



RESEARCH PROJECT

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Title: "Model vir Egskeidingevaluering: 'n Sistemiese Perspektief op die Belange van die Minderjarige Kind by Bewaring en Toegang" // Model in Divorce Evaluation: A Systemic Perspective on the Interests of the Minor Child in Custody and Access

QUESTIONNAIRE FOR COMPLETION BY FAMILY COUNCILLORS AT THE OFFICE OF THE FAMILY ADVOCATE

SECTION A: FAMILY COUNCILLOR

A 1. Highest academic qualification: *(Please answer only ONE option)*

Dipl. S.W. _____	B.A. (S.W) _____	M.A. (S.W.) _____	Other <i>(specify)</i> _____
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A 2. Additional qualification: *(Please answer ALL options applicable)*

			Certificate		Diploma		Post Graduate	
Playtherapy	Yes	No	Yes	No	Yes	No	Yes	No
Family Therapy	Yes	No	Yes	No	Yes	No	Yes	No
Other	Yes	No	Yes	No	Yes	No	Yes	No
<i>(specify other)</i>							

A 3. Experience: *(Please answer only ONE option)*

Total numbers of years working as social worker since qualifying until currently								
1	2	3	4	5	6	7	8	Other <i>(specify)</i>

A 4. Experience as family councillor: *(Please answer the number of full years of service completed as family councillor)*

Total numbers of years working as family councillor at Office of Family Advocate								
1	2	3	4	5	6	7	8	other <i>(specify)</i>



Complete section B and C regarding EACH SEPARATE FAMILY SYSTEM

SECTION B: FAMILY SYSTEM IN DIVORCE

B 1. Composition of family system

(Please indicate the total number of members of the family system – circle ONE)

3	4	5	6	7	8	Other (specify)
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B 2. Composition of minor children in family system: (Please indicate the age, gender and educational level of EACH CHILD residing with the family)

Age	Gender		Educational Level		Is the child residing with the family	
	M	F	Pre-school	School grade	Yes	No

B 3. Marriage: (Please stipulate the number and duration of this marriage for EACH parent)

Parent	1 st Marriage	Length (years)	2 nd length	3 rd length	Other (specify)	length
Mother						
Father						

B 4. Structure of family system: (Please indicate the nature of employment of each parent – mark ONE for each parent)

Mother		Father
	full time housewife/househusband	
	full time employed outside family system	
	part time employed outside family system	
	full time self employed	
	part time self employed	
	unemployed	



B 5. Significant other persons: (Please indicate with *x* all other significant persons for the family, their age and whether residing with the family)

Relationship of person	Age	Residing with family	
		Yes	No
maternal grandmother		Yes	No
maternal grandfather		Yes	No
paternal grandmother		Yes	No
paternal grandfather		Yes	No
maternal aunt		Yes	No
maternal uncle		Yes	No
paternal aunt		Yes	No
paternal uncle		Yes	No
sister (child) older than 18 years		Yes	No
brother (child) older than 18 years		Yes	No
other (specify)			
.....			

B 6. Consultation at Office of the Family Advocate: (Please indicate the total number of consultations this family had with the Office of the Family Advocate at termination of the service – circle ONE option)

1	2	3	4	5	6	other (specify)
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B 7. Dispute parties: (Please indicate the disputing parties in the divorce process of this family – mark with *x*)

mother	
father	
maternal grandparents	
paternal grandparents	
Other (specify)	

B 8. Content of dispute: (Please indicate the reason for the dispute in the divorce process of this family system by answering yes/no in ALL options)

Custody of minor children	Yes	No
Access of minor children	Yes	No
Visitation arrangements	Yes	No
Maintenance towards children	Yes	No
Other (specify).....		



SECTION C: PROCESS OF ASSESSMENT AND EVALUATION

C 1. Date of first assessment: *(Please write down the date of the initial consultation of this family system with this Office of the Family Advocate)*

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C 2. Nature of initial consultation: *(Please indicate by whom the initial consultation with this family system was conducted – mark the most appropriate option)*

by yourself	
another person	
yourself and another person	
Other (specify)	

If the initial consultation was conducted solely by ANOTHER PERSON, please complete Questions C 3 to C 6

C 3. Initial consultation conducted by another person: *(Please indicate the profession and role of the other person who conducted the initial consultation – mark ONE option for profession and ONE for role)*

Profession of other person conducting initial consultation				
Social worker	Psychologist	Lawyer	Advocate	Other (specify).....
Role of other person conducting initial consultation				
Leader	Facilitator	Negotiator	Assessor	Other (specify)

C 4. Duration of the initial consultation: *(Please indicate the duration of the initial consultation – mark ONE option)*

1 hour	1½ hour	2 hours	2½ hours	3 hours	3½ hours	4 hours	Other (specify).....
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Other (specify)	Yes	No
Maintenance towards children	Yes	No
Visitation arrangements	Yes	No
Access of minor children	Yes	No
Custody of minor children	Yes	No



C 5. Family members present at initial consultation: (Please indicate **which** family members were present at the initial consultation and stipulate **how** the family system was involved by answering the following- mark **ALL correct options**)

both parents together:	Yes	No	How long (hrs/min).....
both parents with all children together:	Yes	No	How long (hrs/min).....
mother alone:	Yes	No	How long (hrs/min).....
father alone:	Yes	No	How long (hrs/min)
all children together without parents:	Yes	No	How long (hrs/min)
all children individual:	Yes	No	How long (hrs/min)
other significant persons: (specify)	Yes	No	Who How long each (hrs/min)....

If the initial consultation was solely or partly conducted by YOURSELF please complete questions C6 to C 10

C 6. Nature of initial consultation conducted by yourself: (Please indicate the **duration** of the initial consultation as well as what **role** you occupied conducting the initial consultation – mark **ONE option** for duration and **ONE** for role)

Duration								
1hr	1½hr	2hr	2½hr	3hr	3½hr	4hr	4½hr	Other (specify).....
Your role								
Leader	Facilitator	Negotiator	Assessor	Other (specify).....				

C 7. Family members present at initial consultation conducted by yourself: (Please indicate **which** family members were present at the initial consultation and stipulate **how** the family system was involved by answering the following – mark

both parents with all children:	Yes	No	How long (hrs/min).....
both parents without children:	Yes	No	How long (hrs/min).....
mother alone:	Yes	No	How long (hrs/min).....
father alone:	Yes	No	How long (hrs/min)
all children together without parents:	Yes	No	How long (hrs/min)
all children individual:	Yes	No	How long each (hrs/min) ...
other (specify).....	Yes	No	How long each (hrs/min)....



C 8. Facilities: (Please indicate what **office facilities** were used in conducting the initial consultation – mark the **MOST** suitable option)

Office of interviewer
Board room
Conference room
Play therapy room
Special family consultation room
Combination of facilities (<i>specify</i>).....
Other (<i>specify</i>).....

C 9. Techniques: (Please stipulate which **professional techniques** were applied by you during the initial consultation with the family system)

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C 10. Skills: (Please stipulate which **professional skills** were applied by you during the initial consultation with the family system)

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C 11. Additional consultations: (Please indicate if any **additional consultations** were conducted with the family system – mark yes/no)

Additional consultations with family system	Yes	No
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C 12. Number of additional consultations with family system: (Please indicate how **many** additional consultations were conducted with the family system until termination of service – circle **ONE** option)

1	2	3	4	5	Other (<i>specify</i>).....
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C 13. Purpose of additional consultations: (Please stipulate what the **purpose** of the additional consultations were – mark **ALL applicable options**)

to gain more information
further assessment of parents
further assessment of children
further assessment of relationships
feedback re information
discussion of information
other (<i>specify</i>).....

C 14. Success of purpose of additional consultation: (Please indicate whether the **purpose** of the additional consultations were met – circle **Yes/No** and stipulate how it was met)

Was the purpose successful?	YES	NO
How was the purpose of the consultation met (<i>please indicate in own description</i>)		
.....		
.....		
.....		

C 15. Consultations with other persons: (Please indicate whether any consultation was conducted with **other persons** outside the family system by answering **Yes/No** and stipulate how many consultations – circle **ONE** option)

Any consultations conducted with other persons?		YES	NO		
Total number of consultations conducted with other persons: (<i>circle ONE option</i>)					
1	2	3	4	5	other (<i>specify</i>).....

C 16. Other persons involved: (Please stipulate which **other persons** were involved in consultations re the family system – mark **ALL relevant options**)

maternal grandmother		paternal grandmother	
maternal grandfather		paternal grandfather	
maternal aunt		paternal aunt	
maternal uncle		paternal uncle	
teacher		friend of mother	
religious minister		friend of father	
employer		friend of child	
other (<i>specify</i>).....			



C 17. Purpose of consultations with other persons: *(Please stipulate the purpose of consultations with other persons - mark ALL suitable options)*

to gain collateral information re the family
to clarify relationships
to clarify systemic connections of the family system
other (specify).....

C 18. Facilities used in consultations with other persons: *(Please stipulate which facilities were used to conduct consultations with other persons – mark ALL applicable options)*

office of interviewer
board room
conference room
play therapy room
special family consultation room
other (specify).....

C 19. Evaluation of functioning: *(Please indicate the relevance of the information gained re evaluation of the functioning of the family system - mark yes/no)*

Was the information gained relevant enough to evaluate the functioning of the family system?	YES	NO

C 20. Factors in evaluation process: *(Please indicate which factors created difficulties to evaluate the functioning of the family– mark ALL appropriate options)*

not enough relevant information
lack of co-operation by family
not enough clarification of information
emotional intensity of information
uncertain about truth of information
lack of own professional knowledge
lack of own professional experience
other (specify)



C 21. Enhancing factors in evaluation process: *(Please stipulate which factors enhanced the process to evaluate the functioning of the family system- mark ALL relevant options)*

enough relevant information
co-operation by family
enough clear information
low emotional intensity of information
own professional knowledge
own professional experience
guidance from supervisor
assistance from professional colleague
other (specify).....

C 22. Evaluation of relationships in family system: *(Please indicate whether the information gained was relevant enough to evaluate the relationships in the family system – mark yes/no)*

Was information relevant enough to evaluate relationships?	YES	NO
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C 23. Factors creating difficulty in evaluation of relationships: *(Please stipulate which factors created difficulty in evaluating the relationships of the family system – mark ALL appropriate options)*

high degree of emotional intensity
lack of clarification of information
lack of co-operation by family members
lack of collateral information
lack of own professional knowledge
lack of own professional experience
lack of enough information
lack of professional guidance
other (specify)



C 24. Enhancing factors in evaluation process of relationships: *(Please indicate which factors enhanced the evaluation process of all the relationships in the family system – mark ALL relevant options)*

co-operation from family system
enough relevant collateral information
low degree of emotional intensity
enough clear information
own professional knowledge
own professional experience
professional guidance
professional support by colleague
other (<i>specify</i>).....

C 25. Guiding factors in evaluation process: *(Please stipulate which factors from the information re the family system did you apply as guidance in your evaluation of the family system - describe ALL in own words)*

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C 26. Evaluating system: *(Please stipulate which factors in the evaluating system created difficulty in the evaluation process of the family system in divorce – mark ALL suitable options)*

lack of enough time for assessment
lack of efficient facilities
different cultures
language barriers
lack of competent staff
lack of own professional knowledge
lack of own professional experience
inefficient administrative system
lack of professional/expert resources
lack of collateral investigation
other (<i>please specify</i>).....



C 27. Recommendation after evaluation: *(Please stipulate your recommendation after evaluation re the divorce dispute of this family system – describe ALL)*

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C 28. Influential factors: *(Please indicate which factors from the information gained re the family system influenced your recommendation – stipulate in own words)*

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C 29. Report: *(Please indicate whether you compiled a professional report re the evaluation of the family system – stipulate yes/no)*

YES	NO
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C 30. Professional report: *(Please stipulate to whom your professional report is delivered – answer ONE option)*

supervisor	
leader of team	
head of office	
colleague	
other (specify).....	

C 31. Receiver of professional report: *(Please stipulate the occupation of the person to whom your professional report is delivered – mark ONE option)*

social worker	
psychologist	
advocate	
lawyer	
other (specify).....	



C 32. Other reports: *(Please indicate whether your report is part of another report and if so stipulate the nature of the other report – mark ALL relevant options)*

Does your professional report form part of another report?	YES	NO
Nature of the other report:		
official report by office of the Family Advocate	YES	NO
report by another assessor	YES	NO
other (<i>specify</i>).....		

C 33. Compiler of other report: *(Please indicate the role of the compiler of the other report – mark ONE option)*

yourself	
supervisor	
team leader	
head of office	
outsider (<i>specify</i>).....	

C 34. Feedback: *(Please indicate whether you received any feedback re the order made by the High Court in the divorce dispute of the family system in which you delivered a professional report– answer yes/no)*

Did you receive any feedback re the other by the High Court?	YES	NO
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C 35. Suggestions

(Please indicate what factors would promote the evaluation process of a family system in divorce – mark ALL relevant options)

more time for assessments	
more competent professional staff	
more professional guidance	
more suitable facilities	
more expert resources	
special training (<i>specify</i>).....	
more efficient administrative system	
better opportunities for collateral investigation	
other (<i>specify</i>).....	

Your kind co-operation is highly regarded and appreciated