

**Family preservation services:
experiences of families at risk**

by

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“She (the social worker) has encouraged me ... she was with me all the way through this problem. She has helped me so that I am where I am today.”

“There is so much that one can be grateful for. Just around the corner lies something better. There is light in the tunnel ... That is hope. Fear is negative.”

(Quotes by research participants)

DECLARATION OF ORIGINALITY

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My Heavenly Father who is my source of strength in all circumstances.

ABSTRACT

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In the past, social welfare delivery services to families at risk in South Africa focused strongly on statutory intervention, where children were removed from the care of their parents or caregivers and placed in alternative care. The system failed to deliver a full spectrum of services which would include prevention and early intervention services, with the result that many children and their families were exposed to immense trauma. A developmental approach to social welfare had since been adopted and social work service delivery in South Africa is supportive of prevention and early intervention services with the emphasis on strengthening the family, capacity building, and on community and family-based services. Social work services however still have a strong focus on statutory intervention and not enough on the preservation of families and keeping children in the family and community. This issue underlies the goal of the study, namely to explore the experiences of families at risk of family preservation services they have received.

The research followed a qualitative research approach, with applied research as the type of research with the intent that the information obtained through the research could inform family preservation services in practice. A phenomenological research design guided the study and enabled the researcher to obtain rich information from the research participants. Purposive sampling was used to select nine participants who conformed to the sampling criteria for the study. Data were collected by means of unstructured in-depth interviews which allowed the researcher to obtain an understanding of the participants' views of family preservation services.

The research findings indicated that the nature of the helping relationship between the social worker and most of the participants was of major importance in determining the participants' experiences of family preservation services. Clarity on the role of the social worker was a determining factor in the participants' perceptions of social workers and social work services. Where participants were clear about the fact that the role of the social worker was not to

remove children in the first instance, they had a more positive experience of the involvement of the social worker and trusting relationship with the social worker. The participants identified a range of support services that they deemed helpful. These services included concrete services, emotional support, educational and recreational services, as well as multi-professional services. Participants who received holistic services expressed more positive experiences of social work intervention than participants who received services of a limited scope.

The researcher reached the conclusion that family preservation services which include comprehensive services to support the family to meet the needs of its members, can be an effective intervention strategy to support families and prevent the out-of-home placement of children. Comprehensive models of family preservation services, such as Systems of Care, multi-systemic therapy and the wraparound process are relevant to addressing the various needs of families at risk. It seems that community-based centers are in a position to provide such comprehensive services to families at risk within their communities, while the provision of intensive family preservation services in the South African context may not be a viable option of service delivery for many welfare organisations due to the shortage of social workers and resources.

In situations where risk is due to poverty and unemployment, family preservation can be an effective strategy to assist families at risk to care for their children and prevent the out-of-home placement of these children. In this sense family preservation services are in support of the principles and practice of developmental social work. It is thus recommended that social workers should not relate family preservation services to an intensive model of intervention only, but also deliver comprehensive services to families at risk that can support them over the longer term. Inter-agency collaboration can enhance the possibility of the provision of holistic family preservation services. Larger research studies on family preservation, conducted in different geographical areas and with diverse populations in the South African context, are recommended.

Key concepts:

- Family preservation services
- Family
- Families at risk
- Community-based services
- Prevention and early intervention

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CHAPTER 1

GENERAL INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The family is the primary context in which children develop and children remain dependent on their families for most of their childhood years (Berk, 2009:563). In the Green Paper on Families (Department of Social Development, 2011:8) it is stated that family plays a vital role in socialisation, nurturing and care of children and that universally, parenting is important in children's lives.

Many families in South Africa face hardships related to adverse conditions such as poverty, unemployment, and HIV and AIDS (Department of Social Development, 2011:6). It is recognised that such factors could place families at risk for disintegration and the South African government saw the need to put measures in place to strengthen the family as the basic unit of society and prevent out-of-home care for children (Department of Social Development, 2011:52-53; Department of Social Development 2013a:8; Giese, 2008:17).

Many of the social services to children and their families that are indicated in the Children's Act 38 of 2005 (hereafter referred to as the Children's Act) are costly as they are labour intensive services that require implementation by skilled practitioners (Loffell, Allsopp, Atmore & Monson, 2008:48). Prevention and early intervention services would thus be relevant, however as a result of limited resources in the South African welfare context, these services are mostly overlooked due to the high prevalence of statutory and alternative care services, resulting in greater numbers of children ending up in alternative care (Giese, 2008:20).

The above factors required a new approach to service delivery to families and resulted in a stronger focus on an approach known as family preservation services, which are services intended to strengthen the family and allow children to remain safely in their homes (Tracy in Popple & Leighninger, 2010:238). Despite the fact that international studies indicate that family preservation can have many advantages for family functioning (Channa, Geert, Stams, Bek, Damen, Asscher & Van der Laan, 2012:1474), it seems that social workers in South Africa have not embraced these services. This situation may be due to work demands related to high case loads and limited resources, however it seems that ignorance about the nature of family preservation services could also contribute to a limited focus on family preservation services in South Africa (Giese, 2008:20; Strydom, 2013:513-514).

Given the above situation, the researcher wished to explore the experiences of families at risk of family preservation services they have received, in order to determine the value they ascribe to these services.

1.2 CONTEXTUALISATION OF THE STUDY

The family is generally regarded as the foundation of society and the institution that provides its members with financial security, a sense of belonging, education, socialisation, physical and economic protection, a religious identity, affection and companionship, and recreation (Kunz, 2013:11-12). In this, it is kept in mind that families differ widely in structure and it is difficult to find a single definition that cover all family forms in South Africa (Department of Social Development, 2013a:17).

The family is the primary place of care for children and the Children's Act, in Section 1 indicates that care includes, amongst others, providing the child with shelter, financial support and guidance, while protecting the child from harm and ensuring that the best interests of the child are upheld. However, some families experience difficulties to the extent that they struggle to care for their members. When these families experience societal threats to the point that they risk disintegrating, they are referred to as families at risk and face the possibility that the children may be removed from the family's care (Department of Social Development, 2013a:38). Removal of the child from the family can occur when the child has been found in need of care and protection according to the Children's Act, Section 150.

Children in need of care and protection can be placed in alternative care, therefore with a foster family, in a child and youth care centre, or in temporary safe care until a final court decision has been made (Children's Act, Section 167). It is widely recognised that placement in alternative care does not always benefit the child and that many children in alternative care are likely to develop mental health problems (Mason, 2008:367; McAuley & Davis, 2009:151; Whitted, Delavega & Lennon-Dearing, 2013:181). Social workers who take responsibility for the well-being of children in alternative care therefore find their task extremely challenging (Leeson, 2010:483).

Because of the generally negative consequences of placement in alternative care for the child and for the welfare system, alternative care has become a cause for concern (Cox, 2005:443). Internationally, especially in the United Kingdom and USA, a movement started that urged social service professionals to rather consider services that could support high-risk families in order for the children to remain in the home (Conley, 2010:31). This shift involved a stronger focus on prevention of out-of-home care and an emphasis on home and community-based services. Different models of family-based interventions with a focus on

keeping the child in the family were developed, for example intensive family preservation services, multi-systemic therapy, the Systems of Care approach and the wraparound process (Cox, 2005:444).

The importance of preserving the family and preventing the placement of children in alternative care was recognised by the South African government, and the concept of family preservation was highlighted in the White Paper on Families in South Africa as a key development imperative to empower families (Department of Social Development, 2013a:3). The preventative and strengths-based focus of these services were seen to be in line with the developmental approach to social welfare that was adopted in South Africa in the late 1990s (Midgely, 2010:12). The developmental approach prioritises prevention and early intervention levels of service delivery (Department of Social Development, 2006:29).

Family preservation services are based on the premise that parents can be provided with support and services that will enable them to care for and protect their children within the family (Mullins, Cheung & Lietz, 2012:265). However, social workers should also acknowledge that there needs to be evidence of certain strengths, resources and social supports in the family that can be utilised to ensure the safety of the child in the family (Greene, 2007:16).

Various studies found that family preservation services hold many advantages apart from maintaining the child in his or her home. These advantages include positive effects on family functioning, improved parenting skills, better communication within the family, increased resilience in parents and children, as well as improvements in children's overall functioning (Channa et al., 2012:1476; Kauffman, 2007:558; Kirk, 2003:87; Popple & Leighninger, 2010:260-261). Family preservation services were also seen to be specifically relevant to strengthening families in countries with limited resources (Chandan & Richter, 2009:76).

It should be kept in mind, however, that family preservation services can also present with challenges. Some of these challenges relate to working with multi-problem and often involuntary clients with a lack of parenting capacities, multiple factors that need to be considered in service delivery, and high demands that are made on the time and availability of the social worker (Berg, 1999:10-11; Institute for Family Development, 2013; New South Wales Department of Community Services, 2010:5; Patterson, 2012:11; Strydom, 2012:349).

A limited number of studies were found that focused on the experiences of families at risk regarding family preservation services they have received. Some of these studies found a clear link between the client-therapist relationship and the clients' perception of the

effectiveness and value of the services (Dore & Alexander, 1996:358; Gockel, Russell & Harris, 2008:91; Kauffman, 2007:560).

It is recommended that family preservation services are evaluated on a regular basis (Gelles, 2000:242; Long & Frederico, 2014:74-75; Ryan & Schuerman, 2004:352). Based on this fact, the researcher intended to explore the experiences of families at risk of family preservation services that they have received. The intention was to determine whether some services were regarded as more beneficial and whether these services could be prioritised to enhance service delivery to families at risk in the South African context where social workers have to cope with high case-loads and limited resources.

1.3 THEORETICAL FRAMEWORK

The researcher conducted the research study based on the developmental approach. The developmental approach is in stark contrast with the social welfare model in South Africa during colonialism and the apartheid era, in which social work services were inequitable, discriminatory, and dependent on unsustainable methods of service delivery (Patel, 2008:72). The remedial model of service delivery was racially differentiated and services were costly, staff intensive and fragmented, with a strong focus on institutional care, statutory social work, and case work services (Patel, 2008:72). The remedial approach was also reflected in the child protection services, where the problem of child maltreatment was perceived as a result of the incompetence and irresponsibility of the parents or other caregivers, which resulted in an often adversarial relationship between the social welfare system and parents, and minimal involvement by other social welfare systems and the broader community in the protection of children (Conley, 2010:31).

The change towards a developmental welfare approach in South Africa involved a shift to a social development paradigm for welfare according to which services are intended to maximise human potential and self-reliance by means of a people-centered approach aimed at social and economic development. The developmental approach emphasises preventative services that are family oriented and community-based and support client participation in decision-making (Department of Social Development, 1997: Preamble; Department of Social Development, 2006:29).

The developmental approach to welfare services can be distinguished as a rights-based approach to service delivery (Patel, 2005:156). Midgley (2010:13) states that developmental social work is underpinned by principles of the use of strengths, empowerment, enhancing capacity, self-determination, client participation, equality, as well as social justice, social investment and social rights. In service delivery to families, the developmental approach is

proposed in the White Paper on Families in South Africa (Department of Social Development, 2013a:8-9), according to which services are informed by the following principles: human rights, family diversity, family resilience, community participation, promoting and strengthening marriages, promoting and strengthening responsible parenting, and strategic partnerships. Gray (1998:30) concurs that social work with individuals and families within the developmental approach must be holistic, appropriate, sustainable, people-centered and multi-sectorial.

From a social development perspective, the aim of services to families at risk would be to keep children in the family, rather than opting for alternative care (Conley, 2010:49). Within this perspective, family preservation services are regarded as services to families that are intended to strengthen families and enhance family resilience with the aim of keeping families together as far as possible (Department of Social Development, 2013a:38-39). Stable and supportive families are associated with enhanced psycho-social functioning of family members such as higher levels of self-esteem and higher work productivity, lower levels of antisocial behaviour such as crime, violence and substance abuse, and an enhanced sense of self-efficacy that help them to deal with socio-economic hardships (Department of Social Development, 2013a:5).

It is a critical challenge for social workers to be recognised for their role in social development and they must demonstrate competence in implementing developmental social work. Social workers in practice should therefore re-orientate themselves towards their developmental role (Lombard, 2010:107).

Family preservation services are defined as preventative and therapeutic interventions that focus on strengthening and preserving families in order to prevent the removal of children from their care (Strydom, 2012:435). This definition of family preservation services encompasses principles underlying developmental social work related to prevention, strengths and empowerment. Through the rendering of comprehensive family preservation services, it is the belief of the researcher that children can remain in their home with their primary caregivers, mainly the parents, in a safe environment, thereby preventing children being removed and placed in alternative care. Keeping children in the family with the support of integrated family-centered and community-based services, aligns family preservation services with the developmental welfare approach (Conley, 2010:49).

1.4. RATIONALE AND PROBLEM STATEMENT

In the past, social welfare services in South Africa focused strongly on statutory intervention, where children were removed from the care of their parents or caregivers and placed in

alternative care. The system failed to deliver a full spectrum of services which would include prevention and early intervention services, with the result that many children and their families were exposed to immense trauma (Giese, 2008:20).

With the adoption of a developmental approach to social welfare, social work service delivery in South Africa was supportive of prevention and early intervention services, with the emphasis on strengthening the family, capacity building, and on community and family-based services (Department of Social Development, 2006:29).

It appeared, however, that social welfare services still focused on statutory intervention and not enough on the preservation of families and keeping children in the family and community. The scarcity of social work skills, high caseloads, lack of resources, and inadequate funding for non-governmental organisations and community-based services were seen as factors that hinder preventative social service delivery to these children and families (Giese, 2008:19-21). It could be concluded that there is not nearly enough time, resources nor availability of social workers to deliver family preservation services with the purpose of keeping a child safely in his or her own home.

The rationale for the researcher's decision to conduct a research study on the topic of family preservation with families at risk, was primarily due to the researcher's observation in practice that, because of the scarcity of social workers and other resources in the field of child protection services, it was difficult to render preventative and early intervention social work services to families at risk. In an attempt to address this problem, the researcher intended to explore which aspects of family preservation services among the wide range of possible services, were found to be more beneficial by families at risk.

Research indicates that families at risk have found certain interventions to enhance their experience of family preservation services (Gockel et al., 2008:91; Pretis, 2011:75-76). However, researchers have not explored which individual services that form part of family preservation services were regarded as more beneficial or positive (Ryan & Schuerman, 2004:352). The researcher intended to explore the experiences of families at risk of the individual services they received as part of family preservation services. Families at risk who have received social services that allowed the family to be preserved, would be requested to share their experiences of family preservation services they have received. The knowledge forthcoming from the research could be used to rethink and prioritise services in light of the huge need for social welfare services, limited resources and limited numbers of social workers in South Africa.

The research question that guided the study was as follows: What are the experiences of families at risk regarding family preservation services they have received?

1.5. GOAL AND OBJECTIVES

1.5.1 Goal of the study

The goal of the study was to explore and describe the experiences of families at risk of family preservation services they have received.

1.5.2 Objectives of the study

In order to reach the goal of the study, the following objectives were identified:

- To conceptualise family preservation services within the South African welfare context
- To explore and describe the kind(s) of family preservation services that the research participants received
- To explore and describe what family preservation services the participants regarded as beneficial to preserving their family unit
- To explore and describe what family preservation services the participants regarded as less beneficial to preserving their family unit
- To obtain suggestions from participants with respect to family preservation services to families at risk.

1.6 RESEARCH METHODOLOGY

The researcher used a qualitative research approach to conduct the study (Fouché & Delport, 2011:66). By using qualitative research, the researcher was given the opportunity to explore and describe the experiences of participants at risk of family preservation services they have received and to what extent they experienced certain services as beneficial or less beneficial to keep their family intact. Applied research was implemented with the intent that the information obtained through the research could enhance family preservation services in practice. As such, the research was directed at the solution of some problem in practice (Fouché & De Vos, 2011:94).

A phenomenological study was used as the appropriate research design. This research design enabled the researcher to obtain rich information on the type of family preservation services the participants had received and which services they perceived as more or less helpful (Fouché & Schurink, 2011:316; Leedy & Ormrod, 2013:145). Based on the participants' reflections on their experiences regarding family preservation services, the researcher could gain insight into the phenomenon that were being studied.

The population for this study was families at risk who received family preservation services at the community-based center where the research was conducted. The population was therefore relevant to the research problem (Babbie, 2013:135; Strydom, 2011a:223). Purposive sampling was used to select nine participants who conformed to the sampling criteria for the study (Babbie, 2013:128; Strydom & Delport, 2011:392).

Data were collected by means of unstructured in-depth interviews which allowed the researcher to obtain an understanding of the participants' views regarding family preservation services (Creswell, 2014:190; Greeff, 2011:348). A pilot study was conducted prior to the main study and included two mothers from families at risk, who also conformed to the selection criteria. The data obtained in the pilot study were not used for the findings of the study. The data analysis was executed according to the proposed process for the analysis of qualitative data, as described by Schurink, Fouché and De Vos (2011:403-405).

A more complete description of the research methodology is provided in Chapter 3 of the research report. The ethical aspects that were applicable in this research study are also discussed in detail in Chapter 3.

1.7 DEFINITIONS OF KEY CONCEPTS

The following key concepts are relevant to the study:

Family preservation services, also referred to as "family-based services, home-based services, or in-home treatment" (Kirst-Ashman, 2013:290) are based on the idea that children can be protected in their own homes when families are strengthened. Families are strengthened by giving parents the resources and services they need to function effectively. Strydom (2012:435) defines family preservation services as preventative and therapeutic interventions by social workers aimed at preserving the family and preventing the removal of children. These services focus on strengthening the family's capacities and providing them with access to formal and informal resources.

The **family** is a social institution and is defined as "societal groups that are related by blood (kinship), marriage, adoption, or affiliation with close emotional attachments to each other that endure over time and go beyond a particular physical residence" (Department of Social Development, 2013a:11).

In the Green Paper on Families (Department of Social Development, 2011:52-53), **families at risk** are defined as families that face imminent danger of disintegration and that are characterised by disunity, ineffective communication, poor interpersonal relationships, poor parenting skills, and irresponsible behaviour. In the Norms and Standards for Services to

Families (Department of Social Development, 2013b:48) families at risk are defined as families that face threats from various negative forces in society and face imminent danger of disintegration. These families often experience a lack of support amidst the numerous challenges they face, for example unemployment, economic hardship and psychosocial problems such as abuse or violence, substance abuse and other forms of anti-social behavior.

1.8 LIMITATIONS OF THE STUDY

The researcher identified the following limitations during the execution of the research:

- The sample of the study consisted of nine participants from families at risk. The findings from such a small study cannot be generalised to the larger population of families at risk.
- The sample of the study included participants from one racial group only therefore the findings from the study may not be applicable to families at risk from other racial groups.
- Most of the participants resided in the same community and the findings are only applicable to their experiences in the specific community in which they resided.

1.9 CHAPTER OUTLINE

Chapter 1: General introduction to the study

A general orientation to the study is provided in this chapter with the aim to contextualise the study. The chapter provides an overview of family preservation services, a description of the theoretical framework, the rationale and the problem statement, and the goal and objectives of the research. It is followed by a summary of the research methodology, a description of the limitations of the study and definitions of the relevant key concepts.

Chapter 2: Family preservation services

A detailed literature study is provided in Chapter 2 with the focus on the concept of family preservation services. The chapter contains a discussion on the role and functions of the family in society, different family-based practice models in the provision of family preservation services, and considerations in the implementation of family preservation services with families at risk.

Chapter 3: Research methodology and research findings

The research methodology for the study as well as the ethical aspects considered during the implementation of the research, are discussed in Chapter 3. The empirical findings of the research are also presented in this chapter.

Chapter 4: Key findings, conclusions and recommendations

The key findings are summarised in Chapter 4. Conclusions and recommendations are presented based on the key findings. The attainment of the goal and objectives of the study is explained.

CHAPTER 2

FAMILY PRESERVATION SERVICES

2.1 INTRODUCTION

The family is regarded as the cornerstone of society and must be promoted and strengthened to ensure that each member of a family reaches his or her full potential (Giese, 2008:17). The White Paper on Families in South Africa views the family as a “key development imperative” for government-wide policy-making initiatives to empower families and maximise the socio-economic development of society (Department of Social Development, 2013a:8).

At the same time, it is recognised that families in South Africa, as in other parts of the world, face numerous challenges such as poverty, unemployment, HIV and AIDS, and housing problems (Department of Social Development, 2013a:22; Henderson & Thompson, 2011:8). These factors can put families at risk for disintegration and lead to the removal of family members from the family (Department of Social Development, 2011:52-53). Family preservation is a strategy to empower families at risk and to prevent placement of family members in alternative care (Department of Social Development, 2013a:38; Strydom, 2013:501).

The importance of the family will be discussed in this chapter as a background to the discussion of family preservation services to prevent out-of-home placement of children of families at risk.

2.2 THE FAMILY IN SOCIETY

The family is the child’s first and longest-lasting context for development. Compared with other species, human children develop slowly and require years of support and education before they are ready to be independent (Berk, 2009:563). The family plays a vital role in a child’s socialisation, nurturing and care, and parenting is universally important in children’s lives (Department of Social Development, 2011:8). The White Paper for Social Welfare (1997) recognises the family as the basic unit of society and states that family life needs to be strengthened and promoted through family-oriented policies and programmes (Department of Social Development, 1997). The aim of strengthening the family is to minimise the necessity for statutory intervention (Giese, 2008:17).

2.2.1 Conceptualising the family

The concept “family” is difficult to define in view of the lack of a standard definition of the family by different disciplines. Social and behavioral sciences admit that the family cannot be defined from any single model. In this sense, Amoateng and Richter (Department of Social Development, 2013a:11) acknowledge that there is a “broad consensus that families are societal groups that are related by blood (kinship), marriage, adoption, or affiliation with close emotional attachments to each other that endure over time and go beyond a certain particular physical residence.” However, family members may not necessarily have positive emotional ties to one another.

The diversity in family forms and family patterns found in modern society therefore requires a broader view of the family and the family life cycle (Carter & McGoldrick, 2005:1, 13-14; Henderson & Thompson, 2011:8). Because of the multicultural nature of South African society, it is also difficult to find a single definition of the family that is broad enough to include the diversity in family forms in the country (Department of Social Development, 2013a:16).

According to the White Paper on Families in South Africa (Department of Social Development, 2013a:17) there were 13 million families in South Africa during 2005 of which 8.5 million lived in urban areas and 4.5 million in rural areas. Families are categorised into 14 groups according to family type. The most common family types in 2005 were the nuclear family (23.3 percent), single-adult family (20.4 percent) and the three-generation family (16.8 percent) (Department of Social Development, 2013a:17), while other family types included, amongst others, the single parent family, the three-generation family, as well as the elderly only, children only, married couple only, and siblings only family. Although families differ widely in structure, they perform similar functions.

Kunz (2013:11-12) describes the functions of families as follows:

- The family provides financial security to its members.
- The family provides its members with a sense of place and belonging.
- The family is responsible for the education and socialisation of its members.
- Members of a family are provided with physical and economic protection.
- The family also provides its members with a religious identity.
- The family provides its members with affection and companionship.
- Although the family is a source of recreation, the recreational functions of the family are being replaced by other sources such as computer games and a vast number of available television channels.

The above mentioned functions are reflected in the family functions that are outlined in the White Paper on Families in South Africa (Department of Social Development, 2013a:6), where it is further stated that the family, through its roles, can play a significant role in enhancing the socio-economic well-being of individuals and societies. The functions and roles of the family, as well as the benefits for the family members and for society are indicated in Table 1 below.

Table 1: Family functions and roles

Family function	Benefits to individual family members	Benefits to society
Membership and family formation	Provides a sense of belonging Provides personal and social identity Provides meaning and direction in life	Controls reproductive function Assures continuation of the species
Economic support	Provides for basic needs of food, shelter, clothing and other resources to enhance human development	Contributes to healthy development of members who contribute to society (and who need fewer public resources).
Nurturance, support and socialisation	Provides for the physical, psychological, social and spiritual development of children and adults Instills social values and norms	Prepares and socialises children for productive adult roles Support adults in being productive members of society Controls antisocial behavior and protects society from harm
Protection of vulnerable members	Provides care and support for young, ill, disabled or other vulnerable members	Minimizes public responsibility for care of vulnerable, dependent individuals

Source: Patterson, 2002 in Department of Social Development (2013a:6)

During childhood, children are dependent on others for their care and parents generally hold primary responsibility for meeting children's needs (Conley, 2010:41). The functions of the family as outlined in Table 1 correlate closely with the definition of care in the Children's Act. It is stated in the Act, Section 1, that 'care' in relation to a child refers, amongst others, to the following:

- providing the child with suitable living conditions and financial support, and promoting the well-being of the child;
- protecting the child from abuse, neglect and physical, emotional and moral harm;
- guiding the child in terms of his or her education, upbringing, behaviour and decisions;
- maintaining a positive relationship with the child;
- providing for any special needs the child may have; and
- protecting the child's rights, and upholding the best interests of the child.

However, some families experience difficulties to the extent that they struggle to care for their members. These families are regarded as families at risk.

2.2.2 Families at risk

Worldwide, many families are exposed to adverse societal conditions. Henderson and Thompson (2011:9) describe poverty and unemployment as two key issues in the United States that negatively affect families' capacity to care for their children. Families in South Africa are similarly affected by negative socio-economic conditions such as poverty, inequality, unemployment, HIV and AIDS, crime, substance abuse, as well as the challenges associated with urbanisation (Department of Social Development, 2013a:22; Louw, Duncan, Richter & Louw, 2007:352, 365-372). Overwhelming societal conditions could put families under such pressure that they become families at risk.

In the Norms and Standards for Services to Families (Department of Social Development, 2013b:48), *families at risk* are defined as families that face threats from various negative forces in society. These families face the danger of disintegration. Families at risk tend to present with disunity, poor communication and interpersonal relationships, poor parenting skills, and irresponsible behavior. They often experience a lack of support, a lack of care, mistrust, role confusion and poor conflict management. Families at risk may further be characterised by gender and partner abuse or violence, substance abuse and other forms of anti-social behavior. In such families, parents may not be able to support the family as they are unemployed or unable to earn an income. Therefore, individuals from families at risk lack the resources that enable them to function well in society. Families at risk most often require government support to enable them to function effectively in society.

Families at risk must be distinguished from *families in crisis*, where a family finds itself unable to cope with the unexpected death of a family member or murder of a family member. Where families experience a crisis, urgent intervention is necessary to assist the family to manage the crisis until they are able to cope by utilising their own skills and support systems (Department of Social Development, 2013b:50).

The family in crisis is further distinguished from the *family in transition*. The family in transition is defined by disruptions that are the result of migration, separation, divorce and death. Dependent and vulnerable family members fail to seek resources that are necessary for their optimal functioning and should be supported during the transition period (Department of Social Development, 2013b:50).

For families at risk, there is a strong likelihood of entering the statutory system (Department of Social Development, 2013a:38). These families face the possibility of children being removed from their care, based on the child being found in need of care and protection. A child can be found in need of care under conditions such as being abandoned or orphaned and without visible means of support; being exposed to circumstances which may seriously harm the child's physical, mental or social well-being; experiencing maltreatment, abuse, neglect or exploitation; living or working on the streets; or begs for a living (The Children's Act, Section 150). Children in need of care may be placed in other care options, outside of the family (The Children's Act, Section 110). The removal of the child from the parents' care and placement in alternative care, however, is not always to the benefit of the child or to the welfare system.

2.2.3 The dilemma of alternative care

According to the Children's Act, Section 167, a child is in alternative care if placed in the following care options: in foster care, in a child and youth care centre, or in temporary safe care. Temporary safe care implies that the child is placed in a private home, shelter, child and youth care centre, or other suitable place pending the outcome of a court decision on the placement of the child (The Children's Act, Section 1). The two long term options for alternative care for children are placement in child and youth care centers and placement in foster care.

The Children's Act (Section 191) defines a child and youth care center as a "facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care program suited for the children in the family," while a child in foster care has been placed in the care of a person other than the child's parent or guardian. This person may be unrelated to the child, may be a family member, or may be the person responsible for a registered cluster foster care setting (The Children's Act, Section 180).

Despite the various advantages that foster care offers, the practice thereof suffers from serious deficiencies; a problem that is especially observed in the South African context because of the overwhelming shortage of human and other resources (Böning & Ferreira, 2013:519-520). The quality of foster care services is negatively affected by a lack of professional responsibility for children in the statutory system, while many children are absorbed into the statutory system for the sake of access to poverty relief rather than to provide care for poor and orphaned children. A foster care placement should empower and protect a child with the aim of normalising, socialising and integrating the child back into society (Böning & Ferreira, 2013:519-520).

The negative effects of alternative care are highlighted in a study by Whitted et al. (2013:181) where it was found that children aged three to 11 who lived in residential care, group homes, and foster care homes showed a high prevalence of mental health problems. Another study focusing on children in alternative care showed that children placed in residential care were more likely to have socio-emotional problems than those who were placed in foster care or placed with family or friends; a prevalence of 72% compared with 40% and 32% respectively (McAuley & Davis, 2009:151). It was further found that children in alternative care expressed the wish for connections with people who are important to them, such as their family, as well as a need for a family where they would feel safe and secure (Mason, 2008:367; McAuley & Davis, 2009:153). The research findings indicate that being placed in alternative care can negatively affect the well-being of children.

Research on the effects of institutional care on children paints a bleak picture especially for those children that have spent lengthy times in these settings. Children in institutional care were found to experience a lack of stimulation, a high turnover of caregivers, suboptimal nutrition as well as physical and sexual abuse, and were more likely to present with delays in large and fine motor development, delayed language and social skills, behavioral problems, and insecure attachments even after several years in adoptive homes (Johnson, [sa]). In a country like South Africa where many children are placed in child and youth care centers (Patel, 2005:78) timeous and effective intervention programmes for these children are thus regarded to be of prime importance for the overall development of the children and to prevent the negative effects of institutionalisation.

The social work profession is responsible for the well-being and progress of the child in alternative care and for the child's recovery from the trauma experienced in the past. Leeson (2010:483) states that the demands that this responsibility places on social workers who try to do their job within a context of multiple accountability, may lead them to experience feelings of powerlessness. Under such circumstances it becomes difficult to meet the needs of the child and this situation could lead to burnout, professional detachment, and the inability to effectively deliver services to these children. This situation predicts poor outcomes related to all aspects of the process of recovery (Leeson, 2010:483). As a result of the dilemmas involved in alternative care, a greater focus on community-based services for families at risk developed.

2.2.4 Supporting families in the community

In recent decades questions have been raised concerning the social and economic effects of the unnecessary and inappropriate placement of children in alternative care (Cox, 2005:443). Increasingly, it was recognised that the removal of children from their families

involved substantial costs that relate to loss, trauma and stigmatisation (Long & Frederico, 2014:76). These concerns resulted in a growth of home and community-based services for high-risk children and families in the United Kingdom and USA. This development is in contrast to earlier views on child maltreatment, which was perceived as a result of the incompetence and irresponsibility of the parents or other caregivers; leading to a high incidence of out-of-home placements where involvement by social welfare systems and the broader community to support families were often minimal (Conley, 2010:31). In South Africa a similar development in social welfare services occurred as a result of the adoption of a developmental approach to social welfare. This change in the social welfare system resulted in a developmental, rather than a remedial approach to social work practice (Midgley, 2010:12).

In line with this approach, one of the most important developments in post-apartheid social welfare in South Africa was the move away from a welfare service delivery model which was based on an understanding of deficits that needed to be diagnosed and treated. The developmental approach to welfare follows a completely new path for welfare services and is distinguished by features such as integrated family-centered and community-based services, as well as community development and developmental welfare services (Lombard, 2008:167; Patel, 2005:156). From a developmental approach to welfare services it is acknowledged that, despite the progress made by the South African government and other role-players in raising the livelihood of South African families since the country has attained democratic rule in 1994, many families still live in extreme and adverse conditions such as poverty, unemployment, HIV and AIDS and gender inequality (Department of Social Development, 2011:6).

The Children's Act 38 of 2005 was put into effect on 1 April 2010 and requires that social service practitioners deliver a range of social services to children and their families. The services include partial care, early childhood development, prevention and early intervention services, child protection, foster care, adoption, and child and youth care centers. These services are costly as they are labour intensive and their effectiveness being dependent on the availability of trained practitioners such as social workers and social auxiliary workers (Loffell et al., 2008:48). With the limited resources in the South African welfare field, prevention and early intervention services are also seen as less critical than statutory services and alternative care, and are therefore the first to be cut. The capacity of social workers to deliver prevention and early intervention services is therefore reduced, leading to unnecessary trauma for children and families as a greater number of children require protection and out-of-home care (Giese, 2008:20).

The combination of the above factors has resulted in great pressure on the child welfare system to reduce the number of children in alternative care. Professionals in this field have come to favour an approach known as family preservation. Tracy (in Popple & Leighninger, 2010:238) states that the main aims of family preservation services are:

- To allow children to be safe and remain in their homes,
- To preserve and strengthen family bonds,
- To address the crisis situation that resulted in a need for alternative care,
- To enhance the competencies and coping skills of the family, and
- To help the family to access appropriate formal and informal resources.

Services to preserve the family are rendered according to different models, which will be discussed in the next section.

2.3 FAMILY-BASED PRACTICE MODELS OF SERVICES TO FAMILIES

In response to the focus on home and community-based services, different family-based practice models which hold the promise for reducing expensive out-of-home placements have been developed internationally. Comprehensive family-based practice models such as intensive family preservation services (IFPS), multi-systemic therapy (MST), Systems of Care, and the wraparound process advanced at a great pace and incorporate principles and methods of family preservation services (Cox, 2005:444).

Family-based practice models of services to families are mainly based on the contextual perspective held by Bronfenbrenner, who viewed children and adults as being enfolded by complex interactive systems (Keenan & Evans, 2009:35-37). Bronfenbrenner viewed the environment as being divided into four levels (Louw & Kail, 2007:27). The *microsystem* consists of the people in the child's environment that are the closest to the child and strongly influence the child's development; the *mesosystem* refers to the relationships among microsystems, such as the home, school and neighbourhood in which a child develops. The *exosystem* refers to the wider social settings that do not directly involve the child, but can have a major impact on the child's development, for example formal settings such as community clinics and recreation centers, as well as informal groups such as the extended family, social networks and the workplace. The *macrosystem* is the broadest environmental context, and refers to the subculture and cultures in which the microsystem, mesosystem, and exosystem are embedded. With specific reference to the South African context, Louw and Kail (2007:27) point out that a family, the parents' workplace, the children and their schools are part of a much larger cultural system, such as the Coloureds living in the Western Cape or the Indian people in Kwa Zulu Natal.

The ecosystemic view implies that family preservation services should focus on the people closest to the child that influences the child's development, as well as on the relationships between the child's home, school and neighborhood, community health services, recreation centers, informal groups such as the extended family, and also on the workplace of the parents. The ecosystemic view further implies that family preservation services should be sensitive to the cultures and sub-cultures in which the family is embedded (Keenan & Evans, 2009:35-37).

Family-based practice models are connected to family-centered, strength-based and empowerment approaches to mental health (Walker & Matarese, 2011:793). Following a similar approach, the White Paper on Families in South Africa (Department of Social Development, 2013a:36-37) indicates that services to families should be based on a rights-based approach, life cycle approach, strengths-perspective and a social development approach.

The White Paper on Families in South Africa (Department of Social Development: 2013a:37-38) suggests three key strategies to improve the well-being of families, namely the promotion of healthy family life, family strengthening, and family preservation. The promotion of healthy family life focuses on advancing positive attitudes and values towards family life. Family strengthening refers to providing families with opportunities and networks to support strong families, while family preservation services are aimed at preventing out-of-home placement of family members of troubled families.

There are different levels and models according to which family preservation services are rendered. The different levels and models of services to families will subsequently be discussed.

2.4 FAMILY PRESERVATION SERVICES

The term *family preservation* is defined in the White Paper on Families in South Africa (Department of Social Development, 2010 as cited in the Department of Social Development, 2013a:38) as "to mean keeping families together, and the specific services and programmes which are intended to strengthen families in crisis and reduce the removal of family members from troubled families." Warsh, Pine and Maluccio (in Popple and Leighninger, 2010:263) give a broader definition of family preservation in as much as they regard it as a philosophy that can be expressed through any number of specific programmes and techniques, such as crisis intervention and family support services, extended family care, shared foster care (in which the foster family and the biological family are in direct

contact and share childrearing responsibilities), open adoption, and family reunification programmes.

There seems to be no particular definition of the term family preservation services. Family preservation services are generally defined as short-term, home-based services that are intended to support families in crisis by improving their functioning while at the same time ensuring the safety of the child (Kirst-Ashman, 2013:290; Mullins et al., 2012:265). The White Paper on Families in South Africa (Department of Social Development, 2013a:3) defines family preservation services as “Services to families that focus on family resilience in order to strengthen families, so as to keep families together as far as possible.”

Summarising the definitions provided by a number of authors, Strydom (2012:435) provides the following, more comprehensive definition of family preservation services: “Family preservation services ... entail the rendering of preventative and therapeutic services by social workers at family welfare organisations with a view to preserving the family and to preventing the removal of children by improving the family’s coping skills, strengthening family bonds as well as empowering the family to utilise formal and informal resources.” Family preservation stresses that it is in children’s best interests to remain in their own homes, as removal from the care of their parents or caregivers can traumatisise children and result in permanent harmful consequences (Kirst-Ashman, 2013:290). Together, the above definitions of family preservation services indicate the aims thereof.

The Department of Human Resources, Maryland, in the USA describes the overarching aims of family preservation services or programmes as follows:

- To strengthen the capacity of parents so that they can provide a nurturing home environment for children,
- To ensure the safety of all family members and prevent the out-of-home placement of children, and
- To ensure access to services needed to obtain safety, stability, independence and unity of the family (Department of Human Resources, Maryland, 2012).

The aims stated above are in line with the developmental approach endorsed by the South African child welfare system, that prioritises prevention and early intervention services in relation to families and children (Department of Social Development, 2006:29; Children’s Act, Sections 143(1)(b)(2)(b)). The developmental perspective within the South African welfare context emphasises that families should be supported and strengthened so as to develop their capacities to meet the needs of their members.

In conclusion, family preservation services are usually home-based services with the aim to assist families at risk to improve their functioning and ensure the safety of the children in the home. There are circumstances in which family preservation does not support the best interests of the child, however family preservation services are based on the conviction that many children can remain in the care of their parents when the parents are provided with relevant services and support (Mullins et al., 2012:265). Family preservation services are structured according to different levels of service delivery.

2.4.1 Levels of family preservation services

Strydom (2012:436) indicates the different levels at which family preservation services are delivered and describes the types of services applicable to each level. The three levels of services include preventative services, early intervention services, and statutory services, and the services related to these levels include community-based services, family-centered services, and intensive crisis services respectively. The levels and types of services can be summarised as follows (Strydom, 2012:437-439):

- Level 1: Community-based support services

Family or community-based support services are mainly delivered as preventative services. These services include the provision of resources, supportive and educational services to families, and enhancing parenting roles. The services aim to increase the family's access to resources, to build their capacity, and to address risk behaviours. Examples of such services include parenting programmes, feeding schemes, play groups, and school or community-based centres. In effect, the services aim to prevent the need for statutory services.

- Level 2: Family-centered services

Family-centered services, also called home-based services, are delivered on an early intervention level in order to prevent the family's problems and needs escalating into a crisis situation. The services include therapeutic services and educational services aimed at maintaining the family structure, as well as parenting skills and enhancing family relationships. The services can also include concrete services, such as assistance with housing, food and clothing, and life skills programmes.

- Level 3: Intensive family preservation services

Service delivery on this level is focused on families that experience an immediate crisis and the removal of children is imminent. The focus of services is on the management of the crisis and the avoidance of statutory services. At this level services are intensive, short-term,

rendered mostly through home visits, and based on 24-hour access to services. However, intensive family preservation services may also include concrete services.

The three levels of family preservation services are encompassed in the four levels of family preservation services described in the White Paper on Families in South Africa (Department of Social Development, 2013a:38-39). These levels are as follows:

- Level 1: Prevention

At this level, empowerment and support programmes are provided to families to prevent them from needing intensive social services.

- Level 2: Early intervention

Developmental and therapeutic services are delivered at this level, with the aim of keeping families together and preventing them from entering services at the following level, namely the level of statutory intervention.

- Level 3: Statutory intervention

At this level, services are delivered at a specific time when families await the outcome of the legal or court procedure.

- Level 4: Reunification and aftercare

Services at Level 4 are intended to address the risk factors that resulted in the removal of the family member(s) and to prepare the family for the family reunification process.

The above four levels of service delivery correlate with the levels of service delivery described in the Integrated Service Delivery Model (ISDM) (Department of Social Development, 2006), as indicated by Strydom (2012:437-439). The general premise is that social workers should strive to deliver family preservation services on preventative and early intervention levels; however it may be necessary to combine services on all levels for services to be effective (Department of Social Development, 2006; Strydom, 2012:439). The developmental approach to social welfare therefore prioritises prevention and early intervention programmes in relation to families and children. In the Children's Act, Section 143(1)(b), prevention programmes are defined as follows:

Prevention programmes means programmes ... 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 not attended to, may lead to statutory intervention.

In Section 143(2)(b) of the Children's Act early intervention programmes are defined as programmes "provided to families where there are children identified as being vulnerable to or at risk of harm or removal into alternative care."

This study aimed to explore the experiences of families at risk of family preservation services, where the services prevented out-of-home care of the child(ren) in the family. The focus on the prevention of out-of-home care underwrites the relevance of prevention and early intervention strategies related to family preservation services. In the White Paper on Families in South Africa (Department of Social Development, 2013a:38) family preservation services on a preventative level refer to empowerment and support programmes with the aim to prevent families from receiving intensive services from social service professionals. In the same document, early intervention services refer to developmental and therapeutic programmes to families at risk to ensure that these families remain intact and are prevented from entering services at a statutory level.

In describing family preservation as a strategic priority, the White Paper on Families in South Africa (Department of Social Development, 2013a:42-43) indicates a number of prevention and early intervention strategies and actions to implement family preservation services. On a prevention level, the following are examples of family preservation services:

- Programmes and structures to address and minimise negative family conditions such as poverty, child abuse and neglect,
- Access to material and psychosocial support so that the family can care for its members,
- Enhancing child-care capacities in the community,
- Strengthening the social, interpersonal and life skills of young people by means of formal and informal training and education, and
- Conducting research to understand factors that place families at risk.

Early intervention services in the document (Department of Social Development, 2013a:43) are indicated as, amongst others:

- Education on aspects such as health, nutrition, substance abuse, and sexual and reproductive health,
- Therapeutic services to families and their members,
- Engagement of families in expressing issues and seeking solutions so as to enhance the sustainability of interventions,
- Psycho-social support to victims of abuse and violence.

When preventative and early intervention strategies are not sufficient, Level 3 family preservation services as described by Strydom (2012:439) are relevant, usually at a stage when the “imminent removal of a child demands intensive services.” These services correlate with the aims and services described in Intensive Family Preservation Service (IFPS) models such as those that have been developed by the New South Wales Department of Community Services (2010), and the Homebuilders Model (Institute for Family Development, 2013) in the USA. In addition to intensive family preservation services (IFPS), other comprehensive family-based practice models such as multi-systemic therapy (MST), Systems of Care, and the wraparound process were developed that incorporated the principles and methods of family preservation services (Cox, 2005:444). The mentioned models of intervention will subsequently be discussed.

2.4.2 The Intensive Family Preservation Service (IFPS) model

As a comprehensive example of family preservation services, the IFPS model of New South Wales encompasses a range of services which are intended to support children and their families who receive ongoing child protection services, and to prevent out-of-home placement (New South Wales Department of Community Services, 2010:3). The model adopts a whole-of-family focus to include both parents and children as well as other members of the family or kinship network. Service delivery, according to the IFPS model, includes a range of services such as practical support, counselling and skills training services that should be offered within a multi-professional approach (New South Wales Department of Community Services, 2010:5-6):

- Practical support includes assistance with:
 - housing, access to government financial support, essential daily expenses (for example household bills),
 - basic furniture, household goods, house cleaning,
 - transportation,
 - clothing and child care.
- Supportive counseling and skills training include:
 - parenting programmes to enhance parents' capacity to meet the developmental needs of their children and manage their children's behaviour,
 - managing daily household tasks and budgeting,
 - behaviour change and anger management, and
 - problem solving and conflict management.

Intensive family preservation services also include the coordination of and referral to specialist professional services, for example services for health and mental health, alcohol and drug use, domestic violence, and disability; as well as less intensive, generalist family support services and play groups. Services should also include access to activities that promote personal development, health, recreation and self-worth, and should enhance the community involvement of family members (New South Wales Department of Community Services, 2010:5).

According to the New South Wales Department of Community Services (2010:5), cases are eligible for intensive family preservation services when intensive support is required for parent(s) with a child living at home where there is a likelihood that the child may be removed from the parent's care. It is however of critical importance that social workers recognise family strengths, resources, or social supports that are available and can be used to increase the safety of the child in the home. The IFPS model is therefore applicable when other less intensive services would not be sufficient to resolve the problems that might lead to the risk of out-of-home placement of the child.

Strydom (2012:349) confirms that intensive family preservation services are delivered to families in which the removal of children are imminent. Similar to the nature of intensive service delivery described by Strydom (2012) the key characteristic of the IFPS model of New South Wales is regarded as the intensive nature of services. These services are described as follows: service delivery is primarily in the home or community, is time-limited, involves 12 weeks of intensive caseworker support to the family based on 24-hour availability, and followed by up to 40 weeks of support to maintain improvements made within the first 12 weeks (New South Wales Department of Community Services, 2010:5).

The Homebuilders Programme (Institute for Family Development, 2013) provides intensive family preservation services on the same basis as the IFPS model of New South Wales, as discussed above. The programme is described as the oldest and best-documented IFPS model in the United States that aims to provide intensive home-based services to families whose children are at imminent risk of removal from the family home (Institute for Family Development, 2013). Similar to the New South Wales IFPS model, Homebuilders provide services on a 24-hour basis, with therapists being responsible for only two to three cases at a time. Comprehensive services include helping clients with basic needs such as food, clothing and shelter, as well as therapy and skills training, for example parenting and anger management skills. Services are usually concentrated within a time-limited period of four weeks (Institute for Family Development, 2013).

A major determinant in considering when to render intensive family preservation services, is the parent's capacity to care for the child. An ecological perspective requires that aspects in the family's environment need to be taken into account when determining parental capacities. In Bronfenbrenner's ecological model of human development the environment is conceived of in its widest sense to include the child's immediate environment such as the home, neighborhood, school and community, as well as the wider social and cultural institutions. The individual is at the centre of the system, with each layer representing a different aspect of the environment that has a significant influence on the child's development (Keenan & Evans, 2009:35).

The ecological perspective on child development was elaborated on by developmental psychologists who emphasised both strengths and weaknesses, or risk and resilience factors. In the context of child development and parenting, risk factors refer to situations or influences that can have a negative effect on children (Louw et al., 2007:351), while resilience promoting or protective factors, for example good parenting, may protect a person against risk (Masten & Wright, 2010:215). The ecological perspective and emphasis on strengths are reflected in another intervention model that aims to preserve the family, namely multi-systemic therapy. Multi-systemic therapy follows a family preservation model of service delivery and is discussed in the following section.

2.4.3 Multi-systemic therapy

Multi-systemic therapy grew from ideas conceived in the 1970s when Dr. Scott Henggeler started his professional career at Memphis State University, USA. At that stage out-of-home placements, for example in juvenile detention and residential care for adolescents, have proved to be ineffective in achieving positive results, as the adolescents would return to the same home conditions that prevailed when they left home. The result was that the youth would then resume the previous negative behaviours such as drug use, stealing, and truancy. These adolescents might also get ideas for criminal activities while being in alternative care placements (Henggeler, 1999:3). Multi-systemic therapy (MST) was subsequently developed to address the observed evidence that the existing interventions for youth's antisocial behaviors have been ineffective. In MST the interplay of individual, family, peer, school and neighbourhood factors in the development of serious antisocial behavior was recognised (Borduin, Heiblum & Schaeffer, 2009:35; Henggeler, Smith & Melton, 1992:953). The eco-systemic perspective proposed by Bronfenbrenner (Berk, 2009:26) is evident in this multi-system approach to service delivery to families.

The MST model follows a family preservation model of service delivery and is an intensive, family-focused and community-based treatment for youth who present with chronic negative and violent behaviours. The aim of this goal-directed intervention is to help caregivers to more effectively manage and nurture their challenging adolescents (Burns, Hoagwood & Mrazek, 1999:219; Henggeler et al., 1992:955; Pane, White, Nadorff, Grills-Taquechel & Stanley, 2013: 82).

The model of service delivery for MST includes the following (Burns et al., 2000:306; Henggeler, 1999:3):

- low caseloads of about five families per therapist,
- active involvement with the family in service delivery for two to 15 hours per week,
- community-based service delivery, for example in the home, school and neighbourhood,
- a time-limited intervention of approximately four to six months,
- the therapist being available for 24 hours per day, seven days per week, and
- the provision of a comprehensive range of services.

A primary feature of the MST model is that it is empirically based and has a broad ecological perspective on service delivery, with services focusing on the family, peer, school and community contexts. Treatment approaches include family therapy, parent training, and cognitive behaviour therapies. The MST model maintains a focus on the biological contributors to problems and therefore psychopharmacological treatment is incorporated with psychosocial interventions, as needed (Henggeler, 1999:3).

From the perspective of MST, services are delivered in a manner that changes both the surrounding environment and the individual's behaviour. A strong focus is placed on behavioural change in the youth's natural environment and on using the strengths of each system involved in their lives, such as the family, school and support networks (Burns, Schoenwald, Burchard, Faw & Santos, 2000:285; Cunningham & Henggeler, 1999:1; Curtis, Ronan & Borduin, 2004:255; Henggeler et al., 1992:954; Huey, Henggeler, Brondino & Pickerel, 2000:451).

The MST therapists receive specialised training in MST and the nine core principles of MST, and deliver services in the child's home, school and community with the active involvement of parents, caregivers and family members in designing and implementing a plan of treatment. The engagement of all the family members ensures that the treatment plan incorporates the strengths in their lives. This approach has a higher likelihood of success and of sustainability of change over the longer term. Going to the family's home helps to

curb the high dropout rates of other treatment approaches since it is easier to get all family members to attend appointments in their home (Burns et al., 2000:287; Scott, 2014:66).

Multi-systemic therapy is based on nine core principles (Burns et al., 2000:306; Henggeler, 1999:3), which are discussed below:

- Principle 1: The therapist must understand the influence that the broader systemic context can have on the identified problem. The MST therapist will therefore integrate information obtained from family members, teachers and referral resources to determine contributing factors to the problem, for example factors in the individual, family, peer, school, and neighbourhood.
- Principle 2: Interventions should focus on the positive, and the strengths that are inherent in the systems, such as family strengths, should be utilised to build feelings of hope, enhance the care-giver's or parent's confidence, and promote problem solving.
- Principle 3: Responsible behaviour should be promoted among family members. It is the parent's responsibility to provide structure and discipline, nurture and meet basic physical needs. Children must also take responsibility, for example to work harder in school, not harm others, and help with household chores.
- Principle 4: Interventions should focus on the present and target well-defined problems. All family members must work actively toward present-oriented solutions and not only gain insight of or focus on the past.
- Principle 5: Interventions should have a holistic focus on behaviours that occur within and between different systems that could contribute to the identified problems. Changing interpersonal transactions in the child's environment is regarded as the key to solving problems and change behaviour.
- Principle 6: Interventions should be appropriate to the developmental needs of the child and build the child's capacity to acquire academic and vocational skills.
- Principle 7: Outcomes should continuously be evaluated and opportunities should be created where family members can experience success and manage change.
- Principle 8: The effectiveness of interventions must be evaluated continuously and service providers must assume accountability for positive treatment outcomes. Families are not labeled as resistant or not ready for change.

- Principle 9: Interventions should empower families to enable them to deal with and address current and future problems with the support of friends, neighbours and members of the extended family.

Burns et al. (1999:20) state that three randomised clinical trials of MST for juvenile delinquents reported significant findings of behaviour change, reduced contact with the justice system, and lower costs related to service delivery. These findings of efficacy within the juvenile justice system have lead to a transfer of MST to other populations such as abused and neglected youth (Whelan in Burns et al. 1999:220). The results of a randomised study involving 48 juvenile sexual offenders who were at high risk of committing additional serious crimes indicated that MST was more effective than the customary community services in improving their functioning within the family, peer group and school, and in addressing adjustment problems in individual family members (Borduin et al., 2009:26).

It was found that MST is effective in decreasing or preventing delinquency and other externalising behaviors such as disruptive, hyperactive and aggressive behaviors (Pane et al., 2013:1). Since MST is founded on the socio-ecological theory of Bronfenbrenner, it is applicable to the treatment of a wide range of other child psychological and health problems which are affected by and affect multiple systems within the child's environment, for example internalising behaviors such as depression, anxiety and suicidality among youth (Pane et al., 2013:3).

In terms of costs, MST offers a cost-effective option for intervening in the lives of families and children, as opposed to high costs associated with other models of service delivery to families. In this sense, costs include personal and societal costs related to school dropout, later unemployment and/or disability, as well as other difficulties related to financial, occupational, legal and social domains (Pane et al., 2013:3).

Certain characteristics of MST, such as the ecological and more short-term focus of intervention, low case loads, and 24-hour access to services, show similarities to the services delivered in the IFPS model, as discussed in section 2.4.2. The researcher intended to explore the experiences of families at risk of family preservation services they have received. The intention was to determine whether some services were regarded as more beneficial and whether these services could be prioritised to enhance service delivery to families at risk in the South African welfare context where social workers have to cope with high case-loads and limited resources (Strydom, 2013:509). The Systems of Care model, with its focus on a full range of necessary community services to families and children, is a

model of service delivery that is also intended to prevent the out-of-home placement of children, and will be discussed next.

2.4.4 Systems of Care

Systems of Care provides a framework for interventions with families. Systems of Care shows promise as a means to improve the functioning of families, to prevent placement in alternative care, and to address the health care, mental health and educational needs of children, young people and their families (Child Welfare Information Gateway, [sa]:3).

The Systems of Care approach was originally developed because of major concerns over the well-being of the large numbers of children and adolescents with emotional and behavioral disorders in the USA during the 1960s to the 1980s. At that time it was estimated that between 4.5 and 6.3 million children and adolescents in the USA experienced emotional and behavioural problems, while services to children and their families were largely unavailable and were often provided in restrictive out-of-home settings (Winters & Metz, 2009:135). Few community-based services were available and there was a lack of collaboration between service providers working with children and families. Families were also not adequately involved in the care of their children and cultural differences were not taken into account (Winters & Metz, 2009:135). The Systems of Care framework attempted to address these shortcomings in welfare services to families and children.

According to the Systems of Care framework, systems that provide services to children and families must apply intentional, cross-system efforts to ensure that services are family-driven, community-based, and culturally competent. Mechanisms must be put in place to promote a full range of necessary community-based services and supports for families and children (Bruns, Walker, Zabel, Matarese, Estep, Harburger, Mosby & Pires, 2010:319; Cook & Kilmer, 2012:394; Graves & Shelton, 2007:557).

The Systems of Care approach is based on six guiding principles (Child Welfare Information Gateway, [sa]:5-9) that are discussed below:

- Principle 1: Interagency collaboration

The first principle indicates that services to families and children should not only be provided by child and family welfare agencies, but that other service providers from the public and private sector, as well as non-profit, community and other formal and informal service providers should be involved. All of these partners can work together in a system of care to provide comprehensive services to address the complex needs of children and families. It is foreseen that the collaboration between multiple service providers will reduce duplication of

services and enhance the overall efficiency of service delivery. Examples of service providers that can be involved in Systems of Care services include child welfare, juvenile justice, mental health, education, substance abuse and health agencies, places of worship, local business organisations, colleges, universities, and child advocacy and parent empowerment organisations. The involvement of these different role players have the advantage that it creates a sense of community ownership for supporting children and families.

- Principle 2: Individualised, strengths-based care

The Systems of Care framework acknowledges each family and child's unique strengths and challenges. Formal and informal supports are used to create services and supports for each family and child, instead of getting families to fit to existing structures. The individualised plan of care provides for issues such as culture, language, ethnicity, gender, age, religious background and class to be addressed. Individualised care engages the family fully in the design and implementation of a care plan. The plan changes frequently with ongoing individualised assessments of families' strengths and needs.

- Principle 3: Cultural competence

Cultural competence refers to the capacity to value diversity among people, the acquisition of cultural knowledge, and the capacity to adapt to cultural contexts of the communities being served. The adoption of this principle increases the likelihood of family engagement and conveys the importance of dignity, non-discrimination and self-determination to families.

- Principle 4: Respect and partnerships

The involvement of family and youth in a system of care requires that families and professional people should respect one another and engage in a working alliance. This principle emphasises a respect for the abilities of family members and youth and for their role in finding the solution to their problems.

- Principle 5: Enhancing the strengths of communities

A System of Care model of service delivery utilises the natural existing supports in the familiar surroundings of the community. From a strengths-based approach, the home, school and neighbourhood of the family are seen as assets. It is recognised that by remaining in the community, the child and other family members can retain important attachments with their family, friends and the school.

- Principle 6: Continued assessment

The practice as well as the organisational and financial outcomes of service delivery must be continually assessed with the aim of determining the effectiveness of Systems of Care in meeting the needs of families and children. A strong evaluation strategy as well as an interagency management information system is necessary to point out important indicators of service and system performance.

Winters and Metz (2009:137) indicate that a wide range of community-based services need to be included in a system of care in order to serve families and children more effectively and allow them to maintain relationships with their families, schools and neighbours. These services include, amongst others, counselling, residential care, crisis interventions, education and special education services, family support, health services, intensive family-based counselling, legal and psychiatric services, self-help, support or therapeutic groups, as well as transportation, tutoring and vocational counselling.

Although the primary aim of Systems of Care is to strengthen families so that they can care for their members, in reality the services do not always succeed in keeping children within their families. However, even in cases that necessitate out-of-home placement, the focus remains on the continued strengthening and involvement of the family, and helping the child to remain in his or her familiar community environment. The following example illustrates this approach to service delivery according to the Systems of Care framework (Child Welfare Information Gateway, [sa]:4).

A 12-year old boy is involved in the child welfare system due to child neglect. Due to a recent shoplifting charge, he has also become involved with the juvenile justice system. His mother has a history of substance abuse. Based on the Systems of Care approach, local agencies and organisations co-operate with the family in a co-ordinated way to help his family access services that focus on their strengths and address their needs. The care coordinator that facilitates services to the family, arranges for the boy to stay in a temporary shelter, works with the school system, and arranges transport which allows him to continue his schooling at his current school. Further, a family advocate works in liaison with the juvenile justice system and court judge to ensure that the boy's family is able to adhere to intervention requirements. His mother participates in mandatory substance abuse counselling and the boy, with the support of sponsored funding, attends art lessons as well as lessons in swimming and horse-riding.

The Systems of Care principles are consistent with the wraparound process, which is another intervention approach focused on community-based services to families. The

wraparound process will be discussed next.

2.4.5 The wraparound process

Historically and philosophically the wraparound process is closely related to the Systems of Care approach, to the extent that the differences between the two models of intervention have often been clouded (Bruns et al., 2010:319). During recent years the specific focus of the wraparound process was clarified in that it is seen as a method of in-home intervention to plan and coordinate services of youth with the most serious and complex needs, based on System of Care principles (Stroul in Bruns et al., 2010:319). Similar to Systems of Care the wraparound process is a community-based and family-driven strategy that involves informal supports and formal services to families in a culturally competent, individualised, and strengths-based manner (Bertram, Suter, Bruns & O'Rourke, 2011:713; Burns et al., 2000:295; Bruns et al., 2010:314; Cox, 2005:4,49; Mendenhall, Kapp, Rand, Robbins & Stipp, 2013:793; Suter & Bruns, 2009:336; Walter & Petr, 2011:74; Winters & Metz, 2009:138).

The use of wraparound as a service delivery model have been steadily increasing in the USA over decades, with a yearly estimate of 400,000 youth engaged in wraparound and 88% of the states in the USA that offer some form of wraparound services for youth who have presented with or are at risk for serious emotional and behavioural disturbance (Mendenhall et al., 2013:794). The wraparound model is regarded as an evidence-based best practice model and is a model for service delivery that is widely used in care systems focusing on children's mental well-being (Bertram et al., 2011:713).

Children, youth and their families often receive services from a variety of child and family care agencies such as agencies focusing on health, special education, juvenile justice, developmental disabilities, and child welfare. Because of the involvement of a number of agencies, coordinated planning is crucial for the achievement of continuous care. The wraparound team creates an individualised plan of care, known as the wraparound plan, in which the roles of the various agencies are clarified and coordinated. Family members, including the child, form part of the team and are actively involved in identifying goals and services that could address their unique needs. The team, under supervision of a care manager, works together to monitor progress and revise the wraparound plan, if needed. Parents whose own children have been through the system are often members of the service team and can provide support to the family in a culturally sensitive and non-judgemental manner (Walker & Sanders, 2011:748; Winters & Metz, 2009:139). The team terminates its work when members reach a consensus that a formal wraparound process is no longer needed (Walker & Sanders, 2011:748).

The wraparound process is underpinned by a set of ten philosophical principles (Burns et al., 2009:337; Walker & Sanders, 2011:797; Walter & Petr, 2011:74) namely:

- The family must be actively involved as partners throughout the entire wraparound process.
- The process must be sustained by the team, involving the family, the child, natural support systems as well as the community.
- The wraparound interventions must be based in the community and all efforts must serve the child and family in community, residential and school settings.
- Individualised services and supports must build on the strengths of the family and meet the needs of the child and family with the aim of promoting success and permanence.
- Wraparound plans must render balanced formal and informal support and community services.
- The wraparound team must commit themselves unconditionally to serve children and their families.
- All care plans should be developed and implemented on the basis of collaboration between all the role players.
- The wraparound process is based on a flexible approach and should have flexible funding.
- Outcomes for the family and individual child, systems and programme should be indicated and measured.

A collaborative effort was initiated in 2003 to define the core activities of the wraparound process. The wraparound process was subsequently defined as the application of the ten principles during a four-phase process. The four phases in the process involve engagement and team preparation; plan development; plan implementation; and transition out of the formal wraparound process (Suter & Bruns, 2009:338).

Multiple intervention strategies are used in the wraparound process. Interventions may include specific skills training with the intention to build on the strengths of the child and family. As an example, children or youth who are regarded as at risk for problematic behaviours could be assisted to obtain membership for a health club or computer training. The care manager is responsible to monitor the appropriate use of funding, keeping in mind the primary goal of improving the mental health of the child and enhancing the sustainability of interventions over the longer term (Winters & Metz, 2009:140).

The wraparound process is fundamentally not a clinical treatment. However, it often involves a therapeutic element as the wraparound process is intended to ultimately improve the well-

being and functioning in the whole family. It was found that services are more effective if a comprehensive clinical assessment is part of the wraparound process and if the interventions are culturally relevant. The success of the process is also dependent on the sustained engagement of the family with support services in the community (Winters & Metz, 2009:140).

Knopf and Swick (2008:425) describe the following strategies to strengthen family involvement in service delivery:

- Professionals need to learn what the strengths and talents of a specific family are.
- Professionals must understand the needs of families. Understanding the needs of families and parents will motivate parents to greater involvement in the treatment process.
- Parents and families must be involved in deciding on and shaping the programmes and activities that need to be followed with the specific family. Parents often look for opportunities to be more involved in the education of their children.
- The assessment of family involvement in programmes must be continuous, as it is essential to healthy partnerships with families.

Attempts to involve family members are regarded as important, even for members of the extended family who have lost contact with the child. Winters and Metz (2009:140-141) advise that extended family members could be invited to become involved in the wraparound process, as it holds the possibility of creating more meaningful relationships in the child's life that can endure when formal service delivery terminates. Apart from the extended family, informal community-based supports can include friends, teachers, neighbours and other resources such as boys and girls clubs. A goal of wraparound is to move toward replacing formal supports as a means of addressing the needs of the child and family with informal supports as much as possible (Winters & Metz, 2009:141).

The wraparound process has been applied in different settings and was found to achieve a broad range of positive outcomes, for example improved mental health, a reduction in delinquent behaviours, and improved school performance (Bruns, Sather & Stambaugh in Suter & Bruns, 2009:337).

As with Systems of Care, the wraparound process is aimed at strengthening families so that they can care for their children in the home, including children who present with problematic behaviour. In terms of services to children who have been placed in out-of-home care, the wraparound process aims to provide children with a stable family environment, with involvement of members of the family or extended family, as relevant. Winter and Metz

(2009:142) provide the following example to illustrate the wraparound process:

Clare is 17 years old and entered the wraparound process at age 15. She was removed from her parents' care because of child neglect. She was placed in several foster homes, which never materialised in any long-term placement. Clare's behaviour problems started in early adolescence. She presented with mood difficulties and self-harm behaviour and did not adapt well at school. She abused substances, ran away several times, and periodic outbursts of aggression occurred. She was first institutionalised at age 12.

The wraparound team met with Clare and their initial plan was to find her an experienced foster family, which was guided by her own experience as who would be a good foster family for her. The foster family were motivated to form a relationship with Clare and to be emotionally available for her. They took her attachment difficulties into consideration and adjusted their interactions with her accordingly.

Clare and her foster family received both formal and informal support which included individual therapy, home-based family therapy, and mentoring. Clare's foster parents then tried to find extended family members with the aim of expanding her support network. The foster family did not experience it as a threat when Clare's family entered back into her life. They were very supportive of the child. During her stay with her foster family, the wraparound team assisted Clare to develop her interests in art and music and encouraged her to take art and music classes at her high school. Clare and her foster family moved to another town and the child welfare agency continued to support the placement as they were functioning as an integral part of the wraparound team.

Clare did experience some mental health setbacks and, since the team stayed together throughout the process, she developed a good relationship with every team member. Wraparound services have since been terminated and Clare maintained ongoing contact with her siblings and some of her extended family members.

Concluding the discussion on different models of family preservation services, it could be said that these services are preventative and therapeutic interventions that are offered within a multi- and trans-professional approach, and are facilitated by social workers. The implementation of the different models of family preservation services discussed above will depend on the context in which they are implemented. The advantages of family preservation services, as well as challenges related to the context of service delivery are discussed in the next section.

2.5 IMPLEMENTING FAMILY PRESERVATION SERVICES

In this section, the researcher provides a brief overview of possible advantages of family preservation services, contextual factors that should be considered in the implementation of the services and, lastly, perceptions of recipients of family preservation services they have received.

2.5.1 Advantages of family preservation services

Studies support the advantages of family preservation services with families at risk with respect to maintaining the child in the safety of his or her own home and preventing the child being placed in alternative care. A meta-analyses of the impact of intensive family preservation programmes on the prevention of out-of-home placement, showed that intensive family preservation programmes had a positive effect on family functioning (Channa et al., 2012:1476). Specific advantages of family preservation services included improved family communication and parenting skills, enhanced coping strategies, and the development of resilience in parents and children (Kauffman, 2007:558; Kirk, 2003:87).

Rather than a sole emphasis on placement prevention, family preservation services could also lead to general improvements in children's functioning, for example in behavior, school attendance, school performance, self-esteem; in parental functioning and skills, for example in terms of depression, employment, substance abuse, anger management, self-esteem, child discipline; and also in family functioning, for example in terms of family conflict, communication, cohesion, adaptability or social support (Popple & Leighninger, 2010:260-261). Further, family preservation services proved to benefit families within a variety of contexts.

In the context of low-income families living in countries with resource-constrained settings and high HIV prevalence, Chandan and Richter (2009:76) concluded that family preservation programmes hold considerable promise as a strategy to strengthen families. Research findings showed positive results in terms of parenting skills of adoptive parents (Atkinson & Gonet, 2007:98; Berry, Propp & Martens, 2007:52). Studies on family preservation services in cases of child abuse and neglect found a significant reduction in the use of corporal punishment and improvements in overall family well-being, stress management and parental satisfaction (Chaffin & Bard, 2011:457; Mather, Lager & Harris, 2007:271). A study by Cheng (in Mather et al., 2007:271) further demonstrated the effectiveness of family preservation services among ethnic diverse populations.

However, the delivery of family preservation services is not without challenges. In this sense, contextual factors can present some challenges that social workers need to be aware of. A number of these factors are subsequently discussed.

2.5.2 Contextual factors in family preservation services

Although family preservation services hold many advantages, the context of the work can present some challenges that need to be taken into account. A challenge inherent to the delivery of family preservation services to families at risk is related to the fact that the majority of child protection cases start out with involuntary clients or with clients who are afraid that the social worker will remove their children from their care (Berg, 1999:10). It could therefore take considerable skill and time to deal with the client's initial resistance and fears to allow him or her to constructively engage with the social worker. When working with multi-problem families in any setting, the social worker can easily be overwhelmed and be less effective in his or her service delivery (Berg, 1999:10).

A further challenge to delivering family preservation services relates to the nature of service delivery. Social workers must be able to respond immediately to the needs of the family, need to be flexible and be willing to do things differently, and be innovative and creative. Managers and supervisors need to understand and support the philosophy of family preservation, be willing to allow for flexibility, and provide organisational support for these services. Social workers would find it difficult to render family preservation services if they do not receive on-going training and if they do not have the support of the agency (Berg, 1999:11). Intensive family preservation services especially require a high availability of the social worker (Institute for Family Development, 2013; New South Wales Department of Community Services, 2010:5).

Family preservation services are rendered in the conviction that many children can remain safely in the parental home when parents are provided with services and support that can strengthen their capacity to care for their children (Mullins et al., 2012:265). Family preservation services are thus implemented from the perspective that it will benefit families. However, despite its aim towards preserving the family, it is recognised that these services are not suitable for all families and that not all families have sufficient capacity that will allow for their children to remain in the family.

Social workers have to acknowledge that certain family strengths, resources and social supports need to be present and have to be utilised to ensure safety for the child. Therefore, less intensive services would not be sufficient to resolve the kind of problems that might lead to alternative placement of the child (Greene, 2007:16). In the IFPS model it is indicated that

there needs to be family strengths, resources or social supports available that can be harnessed to provide safety for the children and enhance parenting capacity, and that at least one parent or care-giver has to be willing to work with the services and has a capacity to change (New South Wales Department of Community Services, 2010:7). It is also suggested that family preservation services must be rendered with the active involvement and participation of the family, thus parents or caregivers and children, in finding solutions to their problems (Strydom, 2012:435).

The decision to keep a child in his or her living environment is another challenge for social workers who need to make a judgment on the applicability of family preservation services. Multiple factors need to be taken into consideration, which can include economic or political conditions; attitudes toward race, religion and gender; circumstances of the family and children; and the presence of abuse, neglect and abandonment (Patterson, 2012:11). Bray and Brandt (2007:15) stress the importance of taking cultural differences and variations in family practices into account when working with families of diverse populations and needs, such as in South Africa. They conclude that awareness of diversity especially needs to be taken into account in the evaluation of services in under-resourced contexts.

In South Africa many children do not live consistently in the same home as their biological parents because of poverty, labour migration, educational considerations or cultural practice. Albino and Berry (2013:87) indicate that just over a quarter (27%) of all African children do not live with either parent, while a further 42% of children in Africa live with their mothers but without their fathers. They further indicate that it is common for relatives to play a significant role in child-rearing and that about ninety percent (90%) of children live in households where there are two or more co-resident adults. Many children live with just one of their biological parents, usually the mother, and in most of these cases there are other adult household members, such as grandparents, uncles and aunts who help to care for the children (Albino & Berry, 2013:87).

In South Africa, according to a 2008 Department of Social Development report, one of the more common types of family in 2005, was the skip-generation family, which represented 5.2% of the family types (Department of Social Development, 2013a:17). During the 1990s a new dimension of grandparenthood emerged: the role of the custodial care-giver and surrogate parent. This grandparent role has contributed to an emerging family form referred as the “skipped-generation” family. In these families a grandparent, usually a grandmother, takes complete parental responsibility for raising one or more of the grandchildren. Because of the dramatic growth in skipped generation families, the stereotypical assumptions and expectations about what grandparenthood entails, have been altered (Yuen, 2005:145).

A strong movement in the area of foster care and family preservation has been the steady movement toward extended family care. Extended family care is simply the practice of looking to a child's extended family for a placement resource, before looking to foster care with an unrelated family. According to Courtenay (in Popple & Leighninger, 2010:262) the movement toward extended family care may be the result of micro-level as much as macro-level policy change. The current philosophy related to placement of children in alternative care emphasises that children should be kept with their family, even when they are removed from the parental home. It is argued that staying with relatives is likely to be less traumatic for a child who is removed from the care of the parent than placement with unfamiliar foster parents or placement in a child or youth care center. Placement with family can make it easier for social workers and judges who need to make the difficult decision to remove a child from the care of the parents (Popple & Leighninger, 2010:262), which can have an effect on the consideration of family preservation.

Intensive family preservation services are seen as the most effective intervention for families at risk and for child protection contexts (O'Reilly, Wilkes, Luck & Jackson, 2010:82). Literature confirms that the most successful practice is based on a combination of interventions applied simultaneously rather than a single, effective intervention, in collaboration with child protection services to reduce child abuse and neglect (O'Reilly et al., 2010:90). Intensive family preservation services demand high accessibility to social workers, and intensive services to be delivered to a limited number of families on the social worker's case load (Institute for Family Development, 2013; New South Wales Department of Community Services, 2010:5; Strydom, 2012:349).

Family preservation services are regarded as a promising strategy for low-income families living in source-constrained settings (Chandan & Ricther, 2009:76), as stated previously, however there are a number of contextual factors that seem to hamper the implementation of these services in South Africa. South Africa is faced with a shortage of social workers and financial resources, with the result that prevention and early intervention services still receive less prominence in service delivery (Strydom, 2012:441; Strydom, 2013:509-510, 513). Giese (2008:19-21) confirms that high social work caseloads, a lack of resources, inadequate funding for welfare organisations, and a scarcity of trained social workers are indeed obstructions for the implementation of family preservation services in the country. This situation impedes the implementation of family preservation services, whether intensive family preservation services or other forms of comprehensive, multi-systemic interventions to families at risk. The lack of financial and human resources amidst a high demand for social work services in South Africa, point to the need for concerted strategies involving all partners

in welfare service delivery, such as government, welfare organisations and institutions of higher learning, to promote the delivery of family preservation services.

Although the literature supports the benefits of family preservation services, the researcher found a limited number of studies that focused on the value of family preservation services from the perspective of the recipients of the services.

2.5.3 Service recipients' perceptions of family preservation services

Research studies imply that certain strategies or interventions as part of family preservation services were regarded as particularly helpful by service recipients (O'Reilly et al., 2010:90). In a longitudinal study on clients' perceptions of the value of specific services (Gockel et al., 2008:91), it was found that parents perceived the effectiveness of family preservation services as related to the quality of the relationship that they had with the individual social worker and with the service teams. The importance of the professional relationship was also highlighted in earlier studies, in which client families regarded the relationship with the therapist as one of the most important aspects of the services, and where it was shown that changes in cognition and behavior occurred most successfully within a relational context (Dore & Alexander, 1996:358; Kauffman, 2007:560).

Social workers themselves believe in the power of the relationship. In a study by Saint-Jacques, Drapeau, Lessard and Beaudoin (2006:205) it was found that the majority of social workers interviewed, regarded a relationship of trust as a crucial aspect in achieving parent involvement and collaboration. Pretis (2011:75-76) views collaboration, with shared understanding and shared decision-making between professionals and parents, as a key aspect in change, and a main predictor of a successful outcome of interventions with families at risk. In the provision of family preservation services, it may however be more difficult for social workers to build a trusting relationship with client families, as clients from families at risk may be extremely cautious, even hostile, based on a generalised perception that child protection workers focus on problems or vulnerabilities, rather than on supporting the family (Long & Frederico, 2014:77-78).

On the mentioned aspect of supporting the family, Cox (2005:445) indicates that social support serves as stress buffer and enhances an individual's or family's coping performance in high-stress situations. She further emphasises that social support is most effective in buffering stress when the form of assistance provided or available, matches the demands of the stressor. Benzies and Mychasiuk (2009:107) point out that, whether social support is instrumental, emotional or practical, it is vital to families in times of stress and helps maintain good physical and mental health. The authors regard social support as a strong protective

factor for both single parent and dual-parent low-income families. Further, social support helps to buffer the negative effects of economic distress on the psychological well-being of families at risk and enhances their resilience (Benzies & Mychasiuk, 2009:107).

Resilience refers to the internalised capacities of people together with their associated behaviours which enable them to maintain a sense of integration in the face of adversity. Thus, Henderson (in Arney & Scott, 2010:56-57) defines resilience as the capacity to bounce back, rebound, successfully adapt in the face of adversity, and develop social and academic competence despite exposure to severe stress. Ong, Bergeman and Chow (2010:83) emphasise the need to be aware of and assess the mechanisms that underlie resilience, for example ego resilience, positive self-concept, hardiness, access to supportive relationships, close and nurturing bonds, and quality relationships within the community, that can support responses to challenges being faced.

Cutrona and Russell (in Cox, 2005:445) define social support as encompassing a wide range of social actions that have beneficial emotional or behavioural effects on the recipient. These authors adopt a functional approach in which supportive activities are categorised on the basis of the particular function it serves, for example emotional sustenance, concrete or tangible aid, information, problem-solving, and affirmation. Benzies and Mychasiuk (2009:107) add that social support refers to the interpersonal interactions within the family's social network that provide emotional support, actual tangible help, or information. The family's social network can include members of the extended family.

Social support can provide families at risk with a sense of hope. The sense of hope and the resulting optimism that the supportive services instill in clients is a significant factor underlying the perceived effectiveness of family preservation services among client families (Kauffman, 2007:559; Long & Frederico, 2014:76-77). The latter authors indicate that hope "plays a pivotal role in any change programme, it supports the belief that things can get better and that life can be different" (Long & Frederico, 2014:77).

It is important that family preservation services are evaluated on a regular basis with the aim to determine its effectiveness amongst different client populations (Gelles, 2000:242). Researchers have in general focused on the overall effectiveness of family preservation programmes, however the effectiveness of individual services that comprise family preservation programmes have not been explored, for example asking what services are included, whether services are delivered as intended, and whether the services reflect the needs of the family (Ryan & Schuerman, 2004:352). Obtaining the views of families, as partners in family preservation services, is important for understanding the effectiveness of the services, however research on the views of families have largely been overlooked (Long

& Frederico, 2014:74-75). This fact links with the rationale of this study, in which the researcher wished to explore the experiences of families at risk of family preservation services they have received.

2.6 SUMMARY

In this chapter the importance of the family in society was discussed as a background to the discussion of family preservation services. The aim of these services as well as several home-based practice models with an emphasis on family-driven, community-based services, interagency collaboration, and individualised strength-based care were discussed. The most successful practice within these contexts is seen as a combination of interventions applied simultaneously. The advantages of family preservation services were highlighted, as well as the influence of contextual factors on the implementation of family preservation services. Lastly, the researcher focused on the views of service recipients of family preservation services.

It became clear that research on the experiences of families at risk regarding family preservation services they received, were limited. This aspect was explored in this study. In the next chapter the research methodology, the ethical considerations for the study and the empirical findings of the study will be discussed.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

The goal of the study was to explore and describe the experiences of families at risk regarding family preservation services they have received. Family preservation services are intended to empower families at risk in order to prevent the out-of-home placement of children (Strydom, 2013:501). Data was collected with the aim to answer the research question: What are the experiences of families at risk regarding family preservation services they have received? For this purpose, the researcher focused on the objectives of the study that related to exploring the kinds of family preservation services the participants received, the services that they regarded as beneficial or less beneficial, and suggestions they would have with respect to family preservation services to families at risk. The research findings of the study are presented in this chapter. The research methodology and ethical considerations for the study will be described first.

3.2 RESEARCH METHODOLOGY

3.2.1 Research approach

A qualitative research approach was used to conduct the study as the researcher was concerned with understanding a phenomenon and exploring reality from the perspective of insiders, being members of families at risk who received family preservation services (Delport, Fouché & Schurink, 2011:308). Qualitative research methods tap into the deeper meanings of particular human experiences and can generate a wealth of data. Qualitative research studies begin with a flexible plan, which allows the research procedures to develop as more data are gathered (Rubin & Babbie, 2007:23). The researcher intended to explore the experiences of the research participants of family preservation services they have received and to what extent they experienced certain services as beneficial or less beneficial to keep their family intact. As the information helped the researcher to understand family preservation services from the perspective of the participants, a qualitative approach was relevant to the study.

In the research to explore and describe the experiences of families at risk of family preservation services, an exploratory and descriptive study was conducted. Exploratory research provided the opportunity to explore ideas and experiences of families as sources of information in order to gain insight into the subject of family preservation with families at risk,

while descriptive research related to presenting a depiction of the phenomenon (Fouché & De Vos, 2011:95-96).

3.2.2 Type of research

Applied research is research directed at the solution of some problem in practice (Fouché & De Vos, 2011:94; Welman, Kruger & Mitchell, 2012:25-26). Most of social work research is considered to be applied research, because social work deals mostly with the interactions between people and their environment, social problems and methods of helping individuals, families, groups and communities (Terminology Committee for Social Work, 1995:4). The researcher used applied research, since the focus of the study was to explore the experiences of families at risk regarding family preservation services they have received, and the information obtained through the research could enhance family preservation services in practice.

3.2.3 Research design

The research design is defined by Babbie (in Fouché, Delport & De Vos, 2011:142-143) as “involving a set of decisions regarding what topic is to be studied among what population with what research methods for what purpose ... research design is the process of focusing your perspective for the purposes of a particular study.” The research design was therefore the plan that guided the researcher in obtaining research participants and collecting information (Welman et al., 2012:52).

As the intent of the study was to explore the experience of families at risk regarding family preservation services they have received, the phenomenological design was used as the appropriate research design. A phenomenological study is used when the researcher wishes to understand the lived experiences of the research subjects and the meaning they ascribe to these experiences (Fouché & Schurink, 2011:316; Leedy & Ormrod, 2013:145). In this study, phenomenology as a research design allowed the researcher to obtain information on the lived experiences of the participants regarding the type of family preservation services they had received and which services they perceived as more or less helpful; thus also their reflections on the significance of interventions.

3.2.4 Study population and sampling

The population for this study, thus the group that the researcher was interested in and with which the research problem was concerned (Babbie, 2013:135), was families at risk who had received family preservation services. The population provided the sampling frame or the totality of sampling units relevant to the research problem and set boundaries on the

study (Strydom, 2011a:223). The population in this study involved families at risk who were known to the social worker at the Eleos Community Centre in the west of Pretoria and the social worker involved at a local pre-school in the area. Letters of permission to conduct the research was obtained from the community centre as well as from the pre-school (refer Appendix A).

As it would be impractical to include all families at risk in the study, the researcher selected a sample which constituted a portion of the total population (Strydom, 2011a:224). The researcher made use of non-probability sampling, namely purposive sampling. On the basis of knowledge of the population and the purpose of the study, purposive sampling allowed the researcher to select specific cases because of their relevance to the study (Babbie, 2013:128; Strydom & Delport, 2011:392). This sampling type could thus lead to a better understanding of the research problem.

Potential participants were approached by the social worker at the organisation and those who were willing to participate in the study were subsequently contacted by the researcher. The sample was selected according to the following sampling criteria:

- Families who were subject to ongoing child protection services based on the risk of out-of-home placement of a child or children, ranging in severity along a continuum of moderate to imminent risk of placement in alternative care
- Families who have received family preservation services for between one and three years
- Families whose children were maintained in their own family and placement in alternative care was prevented
- Families where the children were between the ages of birth and 14 years at the time of receiving family preservation services
- Families who are not or have not been on the case load of the researcher.

The sample size should be determined on the basis of theoretical saturation, the point in data collection when new data no longer brings additional insights to the research question (Maree, 2007:79). In this study a point of data saturation was achieved. The sample for the study comprised of nine families at risk.

It needs to be noted that the unit of analysis, thus the element about which data is collected, was not the same as the source from which data was collected (Fouché & De Vos, 2011:93). In the case of this study, the unit of analysis was the family at risk, while data was collected from an individual as the data source. This individual was the parent (either the father or

mother) in a particular family who was most involved in collaboration with the social worker that rendered family preservation services.

3.2.5 Data collection and the pilot study

The researcher collected data by means of unstructured one-to-one or in-depth interviews. In-depth interviewing is described as face-to-face encounters between the researcher and participants that are discursive in nature and directed towards understanding participants' perspectives on their lives, experiences or situations as expressed in their own words (Creswell, 2014:190; Greeff, 2011:348).

The use of unstructured one-to-one interviews allowed the researcher and participants to explore their experiences, and determine individual participants' perceptions of and potential solutions to their situation (Greeff, 2011:348). In line with the goal and objectives of the study, the researcher explored participants' experiences regarding family preservation services delivered to families at risk, from the perspective of the participants. The researcher was of the opinion that in-depth interviewing would be the best choice for data collection, since it held the advantage that the researcher and participants could freely explore the participants' experiences because of the mutual rapport and understanding that were developed through one-to-one interviewing.

The interviews were conducted according to an interview guideline (refer Appendix B). In preparation of the interviews, the researcher prepared two main questions to guide the interviews, while information was further explored by means of probing and follow-up questions (Greeff, 2011:349). The two main questions for the interview guideline was based on the two main themes that the researcher wished to explore related to participants' experiences of family preservation services, namely:

- Participants' experiences relating to the nature of family preservation services and the value thereof in keeping children within the family, and
- Suggestions from participants with respect to the provision of family preservation services to families at risk.

The researcher realised the importance of neutral probes, such as "How is that?" "In what ways?" and "Anything else?" as a strategy for gaining the participants' perspectives (Rubin & Babbie, 2007:122). For accurate data capturing, interviews were digitally recorded with the consent of the participants.

The researcher conducted a pilot study with two persons who complied with the sampling criteria for the study with the intent of testing and validating the unstructured interview as a

data gathering instrument (Strydom, 2011b:237). This smaller study that was conducted prior to the actual research helped the researcher to determine whether the methodology, sampling, data collection method and analysis of data would be adequate and appropriate. The researcher concluded that the unstructured interview was a relevant data collection method. The data obtained from the pilot study did not form part of the research data.

3.2.6 Data analysis

Qualitative data analysis is an ongoing process, implying that data collection, processing and reporting are enwoven and not merely a number of successive steps (Leedy & Ormrod, 2013:158; Maree, 2007:99; Schurink et al., 2011:403). In compliance with this ongoing process, the data collected by means of unstructured one-one interviewing were analysed using the qualitative data analysis process suggested by Creswell (Schurink et al., 2011:403-419). The process progressed from planning for data collection to organising of the data, reading through the data, coding data and generating themes from the codes, interpreting and finally presenting the data. In practice these steps were interrelated and interactive and were not strictly followed in the order discussed below.

3.2.6.1 Planning for data collection

Planning and preparing for data collection was an important first step in the process of data analysis. Before the research commenced, the researcher thus considered aspects such as the setting and strategies for data-gathering (Schurink et al., 2011:404). The researcher arranged beforehand for the in-depth interviews with the participants. These arrangements included preparing for the audio-recordings of the interviews with the participants. The written consent for their participation in the research was obtained from the participants.

Interviews took place in venues that were easily accessible for the participants and ensured their privacy. Interviews were thus conducted in a separate room at the community centre so that the participants could privately talk to the researcher. The interviews were conducted in February and March 2015.

3.2.6.2 Data collection and preliminary analysis

The qualitative study involves an inseparable relationship between data collection and data analysis. As data is collected, it is also being analysed. The researcher constantly reviewed the data collection procedures. New data themes that were revealed during the reviews were further explored, for example information that surfaced about the participants' experiences of the relationship with the social workers. In that way, the researcher could generate

alternative emerging themes, which were incorporated in the data analysis (Kumar, 2013:278; Schurink et al., 2011:405).

3.2.6.3 Managing the data

Early during the data analysis process, the researcher organised the data into files and converted the files to appropriate text units, containing the entire story of the participant. For this purpose, the researcher transcribed the digital recordings of the interviews into transcripts and typed the field notes (Creswell, 2014:197). The researcher transcribed only as much data as was required by the research question (Maree, 2007:104; Schurink et al., 2011:408).

The researcher made an inventory of all data she collected, which enabled her to readily retrieve data when she needed it. She made backup copies of all the data. A master copy was securely locked away. The researcher had different copies of the data transcripts to use during data analysis, for example one copy to write on and one electronic copy for cutting and pasting (Schurink et al., 2011:408-409).

3.2.6.4 Reading and writing of memos

The researcher read the transcripts in their totality more than once so as to get immersed in the detail of the transcripts. Repeated reading of the transcripts helped the researcher to get a full picture of data before breaking it up in parts. During the repeated reading of the data, the researcher was observant of themes and categories emerging from the data (Schurink et al., 2011:409). In the process the researcher wrote memos in the margins of the transcripts and the field notes, which served as analytic memos that helped with the coding process (Leedy & Ormrod, 2013:166; Maree, 2007:104; Neuman, 2011:518). In the writing of memos the researcher adhered to the rule of economy by recording only as much as was absolutely necessary for answering the research question (Schurink et al., 2011:409).

3.2.6.5 Generating categories and coding the data

The researcher identified the relevant categories of data and labelled it (Schurink et al., 2011:411). She searched through the data for regularities and patterns and wrote down words and phrases which represented these subjects and patterns, known as coding categories (Leedy & Ormrod, 2013:146; Maree, 2007:105; Neuman, 2011:510; Schurink et al., 2011:410).

3.2.6.6 Testing for emerging understandings and alternative explanations

The researcher evaluated how information that was not in the data could be relevant for data analysis. She searched through the data for negative instances of the patterns and evaluated these data for its usefulness to shed light on the social phenomenon being studied, namely experiences of families at risk regarding family preservation services (Neuman, 2011:529; Schurink et al. 2011:415). This process assisted the researcher in obtaining a more in-depth understanding of the participants' experiences of the family preservation services they received.

3.2.6.7 Interpreting data and developing categories

Interpretation of data involved that the researcher makes sense and find “lessons” in the data (Creswell, 2014:200). The researcher kept in mind that her personal interpretation of the data based on her history, culture and experience, would be central to the interpretation of the data. The researcher however compared findings from the research with information from existing literature and theories related to the construct family preservation with families at risk.

3.2.6.8 Presenting the data

In the final phase of data analysis, the researcher presented the data in the format of a written report. The researcher regarded the presentation of the data as a central part of the data analysis and the primary way for reporting the research results (Schurink et al., 2011:419).

3.2.7 Trustworthiness

It is important that researchers consider rigor in qualitative research, as the research procedures utilised by qualitative researchers are an important way to affirm that the voices of participants are heard. Procedures such as reflexivity, audit trail, peer debriefing, member checking and prolonged engagement were utilised in order to manage threats to trustworthiness and to increase the credibility of the research (Creswell, 2014:201; Lietz, Langer & Furman, 2006:441; Schurink et al., 2011:420). The researcher attempted to ensure the trustworthiness of the data by means of reflexivity, member checking, an audit trail, and peer debriefing (Lietz et al., 2006:447-451).

The use of reflexivity, which prevents the researcher from being biased in the interpretation of the research findings (Creswell, 2014:202) was deemed important since people often label families at risk as beyond the scope of treatment. The researcher worked from a stance

where the parent as participant was not regarded as bad because of the family being at risk, and kept in mind that families are also resilient and can be assisted to cope with their problems, thereby preventing the child being removed from the family home.

During interviews the researcher made use of member checking by clarifying with participants that the information provided by them was understood correctly by the researcher (Creswell, 2014:201-202; Kumar, 2011:278). The constant verification that information presented by the participant was a realistic reflection of the participant's experience of family preservation services, served as member checking (Lietz et al., 2006:453). Member checking ensured that the information provided by the participants was a true reflection of how they experienced the family preservation services and that their voices were heard.

An audit trail was used to keep record of the research procedures and research decisions that were made during data analysis (Lietz et al., 2006:450). This information assisted the researcher to consistently adhere to the research procedures and gave a wider perspective on the experiences of the participants regarding the family preservation services as it supported critical thinking by the researcher (Schurink et al., 2011:420).

The researcher evaluated whether the findings of the research could be transferred from a specific situation to another situation (Creswell, 2014:203; Schurink et al., 2014:420). She conducted a literature study on family preservation services with families at risk, both in the international and in the South African context, and compared literature on the use of family preservation services in different contexts, such as family preservation with adoptive families, mental health, juvenile delinquency and ethnicity. The literature was integrated in the discussion of the research findings to provide a richer interpretation of the research data. Throughout, the researcher considered ethical aspects relevant to the research.

3.3 ETHICAL CONSIDERATIONS

Research in the social sciences has human beings as the objects of study. Therefore researchers should recognise the importance of ethical considerations related to research (Strydom, 2011c:113). The following ethical considerations were identified in this study:

3.3.1 Violation of privacy

Research participants have the right to privacy, which implies that they can decide the extent to which they would like to share their views and information (Strydom, 2011c:119). The researcher avoided the invasion of privacy of the participants, especially where intimate and personal matters were discussed. Respect for privacy was essential in this study, as families

at risk find themselves in challenging circumstances that increase their vulnerability. Families at risk may experience psychosocial challenges such as poverty, drug abuse and domestic violence (Department of Social Development, 2011:52-53), therefore the researcher was alert to the sensitive issues that the participants might experience. The researcher gave participants sufficient time to decide what information they would like to share during the interviews, without the researcher losing the focus on important information that was to be included in the study.

3.3.2 Upholding confidentiality and anonymity

The researcher respected the participants' right to confidentiality. She protected the identities of all the participants involved in the study and information obtained during the interviews by way of using pseudonyms in the transcription of interviews (Strydom, 2011c:120). Researchers often learn private details from participants, as was the case in this study, and the researcher was committed to keep this information confidential.

Interviews were digitally recorded with the permission of the participants. All data were handled with strict confidentiality and the participants were informed that consent letters, voice recordings and transcripts would be securely stored at the Department of Social Work and Criminology according to the stipulations of the University of Pretoria. Due to the face-to-face interviews, the researcher was able to link specific responses with certain participants. This meant that anonymity of participants could not be ensured (Babbie, 2013:35). However data were handled anonymously, so that information would not be linked with specific participants.

3.3.3 Informed consent and voluntary participation

Prior to conducting the study, the researcher provided the participants with a letter of informed consent to convey to them the purpose, goal and procedures, advantages and possible risks involved in the study (Strydom, 2011c:117). The information contained in the letter allowed the participants to make an informed decision about participation in the study (refer Appendix C). Their written consent, including consent to digitally record the interviews, were obtained by way of the informed consent letter. Participation was voluntary and no prospective participant was forced to participate in the research (Rubin & Babbie, 2007: 38). It was clearly stated in the letter of informed consent that participants would have the right to withdraw from the research study at any time with no negative consequences for them. No participants withdrew from the study.

3.3.4 Avoidance of harm

Research participants have the right not to be harmed in any manner. The researcher knew that families at risk are particularly vulnerable due to having experienced the possibility of a child being removed from the parent's care. This experience could be recalled to parents' (participants') memory during the interviews and could again cause emotional distress to the participant (Strydom, 2011c:116). In an effort to prevent harm, the researcher provided the participants with full details of the research as well as possible risks involved before they signed the informed consent letter. In the case of emotional distress being experienced by participants as a result of their participation in the study, the researcher would arrange for counselling with a social worker at the Eleos Community Center, Booysens, Pretoria. No participants in the study required follow-up counselling.

3.3.5 Deception of participants

The researcher took care that the participants in the study were not deceived in any way. Participants were provided with sufficient information regarding the goals and procedures of the research and the value of their contribution towards reaching the goal of the research study (Strydom, 2011c:119). Rubin and Babbie (2007:40) emphasise that deceiving research participants would be unethical. The researcher thus provided the participants with accurate and full details of the research as well as possible risks involved for them.

3.3.6 Debriefing of participants

The researcher was aware of her task to correct any misconceptions that might arise during the course of the research (Babbie, 2013:39). The researcher conducted debriefing sessions after the interviews, where the participants were provided with the opportunity to ask questions and clarify any uncertainties related to the research. Debriefing also involves the discussion of the participants' feelings about their participation in the research project immediately after the interviews (Strydom, 2011c:122). The researcher allowed the participants to discuss their experience of participating in the research. This was deemed important due to the sensitive nature of the research. During the interviews one participant recalled a traumatic past experience when one of her children was removed from her care. This recollection is an example illustrating the need for debriefing of research participants.

3.3.7 Cultural sensitivity

In the study all participants were white, which happened by chance and not deliberation. Still, the researcher restrained from making value judgments as the participants were from an impoverished community and were regarded as families at risk. In order to prevent

personal bias and execute the research in an objective manner, the researcher used reflexivity (Lietz et al., 2006:447) in analysing and reporting on the data. The importance of researchers having knowledge of and sensitivity for cultural and ethnic differences (Gray, 1998:35) in this study applied to having sensitivity for social and economic differences.

3.3.8 Actions and competence of the researcher

The researcher is a qualified social worker who works in a senior position at a non-government organisation in Pretoria rendering preventative and early intervention services as well as statutory services to families at risk. She has experience of working with individuals and families. The researcher conducted the research according to her knowledge of the research theory, as obtained in a research module during her postgraduate studies. The findings of the study were objectively and accurately reported and plagiarism was avoided by acknowledging literature sources referred to in the research report (Strydom, 2011c:123). As the researcher was not employed at the centre where the participants were selected, there was not conflict of interest present. The research findings are accurately presented in the research report.

The Research Ethics Committee of the Faculty of Humanities, University of Pretoria, provided ethical approval for the study (refer Appendix D).

3.4 EMPIRICAL FINDINGS

The empirical findings of the study are presented in two sections. Firstly a short overview of the biographical details of the respondents who took part in the study is presented in Section A. Secondly, the research findings are presented in Section B.

3.4.1 Section A: Biographical information of the participants

The sample of the study consisted of families at risk who have all received family preservation services for the year 2014. All children were maintained within their own family and placement in alternative care was prevented. The participants lived in a low-income community and the effect of economic distress on their functioning was the main reason for them being regarded as families at risk.

Data was collected by means of in-depth interviews with the parent (either the father or mother) who was most involved in collaboration with the social worker that rendered family preservation services. Nine participants, eight mothers and one father, took part in the research.

Six of the nine participants were involved in family preservation services at a community-based centre which delivered comprehensive services to families, including material support, educational programmes and multi-professional services. The remaining three participants lived in the same community as the other participating families, but received family preservation services from non-government organisations.

A total number of 20 children were being cared for in the families involved in the research. The number of children in each family differed. Two families had one child in their care, four had two children, two had three children, and one family had four children in their care. The children were between the ages of five months and twelve years at the time of the research. Seven of the children were girls and eleven were boys. Of the total number of children, 13 were in the early childhood phase. The other five children were between the ages of six and twelve years and attended primary school.

Four of the participants were married while five participants were single mothers. Of the single mothers, one lived with her biological parents (the grandparents) and another one lived with a close friend, while the rest lived on their own. Three of the participants received informal support from grandparents and one of these visited the grandparents on a daily basis.

All the participants were unemployed at the time of the research. Only one mother had received after school training, namely training in secretarial work. The father that participated in the study had received training in Business Studies after he completed school. The rest of the participants, namely seven, did not complete grade twelve at school.

3.4.2 Section B: Qualitative research findings

The qualitative research findings are discussed in this section. The research findings were derived from the data collected by means of in-depth interviews with the participants, who were parents in families at risk. The research findings are presented according to themes and sub-themes and are supported with direct quotes from the interviews and with literature from the literature review. The interviews were conducted in Afrikaans. For the purpose of the study, the quotes were translated and are presented in English. The themes and sub-themes are summarised in Table 2.

Table 2: Summary of themes and sub-themes

Main themes	Sub-themes
1. Experiences related to the social worker	1.1 Positive experiences of the social worker 1.2 Negative experiences of the social worker 1.3 Clarity on the role of the social worker
2. Type of services received	2.1 Concrete services 2.2 Emotional support 2.3 Educational and recreational services 2.4 Multi-professional intervention
3. A sense of well-being	3.1 A sense of control 3.2 A sense of hope
4. Suggestions by the participants	4.1 Work and education 4.2 Emergency line 4.3 Social work procedures
5. The role of support by the extended family	

The two most prominent themes that emerged during the interviews were related to the participants' experiences of the social workers who rendered services to the families, and the different types of support services the families regarded as beneficial to their families. Participants further highlighted the general consequences of receiving services, and had some suggestions for social work practice. These themes, with the relevant sub-themes, are discussed in the subsequent sections.

3.4.2.1 Theme 1: Experiences related to the social worker

The participants' experience of the social worker was a prominent theme that spontaneously arose from the interviews. Participants emphasised how important a positive experience of the social worker was for them, especially with regards to the helping relationship between them and the social worker. Some of the participants also shared negative experiences related to their involvement with the social worker. It seemed that clarity on the role of the social worker during rendering of family preservation services was an important aspect in determining the nature of the relationship between the participants and the social worker. These aspects are discussed as the three sub-themes in this section.

- **Sub-theme 1.1: Positive experience of the social worker**

Most of the participants gave an indication of positive experiences of the social worker. Positive experiences related mostly to the fact that participants experienced that the social worker understood them and listened to them. They also appreciated the guidance that was given to them by the social worker as well as the fact that the social worker demonstrated care for them. The following quote provides one participants' view on being understood by the social worker:

"She understood what your problem was. You could discuss things with her. ... The worker once came and brought me milk and nappies. I was busy packing clothes away and made an excuse that everything is not right. She then said I need not worry, because she knows how busy people are." (1)

Other participants highlighted the way in which the social worker demonstrated care and provided guidance:

"She cares about one. She listens to one and takes an interest in [one's life]." (2)

"She goes out of her way to help me. She guides me as how to handle situations." (3)

"She guided me by saying, 'You are not a bad mother. You seek only what is best for your child.' ... There are mothers who came here and needed the guidance of the social worker very much. And you can see their progress. ... She worked with him (respondent's child) and gave me feedback [on how to work with the child]." (5)

"Last Wednesday she did a home visit and after she was gone, she phoned ... Those are people who care." (6)

The findings of the study indicate the importance of experiencing a positive relationship between the participants and the social worker. The emphasis that the participants placed on the positive experience of the social worker in this research is supported by other studies on families at risk (Dore & Alexander, 1996:358; Kauffman, 2007:560). The client's perception of the worker creates the quality of the relationship, which plays a positive part if the client experiences the worker as warm, understanding, accepting and encouraging (Blundo, 2001:301). The researcher noticed a similar effect in the findings discussed above and is of the opinion that conveying understanding plays a vital role in the acceptance of the family at risk. Acceptance means that the social worker does not make assumptions about clients, but understands that people function as best as they can, given their circumstances (Dore & Alexander, 1996:355; Dubowitz & DePanfilis, 2000:38-39).

Different studies indicate that a positive relationship between the social worker and client families can contribute to collaboration and positive change. In a study by Gockel, Russel

and Harris (in Sandoval, 2010:18-19) specific relational skills of the social worker were identified that fostered parent engagement and change during the intervention process. These skills were those of the worker been warm and accepting, responsive and flexible, and focusing on clients' strengths. The social workers were open, honest and respectful and helped the parents to develop empathy for themselves and their children. Another study on how parents experienced family preservation programmes found that a strong partnership between the social worker and the service recipients helped to overcome service recipients' initial negative reactions towards the services (Long & Frederico, 2014:77-79). It was found that their experience of being understood made service recipients more willing to engage with the social worker, feel more confident and independent, experience more self-worth as a parent, and greatly improved their sense of self.

The role of a positive and supportive relationship in social work is generally recognised. The presence of a supportive relationship can serve as a buffer against the impact of negative life factors and promote resilience. In a study with abused children, it was found that that the most important single surviving factor was the presence of at least one person who gave unconditional positive regard to the child, who thought well of the child and made him feel important (Iwaniec, Larkin & Higgin, 2006:79). It transpires that a collaborative relationship with the social worker, based on open communication, can assist clients to overcome significant individual and societal obstacles (Sandoval, 2010:19-20).

- **Sub-theme 1.2: Negative experience of the social worker**

Some of the participants however had negative experiences of the social worker. Their negative experiences resulted from the way they felt they have been treated by social workers in the past. In some instances these experiences were related to expectations based on the often negative public perceptions of the social work profession. A strong theme in this regard was related to the **perceptions of the social work profession** as people who remove children from their families, indicated as follows by the participants:

“.... One has this negative perception. You know in popular language you are known as the welfare. Beware that the welfare doesn't make a call on you, because they are going to take your children away.” (2)

“The word social worker tells me you want to help. But when there is distress ... you remove the children. I was always anxious and afraid that the social workers will remove my child.” (8)

Long and Frederico (2014:77-78) indicate that the negative perceptions that families at risk often have of the social worker, can be a significant factor in determining the professional relationship between these families and the social worker. As in the above quotes, the

findings in their study support the fact that vulnerable families may fear that the social workers will remove their children from their care, with the result that these families are often cautious of, or even hostile towards social work involvement.

Some participants experienced social workers as **being judgmental**, which contributed to their negative experience of the social worker:

"I feel the social worker comes here to find fault with everything ... my house and my appearance." (8)

"She has constantly manipulated me. She has told me what to do and what not to do, even before she investigated my circumstances. ... She came when my children were ill and she wrote a bad report about me. It appeared to me that she was planning to remove my children from my care. ... She had not helped me with food parcels at all. She knew I was struggling and did not help me. She knew I don't get maintenance from the father, but she had also not helped me with that." (3)

"They do just what they want. The parents next to me did not care, but I who actually cared for my child, they removed my child. I still don't know what was wrong there. ... The day they came to visit me, they gave me a form which stated that she lives in a dangerous environment. (They) just told me the allegations are that I am abusing drugs and that my child is being abused." (7)

Participants also mentioned that social workers are in a **position of power** and that some social workers misused this position, leaving the family with a lack of control in terms of taking care of the family's needs:

"Some social workers can do what they want. They are untouchable. ... I had the situation with (the social worker) when we stayed with other people. She came into the house and told the owner of the house that she is from Social Services. In the first place she never helped us to find a place to stay. ... She came and she threw her weight around." (2)

"The two (social workers) just arrived one morning at my work with a court order, telling me they have come to fetch me because they are going to remove my child. They then removed her and I could do nothing about it. They said that if I refuse, the police will lock me up." (7)

Some participants experienced the actions of the social worker as having a **lack of respect and understanding** for the participant as a client. These participants mentioned the following:

"A lot of our things were stolen. ... Then (the social worker) came and said 'Why do you worry about earthly things?' But those things are important to a person, which one day you would want to give to your children. ... (The social worker) only wants to come in and see if something is wrong. You feel you do not have much of a choice to let her in. ... the social worker questions everything you do." (2)

"She arranges with me a date when she will see me and then she doesn't turn up. She doesn't have the decency to phone me and apologise ... she did not call to inform me that she won't come." (3)

The actions of the social worker described in the last quote above, was also a point raised in a study by Mullins et al. (2012:270), in which some participants expressed their frustration and viewed the service provider as unreliable when they would not show up for appointments or cancel appointments at the last minute.

Because the participants respected the social worker's role of authority in the helping relationship, they had certain **expectations related to the services** that the social worker would provide. The following participants experienced frustration about what they believed as the social worker not living up to these expectations:

"I feel that the social worker cannot sort out and solve things." (2)

"I do everything they ask and then nothing is being done. ... It is now two and a half years that I struggle to get the maintenance case transferred ... She has arranged for (the participants' child) to be assessed by the psychologist. The report on the assessment had to be finished by now, but we still haven't received the report from her. If we could have the information that is needed, the case could have been finalised by now." (3)

From the findings, it is clear that the actions of the social worker have a pertinent influence on how the participants experienced the social worker and the social work role. The participants highlighted being judgemental, the misuse of power, and a lack of respect as social work behaviours that led to negative experiences of the social worker. These aspects were also identified in a study by Forrester, Copello, Waissbein and Pokhrel (2008:411) as key components that were reflective of the helping relationship between the worker and families. The participants in the mentioned study regarded positive actions of the social worker as a non-judgemental and understanding approach, providing options rather than 'being dictated to' as well as good and open communication between the worker and the family.

The above information is significant if taken into consideration that parents from families at risk are inclined to have difficulty in forming and sustaining interpersonal relationships (Dore & Alexander, 1996:350). They have usually not had positive experiences with formal systems (DuBowitz & DePanfilis, 2000:36). The one most important challenge for the social worker is that she must form positive connections and partnerships with families at risk so that they will be able to handle difficult challenges in their everyday lives. The quality of the worker's services is dependent on her ability to form a working alliance with the whole family and Dore and Alexander (1996:357) therefore advise that social workers must assess the relational capacities of clients early in the intervention process. For clients who have difficulty

in establishing relationships with the social worker, forming the helping relationship should be an end in itself at the beginning stages of intervention (Dore & Alexander, 1996:357).

Already in the 1960's Carl Rogers emphasised that social workers must ask themselves if they can experience positive attitudes towards the client; meaning attitudes of warmth, caring, interest, respect and acceptance (Rogers, 1967:52). Rogers further stressed that social workers should refrain from making value judgements, as clients who experience a relationship free from value and evaluation are in a better position to realise that the locus of evaluation and responsibility lies within the self (Rogers, 1967:55). The professional relationship should be based on trust, autonomy, a regard for worth and dignity, mutual participation, acceptance, and respect (Hepworth, Rooney, Dewberry Rooney & Strom-Gottfried, 2013:7-9; Herman, 1992:133).

In the opinion of the researcher, the above considerations are especially important when working with families at risk that are vulnerable and likely to live in adverse conditions, as was the case with the research participants in this study. Corey (2013:166) proposes that an attitude of respect, care, acceptance and understanding can lower the defences and change the rigid perceptions of clients. As stated by Rogers (1967:55), the social worker should not convey an impression of confirming or labelling people according to their current situation, but rather convey the message that the person is in a process of growth. This attitude is in support of the developmental approach to social welfare (Integrated Service Delivery Model, 2006:15).

If considering the discussion under sub-themes 1.1 and 1.2 of the participants' experiences of the social worker, the following sub-theme becomes highly relevant. This sub-theme focuses on clarity on the social work role.

- **Sub-theme 1.3: Clarity on the role of the social worker**

Some of the participants indicated that, once they realised that the role of the social worker was not invariably to remove children, but to help the family to survive, a significant emotional burden was removed which opened up the way for collaboration with the social worker. One participant described a situation where the family had been chased away from their living quarters by the owner of the house. The social worker was immediately available and assisted the family when they were out on the street with nowhere to go. Another participant had a similar crisis situation. In both instances, the help provided by the social workers provided them with a different view of the role of the social worker. These participants explained:

“She (the social worker) said, ‘We get your things away from here, so that you have a place, sleep warm and have warm clothes.’ She could have removed our child there and then.” (6)

“The social worker brought us food and she saw that we care for (our child). I have not yet experience this other side of the welfare [not removing children]” (9)

Where the above-mentioned participants became aware of the helping role of the social worker based on their experiences of social work interventions, other participants became aware of the social work role by means of being explicitly informed by the social worker that they were not there to indiscriminately remove children. This is clear from the following quotes:

“Every year (the social worker) gives her speech on why she is here. She is there to help and not to remove children.” (6)

“Because they are there to help ... especially where children are involved. They are not there to take children away.” (4)

“So if there are mothers who experience problems, then they know they can go and see (the social worker) at the community centre for help.” (5)

As can be observed from the above quotes, the social workers, being aware of families' fears that their children might be removed, informed the participants that social workers do not just remove children, but rather help families to keep their children in the home. This ensured that the participants had the trust in the social workers to approach them for help when it was necessary. This practice is in line with the delivery of social work services from a developmental approach, where the focus is on the prevention of placing children in alternative care (Department of Social Development, 2006:15-16; Department of Social Development, 2013a:37).

In the history of child welfare, the commitment of countries like the United States, Canada and the United Kingdom to a child protection approach placed the emphasis on protecting children from harm through out-of-home care when they could not be maintained safely in their own homes. The problem of the child being maltreated was perceived as the result of incompetence and lack of responsibility on the side of the parents or other caregivers. However, due to criticisms against this practice, a shift in service delivery occurred towards a focus on prevention and building family strengths (Conley, 2010:31).

The role of the social worker under a developmental approach varies significantly from the traditional approach where a family is reported, an investigation is being done, and a child removed from the family and community. A developmental social worker would pay greater attention to supporting a family through preventative services before the family reaches a

crisis. It would also entail that the social worker collaborates with formal and informal community resources in meeting the multiple needs of families, including families at risk, to preserve the family unit (Conley, 2010:49).

In the South African context, the shortage of social workers and the lack of resources tend to limit the capacity of social workers to render the necessary preventative, early intervention and family preservation services to families at risk (Strydom, 2013:509-510). There is still a strong focus on statutory services and placing neglected and maltreated children in child and youth care centres, where programmes are not equipped to deal with their emotional and psychological needs and the trauma they have suffered from past childhood experiences (Giese, 2008:20). The findings in the current study indicate that social workers rendering statutory services and who indiscriminately remove children from the care of their parents will not escape from the image of being a profession that removes children from the parental home. This image is contrary to the role of the social worker under the developmental approach to social welfare services, which emphasises a strengths perspective and building human capital (Patel, 2005:200).

In terms of service delivery to families, the developmental approach thus promotes the idea of providing support services that can build the capacities of families. Different support services were then also identified by the participants as the types of services they deemed valuable in preserving the family unit, as is discussed in the following section.

3.4.2.2 Theme 2: Social support services

With regards to the types of services received, the participants mentioned a number services that they found helpful. Cutrona and Russell (in Cox, 2005:445) mention that social support services encompass a wide range of services which are categorised based on the function they serve. Benzie and Mychasiuk (2009:107) are of the opinion that social support can be instrumental, emotional or practical. As discussed in the following sub-themes, the social support services that the participants highlighted to be of specific value included concrete services, emotional support, educational services, multi-professional intervention, and recreational services.

- Sub-theme 2.1: Concrete services or material assistance**

The services mostly indicated by the participants as being helpful to keep their family intact, were concrete or material services. The participants found different concrete services to be particularly helpful and the type of help that was mostly mentioned, centred on the provision

of food and clothing. Most of the participants felt that the provision of **food and clothing** helped them to care for their families, as evident in the following quotes:

“The children get boiled food on Wednesdays (at the centre). When they notice that we do our little tasks at the centre, we get clothing, toys for the children, food like porridge and yoghurt for the children.” (1)

“There is also a food parcel. We get that at the end of the month. But in between they give hand-outs on a fixed basis. That is why I tell you there are many positive things.” (2)

“And the mothers get milk and nappies, a food parcel, cots, prams, little chairs and clothing (at the center) on a monthly basis. ... We do have a vegetable garden here at the back which the mothers started. When the vegetables are ready to eat, then the mothers can pick it and take it home. ... On the days that the children attend the centre, they get a plate of boiled food.” (5)

“If we don’t have a food parcel in the house, we can approach (the social worker) for a food parcel. ... And my son has joined the school’s sandwich project. ... They have helped us a lot ... especially when we needed food. My husband has lost his job. The workplace closed down and he is struggling now to get a job. You get food there (at the centre). You get clothes there and toys and clothing for your children.” (6)

“(At the centre) you and your child get food every day and they (children) get their sweeties and clothing also. ... We received clothing from (the social worker).” (8)

A number of participants expressed their appreciation for receiving **furniture and help with housing**, that they would otherwise not be able to provide themselves:

“... sometimes furniture, a fridge and those type of things.” (5)

“We also got a brand new stove and a kettle. ... From where we had stayed in the Wendy (a small wooden hut) to where we are staying now where they (our children) can freely play around ... my son had since not fallen sick again. He is healthy now.” (6)

“(A volunteer at the organisation) brought us cement to build and then we also received a stove through donations. We received a geyser and then they painted the walls. They came and erected a Wendy house (a wooden hut) here.” (9)

Participants also valued the **financial assistance** that they received with the help of the social worker. Financial assistance included direct help from the welfare organisation as well as referral to other community resources, as illustrated in the following quotes:

“... we were in financial trouble. We could not pay the house rent. (The social worker) phoned and asked if we have managed to pay the rent. We failed to do so and she then paid two months rent in advance.” (2)

“Luckily we are exempted from paying school fees otherwise my child would have to stay at home. If you don’t work, you don’t have money. You can do nothing without money.” (4)

“I struggle with certain things of the school, then she (the social worker) sees wherever she can help, if she can get somebody from outside to provide ... like books, pencils, pens, those kinds of things.” (5)

“We do get the money (social grants) from SASSA for the children ... for all of them.” (6)

The emphasis that the participants placed on the value of material help can be related to the fact that all of the participants were unemployed and lived in poverty. It was evident that the low income and poverty affected their ability to provide in the basic needs of the family, such as food, clothing and housing. The value that the participants placed on material help is understandable, as the family has the primary responsibility to provide for the basic needs of its members (Department of Social Development, 2013a:6).

It is evident that the material support the participants received included relevant concrete help for their daily survival; the latter referring to items such as clothing, food, furniture, housing, financial assistance, and other supplies needed for child rearing (Mullins et al., 2012:271). These authors indicate that emergency financial assistance and material support can be valuable resources. When such concrete support is not provided, it creates further hardship for a family (Mullins et al., 2012:271). Furthermore, when social support matches the needs of the client, it serves as a stress buffer and enhances the family's ability to cope in highly stressful situations (Cox, 2005:445).

From the above quotes it is clear that the material help that were provided as part of the family preservation services were experienced by the participants as providing in their needs to raise a healthy family. In stark contrast is a general lack of appreciation for the provision of concrete or material help found among social workers employed at non-governmental organisations (NGO's) in South Africa (Strydom, 2012:450). It seems that social workers are often uninformed about the actual content of family preservation services, as well as the types of services that need to be rendered. The result is that only limited concrete services are delivered to families at risk (Strydom, 2012:450). Concrete services, such as assistance with housing, food and clothing form part of the Level 2 family preservation services described by Strydom (2012:437-439) and are included on the prevention level of family preservation services in the White Paper on Families in South Africa as interventions to minimise the effects of poverty (Department of Social Development, 2013a:42). Practical support is not only indicated as part of comprehensive services on a prevention and early intervention level, but also forms an inherent part of intensive family preservation services (Institute for Family Development, 2013; New South Wales Department of Community Services, 2010:5-6).

It was clear from the research findings that concrete services contributed to the general well-being of the participants and their families. The participants also mentioned that emotional support received from the social workers were of value to them.

- **Sub-theme 2.2: Emotional support**

In terms of emotional support, the participants experienced the social worker as a person who listened to them, understood their situation, and encouraged them. Some participants mentioned the value of having **someone to talk to**, both for them as parents as well as for their children. Participants explained:

“She makes time to talk to the children. She said that you can come and sit down and discuss what is bothering you.” (2)

“(The social worker) says, if something bothers you, you must speak. I feel the service that (the social worker) is rendering, is good, because it helps people.” (8)

“And because I see her every Wednesday and Friday at (the community centre), it also alleviates the stress.” (3)

Participants also valued the **encouragement** that the social worker provided. Participants mentioned the following:

“She encourages me, so that I understand better and can be available for my child ... she encourages us and has always done so.” (8)

“She supports us and encourages us every time ... told us just to persevere. It is a long process that's going to happen and will not happen overnight.” (6)

“She has encouraged me ... she was with me all the way through this problem. She has helped me so that I am where I am today.” (5)

Emotional support is seen as a specific function of the social worker in providing support to troubled families (Benzies & Mychasiuk, 2009:107; Cox, 2005:445; Zastrow, 2013:246-247). Emotional support refers to the expression of understanding, care, empathy and concern, and can play a significant role in enhancing resilience in persons exposed to adverse circumstances (Helgeson & Lopez, 2010:310). The value of emotional support, as can be seen in the participants' words above, is evident in the fact that it helped participants to stay motivated over the longer term and throughout the process of social work intervention. The researcher regards this type of support as of importance due to the pervasiveness and the long-term duration of the adverse circumstances that families at risk are exposed to.

In the context of family preservation services, psychosocial support is indicated as services on both the prevention and early intervention levels (Department of Social Development, 2013a:42-43). In the example of the wraparound model of family preservation services,

which focuses on comprehensive team-based services over the longer term, emotional support is seen as a critical part of the multiple intervention strategies, although the wraparound model of services is not fundamentally a clinical service (Winters & Metz, 2009:140).

Participants also mentioned that they found the educational services provided by the social workers and organisations of specific value. Their experiences of these services are discussed in the following sub-theme.

- **Sub-theme 2.3: Educational and recreational services**

Participants indicated that they benefitted from skills training in areas such as interpersonal communication, parenting skills, life skills and household management. **Skills training** focused, amongst others, on the enhancement of practical competencies, for example on gardening, beading, needlework, household skills and public speaking. The experiences of the participants are evident in the following quotes:

“We do a vegetable garden on a Wednesday. We planted carrots, beetroot, beans, tomatoes and cabbage. The vegetables are distributed among us. ... Basically, you (also) learn how to manage your home.” (8)

“We get trained in beading. ... We also started a vegetable garden where the people will be able to take the vegetables home. The purpose here is to feed the people. (The volunteers) want to do job training here with the people, so that they can feed their children.” (9)

“On Wednesdays we do life skills. There are things that you do like needlework, people give speeches on different topics.” (6)

Many participants pointed to the advantages of training in **parenting skills**. They mentioned the following:

“On Tuesdays we receive parenting training, for example how we must work with the children. ... how you work with your child when he is naughty ... the correct way to work with him.” (1)

“Basically it is about the children. How you manage your children ... manners and routines ... how you work with your child from babyhood onwards.” (4)

“... parenting training. If the child struggles with potty training or has a problem to discard of the dummy, then auntie M tells the mothers how to handle it.” (5)

“We receive information about things we did not know before. We also received guidance on temperaments and boundaries. The parenting training helped me a lot. Last year (my child) and I did attachment therapy.” (6)

“You are taught how to be a better parent.” (8)

It appeared that participants found **recreational activities** enjoyable and enriching, as evident from the following:

"I enjoy it. The mothers sit with each other and exchange ideas. On Wednesdays we have Giggle Girls. People come and give speeches on different topics." (6)

"The mothers do creative projects like decoupage, paint or she (the social worker) arranges a speaker ... When they (group members) first come here, they are distant and reserved and talk to no-one. We had a mother who spoke to no-one, and now she can't stop talking. One can see the change. A lot of us just sit in our homes. And when we come here, we have friends with whom we can talk." (5)

Benzies and Mycasiuk (2009:105-106) mention a number of advantages related to increased skills and training. They state that enhancing people's skills can provide them with flexibility and more available options to effectively deal with life's problems. It can also reduce financial stress, enhance family functioning, and educate parents to stimulate their children. All of the mentioned advantages are evident in the participant's quotes above. Enhancing parenting skills as part of family preservation services can thus have many positive effects on families at risk (Forrester et al., 2008:411).

What was insightful in the research findings was the value that one of the participants placed on **youth groups** as a service that the organisation provided for adolescents. In this way the organisation invested in preventative interventions in the community by moving beyond programmes and policies that merely respond to youth problems. The following quote gives an indication of the potential impact of a socialisation and support group for the young people in the community:

"On Fridays there is the group for teenagers. They started with 43 teenagers. ... And they don't want to go home. They do enjoy it. They are here until half past five. When it is six o' clock, they are still here. They just don't want to go home. And if the parents arrive at four thirty to fetch some of them, they don't want to go home yet. They will tell the parent to come back half an hour or an hour later. The group is for teenagers aged twelve to nineteen. ... If there is a teenager with a problem, they have somebody who work with the teenager and walk a path with the teenagers who have problems." (5)

The mentioned group is clearly an example of efforts to prevent psychosocial problems in the adolescent group and can thus be regarded as social work practice that supports developmental social welfare (Department of Social Development, 2006:29). Youth who grow up in adverse circumstances have a greater chance of engaging in delinquent behaviour and violence (Louw et al., 2007:364). One of the comprehensive family-based practice models, multi-systemic therapy described in the literature review in Chapter 2, promotes behavioural change in the natural environment by using the strengths of each

system in the young person's life (family, school and support networks) to facilitate positive change (Henggeler et al., 1992:954).

In this theme, the interventions described by the participants are evident of a multi-systemic approach. The multi-systemic therapist focuses on the holistic functioning of the person within the environment, for example in the home, school and community. Parents, caregivers and family members are involved in the helping process and it has been found that such a comprehensive approach is more successful and sustainable (Burns et al., 2000:287). Zastrow (2013:246) describes the value of in-home services to troubled families. He notes that not all in-home services can be provided by social workers, but that the social worker can facilitate access to relevant services. In-home services are preventative services that are "specifically designed to keep families together" and include services such as parenting programmes, life skills training, family preservation services, and educational and skills training (Zastrow, 2013:246).

The research findings indicated that participants also received services from different professions. These services will be discussed in sub-theme 2.4.

- **Sub-theme 2.4: Multi-professional intervention**

Participants who received services from the community-based centre were provided with different professional services related to their specific needs. These services focused on aspects such as early childhood development, health care, education, psychosocial well-being, and social grants. The participants described formal and informal supports that were used to create services for each child and family.

Two participants described the positive effects of the early childhood development (ECD) and attachment programmes provided at the centre:

"Since my wife and children are there (at the ECD programme), they do very well. They learn a lot. The babies receive therapy like exercises. Everything is of a high standard. My children are more advanced than other children who stay at home. I salute (the programme). I can see what my children are coming home with." (2)

"The nursery school says they can tell which children were at (the ECD programme), because they can do everything that they must do in the nursery school. There (at the ECD programme) they learn to count, build puzzles and learn about colours. ... (5)

"Auntie M does attachment therapy. The mother sits with her baby in the class. And the baby bonds with the mother." (5)

Participants also mentioned that they found different health care services to be of value. They mentioned the services of the dentist, speech therapist, and occupational therapist, as well as pre-natal classes, as described in the following quotes:

“There are aunties that take care of the children and then the speech therapists and occupational therapists work with the children in small groups. And when we are finished (at the parenting group), we come and collect the children.” (6)

“My child receives speech therapy. There is also occupational therapy, physiotherapy, and prenatal classes.” (5)

In cases where the centre did not provide the needed services, they helped participants to access relevant services from other organisations and institutions, as described by two participants:

“(The school psychologist) worked with him (the participant’s child) and I got feedback from her. ... If the mothers need to go to SASSA (for social grants) or to the hospital, here is transport for them.” (5)

“There are dental services at the school. The child gets a form from school that the parent needs to complete. And then the child is attended to.” (6)

The quotes by the participants indicate the collaboration of a number of professionals from different fields to provide individualised strengths-based care, with the full participation of the families. The services that the participants received were clearly based on the contextual perspective and services were delivered on different levels in the participants’ environment (Keenan & Evans, 2009:35-37; Louw & Kail, 2007:27).

The multi-professional services that were described by the participants in this study can be related to the principles of service delivery in the Systems of Care framework and the wraparound process, as described in Chapter 2. These two care systems are closely related in the philosophy and practice of service delivery (Bruns et al., 2010:319).

The helping process from the perspective of the wraparound model focuses on the total functioning of the family (Suter & Bruns, 2009:337; Walter & Petr, 2011:74). The whole family, child, all natural supports in the community and community services work together as a team, and all family members are full and active partners at all levels of service delivery (Walker & Sanders, 2011:797; Walter & Petr, 2011:74; Winters & Metz., 2009:139).

Systems of Care is a service delivery approach that builds partnerships to create a broad, integrated process for meeting the multiple needs of families and the children in these families, for example physical, mental, social, emotional, educational and developmental needs. The principles on which the approach is based are interagency collaboration, individualised strengths-based care, community-based services, accountability, and the full

participation of families at all levels of the system (Cook & Kilmer, 2012:394; Child Welfare Information Gateway, [sa]:2; Graves & Shelton, 2007:557). The quotes by the participants are indicative that services they received were being rendered according to the principles of the wraparound model and Systems of Care.

Some participants spontaneously mentioned that the services they received enhanced their sense of well-being. This aspect is discussed in Theme 3.

3.4.2.3 Theme 3: A sense of well-being

The research findings indicated that some participants were of the opinion that the services received from the social workers helped them to feel more in control of their situation and resulted in a sense of hope in the future.

- **Sub-theme 3.1: A sense of control**

The following participants expressed their satisfaction with the services rendered by the social workers in that it helped them to experience a sense of control, realising that they would be better able to manage situations on their own:

“Parental training benefited me greatly. Last year he (the child) and I did attachment therapy ... and we had good results. When school starts now, A (the participant’s other child) and I will start with the attachment (programme). She is my eldest. (The social worker) says ... later ... we can reach close-up [deal with their problems].” (6)

“Since my wife and children are with Pienk Voete [the ECD programme], we are well off. And I am much more involved with my children.” (2)

Family preservation services are intended to strengthen families’ coping skills and competencies so that they can create a safe and nurturing home environment for their children (Department of Human Resources, Maryland, 2012; Popple & Leighninger, 2010:238). Social support, provided in the context of family preservation, can enhance the coping strategies of families who live in high stress situations (Cox, 2005:445). Whether in the form of instrumental, emotional or practical support, social support can lower the negative effects that economic hardship has on families (Benzies & Mychasiuk, 2009:107). All the participants in this study lived in a low-income community and their negative economic situation had a detrimental impact on their capacity to care for their families. The research findings indicate that the different kinds of support services the participants received enhanced their coping strategies and contributed to their sense of being more in control of their lives.

The response of one participant indicated that families at risk can and do experience a sense of hope when they are supported, as is discussed in the next sub-theme.

- **Sub-theme 3.2: A sense of hope**

One of the participants expressed how the social work services instilled a sense of hope in the future. The participant stated:

“There is so much that one can be grateful for. Just around the corner lies something better. There is light in the tunnel ... That is hope. Fear is negative.” (2)

Families in South Africa are affected by many negative socio-economic conditions, including poverty and unemployment (Department of Social Development, 2013a:22; Louw et al., 2007:352, 365-372). All of the participants in this study were unemployed and experienced adverse socio-economic conditions.

The above quote indicates that social support could provide families at risk with a sense of hope. An Australian study by Long and Frederico (2014:77) confirms this fact. In their study it was found that participants' hope in their future had grown not just through their capacity to meet their goals, but also through the relationships they had experienced with the social workers. The development of hope was found to be a crucial aspect determining clients' perceptions of the effectiveness of family preservation services and is seen as a critical element in any change programme (Kauffman, 2007:559; Long & Frederico, 2014:76-77).

The experience of a sense of control and a sense of hope can be linked with the strengths-based approach that underlies the developmental approach to social welfare (Midgley, 2010:13). A strengths-based approach propose that family preservation services are intended to strengthen families, which is one of the strategic priorities of welfare service delivery in South Africa (Department of Social Development, 2013:33-37). From this perspective, social workers realise that families do have certain strengths that can be utilised to build the capacities of the family (New South Wales Community Services, 2010:5).

One of the themes in the unstructured interviews focused on the participants' suggestions for social work services to families at risk. The participants' responses are discussed under Theme 4.

3.4.3.4 Theme 4: Suggestions by the participants

A relatively limited number of suggestions were made by the participants in terms of how social work services to families at risk could be enhanced. The suggestions that were raised

focused on job creation and education, the availability of a 24-hour crisis service, and transparency of social work services.

- **Sub-theme 4.1: Work and education**

Two participants pointed to the need for social workers to assist family members of families at risk with job creation and access to education. One participant indicated that social workers should focus beyond the reasons of why people lost their job and rather help clients to obtain jobs. Another participant expressed the desire to get a job in her field of interest, as she had not finished her schooling due to the fact that she spent her childhood in a child and youth care centre. These participants' suggestions were as follows:

"It will be good if social workers can help people obtain jobs. Social services do not regard it as their duty to help people with it. They rather want to know when you have lost your job, what the reason was that you have lost it." (2)

"I discussed it with (the social worker) that I want to finish my schooling. Because R (the participant's baby, aged one year) is adapting well among the other children. I want to finish my schooling. I want to become a pastry chef. I like baking. I just need to get a bursary to study, then I can put him in a crèche and I need not wait until he turns three, when he can go to nursery school." (8)

The participants' suggestions that social work services should aim to assist clients to be economically independent and function effectively in the socio-economic environment, resonates with the focus of the developmental approach. Developmental social work has a strong focus on the social as well as the economic empowerment of clients (Midgley, 2010:11; Patel, 2005:205). Steps should be taken to support people to become self-reliant and independent. The social worker who is in direct contact with people at the grassroots level and understands the dynamics of a particular community, is in the ideal position to take responsibility for the development of a spirit of entrepreneurship among disadvantaged people and to encourage the development of small and medium enterprises (Midgley, in Potgieter, 1997:242).

- **Sub-theme 4.2: Emergency line**

One participant suggested that social work services should include a 24-hour crisis service. She based this recommendation on a personal experience of social work services, as indicated in the following quote:

"It has happened that my ex-husband came to fetch the children and then refused to bring them back and I had to go with the police to help me fetch my children. It was very traumatic for my children and inconvenient for me because I don't have transport. I don't have a license and no money for transport. I feel there needs to be something like an emergency line where

you can make contact with the social worker and receive help in an emergency situation." (3)

The above view was also found among participants in a study by Mullins et al. (2012:270) that aimed to incorporate the voices of families into the implementation of family preservation services. In the mentioned study, the participants generally reported that they were more responsive to support services when they perceived the service providers as being accessible and reliable. One of the participants, who were of the opinion that family preservation services were effective, mentioned: "There is always someone I can get hold of" (Mullins et al., 2012:270).

Models of intensive family preservation services indicate that families at risk need access to a 24-hour emergency service (Burns et al., 2000:306; Henggeler, 1999:3; Institute for Family Development, 2013; New South Wales Department of Community Services, 2010:5; Strydom, 2012:349). It has to be recognised that families at risk, due to their vulnerability, may have a greater need for such intensive service delivery, even if only on a short-term basis.

- **Sub-theme 4.3: Social work procedures**

Based on a prior experience with child protection workers, one participant suggested that the services by social workers should be delivered in a more transparent manner. This participant suggested the following:

"There must be a procedure according to which the welfare operates, before they remove a child from the parent's home. There must be a differentiation between urgent and less urgent cases. They took my child as if it was an emergency ... the child must be instantly removed because she will be killed. They were not even on my premises [to investigate the circumstances]." (7)

The researcher regards the participant's comment as of critical importance for social workers who are involved in statutory services. It is recognised that negative experiences of the involvement of the social worker could lead to clients being hostile toward social workers and strengthen the perception that child protection workers focus mostly on problems in families (Long & Frederico, 2014:77-78). It is also understood that preserving the family would not be a viable option for all families (Mullins et al., 2012:265). However, it could be possible that social workers, because of high caseloads and shortage of resources in the social services professions as indicated by Strydom (2013:505-506) and Giese (2008:20), feel overwhelmed and as a result are less effective in their work (Berg, 1999:10). Berg (1999:11) therefore advises that management and supervisors at the organisational level should consider structures to support social workers in the quest to provide families with family preservation

services. Greene (2007:44-45) further emphasises that social workers should also recognise the importance of protective factors that can moderate risk and build resilience in families.

A final theme that emerged from the interviews, were the important role that members of the extended family played in supporting the participants.

3.4.2.5 Theme 5: The role of support by the extended family

Although this theme was not a primary focus of the study, the participants referred to the role of emotional and practical support from kinship, especially grandparents, who were present in the lives of the participants and their families. It is the researcher's opinion that this type of support cannot be underestimated, given the limited resources in the South African welfare context (Giese, 2008:20; Strydom, 2013:505-506). The research findings indicated that, even where the grandparents did not stay with the participants (as parents), they had personal contact with them, in some cases on a daily or weekly basis, and supported both parents and grandchildren. This support usually entailed help with concrete services like finances, housing and food, as well as emotional support. Some participants would have been destitute had it not been for the personal assistance from their own parents supporting them in raising their children. In this regard, the participants mentioned the following:

"My child and I stay with my father at the moment. G (the participant's live-in-partner) also stays with us." (8)

"At the moment we (the participant and her family) are staying in (an adjoining suburb), but we come in every day to bring C (the participant's child) to school (nursery school). My husband's parents are living here (in the community where the child attends nursery school) and we visit with them every day and they visit us often. I don't have friends. We don't mix with other people, because then it happens that rumours are spreading." (7)

The critical role that support by the extended family can play is highlighted in the literature. Ong et al. (2010:83) emphasise the importance of utilising personal and environmental resources, for example supportive and nurturing relationships and bonds within the broader family, as well as quality relationships within the community to build resilience in families. This focus on the involvement of the extended family is also embedded in one of the main aims of family preservation services (Popple & Leighninger, 2010:238). The researcher is of the opinion that the involvement of the wider family, where possible, could promote the sustainability of family preservation services as the family would have access to help within their social environment. This could help to support the aim of services to families at risk from a developmental approach, namely to help families to keep their children in their care (Conley, 2010:49).

3.5 DISCUSSION OF FINDINGS

In the discussion of the findings, it is necessary to keep the socio-economic context of the participants in mind. All the participants lived in a context characterised by severe socio-economic adversity. All the families experienced extreme poverty, which was then the reason for them being regarded as families at risk. None of the participants were part of families where children were at risk because of abuse or deliberate neglect.

It further needs to be highlighted that the researcher found it challenging to obtain participants who were willing to participate in the study. This was despite the fact that an indirect sampling method was used, according to which potential participants were contacted by the social worker at the community centre, after which the researcher was presented with the details of the people who would consent to participation in the study. In this sense, the researcher takes note of the views of Long and Frederico (2014:77-78) that members of families at risk may be extremely cautious of social workers due to the perception that social workers will focus on their problems or vulnerabilities.

During the data analysis process the researcher became aware of the difference in experiences of the participants that received social services from the social workers at a community-based centre (Participants 1, 2, 4, 5, 6 and 8), compared to those participants who received services from statutory-based organisations (Participants 3, 7 and 9). The six participants who received services from the community-based centre in general had much more positive experiences of the services than the other three participants, who were generally more negative towards the services received. Although the study was based on a small sample and findings cannot be generalised, the more positive experiences of the six participants might be attributed to the fact that they received comprehensive services that included all family members. It further seemed that the mentioned centre had a practice of clarifying the role of the social worker with the clients of the organisation, which could minimise the fear of social work involvement for the participants.

Data was obtained by means of in-depth interviews with the use of an interview guideline. The data collection method allowed the researcher to obtain rich data on the actual views of the participants, with a lower chance of influence by the researcher. The participants shared information comfortably, such as their experience of the social worker and family preservation services, as well as different types of support that they have received.

The comprehensive services delivered at the community centre reflect types of services and principles related to different models of family preservation services. The strengthening of

the capacities of the participants to care for their children in their homes is in line with the preventative and strengths-based focus of developmental social work.

Although the study was based on a small sample, the researcher is of the opinion that data saturation has been achieved. Also, themes identified from the interviews were corroborated by existing literature on families at risk and family preservation services.

3.6 CONCLUSION

In Chapter 3 the research methodology and the ethical considerations relevant to the study were described. The findings of the study were presented in five main themes as well as relevant sub-themes. The research findings in general highlighted the important role that the person of the social worker played during service delivery to the participants who lived in families who were considered to be families at risk. The participants described the services they regarded as helpful as concrete services, educational and recreational services, emotional support and multi-professional services. They made a number of suggestions with regard to social service delivery. In the findings, the value of support by the extended family was also highlighted.

The key findings of the research will be summarised in Chapter 4. Based on these findings, the researcher presents conclusions and recommendations in Chapter 4.

CHAPTER 4

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In this study the focus was on the experiences of families at risk of family preservation services they have received. It was indicated in the literature chapter that families at risk are families that face imminent danger of disintegration and face the possibility of children being removed from their care. Family preservation services aim to preserve families and keep children in the home.

This chapter focuses on the key findings that resulted from the study. These findings form the basis for the conclusions, as well as recommendations for practice. The chapter will also provide an indication of the achievement of the goal and the objectives of the study.

4.2 GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore and describe the experiences of families at risk regarding family preservation services they have received. In order to reach the goal of the study, the following objectives were pursued:

- To conceptualise family preservation services within the South African welfare context.
- To explore and describe the kinds of family preservation services that the research participants have received.
- To explore and describe what family preservation services the participants regarded as beneficial to preserving the family unit.
- To explore and describe what family preservation services the participants regarded as less beneficial to preserving their family unit.
- To obtain suggestions from participants with respect to family preservation services to families at risk.

The research question for the study was: What are the experiences of families at risk of family preservation services they have received?

Data was obtained by means of in-depth interviews with participants who had received family preservation services. The key findings are presented in the following section.

4.3 KEY FINDINGS OF THE RESEARCH

The researcher presents the following key findings of the research:

The participants were all parents of families who lived in to poor socio-economic circumstances. Poverty related to unemployment were the reason for their families being regarded as families at risk.

The nature of the helping relationship between the social worker and most of the participants was of major importance in determining the participants' experiences of family preservation services. The participants showed appreciation for social workers who used specific relational skills to nurture the professional relationship. These skills were observed in the social workers who were regarded as understanding, caring and respectful. The participants tended to be more responsive to the social workers when they perceived the social worker as being accessible and reliable.

Some participants had negative perceptions of the social workers. These social workers were perceived as controlling, judgemental and disrespectful in their attitudes and behaviour. From the research findings it was clear that participants did have expectations of social workers concerning the social work services that they render. Social workers who did not live up to the participants' expectations in terms of service delivery, caused the participants to feel frustrated. These social workers were also seen in a negative light.

Clarity on the role of the social worker was a determining factor in the participants' perceptions of social workers and social work services. Participants who did not have clarity on the role of the social worker were inclined to express distrust and fear of social work involvement. The participants related such negative reactions to a general perception among the public that social workers remove children from the care of their parents. However some participants also based this perception on previous negative experiences with social workers. Where participants were clear about the fact that the role of the social worker was not to remove children in the first instance, they had a more positive experience of the involvement of the social worker and developed a trusting relationship with the social worker.

The participants who were involved at the community-based centre received a variety of support services that they deemed helpful. These services included concrete services, emotional support, educational and recreational services, as well as multi-professional services. The participants who received services from statutory-based organisations in the community were not exposed to the same variety of services.

All the participants in the study mentioned the value of the concrete support services they received. The services, that included assistance with food, clothing, household items and financial support, helped them to provide in the needs of the family. The services that were mostly mentioned by the participants, related to those that provided in the basic needs of the family, namely food, clothing and shelter.

Participants also valued the emotional support they received. They appreciated the opportunity to talk to the social worker about their concerns and indicated that it enhanced their emotional well-being. They found it helpful that the social worker listened to them, showed understanding and provided encouragement to persevere with their efforts to deal with their circumstances.

The participants were exposed to a number of educational and skills training activities. They were of the opinion that these activities helped them to better cope in life. Some of training focused on practical aspects such as managing the household, gardening and beading. The value of the parenting skills training was especially evident in the participants' responses. They mentioned specific aspects of this training that they regarded as helpful, for example discipline and routine, boundaries, understanding children's temperament, attachment, how to be a better parent, and the correct way to work with one's child.

In addition, participants enjoyed the recreational activities, where they could come together in a group and talk to one another, exchange ideas, have fun, and do creative projects like decoupage and painting. Participants made specific mention of the value of recreational activities that were also presented to the adolescent children in the community, where young people from 12 to 19 years of age came together once a week to participate in different activities.

The participants found the multi-professional services as highly relevant and beneficial. These services ranged from early childhood development services, medical and dental services, speech therapy and occupational therapy, prenatal classes, attachment therapy with a trained therapist, and services from school psychologists. In terms of these services, the participants were especially aware of the positive effects of the early childhood development programme on their young children's development and functioning. Where services could not be provided at the community centre, participants were referred to other service providers.

The services provided at the community centre where the participant families were involved in family preservation services, contained elements of the Systems of Care approach, multi-systemic therapy and the wraparound process of service delivery. The services were

comprehensive, focused on the needs of all family members, and were appropriate to the age and developmental needs of the different family members.

The research findings indicate that the participants who received comprehensive services from the community-based centre had an overall positive experience of the services they received. Some of the participants received services from non-government welfare organisations in the community. In general, these participants did not have the overall positive experiences of service delivery as those participants who received the comprehensive services.

Some participants indicated that the services they received helped them to experience a sense of control, in that they felt that they were more competent parents and more involved with their family. One participant pointed to the sense of hope that she experienced as a result of the services she received, which was reflected in an optimistic outlook on the future.

The participants' suggestions regarding service delivery to families at risk included that social workers should help people from disadvantaged communities to secure jobs, to complete their schooling, and to gain access to further education. One of the participants advised that social workers should offer a 24-hour crisis service. The participant expressed the need for an emergency line that families could access in a crisis situation. It was also proposed that social workers should be transparent in their actions and follow specified procedures in their work with families who are at risk of having their children removed from their care.

The research findings highlighted the valuable supportive role that members of the extended family can play in the lives of families at risk. These family members provided the participants with practical and emotional support, as well as shelter.

The services that were provided to the participants enabled them to care for their children and prevented the removal of the children from their care. The services could thus be regarded as family preservation services on a prevention and early intervention level. The strengthening of the capacities of the participants and their family members also place the services within the developmental approach to social welfare.

4.4 CONCLUSIONS

Adverse environmental factors, such as poverty and unemployment, can negatively affect families' ability to care for their children and put them at risk for the children being removed from the care of the family. Family preservation, which include comprehensive services to

support the family to meet the needs of its members, can be an effective intervention strategy to support these families and prevent the out-of-home placement of children.

In delivering services to families at risk, the nature of the helping relationship between the social worker and families is a major determinant of the experiences of the families of the services they receive. A positive professional relationship can enhance the collaboration between families and social workers and contribute to the outcome of services delivered. Since families at risk often have a history of lacking supportive interpersonal relationships and may have negative views of social work involvement, the formation of the relationship may be more challenging. If a positive relationship is not established, other necessary services to the family at risk such as concrete support, educational services and multi-professional services may not have the intended effect on the family's functioning. The social worker's conduct and attitude plays a significant role in determining whether clients regard the working relationship as positive or negative.

Families need to have clarity on the role of the social worker in the rendering of family preservation services. Where the social worker can clarify to a community that her role is to help the families attain and maintain positive functioning and not firstly to remove children from the family's home, families are more inclined to trust the social worker and freely participate in family preservation services. Clarity on the role of the social worker does not only rely on verbal clarification, but is also conveyed when social workers are transparent in the execution of their work procedures.

For families who are at risk because of poverty and unemployment, concrete services can play a significant role in the preservation of the family. Concrete services such as clothing, food, housing, financial assistance, household goods and other supplies needed for childrearing are essential for daily survival of the family at risk. When such tangible support is not provided to families at risk, they will remain in a situation of hardship which renders them incapable to care for their children.

Emotional support, as portrayed by social workers who are empathetic and encouraging, can be of great value to enhance coping mechanisms in the high-stress situations that families at risk find themselves in. Even though social workers may not be able to change the socio-economic conditions of these families, emotional support can buffer the effects of adverse conditions on their psychological well-being. Family preservation services can empower family members and help them to feel more in control of their current situation and more optimistic about the future. Hope is regarded as a critical aspect in bringing constructive change in families.

Educational and recreational services can play a positive role to empower members of families at risk to live a more independent life. Programmes that focus on topics such as parenting skills, attachment, and positive discipline can strengthen individuals and families and can be effective preventative strategies that are in line with a developmental approach to social welfare. Educational and recreational services that include all members of the family provide a more holistic service to families at risk. Such comprehensive services fall within the scope of Systems of Care, wraparound and multi-systemic models of family preservation services, as well as on the prevention and early intervention levels of family preservation services described in the White Paper on Families in South Africa (Department of Social Development, 2013:42-43).

The use of a multi-systemic approach can be to the advantage of all the members of families at risk. Multi-professional services to these families can ensure the optimal health and development of all its members and can help family members to escape the circumstances that underlie current adverse circumstances. Comprehensive services that focus on all domains of development, for example physical, cognitive, emotional, social and economic, are more likely to produce positive outcomes and likely to be experienced more positively by the recipients of services to families. It is thus relevant for social workers to focus on the whole environment of the family and its members, including the home, school and community.

Families at risk are generally vulnerable and may not be able to gain access to education and employment opportunities without the help of a helping professional such as a social worker. Building human capacity is one of the focus points of developmental social welfare and could provide opportunities to break the cycle of poverty of families at risk. Social workers can play a vital role in the community by working at grassroots level and, based on their knowledge of the community, help communities to develop small and medium enterprises and securing work for disadvantaged people. As family preservation services and developmental social work emphasise the partnership between the social worker and the families, it is important that communities are involved in the initiative to build social capital and encourage economic development for the benefit of the whole community. When people are employed and earn an income, they can care for their families.

Families at risk may find themselves in a position that they may once or more often need to access social work services on an emergency basis. This reality should not be overlooked by social workers. These services are however not always available in communities.

Families at risk often face socio-economic problems related to poverty and unemployment. The presence of grandparents can be a protective factor, since the support that they provide

to both their children and grandchildren most often could prevent a situation from arising that necessitates the removal of the children from the parental home. If it should happen that children are found in need of care and protection despite supportive efforts, placement with grandparents could be a measure to offer the child permanency.

Comprehensive models of family preservation services, such as Systems of Care, the wraparound process and multi-systemic therapy are relevant to addressing the various needs of families at risk. In these models, families are full and active partners at all levels of the process. Although it seems that community-based centres are in a position to provide such comprehensive services to families at risk within their communities, the provision of intensive family preservation services in the South African context may not be a viable option of service delivery for many welfare organisations due to the shortage of social workers and resources.

In situations where risk is due to poverty and unemployment, family preservation can be an effective strategy to assist families at risk to care for their children and prevent the out of home placement of these children. In this sense family preservation services are in support of the principles and practice of developmental social work.

4.5 RECOMMENDATIONS

From the research findings the following recommendations are made for social work practice as well as for future research:

It is important that social workers who deliver family preservation services pay special attention to the helping relationship between the worker and families at risk when rendering family preservation services. The relational capacities of parents and other caregivers early in the intervention process need to be evaluated and established as part of intervention. For families at risk who are likely to have difficulty in interpersonal functioning and might be distrustful of social work involvement, the helping relationship should become an end in itself in the beginning phase of the helping process. Social workers working with families at risk also need to be aware of the values and principles underlying the professional relationship and how these are expressed in the actions and attitudes of the social worker.

Families at risk are likely to experience circumstances that put them at risk for the removal of their children from the family and may fear the imminent removal of their children. Social workers who deliver family preservation services with the intent to keep children in the family, should therefore clarify their role and the focus of intervention. Families at risk, because of popular perceptions or previous experiences, may not be aware of the focus of

family preservation services on keeping families together. A lack of clarity on this aspect could lead to fears that are detrimental to building a positive and trusting relationship, as well as to collaboration between the social worker and the family. Even when a child needs to be removed from the family, the social worker should perform this task with transparency.

Social workers should not overlook the value of concrete services to families at risk who struggle due to poverty and unemployment. It is important that social workers attempt to understand the unique experiences of these families and that welfare organisations respond accordingly, especially as social workers tend to underestimate the value of concrete services.

Social workers should provide emotional support in their services to families at risk. Because of the high levels of poverty and unemployment in South Africa, social workers may not be able to change the socio-economic hardship that many families at risk are exposed to. However, the power of emotional support to provide families with a sense of control and hope can contribute to the strength and resilience of families at risk. Social workers working with families at risk should thus be skilled in the provision of emotional support.

Services to families at risk should adopt a holistic perspective that focuses on empowering the family and individual family members in different domains of their lives. A multi-systemic approach should be followed so that welfare organisations deliver family preservation services to all family members, according to their individual needs and focused on all domains of their functioning, for example their physical, emotional, social and educational functioning. It needs to be kept in mind that families at risk who live in poverty will not have the financial means to pay for educational and recreational programmes, given their struggle to provide in the basic needs of their families. Social workers therefore need to look for financial sponsorships, for example from the private or public sector. Volunteers who are willing to provide services free of charge can also contribute to service delivery.

Welfare organisations that provide services to families should consider the possibility of providing social work and other services on an emergency 24-hour basis. Social workers need to acknowledge the need of families at risk for services at times of crisis. Managers and staff at welfare organisations need to consider how they can incorporate emergency services into their service delivery system. To counter the effect of shortage of staff and resources, organisations in a certain geographical area can collaborate in creating a crisis service, for example a telephonic help-line service.

Although many families at risk could be in need of immediate, crisis-focused interventions, the use of family-based practice models other than intensive family preservation services

need to be implemented over the longer term to address the complex needs of families at risk. Systems of Care and the wraparound process are family-based practice models that are delivered over the longer term. When families are at risk because of structural poverty, the longer-term interventions provided through these two models will be a more viable option than focusing on more intensive family preservation services, which are usually rendered within a time-limited period. Social workers should therefore not relate family preservation services to intensive models of intervention only, but also deliver comprehensive services to families at risk that can support them over the longer term. Inter-agency collaboration can enhance the possibility of the provision of holistic family preservation services.

One of the strategies to empower families at risk over the longer term is to build human capacity by means of education, teaching job skills, and job opportunities. Social workers working from a developmental approach have an important role in integrating social and economic development. Welfare organisations should plan services to provide members of families at risk with educational and skills training opportunities. ECD programmes can provide an early start to build human capital of family members, while older children can be provided with afterschool programmes and vocational guidance, as well as help with application for loans and bursaries to enter tertiary education.

Social workers should acknowledge and utilise the role that extended family members can play in supporting families at risk. Extended family members can support families at risk in their natural environment. Social workers must, where possible, directly involve extended family members such as grandparents in providing support to the family. Further, the extended family should be considered as first option of care in cases where alternative care is unavoidable.

With respect to welfare services in South Africa where there is a shortage of qualified staff and resources, social workers often render services under less than ideal conditions, making it appear impossible to consider the use of the comprehensive Systems of Care and wraparound models of service delivery in the country. However, managers and social workers at family welfare organisations can experiment with the implementation of these models, initially on a small scale. Specific social workers could be allocated to work with either one or both of the models, while statutory welfare services could be allocated to another social worker in the same organisation. It could be a first step in obtaining a balance between crisis-focused and preventative services to families. The principles on which these models of intervention base their work, can provide valuable guidelines for social work service delivery to families.

Universities should expose all social work students to training on family preservation, already in their undergraduate years. Such training will enable social workers to deliver prevention and early intervention services to families by promoting the preservation and strengthening of families, as indicated in Section 2(a) of the Children's Act.

Family preservation services should be evaluated on a regular basis with the aim to determine its effectiveness over different client populations. Although intensive family preservation services have been found to be effective, cost-effective and able to balance child safety with the goal of family preservation, more research studies are needed to support these claims. Larger research studies on family preservation, conducted in different geographical areas and with diverse populations in the South African context, are therefore recommended. Universities and welfare organisations should collaborate in research.

4.6 ACHIEVEMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore and describe the experiences of families at risk regarding family preservation services they have received. It was possible to meaningfully achieve the goal and objectives of the study, as indicated in Table 3.

Table 3: Achievement of goal and objectives of the study

OBJECTIVE	ACHIEVEMENT OF OBJECTIVE
1. To conceptualise family preservation services within the South African welfare context	This objective has been achieved by means of the literature study in Chapter 2. The importance of the family and different models of family preservation services were discussed.
2. To explore and describe the kinds of family preservation services that the participants had received	This objective has been achieved by a discussion of the empirical findings in Chapter 3. The different types of services the participants received were discussed.
3. To explore and describe which family preservation services the participants regarded as beneficial to preserving their family unit	Objective 3 was achieved in that the participants' descriptions of the types of service regarded as beneficial were described in Chapter 3.
4. To explore and describe which family preservation services the participants regarded as less beneficial to preserving their family unit	Objective 4 was also achieved in chapter 3. Although the participants did not indicate specific services to be less beneficial, they indicated that negative experiences of social workers hampered the utilisation of family preservation services.
5. To obtain suggestions from participants with respect to family preservation services to families at risk	Objective 5 was achieved in Chapter 3 in that suggestions from participants regarding family preservation services were presented in the empirical findings.

The research gave rise to a broadening of knowledge and insight into the experiences of families at risk with respect to family preservation services they have received. In the light of the objectives of the study having been successfully achieved, the goal of the research can also be regarded as having been successfully achieved.

4.7 CONCLUDING STATEMENT

Despite of the contribution that family preservation services can make towards the strengthening families and the prevention of placement of children in alternative care, it appears that social workers still do not pay sufficient attention to these services. Exceptional challenges are being faced by social workers rendering social work services in a social welfare context characterised by high case loads, a lack of social workers and limited resources.

The effective implementation of family preservation services can assist social workers to conduct their tasks according to the principles that underpin developmental social work, based on the developmental approach to social welfare that was adopted in South Africa. The provision of family preservation services on preventative and early intervention levels can prevent many children entering the statutory system, promote the well-being of children and families, and thereby relieve the work load of social workers.

REFERENCE LIST

- Albino, N. & Berry, L. 2013. Early childhood development services in South Africa: What are the next steps? In Berry, L., Biersteker, L., Dawes, H., Lake, L. & Smith, C. (Eds) *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Arney, F. & Scott, D. 2010. *Working with Vulnerable Families. A partnership approach*. New York: Cambridge University Press.
- Atkinson, A. & Gonet, P. 2007. Strengthening Adoption Practice, Listening to Adoptive Families. *Child Welfare*, 86(2):87-104.
- Babbie, E. 2013. *The Practice of Social Research*. 13th ed. London: Wadsworth Cengage Learning.
- Benzies, K.M. & Mychasiuk, R. 2009. Fostering family resiliency: a review of the key protective factors. *Child and Family Social Work*, 14(1):103-114.
- Berg, I.K. 1999. *Family Preservation: A Brief Therapy Workbook*. London: Brief Therapy Press.
- Berk, L.E. 2009. *Child Development*. 8th ed. Boston: Pearson Education Inc.
- Berry, M., Propp, J. & Martens, P. 2007. *Child and Family Social Work*, 12(1):43-53.
- Bertram, R.M., Suter, J.C., Bruns, E.J. & O'Rourke, K.E. 2011. Implementation Research and Wraparound Literature: Building a Research Agenda. *Journal of Child Family Studies*, 20(6):713-725.
- Blundo, R. 2001. Learning Strengths-Based Practice: Challenging our Personal and Professional Frames. *Families in Society: Journal of Contemporary Human Services*, 8(3):296-304.
- Böning, A. & Ferreira, S. 2013. An analysis of, and different approach to, challenges in foster care practice in South Africa. *Social Work/Maatskaplike Werk*, 49(4):519-543.
- Borduin, C.M., Heblum, N. & Schaeffer, C.M. 2009. A Randomized Clinical Trial of Multisystemic Therapy with Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity. *Journal of Consulting and Clinical Psychology*, 77(1):26-37.
- Bray, R. & Brandt, V. 2007. Child Care and Poverty in South Africa. An ethnographic challenge to conventional interpretations. *Journal of Children and Poverty*, 13(1):1-19.
- Burns, B.J., Hoagwood, K & Mrazek, P.J. 1999. Effective Treatment for Mental Disorders in Children and Adolescents. *Child and Family Psychology Review*, 2(4):199-254.

Burns, B.J., Schoenwald, S.K., Burchard, J.D., Faw, L. & Santos, A.B. 2000. Comprehensive Community-Based Interventions for Youth with Severe Emotional Disorders: Multi-systemic Therapy and the Wraparound Process. *Journal of Child and Family Studies*, 9(3):283-314.

Bruns, E.J., Walker, J., Zabel, M., Matarese, M., Estep, K., Harburger, D., Mosby, M. & Pires, S.A. 2010. Intervening in the Lives of Youth with Complex Behavioral Health Challenges and Their Families: The role of the Wraparound Process. *American Journal of Community Psychology*, 46(3-4):314-331.

Carter, B. & McGoldrick, M. 2005. Overview: The expanded family life cycle: individual, family, and social perspectives. In Carter, B. & McGoldrick, M. (Eds) *The Expanded Family Life Cycle. Individual, Family, and Social Perspectives*. 3rd ed. Boston, MA: Pearson Education.

Chaffin, M & Bard, D. 2011. Changes in parental depression symptoms during family preservation services. *Child Abuse & Neglect*, 35(6):448-458.

Chandan, U. & Richter, L. 2009. Strengthening families through early intervention in high HIV prevalence countries. *AIDS Care*, 21(S1):76-82.

Channa, M.W., Geert, J., Stams, J.M., Bek, M.S., Damen, E.M., Asscher, J.J. & Van der Laan, P.H. 2012. A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning. *Children and Youth Services Review*, 34(8):1472-1479.

Child Welfare Information Gateway. Systems of Care. Available:
<https://www.childwelfare.gov> (Accessed 2014/03/14)

Children's Act 38 of 2005. Published in the Government Gazette, (28944). Pretoria: Government Printers.

Conley, A. 2010. Social Development, Social Investment, and Child Welfare. In Midgley, J. & Conley, A. (Eds) *Social Work and Social Development. Theories and Skills for Developmental Social Work*. New York: Oxford University Press, Inc.

Cook, J.R. & Kilmer, R.P. 2012. Systems of Care: New Partnerships for Community Psychology. *American Journal of Community Psychology*, 49(3-4):393-403.

Corey, G. 2013. *Theory and Practice of Counseling and Psychotherapy*. 9th ed. Belmont, CA: Brooks/Cole.

Cox, K.F. 2005. Examining the Role of Social Network Intervention as an Integral Component of Community-Based, Family-Focused Practice. *Journal of Child and Family Studies*, 14(3):443-454.

- Creswell, J.W. 2014. *Research design*. 4th ed. London: SAGE Publications Ltd.
- Cunningham, P.B. & Henneler, S.W. 1999. Engaging Multiproblem Families in Treatment: Lessons Learned Throughout the Development of Multisystemic Therapy. *Family Proc* 38:265-281.
- Curtis, N.M., Ronan K.R. & Borduin C.M. 2004. Multisystemic Treatment: A Meta-Analysis of Outcome Studies. *Journal of Family Psychology*, 18(3):411-419.
- Delport, C.S.L., Fouché C.B. & Schurink W. 2011. Theory and Literature in qualitative research. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Department of Human Resources, Maryland. 2012. *Goals of Family Preservation Programs*. Available: <http://dhr.maryland.gov.ssa/family/> (Accessed 2014/06/01)
- Department of Social Development. 1997. *The White Paper for Social Welfare*. *Government Gazette*, 386(181660). Pretoria: Government Printers.
- Department of Social Development. 2006. *The Integrated Service Delivery Model*. Pretoria: Government Printers.
- Department of Social Development. 2011. *Green Paper on Families*. Pretoria: Creamer Media Pty Ltd.
- Department of Social Development. 2013a. *White Paper on Families in South Africa*. Pretoria: Government Printers.
- Department of Social Development. 2013b. *Norms and Standards for Services to Families*. Pretoria: Government Printers.
- Dore, M.M. & Alexander, L.B. 1996. Preserving Families at Risk of Child Abuse and Neglect: The Role of the Helping Alliance. *Child Abuse & Neglect*, 20(4):340-361.
- Dubowitz, H. & DePanfilis, D. 2000. *Handbook for Child Protection Practice*. New York: Sage Publications, Inc.
- Forrester, D., Copello, A., Waissbein, C. & Pokhrel, S. 2008. Evaluation of an Intensive Family Preservation Service for Families Affected by Parental Substance Misuse. *Child Abuse Review*, 17:410-426.
- Fouché, C.B. & Delport, C.S.L. 2011. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

Fouchè, C.B., Delport, C.S.L. & De Vos, A.S. 2011. Quantitative research designs. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

Fouchè, C.B. & De Vos, A.S. 2011. Formal formulations. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

Fouchè, C.B. & Schurink, W. 2011. Qualitative research designs. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

Gelles, J. 2000. Controversies in Family Preservation Programs. *Journal of Aggression, Maltreatment and Trauma*, 3 (1):239-252.

Giese, S. 2008. Setting the scene for social services: The gap between service need and delivery. In Proudlock, P., Dutshke, M., Jamieson, L., Monson, J. & Smith, C. (Eds) *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town.

Gockel, A., Russell, M. & Harris, B. 2008. Recreating Family: Parents Identify Worker/Client Relationships as Paramount in Family Preservation Programs. *Child Welfare League of America*, 87(6):91-113.

Graves, K.N. & Shelton, T.L. 2007. Family Empowerment as a Mediator between Family-Centered Systems of Care and Changes in Child Functioning: Identifying an Important Mechanism of Change. *Journal of Child and Family Studies*, 16:556-566.

Gray, M. 1998. *Social Work in South Africa. Theory and Practice*. Claremont: David Philip Publishers.

Greeff, M. 2011. Information collection: interviewing. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

Greene, R.R. 2007. *Social Work Practice. A Risk and Resilience Perspective*. Belmont: Thomson Brookes/Cole.

Hall, K. & Lake, L. 2012. Introducing Children Count. In Hall, K., Woolard, I., Lake, L. & Smith, C. *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.

Helgeson, V.S. & Lopez, L. 2010. Social Support and Growth Following Adversity. In Reich, J.W., Zautra, A.J. & Hall, J.S. *Handbook of Adult Resilience*. New York: The Guilford Press.

Henderson, D.A. & Thompson, C.L. 2011. Counseling Children. 8th ed. Belmont: Brooks/Cole Cengage Learning.

Henggeler, S.W., Smith, L.A. & Melton, G.B. 1992. Family Preservation Using Multisystemic Therapy: An Effective Alternative to Incarcerating Serious Juvenile Offenders. *Journal of Consulting and Clinical Psychology*, 60(6):953-961.

Henngeler, S.W. 1999. Multisystemic Therapy: An Overview of Clinical Procedures, Outcomes and Policy Implications. *Child Psychology and Psychiatric Review*, 4(1):2-10.

Hepworth, D.H., Rooney, R.H., Dewberry Rooney, G. & Strom-Gottfried, K. 2013. *Direct Social Work Practice: Theory and Skills*. 9th ed. Belmont, CA: Brooks/Cole.

Herman, J.L. 1997. *Trauma and Recovery – The aftermath of violence from domestic abuse to political terror*. New York: Basic Books.

Huey, S.J., Henngeler, S.W., Brondino, M.J. & Pickrel, S.G. 2000. Mechanisms of Change in Multisystemic Therapy: Reducing Delinquent Behavior through Therapist Adherence to Improved Family and Peer Functioning. *Journal of Consulting and Clinical Psychology*, 68(3):451-467.

Institute for Family Development. 2013. Homebuilders – IFPS. Available: <http://www.institutefamiliy.org> (Accessed 2014/03/14)

Iwaniec, D., Larkin, E. & Higgins, S. 2006. Research Review: Risk and resilience in cases of emotional abuse. *Child and Family Social Work*, 11(1):73-82.

Johnson, D. *Adopting an Institutionalised child: What are the risks?* Available: <http://www.adoption-research.org/sisks.htm> (Accessed 2014/12/10)

Kauffman, F.G. 2007. Intensive Family Preservation Services: The Perceptions of Client Families. *Child and Adolescent Social Work Journal*, 24:553-563.

Keenan, T. & Evans, S. 2009. *An Introduction to Child Development*. London: SAGE Publications Ltd.

Kirk, R.H. 2003. Family Support: The Roles of Early Year's Centers. *Children and Society*, 17(2):85-99.

Kirst-Ashman, K.K. 2013. *Introduction to Social Work & Social Welfare. Critical Thinking Perspectives*. 4th ed. Belmont, CA: Brooks/Cole, Cengage Learning.

- Knopf, H.T. & Swick, K.J. 2008. Using our Understanding of Families to Strengthen Family Involvement. *Early Childhood Education Journal*, 35(5):419-427.
- Kumar, R. 2011. *Research Methodology: a step-by-step guide for beginners*. 3rd ed. London: SAGE Publications Ltd.
- Kunz, J. 2013. *THINK Marriages and Families*. 2nd ed. London: Pearson.
- Leedy, P.D. & Ormrod, J.E. 2013. *Practical Research. Planning and Design*. 10th edition. New York: Pearson.
- Leeson, C. 2010. The emotional labour of caring about looked-after children. *Child and Family Social Work*, 15(4):483-491.
- Lietz, C.A., Langer, C.L. & Furman, R. 2006. Establishing Trustworthiness in Qualitative Research in Social Work. *Qualitative Social Work*, 5(4):441-458.
- Loffell, J. Allsopp, M., Atmore, E. & Monson, J. 2008. Human resources needed to give effect to children's right to social services. In Proudlock, P., Dutshke, M., Jamieson, L., Monson, J. & Smith, C. (Eds) *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town.
- Lombard, A. 2008. Social change through integrated social and economic development in South Africa: a social welfare perspective. *Journal of Comparative Social Welfare*, 24(1):23-32.
- Lombard, A. 2010. Developmental social Work in South Africa and Kenya: Some lessons for Africa. *The Social Work Practitioner-Researcher*, Special Issue:98-111.
- Long, M & Frederico, M. 2014. What Parents Say About Their Experience of Family Preservation Programmes. *Children Australia*, 39(2):74-80.
- Louw, D., Duncan, N., Richter, L. & Louw, A. 2007. Vulnerabilities, Resilience and Rights of Children. In Louw, D. & Louw, A. *Child and Adolescent Development*. Bloemfontein: Psychology Publications.
- Louw, D. & Kail, R. 2007. Basic Concepts of Child and Adolescent Development. In Louw, D. & Louw, A. *Child and Adolescent Development*. Bloemfontein: Psychology Publications.
- Maree, K. 2007. *First Steps in Research*. Pretoria: Van Schaik Publishers.
- Mason, J. 2008. A Children's Standpoint: Needs in Out-of-Home Care. *Children & Society*, 22(5):358-369.

- Masten, A.S. & Wright, M.O'D. 2010. Resilience over the Life Span. Developmental Perspectives on Resistance, Recovery, and Transformation. In Reich, J.W., Zautra, A.J. & Hall, J.S. 2010. *Handbook of Adult Resilience*. London: The Guilford Press.
- Mather, J., Lager, P.B. & Harris, N.J. 2007. *Child Welfare: Policies and Best Practices*. New York: Brookes/Cole Cengage Learning.
- McAuley, C. & Davis, T. 2009. Emotional well-being and mental health of looked after children in England. *Child and Family Social Work*, 14(2):147-155.
- Mendenhall, A.N., Kapp, S.A., Rand, A., Robbins, M. & Stipp, K. 2013. Theory meets Practice: The Localization of Wraparound Services for Youth with Serious Emotional Distance. *Community Mental Health Journal*, 49(6):793-804.
- Midgley, J. 2010. The Theory and Practice of Developmental Social Work. In Midgley, J. & Conley, A. (Eds) *Social Work and Social Development. Theories and Skills for Developmental Social Work*. New York: Oxford University Press, Inc.
- Monson, J. & Smith, C. (Eds) *South African Child Gauge 2007/2008*. Cape Town: Children's Institute, University of Cape Town.
- Mullins, J.L., Cheung, J.R. & Lietz, A. 2012. Family preservation services: incorporating the voice of families into service implementation. *Child and Family Social Work*, 17(3):265-274.
- Neuman, W.L. 2011. *Social Research Methods. Qualitative and Quantitative approaches*. 7th ed. New York: Pearson.
- New South Wales Department of Community Services. 2010. *Intensive Family Preservation Service Model*. Available: <http://www.community.nsw.gov.au> (Accessed: 2014/03/14)
- O'Reilly, R., Wilkes, L., Luck, L. & Jackson, D. 2010. The efficacy of family support and family preservation services on reducing child abuse and neglect: what the literature reveals. *Journal Child Health Care*, 14(1):82-94.
- Ong, A.D., Bergeman, C.S. & Chow, Sy-Miin. 2010. Positive Emotions as a Basic Building Block of Resilience in Adulthood. In Reich, J.W., Zautra, A.J. & Hall, J.S. *Handbook of Adult Resilience*. New York: The Guilford Press.
- Pane, H.T., White, R.S., Nadorff, M.R., Grills-Taquechel, A. & Stanley, M.A. 2013. Multisystemic Therapy for Child Non-Externalizing Psychological and Health Problems: A Preliminary Review. *Clinical Child and Family Psychology Review*, 16(1):81-99.
- Patel, L. 2005. *Social welfare: social development in South Africa*. Cape Town: Oxford University Press Southern Africa.

- Patel, L. 2008. Getting it Right and Wrong: An Overview of a Decade of Post-Apartheid Social Welfare. *Social Work in Action*, 20(2):71-81.
- Patterson, K. 2011. *A study of family preservation/family support program in Region 12 of Coastal Southeast Georgia*. Dissertation. Fielding Graduate University. Available: www.gradworks.umi.com (Accessed 2014/06/12)
- Popple, P.R. & Leighninger, L. 2010. *The Policy-Based Profession. An Introduction to Social Welfare Policy Analysis for Social Workers*. 5th ed. London: Pearson.
- Potgieter, C.M. 1997. *The Social Work Process: Development to Empower the People*. Cape Town: Prentice Hall South Africa (Pty) LTD.
- Pretis, M. 2011. Meeting the Needs of Parents in Early Childhood Intervention: The Educational Partnership with Parents – Good Practice and Challenges. *Journal of Policy and Practice in Intellectual Disabilities*, 8(2):73-76.
- Rogers, C.R. 1967. *A therapist's view of psychotherapy. On Becoming a Person*. London: Constable & Company Ltd.
- Rubin, A. & Babbie, E. 2007. *Essential Research Methods for Social Work*. Belmont: Thomson Brooks/Cole.
- Ryan, J.P. & Schuerman, J.R. 2004. Matching family problems with specific preservation services: a study of service effectiveness. *Children and Youth Services Review*, 26(4):347-372.
- Saint-Jacques, M., Drapeau, S., Lessard, G. & Beaudoin, A. 2006. Parent Involvement Practices in Child Protection: A Matter of Know-How and Attitude. *Child and Adolescent Social Work Journal*, 23(2):196-215.
- Sandoval, C. 2010. *Children's Social Workers Experiences and Perceptions on the Family Preservation Program*. Long Beach: Department of Social Work, California State University. (Dissertation).
- Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Scott, S. 2008. An update on interventions for conduct disorder. *Advances in Psychiatric Treatment*, 14(1):61-70.

- Strydom, H. 2011a. Sampling in the quantitative paradigm. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Strydom, H. 2011b. The pilot study in the quantitative paradigm. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Strydom, H. 2011c. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Strydom, H. & Delport, C.S.L. 2011. Sampling and pilot study in qualitative research. In De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. *Research at Grass Roots: For the social sciences and human service professions*. Pretoria: Van Schaik Publishers.
- Strydom, M. 2012. Family preservation services: Types of services rendered by social workers to at risk families. *Social Work/Maatskaplike Werk*, 48(4):435-355.
- Strydom, M. 2013. Community based family support services for families at risk: Services rendered by child and family welfare organizations. *Social Work/Maatskaplike werk*, 49(4):501-518.
- Suter, J.C. & Bruns, E.J. 2009. Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 12(4):336-351.
- Terminology Committee for Social Work. 1995. *New Dictionary of Social Work*. Parow: CTP Book Printers (Pty) Ltd.
- Walker, J.S. & Matarese, M. 2011. Using a Theory of Change to Drive Human Resource Development for Wraparound. *Journal of Child Family Studies*, 20(6):791-803.
- Walker, J.S. & Sanders, B. 2011. The community Supports for Wraparound Inventory: An Assessment of the Implementation Context for Wraparound. *Journal of Child and Family Studies*, 20(6):747-757.
- Walter, U.M. & Petr, C.G. 2011. Best Practices in Wraparound: A Multi-dimensional View of the Evidence. *Social Work*, 56(1):73-80.
- Welman, C., Kruger, F. & Mitchell, B. 2012. *Research Methodology*. 3rd ed. Cape Town: Oxford University Press.

Whitted, K.S., Delavega, E. & Lennon-Dearing, R. 2013. The Youngest Victims of Violence: Examining the Mental Health Needs of Young Children Who are Involved in the Child Welfare and Juvenile Justice Systems. *Child and Adolescent Social Work Journal*, 30(3):181-195.

Winters, N.C. & Metz, W.P. 2009. The Wraparound Approach in Systems of Care. *Child Adolescence Psychiatry Clinics of America*, 32(1):135-151.

Yuen, F.K. 2005. *Social Work Practice with Children and Families*. New York: Haworth Social Work Practice Press Inc.

Zastrow, C.H. 2013. *The Practice of Social Work. A Comprehensive Worktext*. 10th ed. Belmont, CA: Brooks/Cole, Cengage Learning.

APPENDIX A



eleos



ONS SEE ON WE CARE ONS SEE ON WE CARE ONS SEE ON WE CARE

Non Profit Organisation Reg.No. 033-184-NPO

28 January 2015

Eleos Community Centre
1066 Wilhelm Street
Claremont

Ms J.M. Combrinck
Social Worker

Thank you very much for your letter

Eleos Community Centre would be happy to assist you with the research you are required to do to obtain your Masters Degree.

Ms Louise Gerber is the social worker who renders family preservation services to families at risk in the community where Eleos is situated. She will be happy to help identify families at risk for you. She can be contacted at the Eleos Community Centre at the following number: 012 379 9322.

Yours sincerely

R. H. Dreyer.

Ms Bets Dreyer
Social Worker
Eleos Community Centre



13/02/2014

To whom it may concern

Hereby I **Mrs. F.M. Delport** declare that **Mrs. Jeanette Combrinck** have permission to make use of the facility (Beyers Bytjies Preschool) and our parent's to complete her Masters Research for the Department Social Work of the University of Pretoria.

For any enquiry please contact me Mrs. Frances Delport or Mrs. Bets Dreyer at the following numbers:
sel nr.: 072 380 7923/072 347 1687 or (012) 386 6129.

Regards

Mrs. F. M. Delport
(Principal)

APPENDIX B

INTERVIEW GUIDE FOR UNSTRUCTURED INTERVIEWS

Family preservation services: experiences of families at risk

Main questions:

What different kinds of services have you received from the social workers to help you to maintain your family as a unit and which services were found to be beneficial?

Which of the services were seen as less beneficial and what services would you suggest should be added to family preservation services?

ONDERHOUDSRIGLYN VIR ONGESTRUCTUREERDE ONDERHOUDE

Gesinsbewaringsdienste: die ervarings van risiko-gesinne

Kernvrae:

Watter verskillende soorte dienste het u van die maatskaplike werkers ontvang wat u gehelp het om u gesin as 'n eenheid te behou en watter van hierdie dienste het u van waarde gevind?

Watter van die dienste het u minder waardevol gevind en watter dienste stel u voor wat by gesinsbewaringsdienste gevoeg kan word?

APPENDIX C



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department Social Work and Criminology

INFORMED CONSENT

Researcher: Ms J M Combrinck
Contact details: 082 832 9276
Degree: Master of Social Work (Play Therapy)

Name of participant:

1. Title of the study: Family preservation services: experiences of families at risk.

2. Goal of the study: The goal of the study is to explore the experiences of families at risk of family preservation services that they have received. The intention is to determine whether some services were regarded as more beneficial and whether these services could be prioritised to enhance service delivery to families at risk in a context where social workers have to cope with high caseloads.

3. Procedures: I will be asked to take part in a face-to-face interview with the researcher, Ms Combrinck. The interviews will last approximately 60 minutes and I will be asked about my experiences with family preservation services I have received. The interview will include my views of family preservation services I regarded as beneficial to preserve my family unit, as well as family preservation services I regarded as less beneficial to preserve the family unit. I will also be asked for suggestions with respect to types of family preservation services that could be added to the services I have received, that could make family preservation services more effective.

The interview will be private and will with my permission take place at Eleos Community Center. The interview will be audio-recorded. After the completion of the research, the recording and the notes of Ms Combrinck will be stored safely at the Department of Social Work and Criminology at the University of Pretoria.

4. Risk factors: I understand that during the interview I will share information about my personal personal experiences and that I will talk about myself, my family and possibly my community. If at any time I feel emotionally upset because of the interview, I can ask Ms Combrinck to arrange counseling for me by a social worker at the Eleos Community Center.

5. Benefits due to participation: My participation in the research can give valuable insight into the kind of family preservation services that are beneficial to families at risk and about types of services that can be added to make family preservation services more effective. I will not be compensated in any manner for my participation in the research.

6. Rights as participant: I am aware that I will be voluntarily participating in the research study and that I have the right to withdraw from the research at any time without any negative consequences for me.

7. Confidentiality: It is important that the researcher accurately collect the information that I share during the interview. In order to do this, an audio-recording of the interview between Ms Combrinck and I will be made. Only my voice will be heard. Only Ms Combrinck and her supervisor from the University of Pretoria will have access to the recording. Ms Combrinck will write a research report after completion of the interviews. My information will be dealt with in a confidential manner, which means that my name and other identifying details of me or my family will not be mentioned. Nobody will thus be able to identify me. In the case where I decide to withdraw from the research study, the audio-recording and notes of the interview will be destroyed.

If I have any further questions regarding the research study, I can contact Ms Combrinck at the abovementioned telephone number.

I understand my rights as a research participant and give my permission to voluntarily participate in the research study. I understand what the research is about and why it is being done. I also know that the research information will be stored for 15 years at the Department of Social Work and Criminology, University of Pretoria, as stipulated in their policies.

I received a copy of this informed consent letter.

Participant: Date:

Researcher: Date:



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Geesteswetenskappe
Department Maatskaplike Werk en
Kriminologie

INGELIGTE TOESTEMMING

Navorser: Me J M Combrinck

Kontakbesonderhede: 082 832 9276

Graad: MMW in Spelterapie

Naam van deelnemer:

1. Titel van die studie: Family preservation services: experiences of families at risk.
(Gesinsbewaringsdienste: die ervarings van risikogesinne)

2. Doel van die studie: Die doel van die studie is om die ervarings van risikogesinne van gesinsbewaringsdienste wat hul ontvang het, te eksplorere. Die doel is om te bepaal of sekere dienste as meer voordeelig beskou is en of hierdie dienste voorkeur behoort te geniet ten einde dienslewering aan risikogesinne te bevorder binne 'n konteks waar maatskaplike werkers moet hoë gevalleladings te kampe het.

3. Procedures: Ek sal gevra word om deel te neem aan n persoonlike onderhoud met die navorser, Me Combrinck. Die onderhoud sal ongeveer 60 minute duur en vrea sal aan my gestel word oor my ervaringe van gesinsbewaringsdienste wat ek ontvang het. Die onderhoud sal fokus op my ervaring van gesinsbewaringsdienste wat ek meen bevorderlik was om die eenheid van my gesin te bewaar, asook van gesinsbewaringsdienste wat ek as minder bevorderlik beskou het ten opsigte van die bewaring van my gesinseenheid. Ek sal ook gevra word vir voorstelle ten opsigte van die tipes gesinsbewaringsdienste wat ek sou wou byvoeg tot die dienste wat ek reeds ontvang het, wat gesinsbewaringsdienste meer effektief kan maak.

Die onderhoud sal privaat wees en sal met my toestemming by die Eleos Gemeenskapsentrum plaasvind. 'n Bandopname sal van die onderhoud gemaak word. Na afhandeling van die navorsing sal die bandopname en die notas wat Me Combrinck maak, veilig by die Departement Maatskaplike Werk en Kriminologi by die Universiteit van Pretoria gestoor word.

4. Risikofaktore: Ek verstaan dat ek tydens die onderhoud inligting oor my persoonlike ervaring sal deel en oor myself, my gesin en moontlik oor my gemeenskap sal praat. As ek enigsins ontsteld raak as gevolg van die gesprek, kan ek Me Combrinck vra om vir my te reël vir berading deur een van die maatskaplike werkers by die Eleos Gemeenskapsentrum.

5. Voordele ten opsigte van deelname: My deelname aan die navorsing kan bydra tot waardevolle insigte oor die tipe gesinsbewaringsdienste wat bevorderlik is vir riskogesinne en die tipe dienste wat bygevoeg kan word om gesinsbewaringsdienste meer effekief te maak. Ek sal op nie op enige wyse vir my deelname aan die navorsing vergoed word nie.

6. Regte as deelnemer: Ek is daarvan bewus dat ek vrywillig aan die navorsing deelneem en ek het die reg om te enige tyd van die navorsing te onttrek, sonder dat dit negatiewe gevolge vir my inhou.

7. Vertroulikheid: Dit is belangrik dat die navorser akkurate inligting tydens die onderhoud sal insamel. Gevolglik sal 'n klankopname van die onderhoud tussen my en Me Combrinck gemaak word. Slegs my stem sal hoorbaar wees. Slegs Me Combrinck en haar studieleier by die Universiteit van Pretoria sal na die opname kan luister. Me Combrinck sal na afloop van die onderhoude 'n navorsingsverslag skryf. My inligting sal vertroulik hanteer word, wat beteken dat my naam of enige identifiserende besonderhede van my of my gesin nie genoem sal word nie. Niemand sal my dus kan identifiseer nie. Indien ek besluit om aan die navorsing te onttrek, sal die klankopname en die notas van die onderhoud vernietig word.

Indien ek enige verdere vrae oor die navorsing waaraan ek gaan deelneem het, kan ek Me Combrinck by die bogenoemde telefoonnummer skakel.

Ek verstaan my regte as deelnemer aan die navorsing en ek gee toestemming dat ek vrywillig aan die navorsing deelneem. Ek verstaan waaroor die navorsing gaan en hoekom dit gedoen word. Ek is ook daarvan bewus dat die navorsingsinligting vir 15 jaar by die Departement Maatskaplike Werk en Kriminologie, Universiteit van Pretoria, gestoor word, soos in hul beleid voorgeskryf.

Ek het 'n afskrif van hierdie toestemmingsbrief gekry.

Deelnemer: Datum:

Navorser: Datum:

APPENDIX D



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

27 November 2014

Dear Dr le Roux

Project: Families at risk: experiences of family preservation services

Researcher: JM Combrinck

Supervisor: Dr MP le Roux

Department: Social Work & Criminology

Reference numbers: 73347966

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** on 27 November 2014. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:Karen.harris@up.ac.za

Research Ethics Committee Members: Dr L Blokland; Prof Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris (Acting Chair); Ms H Klopper; Dr C Panebianco-Warrens; Dr Charles Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr P Wood