THE NATURE OF FAMILY REUNIFICATION SERVICES IN THE GAUTENG PROVINCE

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ABSTRACT

Placement of children in alternative care is supposed to be a temporary and not a permanent arrangement. In the absence of a family reunification model in South Africa, most children stay for longer periods in alternative care than necessary. This article concludes that family reunification services should be holistic in order to be effective, which is possible in the framework of a developmental approach.

Keywords: children in alternative care, child protection, family reunification, family reunification services, intervention research, rights-based approach.

INTRODUCTION

The family is the most important unit in a society that should ensure the safety and wellbeing of a child. However, the phenomenon of family life has become more diverse, complicated and complex, which in turn influences families' resilience in attempts to preserve and strengthen family life (RSA, 2021). Despite children's right to protection and safety as embodied in the South African Constitution (RSA, 1996) and the Children's Act 38 of 2005 (RSA, 2006), fewer children are being reunited with their families of origin and consequently stay in alternative care on a long-term basis (Nephawe, 2011; Smith & Lidström, 2020). Epworth Children's Village (2015) notes that in South Africa, instead of rendering timely family reunification services, there is a tendency to keep children in alternative care until they turn 18. The lack of a reunification services model in South Africa makes it very difficult for social workers to render comprehensive and holistic reunification services to children in alternative care and their families (Moses & Meintjes, 2007). The article reports on the findings of a study on family reunification services rendered by social workers, which was itself part of a broader study on

determining the components of a holistic family reunification model for children in alternative care.

Family reunification services refer to goal-directed strategies, interventions, planned support and empowerment services rendered to the children in alternative care, as well as to their families to allow systematic family reunification and facilitate the restoration of the child to the care of such families or community of origin (Child Welfare Information Gateway, 2012). Reunification services often strive to facilitate the development of mutually reciprocal relationships between children who have gone through statutory processes to be placed in alternative care, and their biological parents and families. Family reunification services aim to address the issues that led to or contributed towards the removal of the child into alternative care. Family reunification services are effective and efficient when children do not remain unnecessarily for extensive periods in alternative care.

This article aims to explore the nature of family reunification services in the Gauteng province. It begins with an overview of the family reunification process and positioning of family reunification within the child protection processes. The next section discusses the nature of services provided in the field of family reunification. The research methods used in the study are then discussed, followed by a presentation and discussion of the research findings. This is followed by the conclusions derived from the study. Finally, recommendations are made for effective rendering of family reunification services in South Africa.

CONTEXTUALISING FAMILY REUNIFICATION

The process of family reunification is best understood within the broader context of child protection. According to Kirst-Ashman (2007), child protection services are interventions that are designed to promote, protect and fulfil children's rights to protection from abuse, neglect, exploitation and violence. Such services are often aimed at preventing, responding to and resolving the abuse, neglect, abandonment and exploitation experienced by children in all settings (DSD, 2006). Section 105 of the Children's Act 38 of 2005 (RSA, 2006) defines child protection services as services that support the proceedings of the children's courts; implement orders issued by the children's courts; are aimed at prevention and/or early intervention; relate to the removal and placement of children in alternative care (foster care, temporary safe care and children's homes); and aimed at reunification and reconstruction for children in alternative care.

The family reunification process starts with prevention and/or early intervention, proceeding to the removal of the child and ending with reunification with the family of origin. These components underpin the family reunification process.

Chapter 8 of the Children's Act 38 (RSA, 2006) demonstrates an unwavering commitment to prevention and early intervention services. This is the first point of entry for a child protection social worker. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the family. At this level the family is functioning adequately, but there is a possibility of at-risk behaviour at a later stage. The typical risk factors are caregivers' failure to control the behaviour of the child; abuse and neglect of the child; and abuse of substances by either the child or the caregivers (section 150(1) of the Children's Act). When

the family appears to be at risk, the social worker provides early intervention services to the family members. The failure of prevention and early intervention services leads to statutory intervention. A statutory intervention is geared towards the removal of a child from a family of origin and placing the child in alternative care.

The social worker initiates children's court proceedings based on evidence that prevention and early intervention services have failed or are inappropriate. The removal of the child is a serious, thorough and intensive process. Therefore, family reunification services should be implemented with the same level of intensity and care if a child is to be successfully reunited with a family from whom he or she had been removed. In an attempt to maintain family contact and to foster reunification, the Children's Act 38 of 2005 (RSA, 2006) directs that, where possible, children should be placed in an alternative care placement located as close as possible to their family. This is to ensure that the family has easy access to the child.

The statutory intervention is aimed at providing alternative care, which should (whenever possible) be a temporary measure, followed by reunification services to enable the child to return to the family of origin as quickly as possible. Services delivered at this level are aimed at reintegrating, supporting and enhancing self-reliance and the optimal social functioning of the family (Child Welfare Information Gateway, 2012). Reunification services address the issues that contributed to the removal of the child into alternative care.

SERVICES PROVIDED IN THE FIELD OF FAMILY REUNIFICATION

Services provided in the family reunification spectrum entail intensive services, after-care services, concrete services and home-based care services (Dougherty, 2004). A closer analysis of these services reveals that family reunification services should be holistic and on-going, which is only possible if social workers adopt a developmental approach and collaborate with other stakeholders in the child protection field. Children have the right to protection and hence services should be designed to promote and maintain an environment to which a child can be safely returned at reunification. Chapter 9 of the Children's Act 38 of 2005 (RSA, 2006) is very clear that children should be protected from an environment that poses any form of harm to them. Therefore, social workers must conduct regular visits to the family prior to reunification as well as after reunification to ensure that the environment is conducive to the child's safety. An important factor in these regular supervision services is that they also target behavioural issues. Studies have supported the use of interventions that have a behavioural, skill-building focus and that address family functioning in multiple domains, including the home, school and community (Macdonald, 2001). However, it should be noted that the most effective intervention involves all family members and addresses not only parenting skills but also parent-child interaction and a range of parental life competencies such as communication, problem solving and anger control (Smith & Lidström, 2020).

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

Intensive family-based services

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

The National Family Preservation Network (2003) recommends that intensive family reunification services include: social workers who are readily available on call, 24 hours a day, seven days a week; caseloads that are limited to two to four families per social worker; intensive services that are rendered 5 to 20 hours per week; and services that are available during evenings and on weekends. Given the high caseloads and shortage of social workers in South Africa, these recommendations are challenging to address in constituting a holistic family reunification services model (National Planning Commission, 2011). Currently, much of social workers' time is spent on monitoring and supervising long-term foster care placement.

Intensive in-home services for reunification focus on making sure that families are able to meet the basic needs of their children. Parents are given hands-on learning experiences in areas in which they are experiencing problems such as meal planning and preparation, food shopping or housekeeping tasks (Dougherty, 2004). However, the difficulty in funding intensive in-home services challenges any attempt to provide these services. In a country like South Africa, *non-governmental organisations (NGOs)* face resource constraints to an extent that, in 2013, a number of NGOs had to close down (Hofisi & Hofisi, 2013). The welfare sector is currently still facing major resource challenges.

Concrete services

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

Home-based care services

A home-based services model was originally developed to prevent out-of-home placement; however, it has also had some success in effecting family reunification (Walton, 1998). In one experimental study, families in the treatment group received intensive casework services, parenting and life skills education, family-focused treatment, and help in accessing community resources (Walton, 1998). The treatment group had a reunification rate three times higher than

that of the control group and remained intact at a far higher rate seven years later (Walton, 1998). It is important to note, however, that while some short-term intensive models have demonstrated success in achieving family reunification, not all such programmes appear to substantially reduce the risk of re-entry into foster care (Wulczyn, 2004). Therefore, family reunification services should not be rushed, the family should be allowed to move at its own pace and family reunification should occur only when the family is ready.

Substance abuse treatment services

Well-documented evidence shows that most children are removed from their biological parents as a consequence of issues of alcohol and drug abuse that lead parents to neglect and abuse their children (Child Welfare Information Gateway, 2011). Therefore, it is critically important that resources should be readily available for the assessment and treatment of substance abuse. A study conducted by Green, Rockhill and Furrer (2007) found that parents who entered substance abuse treatment soon after their children were placed in alternative care stayed in treatment longer and completed at least one course of treatment. The study found that such parents were significantly more likely to be reunified with their children compared to their counterparts who were not engaged with substance abuse treatment services.

Post-reunification services

Reunification is the preferred permanency "outcome", but that does not mean it is a discrete event (Dougherty, 2004). Like other forms of permanency, it is a process that needs to be sustained with post-reunification services. Wulczyn (2004) indicates that about 25% of all children who are reunified with their biological parents will be removed again at some point, often within one year. Reunification, although a positive milestone for the family, is also a time of readjustment. Parents who are already under stress can find it difficult to maintain conditions of safety and stability for their children. The difficulty is compounded when children and parents have complex personal needs, or when environmental factors such as extreme poverty and a lack of social support are present (Terling, 2009). The intensity of needs may vary as the family experiences challenges after the child returns home. Follow-up services that enhance parenting skills, provide social support, connect families to basic resources, and address children's behavioural and emotional needs must be provided to prevent re-entry into foster care (Terling, 2009). Most child protection social workers consider post-reunification services to be indispensable (Dougherty, 2004). Therefore, post-reunification services should be customised to meet the distinct needs of the child and family.

Freundlich and Wright (2014) classify post-reunification services as follows:

- Clinical services such as individual, couples, or family therapy, substance abuse treatment, domestic violence intervention, and crisis intervention;

- Material or financial services such as income support, job training, health care coverage, or housing assistance;

- Support networks such as day care, peer support groups, linkages with the health and education systems and other community-based services.

The rendering of post-reunification services ensures that the reunification of a child with the family is sustainable and that any adjustment challenges are immediately addressed. The flexibility of a social worker is fundamental in rendering post-reunification services; families should receive services that address the unique and specific needs of that particular family.

RESEARCH METHOD

The study used a mixed methods research design, more specifically an exploratory sequential mixed methods design (Creswell, 2014). The use of this design provided an in-depth understanding of the research phenomenon (Creswell, 2014). The study was exploratory and descriptive in nature (Maree, 2020), and explored the phenomenon of family reunification services in the Gauteng province by asking what family reunification services social workers render, how, and why (Fouché & de Vos, 2011).

The study was conducted at five child protection agencies based in the Gauteng province, namely Johannesburg Child Welfare, Christelike Maatskaplike Raad, Germiston Child Welfare, Child Welfare Tshwane and Child Welfare Vereeniging. Each of the five selected NGOs has more than 50 years of service delivery experience in the field of child protection. The selected organisations in Gauteng render services respectively in the greater Johannesburg area, the greater Germiston area, the greater Tshwane area and the greater Sedibeng region. Moreover, they render services not only in urban areas but also in the rural and peri-urban areas of Gauteng, including farming and mining towns. Targeting these selected child protection organisations enabled a true reflection of the nature of family reunification services in the Gauteng province. The researcher utilised a non-probability sampling technique, namely purposive sampling, to select a sample of 15 social workers for the qualitative study based on their willingness and availability to participate in the study. Selection criteria included: having at least two years' experience in rendering family reunification services; serving different population groups in terms of race, culture, religion, beliefs and social status; being in the employment of participating organisations for at least one year; and not having submitted notice of resignation during the month in which selection takes place.

For the quantitative study, the researcher applied total population sampling, and targeted 183 respondents from all five organisations to complete the questionnaire. The response rate was 69.4% (127 out of 183), which was much higher than the average completion rate of 56.28% for a questionnaire with 9 to 14 questions (Liu & Wronski, 2018).

The participants gave informed consent to participate in the study and the study received ethical clearance by the University of Pretoria. The researcher collected data for the qualitative phase of the study by means of one-on-one semi-structured interviews and used a questionnaire to collect data for the quantitative part of the study. In analysing the qualitative data, the researcher utilised Creswell's (2014) model of data analysis. Quantitative data from the questionnaires were analysed by using a computer-based statistical software program, specifically Statistical Package for Social Sciences (SPSS) version 23.

PRESENTATION AND DISCUSSION OF THE EMPIRICAL FINDINGS

This section presents and discusses the findings on the types of family reunification services rendered by social workers in child protection NGOs in the Gauteng province. In reporting on the findings, the data sets were integrated to "place the qualitative and quantitative findings into a conversation" (Fielding, 2012:128) in order to gain deeper insights into how family reunification services are rendered.

Family reunification services that social work participants rendered were skills training to alleviate poverty; therapy, counselling and psycho-social support; training on parenting skills; referral to specialised organisations; and facilitation of access visits.
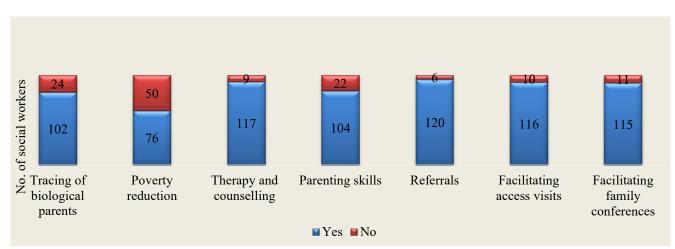

Figure 1: **Types of family reunification services rendered by social workers (n=126).**

Seven themes emerged from the integrated qualitative and quantitative findings of the study.

Theme 1: Tracing of biological parents

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

> *In case the whereabouts of biological parents are unknown, we advertise in national newspapers to trace them.* (P1)

> *First of all, in most cases you find that the whereabouts of biological parents are unknown. So, you first need to find out what their last address was and, if you are lucky, somebody in that address might possibly be having a phone number; then you call them* [biological parents] *in.* (P13)

> *In the case maybe we say the child was abandoned, we request case numbers from the police station.* (P1)

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

Theme 2: Skills training and poverty alleviation

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

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

I also do things like poverty alleviation. Sometimes I even help the parents to find jobs....and accommodation. So it's more like that. (P8)

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

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

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

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

The findings on the financial constraints corroborate a study by Choi and Ryan (2007), which revealed that almost half of the mothers attending reunification have no income. As the Department of Social Development (RSA, 2021) notes, the thrust and cornerstone of family reunification practice involves teaching families the skills to start small-scale income-generating activities. Dhludhlu and Lombard (2017) postulate that in order to contribute to

poverty reduction, socio-economic development programmes such as micro-enterprises should form part of child protection programmes.

The weak economic and material status of the family, although not a deciding factor in the removal of a child, undermines the family's ability to take good care of its children. As such, in addition to individual work and group work services, which are therapeutic in nature, child welfare organisations should render community development services that focus on macro issues restricting families from being reunified with their children in alternative care; for example, extreme poverty because of a lack of employment and income-generation opportunities (Patel, 2015). A family can thus be helped individually while societal structures are simultaneously being reformed through community-based initiatives (Lombard & Kleijn, 2006). Androff and McPherson (2015) are of the view that rights-based practice can help to resolve the micro-macro divide by insisting on the necessity of action on all practice levels.

Theme 3: Therapy, counselling and psycho-social support
Quantitative findings reveal that 92.9% (117 of 126) of participants were involved in therapy, counselling and psycho-social support services, whereas 7.1% (9 of 126) of participants were not involved in such services.

The qualitative findings confirm that therapeutic, counselling and psycho-social support services to biological parents were geared towards preparing the child and the family for reunification. As reflected in the comments below, social workers rendered some of these services mainly through individual and group work sessions, while they also referred biological parents to other service providers for specialised services.

> *Yes, after we identify them* [biological parents]*, we refer them to therapeutic services for assessments and then we try to identify the risk factors that contributed to the biological parents being separated from their biological children. Then we try to eliminate those risks before we get to the reunification process. But we also work with external resources, for instance, the psychologists.* (P1)

> *I make sure that I put them in groups and help them to be good parents to their children, trying to fix whatever that has gone wrong, and teach them issues around how to prioritise their children; how to provide food and* [meet the] *needs of their children and also try not to judge them based on their past experience. Basically, as a family reunification worker, my job is to give the biological parents a second chance in life.* (P2)

> *My organisation is very good; we have a child unit that does assessments and evaluation of bonding therapy. So, we basically prepare the child and the foster parent so that they can be ready when the biological parent comes.* (P6)

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

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

Theme 4: Training on parenting skills

The quantitative findings show that 82.5% (104 of 126) of social workers were involved in facilitating workshops on parenting skills, whereas 17.5% (22 of 126) of social workers were not involved in doing so. The qualitative study findings reveal that the family reunification services package offered by participants included developing parenting skills aimed at training and empowering parents to be able to address the reasons that led to the removal of the child from their care and to prepare them for the eventual return of the child into their care.

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

> *You need to find whatever programme that addresses the reasons for the removal of a child; if it was neglect, find a programme that can teach the parents some parenting skills, involve the parents in the programme and evaluate their skills after they have attended the programme.* (P9)

> *You need to conduct visits to the parents and to make sure that they are ready, they have parental skills, their home circumstances are conducive to the kids to come back to their care. You need to provide support to the parents and make sure that they are ready to welcome back the kids; they are ready to parent the kids.* (P14)

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

Theme 5: Referral to specialised organisations

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

Participants highlighted that providing support to families who face issues with substance abuse, marital problems and domestic violence represents some of the specialised services that social workers working in child protection services could not provide.

> *If we cannot directly assist the biological parents, we help them by referring them to other service providers who can empower them to address whatever problems that they are facing, so that at the end when the family is functioning well, we can be able to reunify children back with their families.* (P8)

> *I do that in a form of referrals. For instance, if the children were removed due to domestic violence, I refer them to organisations like FAMSA* [Family and Marriage Society of South Africa] *and then, if the children were removed due to substance abuse, I refer the parents to SANCA* [South African National Council on Alcoholism and Drug Dependence] *or any other alcohol and drug rehabilitation institution.* (P2)

> *To give a practical example, today I had a session where the child wants nothing to do with the biological mother. So, I referred them to Lifeline so that they can receive some counselling.* (P3)

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

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

Theme 6: Facilitation of visits between children and biological families

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

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

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

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

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

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

Theme 7: Family conferencing

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

A majority of participants (115 of 126; 91.3%) were involved in facilitating family conferences while rendering family reunification services, as opposed to 8.7% (11 of 126) who were not. Most participants held monthly family conferences, as a way of facilitating meaningful reunification.

Lombard (2019:400) captures the importance of family conferencing by stating that:

Family group conferences place the child's family, including immediate family, extended family, family friends and significant others, at the centre of any planning process, which means they set the agenda, while professionals facilitate and support the work of the family.

Family conferencing enhances participation of all parties involved in the reunification process, that is, the biological family, foster family, the child concerned and the social worker. According to Gready and Vandenhole (2014), increased child and family participation ensures that monopolistic decision-making tendencies on the part of social workers are curtailed and kept in check as the child and the family are actively involved in planning the child's future care arrangements. Participation is a fundamental principle of a rights-based approach (Androff, 2016; Lombard, 2014). According to Tostensen, Stokke, Trygged & Holvorsen (2011), participation is both a human right and a means to secure other human rights. Participation is both a principle and a key feature of a developmental approach. According to Patel (2015), service users are not passive recipients of services, but are active partners who should fully participate in addressing the challenges and problems that impede their optimal functioning.

CONCLUSION

In conclusion, the framework for providing family reunification services already exists, although it is not formalised or documented in relation to the broader family reunification spectrum of services that Dougherty (2004) describes as intensive services, after-care services, concrete services and home-based care services. The services rendered in the family reunification sphere, which include poverty alleviation, counselling, therapy, psychosocial support, parenting skills training, referral to specialised organisations and facilitation of access visits are fundamental in family reunification, as they prepare the child for reunification and empower the family in all facets of life.

Child protection and participation are children's rights and also key themes of developmental social work, among others. Family reunification depends on holistic services and stakeholder partnerships and participation, which are common themes in the developmental approach to social work. Holistic family reunification services are relevant to all the aspects of family reunification, ranging from the identification of families and children requiring family reunification services to tracing biological parents and engaging them in a variety of services that address the reasons that led to the removal of the child. However, to ensure successful family reunification, family reunification services should be adapted and tailor-made to meet the diverse, specific and unique needs of families.

In the context of child protection, holistic family reunification services should be rendered within a rights-based approach and be packaged in a manner that targets all the aspects of child and family wellbeing. Holistic family reunification services include addressing the reasons that originally led to the removal of the child from the family. Holistic family reunification services are central in developing a family reunification services model for children in alternative care.

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