of services and enable cross-referrals. As a result, this will improve service delivery to clients.
- *Partnerships between welfare organisations:* Organisations should utilise the forum structure as a method of pooling their resources. Such resources include material resources, such as cars and venues, human resources, such as volunteers and foster parents and intellectual resources, such as programs.
- *Sharing best practice experiences:* Social workers should share useful information with each other. Success stories should be told in detail, telling the process that was followed to achieve that success (compare Wexler, 2002:20; 2003:63). Practitioners should undertake research and the results should also be made generally available. Likewise, social workers should share information regarding useful programs with each other, since this can save a lot of time by avoiding duplication. Information regarding international solutions that are relevant for South Africa should also be made available to social workers. By means of sharing these best practice experiences, social workers can be empowered, that is, their capacity to transform, challenge and intervene in new ways can be built.

In practical terms, this sharing includes the utilisation of journals, presentations at conferences, as well as direct presentation at organisations. Conferences must also be linked to CPD points to motivate attendance. In order to make conferences, particularly, more accessible to social workers, the cost of attending these conferences should be made as low as possible, by both cutting on unnecessary luxuries and by obtaining sponsors. In the researcher's opinion, there is no need for such conferences to be held at fancy hotels, with all sorts of "presents" (including t-shirts). The goal of conferences should, in the researcher's opinion be information sharing and dialogue, not enjoying luxuries. On the other hand, cost cutting should not compromise the effectiveness of the conference, in terms of essentials, such as effective sound systems.

- *Continuing professional development:* Social workers should be provided with additional courses regarding the practical implications of the developmental approach (compare Lombard, 2003:33). The Department of Social Development

should initiate such training. The organisations should also provide their employees with in-service training, especially at the commencement of the employment, to help them find their feet in the organisation.

- *Central resource list:* Extensive resource lists should be maintained and stored at a central address, possibly the SACSSP or a social workers association. At least two lists should be maintained, one containing resources to aid clients (including various programs to which social workers can refer their clients), and another containing CPD resources for social workers. Although the researcher is aware that both types of lists are currently available, she considers it important that these lists be continually updated and expanded and, more importantly, that social workers be made aware of the existence of these lists.

4.4.3 Suggestions for further research

- This research study should be repeated in other communities, specifically rural and semi-urban areas, in order to verify the findings of this research.
- Similar research studies should be conducted with foster parents and with social workers and parent figures employed at institutional care settings, as well as with children who have been removed, in order to compare the findings with the findings of this study (and the above study).
- The economic value, in terms of income generation and human development, of childcare grants should be evaluated. This will simultaneously provide empirical data to support or reject the comments by some client respondents that parents abuse the grants for their own gain. A university, as a more neutral institution than either the government, which considers grants its main poverty alleviation program, or an NGO, which may consider the government emphasis on grants a financial threat for service delivery, should conduct such research.
- Research should be conducted in South Africa regarding the comparative effects of institutional care and community-based care (including foster care) on children and their families, with specific reference to the extent in which these placement options are able to attain the goals of the developmental approach. A university should conduct this research, in order to provide a thorough theoretical underpinning regarding the developmental approach.
- Action research should be conducted in order to develop a South African model for IFPS. The USA model should be studied, but it will also be important to conduct a thorough situation analysis and needs assessment of the South African situation, to ensure that the model will meet South African needs and capacities. This research should be conducted by an NGO, with government sponsorship, since this will enable a combination of NGO human resources and government material resources.

- Action research should be conducted in order to develop a protocol for filtering intake calls. This research should be initiated by the SACSSP, as statutory body regulating social work practice, but should be conducted in partnership with NGOs and the government.

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Appendix 1

Mrs Landman & Miss Kleijn
Tel. 012 3310931
Fax. 012 8081455

5 April 2004

URGENT ATTENTION: «Director»
«Organisation»
Fax: «Fax No»

Dear «Director»

RE: RESEARCH STUDIES

We are two social work postgraduate students at the University of Pretoria, currently busy with our master degrees in social development and policy. One of the requirements for attaining our degree is that we conduct an individual research study. Both of us wish to involve social workers and clients in our studies by means of focus group discussions. Each respondent will only be asked to attend one focus group discussion, which will take approximately 1 hour. The respondents will be informed regarding the time and place of these focus groups.

Our topics are the following:

Researcher: Liezel Landman
Title of the study: *Integrating community development and statutory social work services within a developmental approach*
Aim of the study: To determine how community development and statutory services as two distinctive intervention levels could be integrated in order to render effective, integrated social services within a developmental approach.

Researcher: Willemien Kleijn
Title of the study: *A developmental approach to statutory social work services*
Aim of the study: To investigate how statutory social work services can be rendered in a developmental manner, that is in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

As you may have noticed these studies are complementary and we thought that it would lessen the burden on the organisations if, rather than approaching you individually to request permission to involve social workers and clients in our studies, we approach you together and request permission simultaneously.

On completing our research we intend to make our research findings available to the organisations involved in the hope that this will help to improve service delivery.

Should your organisation be willing to participate in these studies, then please sign in the space provided on the next page of this letter to indicate your consent and fax that page back to us on/before **Thursday, 8 April 2004** using the following fax number: **012 8081455**.

Thank you in advance for your co-operation.

Yours sincerely,

Liezel Landman
Researcher

Willemien Kleijn
Researcher

By means of this signature, I, as director of «Organisation», indicate that this organisation gives full consent to Liezel Landman and Willemien Kleijn to conduct their research studies with social workers and clients from this organisation. The «Organisation» gives full support to these studies and eagerly awaits the research findings.

The person(s) that can be approached in order to obtain a list of social workers employed by this organisation is: _____

Director (Print name)

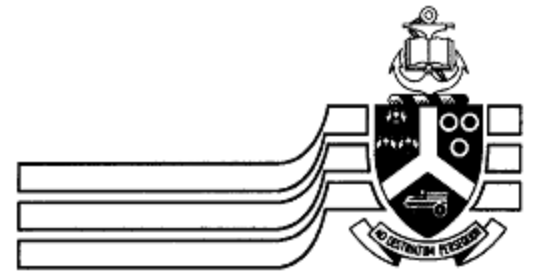
Director's signature

Date

Appendix 2 (English)

Researcher: Willemien Kleijn

Address: Department of Social Work
Faculty of Humanities
University of Pretoria
Pretoria
0002



University of Pretoria

Pretoria 0002 Republic of South Africa Tel 012-420-4111
Fax 012-362-5168 / 012-362-5190 <http://www.up.ac.za>

Faculty of Humanities

Department of Social Work

Fax 012-420-2093 Tel 012-420-2325

Letter of Informed Consent for Social Workers

1. **Respondent' s name** _____

2. **Title of the study**

A developmental approach to statutory social work services

3. **Aim of the study**

The aim of this study is to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

4. **Research procedure**

I understand that I will be invited to be part of a focus group discussion to explore how statutory social work services can be rendered within a developmental approach. The duration of a focus group session will be approximately one hour. I understand that I will be advised of the time and venue of the discussion groups. I understand that the focus group discussion will be audio taped. The cassettes and transcripts will be kept in a secure place and will be only be used for the research purposes by the researcher. Once the research has been completed, the cassettes and transcripts will be destroyed.

5. **Risks and discomforts**

I take note that this research will remind me of the practice realities and demands implied in rendering statutory social work services within a developmental service delivery framework. However, I take note that there are no known risks involved in my current service delivery context by partaking in this research.

6. Benefits

I understand that there are no direct benefits for me to participate in this research study. However, the results of the study will be made available to the welfare organisation for which I work and may assist me in improving our statutory social work services.

7. Participation rights

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage without being penalised or disadvantaged in any way.

8. Confidentiality

I understand that the researcher will take all reasonable steps to protect the confidentiality of research respondents and that she will refrain from identifying me in her research report or any other publications related to this research.

9. Disclosure

As this is a focus group discussion, I agree not to disclose confidential information of any other respondent and agree to use my best efforts to prevent inadvertent disclosure of confidential information and to treat such information with at least the degree of care that I treat similar material and information of my own.

By signing this letter of consent, I confirm that I have read this letter of informed consent and that the study has been explained to me. I do not give up any legal right by signing this letter of informed consent. I will receive a signed copy of this letter of consent.

I understand that I will not receive any compensation for participating in this research.

_____	_____	_____
Respondent (Print name)	Respondent's signature	Date

Signature of researcher		

Appendix 2 (Afrikaans)

Navorsers: Willemien Kleijn

Adres: Departement van Maatskaplike Werk
Fakulteit Geesteswetenskappe
Universiteit van Pretoria
Pretoria
0002



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Pretoria 0002 Republiek van Suid-Afrika Tel (012) 420-4111
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Fakulteit Geesteswetenskappe

Departement Maatskaplike Werk

Faks (012) 420-2093 Tel (012) 420-2325

Ingeligte Toestemmingsbrief vir Maatskaplike Werkers

1. **Respondent se naam:**

2. **Titel van die studie**

' n Ontwikkelingsgerigte benadering tot statutêre maatskaplikewerkdienste

3. **Doel van die studie**

Die doel van hierdie studie is ' n ondersoek na hoe statutêre maatskaplikewerkdienste op ' n ontwikkelingsgerigte wyse, dit wil sê, op ' n bemagtigende en opbouende manier, gelewer kan word, en om in hierdie verband riglyne voor te stel vir maatskaplikewerkpraktyk.

4. **Navorsingsprosedure**

Ek verstaan dat ek genooi sal word om deel te neem aan ' n fokusgroepbespreking ten einde te ondersoek hoe statutêre dienste binne ' n ontwikkelingsgerigte benadering gelewer kan word. Die fokusgroepbespreking sal omtrent ' n uur duur. Ek verstaan dat ek ingelig sal word in verband met die tyd en plek waar die bespreking sal plaasvind en dat die fokusgroepbespreking op ' n kasset opgeneem sal word. Die kasset asook transkripsies sal op ' n veilige plek gebêre word en sal slegs vir die doeleindes van die navorsing gebruik word deur die navorser. Na afloop van die navorsingstudie sal die kassette asook die transkripsies vernietig word.

5. **Risiko en ongemak**

Ek neem kennis dat hierdie navorsing my sal herinner aan die praktykrealiteite en -eise wat deel vorm van statutêre maatskaplikewerkdienslewering binne ' n ontwikkelingsgerigte diensleweringstraamwerk. Ek neem egter kennis dat my deelname aan hierdie navorsing, so ver bekend, geen risiko inhou binne my huidige diensleweringkonteks nie.

6. Voordele

Ek verstaan dat ek geen direkte voordele sal ontvang vir my deelname aan hierdie navorsingstudie nie. Die resultate van hierdie studie sal egter beskikbaar gestel word aan die welsynsorganisasie waar ek werk en sal my moontlik help om ons statutêre maatskaplikewerkdienste te verbeter.

7. Deelname regte

Ek verstaan dat ek vrywillig deelneem aan hierdie studie, dat ek kan kies om nie deel te neem aan 'n gedeelte of die geheel van hierdie studie, en dat ek op enige stadium myself kan onttrek aan hierdie studie sonder dat ek enigsins daarvoor gepenaliseer of daardeur benadeel sal word.

8. Konfidensialiteit

Ek verstaan dat die navorser alle redelike stappe sal neem om die konfidensialiteit van die navorsingsrespondente te beskerm en dat sy my nie in haar navorsingsverslag of in enige ander publikasie in verband met hierdie navorsing sal identifiseer nie.

9. Onthulling

Aangesien dit 'n fokusgroepbespreking is, stem ek in om geen konfidensiële inligting van enige ander respondent te onthul nie en om alle pogings moontlik aan te wend om te voorkom dat konfidensiële inligting bekend gemaak word en om sodanige inligting met ten minste dieselfde mate van sorg te hanteer as wat ek soortgelyke materiaal en inligting oor myself sou hanteer.

Met my handtekening op hierdie toestemmingsbrief, bevestig ek dat ek die ingeligte toestemmingsbrief gelees het en dat die studie vir my verduidelik is. Ek gee met die ondertekening van hierdie brief geen wetlike regte op nie. Ek sal 'n afskrif van hierdie toestemmingsbrief ontvang.

Ek verstaan dat ek geen vergoeding sal ontvang vir my deelname aan hierdie navorsing nie.

Respondent (Naam in drukletters)

Respondent se handtekening

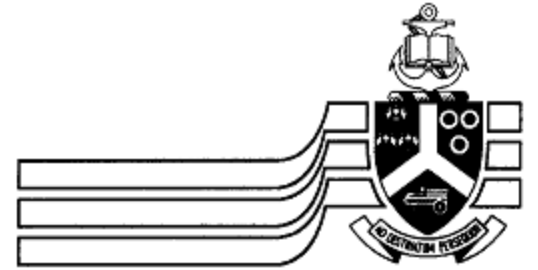
Datum

Handtekening van navorser

Appendix 3 (English)

Researcher: Willemien Kleijn

Address: Department of Social Work
Faculty of Humanities
University of Pretoria
Pretoria
0002



University of Pretoria

Pretoria 0002 Republic of South Africa Tel 012-420-4111
Fax 012-362-5168 / 012-362-5190 <http://www.up.ac.za>

Faculty of Humanities

Department of Social Work

Fax 012-420-2093 Tel 012-420-2325

Letter of Informed Consent for Clients

1. **Respondent's name:** _____

2. **Title of the study**

A developmental approach to statutory social work services

3. **Aim of the study**

The aim of this study is to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

4. **Research procedure**

I understand that I will be invited to be part of a focus group discussion to explore how statutory social work services can be rendered within a developmental approach. The duration of a focus group session will be approximately one hour. I understand that I will be advised of the time and venue of the discussion groups. I understand that the focus group discussion will be audio taped. The cassettes and transcripts will be kept in a secure place and will be only be used for the research purposes by the researcher. Once the research has been completed, the cassettes and transcripts will be destroyed.

5. **Risks and discomforts**

I take note that during the focus group discussion I may relive the experiences that led to the statutory process, but that the researcher will strive to ensure that the discussion remain focused on evaluating the extent in which statutory social work services are developmental and on generating guidelines for developmental statutory social work services.

In addition I am aware that at the completion of the focus group session, the researcher will immediately give me the opportunity to discuss my feelings about my participation in this study. I am also aware that, if required, the researcher will refer me back to the organisation from which I receive services for further assistance, if required.

6. Benefits

I understand that there are no direct benefits for me to participate in this research study. However, the results of the study may help welfare organisations to improve their statutory social work services.

7. Participation rights

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage without being penalised or disadvantaged in any way.

8. Confidentiality

I understand that the researcher will take all reasonable steps to protect the confidentiality of research respondents and that she will refrain from identifying me in her research report or any other publications related to this research.

9. Disclosure

As this is a focus group discussion, I agree not to disclose confidential information of any other respondent and agree to use my best efforts to prevent inadvertent disclosure of confidential information and to treat such information with at least the degree of care that I treat similar material and information of my own.

By signing this letter of consent, I confirm that I have read this letter of informed consent and that the study has been explained to me. I do not give up any legal right by signing this letter of informed consent. I will receive a signed copy of this letter of consent.

I understand that I will not receive any compensation for participating in this research.

Respondent (Print name)	Respondent's signature	Date
-------------------------	------------------------	------

Signature of researcher

Appendix 3 (Afrikaans)

Navorsers: Willemien Kleijn

Adres: Departement van Maatskaplike Werk
Fakulteit Geesteswetenskappe
Universiteit van Pretoria
Pretoria
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Fakulteit Geesteswetenskappe

Departement Maatskaplike Werk

Faks (012) 420-2093 Tel (012) 420-2325

Ingeligte Toestemmingsbrief vir Kliënte

1. **Respondent se naam:**

2. **Titel van die studie**

' n Ontwikkelingsgerigte benadering tot statutêre maatskaplikewerkdienste

3. **Doel van die studie**

Die doel van hierdie studie is ' n ondersoek na hoe statutêre maatskaplikewerkdienste op ' n ontwikkelingsgerigte wyse, dit wil sê, op ' n bemagtigende en opbouende manier, gelewer kan word, en om in hierdie verband riglyne voor te stel vir maatskaplikewerkpraktyk.

4. **Navorsingsprosedure**

Ek verstaan dat ek genooi sal word om deel te neem aan ' n fokusgroepbespreking ten einde te ondersoek hoe statutêre dienste binne ' n ontwikkelingsgerigte benadering gelewer kan word. Die fokusgroepbespreking sal omtrent ' n uur duur. Ek verstaan dat ek ingelig sal word in verband met die tyd en plek waar die bespreking sal plaasvind en dat die fokusgroepbespreking op ' n kasset opgeneem sal word. Die kasset asook transkripsies sal op ' n veilige plek gebêre word en sal slegs vir die doeleindes van die navorsing gebruik word deur die navorser. Na afloop van die navorsingstudie sal die kassette asook die transkripsies vernietig word.

5. **Risiko en ongemak**

Ek neem kennis daarvan dat ek gedurende die fokusgroepbespreking moontlik die ervarings wat gelei het tot die statutêre proses sal herleef, maar dat die navorser daarna sal streef om seker te maak dat die bespreking daarop gefokus bly om te evalueer in watter mate statutêre dienste ontwikkelend is en om riglyne voor te stel vir ontwikkelingsgerigte statutêre dienste.

Ek is verder daarvan bewus dat die navorser, na afloop van die fokusgroep sessie, my onmiddellik geleentheid sal gee om my gevoelens oor my deelname aan die studie te bespreek. Ek is ook bewus daarvan dat ek, indien nodig, terug verwys sal word na die organisasie waar ek dienste ontvang/ontvang het vir verdere bystand.

6. Voordele

Ek verstaan dat ek geen direkte voordele sal ontvang vir my deelname aan hierdie navorsingstudie nie. Die resultate van hierdie studie sal egter moontlik welsynsorganisasies help om hul statutêre maatskaplikewerkdienste te verbeter.

7. Deelname regte

Ek verstaan dat ek vrywillig deelneem aan hierdie studie, dat ek kan kies om nie deel te neem aan 'n gedeelte of die geheel van hierdie studie, en dat ek op enige stadium myself kan onttrek aan hierdie studie sonder dat ek enigsins daarvoor gepenaliseer of daardeur benadeel sal word.

8. Konfidensialiteit

Ek verstaan dat die navorser alle redelike stappe sal neem om die konfidensialiteit van die navorsingsrespondente te beskerm en dat sy my nie in haar navorsingsverslag of in enige ander publikasie in verband met hierdie navorsing sal identifiseer nie.

9. Onthulling

Aangesien dit 'n fokusgroepbespreking is, stem ek in om geen konfidensiële inligting van enige ander respondent te onthul nie en om alle pogings moontlik aan te wend om te voorkom dat konfidensiële inligting bekend gemaak word en om sodanige inligting met ten minste dieselfde mate van sorg te hanteer as wat ek soortgelyke materiaal en inligting oor myself sou hanteer.

Met my handtekening op hierdie toestemmingsbrief, bevestig ek dat ek die ingeligte toestemmingsbrief gelees het en dat die studie vir my verduidelik is. Ek gee met die ondertekening van hierdie brief geen wetlike regte op nie. Ek sal 'n afskrif van hierdie toestemmingsbrief ontvang.

Ek verstaan dat ek geen vergoeding sal ontvang vir my deelname aan hierdie navorsing nie.

Respondent (Naam in drukletters)

Respondent se handtekening

Datum

Handtekening van navorser

Appendix 4

Semi-structured Interview Schedule – Social Workers

Semi-gestruktureerde Onderhoudskedule – Maatskaplike Werkers

Aim of study:

The aim of this study is to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

Doel van studie:

Die doel van hierdie studie is 'n ondersoek na hoe statutêre maatskaplikewerkdienste op 'n ontwikkelingsgerigte wyse, dit wil sê, op 'n bemagtigende en opbouende manier, gelewer kan word, en om in hierdie verband riglyne voor te stel vir maatskaplikewerkpraktyk.

Questions / Vrae:

1. The government has in the past few years continually indicated that it expects social workers to provide “developmental” services. This implies that statutory services should also be provided in a developmental manner. How would you define the term “developmental statutory services”?
1. *Die regering het in die afgelope jare herhaaldelik aangedui dat dit van maatskaplike werkers verwag om “ontwikkelingsgerigte” dienste te lewer. Dit beteken dat statutêre dienste ook op 'n ontwikkelingsgerigte manier gelewer moet word. Hoe sou u die term “ontwikkelingsgerigte statutêre dienste” definieer?*
2. If “developmental” is defined as “empowering and promoting wellbeing and social functioning, through fostering sustainable growth, change and progress,” to what extent would you say are your current statutory services “developmental”? [Provide a copy of the definition on paper]
2. *Indien “ontwikkelingsgerig” gedefinieer word as “bemagtiging en bevordering van welstand en maatskaplike funksionering, deur die kweek van volhoubare groei, verandering en vooruitgang,” in watter mate sou u sê dat u huidige statutêre dienste wering “ontwikkelingsgerig” is? [Voorsien 'n afskrif van die definisie op papier]*
3. What problems do you experience in providing developmental statutory services?
3. *Watter probleme ervaar u in die lewering van ontwikkelingsgerigte statutêre dienste?*

4. What solutions or strategies have you developed, are you in the process of developing, or do you intend to develop to help you deal with the demand for developmental statutory services?
4. *Watter oplossings of strategieë het u ontwikkel, is u tans besig om te ontwikkel, of beplan u om in die toekoms te ontwikkel om u te help om die eis vir ontwikkelingsgerigte statutêre dienste te handhaaf?*
5. What do you think should welfare organisations do to aid you in the provision of developmental statutory services?
5. *Wat dink u moet welsynsorganisasies doen om u te help in die lewering van ontwikkelingsgerigte statutêre dienste?*
6. What do you think should the government do to aid you in the provision of developmental statutory services?
6. *Wat dink u moet die regering doen om u te help in die lewering van ontwikkelingsgerigte statutêre dienste?*
7. Do you have any other suggestions or comments regarding developmental statutory services?
7. *Het u nog enige ander voorstelle of opmerkings in verband met ontwikkelingsgerigte statutêre dienste?*

Appendix 5

Semi-structured Interview Schedule – Clients /

Semi-gestruktureerde Onderhoudskedule – Kliënte

Aim of study:

The aim of this study is to investigate how statutory social work services can be rendered in a developmental manner, that is, in an empowering and upbuilding manner, and to formulate guidelines for social work practice in this regard.

Doel van studie:

Die doel van hierdie studie is 'n ondersoek na hoe statutêre maatskaplikewerkdienste op 'n ontwikkelingsgerigte wyse, dit wil sê, op 'n bemagtigende en opbouende manier, gelewer kan word, en om in hierdie verband riglyne voor te stel vir maatskaplikewerkpraktyk.

Questions / Vrae:

1. What do you see as the purpose of social work services, that is, what would you like to see achieved by such services?
1. Wat sien u as die doel van maatskaplikewerkdienste, dit wil sê, wat sou u graag wil hê moet deur sulke dienste bereik word?
2. What did the social worker do/is she doing that helps you and your family to develop?
2. Wat het die maatskaplike werker gedoen/doen sy tans wat u en u gesin help om te ontwikkel?
3. What problems do you experience with the services that you received/are receiving, in terms of their effectiveness in helping you and your family to develop?
3. Watter probleme ervaar u met die dienste wat aan u gelewer is of tans aan u gelewer word, in terme van hul effektiwiteit om u en u gesin te help om te ontwikkel?
4. What should your social worker, in your opinion, have done/do to help you and your family to develop?
4. Wat dink u moet die maatskaplike werker doen of moes sy/hy gedoen het om u en u gesin te help om te ontwikkel?
5. What suggestions do you, as client, have for welfare organisations, regarding social work services?
5. Watter voorstelle het u, as kliënt, vir welsynsorganisasies met betrekking tot maatskaplikewerkdienste?

6. What suggestions do you, as client, have for the government, regarding social work services?
6. *Watter voorstelle het u, as kliënt, vir die regering met betrekking tot maatskaplikewerkdienste?*
7. Do you have any other suggestions or comments regarding social work services?
7. *Het u enige ander voorstelle of opmerkings in verband met maatskaplikewerkdienste?*

Appendix 6 (English)

Biographical Details: Social Workers

Please provide the following details:

1. Gender: Male Female
2. Age group: 21-25 26-30 31-35 36-40 41-45 46-50 51-55 56-60 61 +
3. Racial group*: White African Coloured Asian

*(This information is required for monitoring of equity and redress as well as statistical purposes)

4. For how many years have you been practicing as social worker? _____
5. For how many of those years have you been involved with statutory work? _____
6. What services do you provide? (Please mark all relevant)

<input type="checkbox"/>	Prevention services
<input type="checkbox"/>	Statutory services (i.e. the children court process)
<input type="checkbox"/>	Reunification services for parents
<input type="checkbox"/>	Reunification services for children
<input type="checkbox"/>	Support services for foster carers
<input type="checkbox"/>	Counselling/therapy for parents
<input type="checkbox"/>	Counselling/therapy for children
<input type="checkbox"/>	Other: (please indicate) _____

Appendix 6 (Afrikaans)

Biografiese Inligting: Maatskaplike Werkers

Voorsien asb. die volgende inligting:

1. Geslag: Man Vrou
2. Ouderdoms-
groep: 21-25 26-30 31-35 36-40 41-45 46-50 51-55 56-60 61 +
3. Rassegroep*: Blank Swart Kleurling Asiër

*(Hierdie inligting word benodig om gelykheid en regstelling te monitor asook vir statistiese doeleindes)

4. Vir hoeveel jare praktiseer u reeds as maatskaplike werker? _____
5. Hoeveel van daardie jare is u betrokke by statutêre werk? _____
6. Watter dienste lewer u? (Merk asb. alles wat van toepassing is)

<input type="checkbox"/>	Voorkomingsdienste
<input type="checkbox"/>	Statutêredienste (d.w.s. die kinderhofproses)
<input type="checkbox"/>	Herenigingsdienste vir ouers
<input type="checkbox"/>	Herenigingsdienste vir kinders
<input type="checkbox"/>	Ondersteuningsdienste vir pleegouers
<input type="checkbox"/>	Berading/terapie vir ouers
<input type="checkbox"/>	Berading/terapie vir kinders
<input type="checkbox"/>	Ander: (dui asb. aan) _____

Appendix 7 (English)

Biographical Details: Clients

Please provide the following details:

1. Gender: Male Female
2. Age group: 16-20 21-25 26-30 31-35 36-40 41-45 46-50 51-55 56 +
3. Racial group*: White African Coloured Asian

*(This information is required for monitoring of equity and redress as well as statistical purposes)

4. How long have you been receiving social work services? _____
5. How long ago did the children court case begin? _____
6. Has the children' s court case been finalised? Yes No
7. For what reason/s did your family become involved in a children' s court case?
(Please mark all relevant)

<input type="checkbox"/>	Alleged neglect
<input type="checkbox"/>	Alleged physical abuse
<input type="checkbox"/>	Alleged emotional abuse
<input type="checkbox"/>	Alleged sexual abuse
<input type="checkbox"/>	Alleged uncontrollable behaviour of the child
<input type="checkbox"/>	Other: (please indicate)_____

8. Where does/do your child/ren currently live? (Please indicate how many at each place)

<input type="checkbox"/>	At home
<input type="checkbox"/>	With family in foster care/place of safety care
<input type="checkbox"/>	With strangers in foster care/place of safety care
<input type="checkbox"/>	Children' s home/institutional place of safety
<input type="checkbox"/>	School of Industries
<input type="checkbox"/>	Other: (please indicate)_____

Appendix 7 (Afrikaans)

Biografiese Inligting: Kliënte

Voorsien asb. die volgende inligting:

1. Geslag:
2. Ouderdoms-
groep:
3. Rassegroep*:

*(Hierdie inligting word benodig om gelykheid en regstelling te monitor asook vir statistiese doeleindes)

4. Hoe lank ontvang u maatskaplikewerkdienste? _____
5. Hoe lank gelede het die kinderhofspraak begin? _____
6. Is die kinderhofspraak afgehandel?
7. Vir watter rede/s het u gesin betrokke geraak by 'n kinderhofspraak?
(Merk asb. alles wat van toepassing is)

<input type="checkbox"/>	Beweerde verwaarlosing
<input type="checkbox"/>	Beweerde fisiese mishandeling
<input type="checkbox"/>	Beweerde emosionele mishandeling
<input type="checkbox"/>	Beweerde seksuele mishandeling
<input type="checkbox"/>	Beweerde onbeheerbare gedrag van die kind
<input type="checkbox"/>	Ander: (dui asb. aan) _____

8. Waar woon u kind/ers tans? (Dui asb. aan hoeveel by elke plek)

<input type="checkbox"/>	Tuis
<input type="checkbox"/>	By familie in pleegsorg/plek van veiligheidsorg
<input type="checkbox"/>	By onbekende mense in pleegsorg/plek van veiligheidsorg
<input type="checkbox"/>	Kinderhuis/inrigting as plek van veiligheid
<input type="checkbox"/>	Nywerheidskool
<input type="checkbox"/>	Ander: (dui asb. aan) _____