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SOCIAL WELFARE OFFICERS' PERCEPTIONS OF FAMILY REUNIFICATION SERVICES IN LUSAKA, ZAMBIA.

A report on a research study presented to the

Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of Witwatersrand

In partial fulfilment of the requirements for the degree

Master of Arts in Social Development

By

YETAMBUYU MUMBUNA

February 2019

DECLARATION

I solemnly declare that this is my own work and no plagiarism whatsoever has been done. Every source used has been acknowledged and authors of such work have been referenced in this research report.

Date: 26th February, 2019.

Signature:

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ABSTRACT

Zambia held its first national consultation on the 'Children's Care Reform' in Lusaka on the 6th of May 2016. The aim of this consultation was to deliberate on issues affecting children without appropriate care, as well as to devise strategies for accelerating the National Child Care Reform process. A Call to Action was drafted on the Child Care Reform process after this consultative meeting. Key among the issues to be addressed was strengthening the capacity of the social welfare workforce to be able to meet the current and increasing needs of children, families and communities where children are unnecessarily separated from their families. Rendering effective services to vulnerable children placed in alternative care arrangements, such as child care facilities was highlighted. For many children who have been placed in alternative care, family reunification is usually possible if effective social welfare services are rendered by social workers and other social welfare officers. The aim of this study was to explore perceptions of district and senior social welfare officers in regard to rendering effective family reunification services to children in alternative care. A qualitative research approach was selected to study the complex phenomenon of family reunification within the context of the Social Welfare Department and Ministry of Community Development and Social Services in Lusaka. Non-probability, purposive sampling was applied through which 18 study participants who met the inclusion criteria, namely district and senior social welfare officers took part in the study. Individual semi-structured interviews were conducted to gather data using an interview guide as a research tool. Thematic analysis was utilised to analyse the data which was collected during this study. Findings of the study indicate that social welfare officers faced many challenges related to rendering professional family reunification services. For those services to be rendered in a professional manner and based on the best interests of the child principle; adequate funding and staff is required; knowledge and skills have to be improved to enable the social welfare officers to address the complex and unique needs of children and their families in a child welfare system that is undergoing a reform.

KEY WORDS: Social welfare officers; alternative care, social development; child care facility, family reintegration family reunification services.

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CHAPTER 1

BACKGROUND OF THE STUDY

1. INTRODUCTION

This research study explored the perceptions of social welfare officers employed at the Social Welfare Department in Lusaka Province, Zambia, regarding the effectiveness of family reunification services provided to children and families. Chapter 1 introduces the study by focusing on the following aspects: background of the study, the problem statement, the rationale for conducting the study, the main aim of the study and the secondary research objectives.

2. BACKGROUND OF THE STUDY

Globally and in Africa, many governments have ratified the United Nations Convention on the Rights of the Child, 1989(CRC) signifying their commitment to protecting the rights of children. In particular, article 8 of the convention recognises the right of the child to preserve his or her identity including nationality, name and family relations. Article 9 states that State parties shall ensure that a child may not be separated from his/her family against his/her will, except when competent authorities under judicial review determine as such and that such separation is necessary to afford the child concerned care and protection. However, family reunification is one of the central tenets of the child welfare system if this process is deemed to be in the child's best interests. Thus every effort needs to be made to empower the parents/primary caregivers' to bring about significant change in their circumstances and for them to resume parental responsibilities. For family reunification services to be effective, professional child welfare services need to be rendered prior to and after family reunification services have taken place (Berrick, Cohen & Anderson, 2011; Fong, 2016).

The provision of child welfare services, including family reunification, is the responsibility of the state as a way of responding to the social welfare needs of its people. Family reunification is defined as "… the return children placed in out of home care to one or both birth parents or families of origin (Esposito, 2017). According to Farmer, Sturgess, O'Neil and Wijedasa (2011), family reunification is at the centre of meaningful child welfare practice. Whilst child protection systems are concerned with the removal of children from their families in the interest of child safety and protection, the capacity of child welfare

systems to return children safely to their families of origin is also considered to be of central importance (Fernandez &Jung-Sook, 2013). However, family reunification has tended to remain a largely invisible area of work in child welfare (Farmer et.al, 2011).

In Zambia, the Ministry of Community Development and Social Services is mandated to provide child welfare services. The provision of these services is governed by the Juveniles Act, Cap 53. The ministry implements programmes for children in need of care and supports the family as the best environment in which to bring up a child. It envisions a Zambia in which all children grow up in their home environment, preferably with their biological parents or extended family, taking into consideration that all children have rights and specific needs (Ministry of Community Development and Social Services, 2017). In this respect, the ministry, among other strategies of its child care reform, seeks to develop social work practice and a system to strengthen safety nets to help children remain in their families and prevent them from entering the legal care system unnecessarily.

3. STATEMENT OF THE PROBLEM

In Zambia, children and families face significant challenges which can place children at risk of separation from their families and being without appropriate family care. This problem situation is due to different social problems, such as the HIV/AIDS epidemic and high levels of poverty (Zambia Demographic Health Survey, 2014). The social problems that children in Zambia face often lead them to being exposed to the risk of separating from their families, hence statutory social work intervention is used to address these children's needs of care and protection. These children are removed from the care of their primary caregivers (usually a living parent or relatives) and placed in alternative care, such as residential child care facilities because they are in need of care and protection (SOS Children's Villages, 2010).

According to the Zambia Demographic Health Survey (2014), there is an estimated 380 000 children orphaned due to HIV/AIDS, with one or both parents deceased. The survey also highlights that 16.7% of children under the age of 18 years in Zambia live outside family care. More specifically, research indicates that 6022 children of which 3027 are boys and 2995 girls had to separate from their families. They currently live in 178 different residential childe facilities around the country in order to access essential basic needs (Ministry of Community Development and Social Services, 2017). However, the CRC stipulates that it is the right of all children to grow up within a loving home environment and thus all efforts need to be made by social workers to reunite children in alternative carewiththeir parent[s] or

members of their extended family if this would be in the children's best interests. In cases where family reunification is possible, effective family reunification services need to be prioritised so as to reintegrate the children concerned with their families.

The Zambian Government, through the Ministry of Community Development and Social Services, provides statutory and non-statutory child welfare services, in particular child placements and family reunification services by District Social Welfare Officers. This workforce is comprised of people from various professional backgrounds who are mandated to provide child welfare services, even though they do not specialise in the area of child care and protection.Reunifying children with their families is a complex and demanding task; hence it requires professionally skilled people who can provide practical and theoretical knowledge and expertise. Save the Children (2014) reports that in Zambia there are serious challenges pertaining to both the proportion and the quality of officers rendering social welfare services. The report further indicates that only 60 % of staff employed in the Department of Social Welfare held either a diploma or a degree in Social Work. Conversely, the other 40% of staff in the same department held qualifications in fields from other disciplines ranging from Law, Development Studies, Library Information, and Sociology. This can compromise the quality of services provided in the reunification process (Munoz-Guzman, Fischer, Chia & La Brenz, 2015).

4. RATIONALE FOR CONDUCTING THE STUDY

The Government of the Republic of Zambia, through the Ministry of Community Development and Social Services, is in the process of reforming its Child Care System and ensuring that all children, regardless of their backgrounds, are protected from any harm and are provided with appropriate care (Ministry of Community Development and Social Services, 2017). There is political commitment and leadership to accelerate the Child Care Reform process. Key among the strategic actions of this process is to strengthen the family-based care system.

In order to render effective family reunification services, one needs to ensure that the social welfare workforce is skilled, mandated and competent so that they can address specific needs of children and families (Ministry of Community Development and Social Welfare, 2016). It is this light that the government aims to strengthen the capacity of the social welfare workforce through standardised training, accreditation and increase resources to deliver coordinated care services to children and families.

Relevant and well-coordinated social services by an appropriately skilled social welfare workforce are of paramount importance in the process of reunifying children with their families. The strengths and needs of children and families should be accurately assessed by applying the 'best interests' case practice model and relevant specialist assessment guides, particularly the guide on assessment in family reunification (Department of Human Services, 2007). Therefore, therationale for conducting this studyis to inform the Ministry of Community Development and Social Services about the nature and quality of family reunification services being rendered. In particularly, the focus of this study was on identifying challenges experienced by social welfare officers regarding the provision of effective family reunification services and how best these challenges can be addressed. Providing the ministry with this insight is importantbecause it is the lead role player in the implementation of the Child Care Reform process.

5. MAIN AIMS AND OBJECTIVES

5.1 AIM

The main aim of the study was to explore the perceptions of district and senior social welfare officersemployedby the Department of Social Welfare in Lusaka Province, Zambia, regarding the provision of family reunification services to children in child care facilities.

5.2 SECONDARY OBJECTIVES

- To explore district and senior social welfare officers' understanding of family reunification services based on the best interests of the child principle;
- To explore district and senior social welfare officers' perceptions of the knowledge and skills that social welfare officers should possess when rendering family reunification services to children and families;
- To investigate district and senior social welfare officers' views on the challenges faced when rendering family reunification services
- To explore district and senior social welfare officers' views on measures that should be taken to address challenges they face when rendering of family reunification services.

5.3. RESEARCH QUESTION

The fundamental research question underlying achieving the primary aim of the study was:- What are the perceptions of District and Senior Social Welfare Officers, employed by the Social Welfare Department in Lusaka, Zambia, regarding the provision of family reunification services to children in alternative care?

6.STRUCTURE OF THE REPORT

Chapter one presented the background of the study, the problem-situation and rationale for conducting the study. The main aim of the study, the secondary objectives and the research question of the study were highlighted. A brief overview of the research design and methodology were also presented.

Chapter two, the literature review, begins by setting the stage for the research and provides a context for the research inquiry. It also briefly defines key concepts and provides an overview of the theoretical framework on which the study was based. The topic of family reunification services was the central focus of the chapter.

Chapter three focused on the research methodology. It provided information on the qualitative approach which was adopted for the study, the research design and data collecting toolsthat were utilized. The recruitment of research participants, the selection criteria, the data gathering and analysis approach as well as the manner in which ethical standards were met were presented in this chapter.

Chapter four presented the research findings and critically discussed their relevance thereof.

Chapter five summarized the main research findings; conclusions made and presented the recommendations based on the study findings.

CHAPTER 2

LITERATURE REVIEW

1. INTRODUCTION

This chapter begins by describing the key concepts and theories underpinning the study. Subsequently, literature relevant to the topic research was discussed. Particular issues covered included: matters pertaining to family reunification globally, inAfrica and Zambia in particular. Reasons that necessitate placement of children in alternative care, statistics of children in residential child care facilities and factors that influence effective family reunification services were also discussed.

2. KEY CONCEPTS AND TERMINOLOGIES

2.1. FAMILY REUNIFICATION

Family reunification can be defined as the process of returning a child in temporary out of home care to their families of origin (Mc Arthur, 2011). Lovera and Punaks (2015) assert that family reunification is the action taken by an organisation to move a child from an institutional (also known as residential care)setting to his or her community of origin and transfer the legal custody or guardianship back to responsible family members.

The aim of family reunification is to build a sustainable environment in all aspects of the family to remain together in future. This is a considered and carefully planned process that involves both the children concerned and their parents/primary caregivers in all steps to reunite the family, when both children and their parents/primary caregivers are willing and enthusiastic about the goal of reunification (Mc Arthur, 2011). For children outside parental care, including children in residential child care facilities, foster care, or living on the streets, family reunification should be considered the best option if it is deemed safe and appropriate for the child concerned (Faith to Action Initiative, 2014; Fernandez & Lee, 2013).

On the other hand, reintegration is a multi-layered process that focuses on family reunification by mobilizing and enabling care systems in the community, including medical and health care, education, vocational skills, and psycho-social support, cultural and economic support (Better Care Network and Global Social Service Workforce Alliance,

2015). It is important to note that family reunification as an outcome does not end at placing a child back into the care of the family. Brydon (2009) argues that it is important to view family reunification as a process rather than a placement event. The process includes maintaining family relationships while children are in temporal alternative care, careful planning and sustained support after reunification (Brydon, 2009).

Faith to Action Initiative (2014) also highlights that reunifying a child with his or her biological parents or primary caregiver is not a one-time event. Rather, it is a process involving the reintegration of the child into a family's social environment that may have changed significantly from the environment the child left. Tilbury and Osmond (2006) postulate that family reunification involves a process of assessment, planning and action. Reunification exists within the continuum from family preservation aiming at preventing placement, through to long-term out of home care. All intervention and planning options have a place for each child and their family depending on their specific needs and circumstances; and intend to achieve permanency for children. (Tilbury & Osmond, 2006).

2.2. ALTERNATIVE CARE AND PERMANENCY PLANNING

The United Nations Children's Fund (UNICEF) defines alternative care: "…as care for orphans and other vulnerable children who are not under the custody of their biological parents. It includes adoption, foster families, guardianship, kinship care, residential care and other community-based arrangements to care for children in need of special protection, particularly children without primary caregivers."

Article 20(2) of the CRC accords to children temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, the right to "alternative care." State parties are required to ensure alternative care for such children in accordance with their national laws. Article 20(3) of the CRC provides that alternative care could include, inter alia, foster placement, kafala ofIslamic law, adoption, or if necessary placement in suitable institutions for the care of children (UNICEF, 2008).

Dacanay, Balanon, Del Castillo and Manuel (2006, p. 15) emphasise that a critical concept in implementing alternative care for children is permanency planning. Permanency planning should ensure stability, continuity and a sense of belonging to a family for children who are to be placed back with their families. In permanency planning, the priority should beon

reconnecting children in alternative care with their own families. It is only if children cannot be reunified with their families, should they be placed in institutions or other alternative care arrangements. This implies the need for a case plan for each child upon admission into care, subject to periodic review.

2.3. CHILD CARE FACILITY

In Zambian context of the child welfare system, a child care facility is referred to as "Any place or facility operated by any institution, society, agency, corporation, person or persons, or any other group for the primary purpose of providing care, supervision, and guidance of seven (7) or more children, unaccompanied by a parent or guardian, in a continuous seven (7)-day week (Ministry of Community Development, Mother and Child Health, 2001, p. vii). Children should only be placed in a child care facility if there are no local family-based alternatives, such as kinship care, community care or foster care and residential care placement is the last option.

2.4. SOCIAL WELFARE OFFICERS AND CHILD PROTECTION

In Zambia, not all social welfare officers are trained social workers (Muyobela&Strydom, 2017). A social welfare officer is a person employed by the Department of Social Welfare and is charged with the responsibilities of providing social welfare services including the care and protection of children(Ministry of Community Development and Social Services, 2017). Social welfare officers render a range of social welfare services, including child welfare. The social welfare officers in the Department of Social Welfare in Zambia render statutory and non-statutory social welfare services and among the social welfare services they provide, they also focus on child care and protection.

In 2010, Save the Children conducted research in Zambia and explored various child protection issues. Findings indicated that although training in child protection matters had intensified there were still staff shortages in all areas related to child protection and that training is uncoordinated and often ad-hoc. Based on findings the following recommendations were made in regard to service practitioners rendering child welfare services (Save the Children, 2010, p. 5):

- Define clearly the job classifications in child protection, and ensure that these are governed by minimum standards or a code of ethics.

- Establish a career path or career / training matrix for child protection workers in different government ministries and in civil society organizations, combined with a matrix of qualifications, skills, minimum standards and possible training providers.

2.5. THEORIES RELATED TO THE STUDY

Two main interwoven theories underpinned this study, namely (i) the general systems theory and (ii) the ecological systems theory. Of particular focus, the researcher adopted the general systems theory as a good way of understanding how the child system functions, whereas the ecological systems theoryprovides some insight into different levels of systems that impact on a child's well-being and development. The theory provides insight into what circumstances need to be changed and the process implemented to bring about family reunification.

2.5.1. General Systems Theory

According to the general systems theory, there are a number of key features of a system. These key features are also apparent in the child protection system. Delaney, Quigley & Shuteriqi (2014); and Wulczyn, et al. (2010) provide relevant insight into these key features, which are summarised as follows:

i) All systems - including child protection systems - are made up of a collection of different components that are organised around realising a common goal or vision. This vision provides the strategic direction for system strengthening activities and articulates how the different components of the system fit together and reinforce each other. As with other systems, a child protection system is characterised by specific set of functions, structures and capacities. These define how the system will operate in 'practice' on a day to day basis.

ii) Synergies' is the terms normally used to describe how the different parts of the system interact with and influence each other. A child protection system is more than the sum of its parts. The different parts of the system (i.e. components or elements) need to work together in order to realise the vision. The purpose of the child protection system is to improve protection outcomes for all children and ensure that the child's best interest is upheld when decisions are made regarding temporary and permanent placement of a child is concerned. Consequently everything that happens within the system should be aligned to achieving this outcome for the children.

The different components of the system constantly interact with and influence each other. In relation to this study, the family system is made of parents/primary caregivers and children. The alternative care system usually consists of children in need of care and protection, social welfare officers and child care staff. The child protection system consists of other key role players, such as the social welfare officers and other government officers from the relevant ministries in managing cases involving vulnerable children.

iii) As with other systems, the child protection systems does not exist in isolation but rather constantly interacts with other systems including the justice, social protection, education and health systems.

iv) There are a wide range of different role players involved in the child protection system and all have essential functions to play. A principal feature of an effective system is that it takes into account and clearly defines the complementary role of all role players rather than creating divisions or contradictions between them. Thus the role of social welfare officers - in this study should be clearly defined.

v) As different systems exist alongside and interact with each other, it is important for the child protection system to establish clear boundaries. Identifying boundaries focuses on the system and defines its structures and functions, the necessary capacities and resources to enable it to operate in an optimal way as well as the management andgovernance of the system. In broad terms the boundaries are the limits to what is included within the scope of the child protection system. The boundaries of the system also define the range of services or continuum of care that the system commits to deliver for children. This promotes greater accountability: if the different actors know what they are responsible for then it is easier to hold them accountable.

The systems theory can also be adapted to guide micro practice interventions, which is basically the level of intervention coming into play when a child is removed from his/herbiological parents/relatives/primary caregivers and placed in alternative care. When rendering family reunification services from a systems approach, social welfare officers need to take into consideration all the systems affecting returning the child to the family system. Furthermore, in newer systems theory, individual family members (e.g. the child) are not seen as a sub-system localised within the family system. Rather, the family member can be localized both within and outside the family system; as is the case of a child in residential care (Hutchinson & Oltedal, 2014). When rendering social welfare services to children,

families, organisations, societies and other systems inherently involved must be considered when attempting to understand and assist the child and his parents/primary caregivers.

2.5.2. Ecological Systems Theory

Urie Bronfenbrenner formulated the Ecological Systems Theory to explain how inherent characteristics of a child and multiple environment (referred to as systems) interact to influence his growth and development. Basically, Bronfenbrenner identified five socially organised systems (from the most intimate to the broadest), which inevitably interact and influence each other in every aspect of a child's life. These interactive systems consist of the microsystem, mesosystem, exosystem, macro system and chronosystem (Paat, 2013). When rendering direct child welfare services to children in alternative care, the micro and meso systems are mainly relevant.The innermost level, microsystem, signifies the relations between children in alternative care and their immediate surroundings. This system encompasses their intimate contacts in which they have interpersonal connections, family members, and special events or settings that often serve as their point of reference (Bronfenbrenner, 1977). In these settings, children experience their day-to-day reality and immediate socialization. Paat (2013) points out that "… not all microsystems are identical as the influence of one may outweigh the others. For example, the effect that family exerts may supersede the influence of peers or vice versa, depending upon the developmental milestones of the children. Additionally, as the children get older, the number of their microsystems also expands". The mesosystem, which is the next ecological context, consists of a network of microsystems (Bronfenbrenner, 1977).

In this study, the mesosystem represents the connections among two or more microsystems in which children are active participants, such as interaction with peers, teachers, staff at child care facilities and social welfare officers employed by the child protection system.

Following the mesosystem is the exosystem. It incorporates remote social settings that have an indirect effect on children (e.g., community, support network, and the broader society; see Bronfenbrenner, 1974, 1977, 1979, 1986). The next is the macrosystem which is broadly defined as the large overarching set of social values, cultural beliefs, political ideologies, customs, and laws that incorporate the microsystem, mesosystem, and exosystem (Bronfenbrenner, 1977).

3. REASONS FOR PLACEMENT OF CHILDREN IN ALTERNATIVE CARE

According to Save the Children (2014), families are the most fundamental unit of society that provide for the care needed by a child and reasons that necessitate the removal of a child from their family to alternative care may vary depending on their living circumstances. Children separate from their families for a wide range of reasons, many of which are linked to poverty, orphan hood,abuse, neglect and insecurity (Dozier, Zeanah, Wallin & Shauffer, 2012; Milligan, Withington, Connelly & Gale, 2016).Reasons for placement of children in alternative care also depend on diverse country situations (Save the Children, 2014).

In some countries in most cases, developing countries, prevention measures are often weak or non-existent, leading to high numbers of children unnecessarily entering the system of alternative care. Lack of high-quality alternative care options is a great challenge. In many countries, institutions are the only available option for children who cannot be cared for by their families (Davis & McCaffery, 2012; Milligan, Withington, Connelly & Gale, 2016). The UN Guidelines for Alternative Care recommends that countries offer a range of alternative care provisions such as: kinship care, foster care, family-like care in the community and supervised independent living. However, in many countries these are not developed, and institutions remain the blanket solution for children in need of care. Children with disabilities are often placed in institutions because their parents do not have access to appropriate sources or cannot care for them (Hope and Homes for Children, 2017, p.5)

It is increasingly agreed that poverty in itself is not a reason for children being placed in alternative care. However, poverty in terms of income poverty and the exclusion of vulnerable elements of the population from basic needs is identified as a significant driving force behind children's placement in institutional care (Milligan, Withington, Connelly & Gale, 2016). A report by Hope and Homes for Children (2017, p.5) indicates that poverty is a significant underlying factor that causes children to end up in institutions across the world. Many parents struggle to provide food, housing, medicine and access to education for their children, and are led to believe that placing them in institutions is a positive choice that will provide them with a better future.

Chaitkin et al., (2017) highlight that in Asia, parents who are unable to provide basic needs such as food, accommodation, education, health care, may seek institutional care as an option for their children to meet these needs. Indonesia's child protection system relied most exclusively on residential care with an estimated 8,000, mostly unregulated facilities, housing

over 500,000 children, who had at least one surviving parent (Martin & Sudrajat, 2007). Martin and Sudrajat (2007) stipulate that the majority of children are placed into residential care due to poverty and lack of basic services, in particular education. Another reasonfor children being placed in institutional care in Indonesia includeshaving one of the largest recorded earthquakes that triggered a devastating tsunami, killing more than 160,000 and displacing at least 500,000 people (Better Care Network and Global Social Service Alliance, 2015).

In Ecuador and Chile, poverty in itself is not a driving factor, but it is relevant to placements in alternative care from another angle. Abuse is the major reason for placements in residential care and pervades all socio-economic strata of society (Chaitkin et al., 2017)

Research studies highlight that Moldova is the poorest country in Europe, with 16.6% of the population living below the poverty line and many families struggle to care for their children; hence issues such as lack of employment opportunities, limited access to social services, migration for employment, human trafficking, and child labour are some of the reasons that children are placed into alternative care (Better Care Network & Global Social Service Workforce Alliance, 2014)

Lack of access to education constitutes a strong motivation to place children in facilities where it is on offer, more especially in Africa. Chaitkin et al. (2017) argue that even when education is in principle provided free by the State, inability to pay certain costs coupled by many perceptions that the quality of education in state schools is poor, leads families (including extended families providing parental care) to place their children in orphanages. This is one of the main reasons for placement of children in residential care in countries such as Nigeria and Uganda. In Uganda, 80% of children living in institutions have at least one living parent. Here the impact of school related costs, especially on very poor families, and the desire for access to education are drivers to institutionalisation (Milligan, 2016). In a study conducted in Sierra Leone in 2008, it was found that they were 1871 children living in 48 children's homes of which 52% where placed in the homes due to poverty, 30% because their caregivers had died, 8 % had been abandoned while 5 % had been neglected or abused (Cantwell et al., 2016)

In the case of Rwanda, the impact of the genocide contributed to the dramatic increase in residential care from 37 facilities caring for 4800 children before the genocide to 77 facilities caring for 12,704 children in April 1995 (Ministry of Gender and Family Promotion & Hope

and Homes, 2012). The most prevalent reasons cited for children being placed in residential care in Rwanda, were poverty, the death of one or both parents, abandonment, children separating from parents during war, parents/person caring for a child having a mental problem or they are in prison.

Parental migration is noted as another reason for separation of children from their families in Latin America. It is not mentioned as a reason for placement in alternative care in Africa but cross border movement of children themselves from Nigeria to other west African countries is a cause of concern in the region were children are often victims of trafficking and require a safe haven when discovered (Chatkin et al., 2017).

In Zambia, a nationwide assessment that was conducted in 10 provinces of Zambia in 189 residential child care facilities, found that the most cited key reasons for placement of children in residential child care facilities are poverty, child abandonment, death of parent and disability of family member. Imprisonment of parents and mental illness were also significant contributors (Ministry of Community Development and Social Services, 2017).

In another study conducted in 40 Catholic affiliated residential care facilities in Zambia, the top reasons for placing children in those facilities were poverty, primarily resulting from inability to afford to pay school fees or food insecurity, death of parent, disability or chronic illness of the child in care, maltreatment or neglect, disability or chronic illness of a caregiver and caregivers inability to cope with rebellious behaviour displayed by children (January, et al., 2016).

4. RENDERING FAMILY REUNIFICATION SERVICES

4.1. FAMILY REUNIFICATION PROCESS

According to Cantwell et al. (2012), the return of a child to his family, whenever this is possible and deemed consistent with the best interests of the child, clearly involves much more than simply ensuring a physical reunion. But all too frequently, and in many cases because of resource constraints, this is how family reunification is carried out in practice. Instead, it should be a gradual and supervised process.

Rapid or superficial reforms usually result in further harm to children. These include moving children from one institution to another or back into their communities without taking into account the psycho-social impact of the move. High rates of fostered and adopted children in

some countries are a result of families not having received adequate preparation for family reunification (UNICEF, 2010).

Lovera and Punaks (2015) in their study assert that family reunification is the most difficult part of the reintegration process for parents and children. Even when the reconnection between the child and his or her family has gone well and gradual reintegration has been positive, some parents still find it difficult to take full responsibility of their children, depending on the reasons that caused the initial separation.

Given that children separate from their families for various reasons, family reunification should be a gradual and carefully planned process so as to address the holistic and unique needs of the child and their family. Cheng (2010) points out that children who are raised in out-of-home care, especially in children's homes, have a lot of missed opportunities; hence a well-focused case management approach for each child is of paramount importance for the smooth transition of a child from a residential child care setting to a family environment. Williamson and Greenberg (2010) assert that through a carefully planned and managed process, children can be reunited with their family or placed in another form of family-based care setting in their community.

Returning a child to his or her family without considering the long-term plans to build the capacity of the family could be devastating for both the child and his/her family (Mc Arthur, 2011). Mc Arthur (2011) further states that children can be vulnerable if their home environment is unstable, which can put them at risk of being unsafe again and raises the chances of such children to re-enter out-of-home care. When reuniting children with parents or their extended families, social welfare practitioners need to re-think about how they can create a safe place by providing appropriate post-reunification services, sometimes referred to as aftercare services (Mc Arthur, 2011). Mc Arthur (2011) further notes that it is important that the plan that practitioners develop for the reunification of a child with their family should incorporate a goal to increase the family's capability to become self-sustaining.

Counselling services are indispensable during family reunification as caseworkers are guided on the appropriate package of services to provide to children and families who present different social problems. In child welfare practice, individualised and family counselling services are both useful as they provide a caseworker with the relevant information on the type of services to provide to children and families including concrete, clinical or educational services (Pecora et al., 2005). Fernandez and Atwool (2013), also emphasise that through

well-focused counselling services caseworkers are able to establish a pool of services, which could be professional or non-professional in nature, that are essential during family reunification. Fernandez and Atwool (2013) further state that through ongoing and thorough assessment; caseworkers can easily identify other referral services and engage in joint or collaborative case planning with other service providers.

Research has demonstrated that adequate assessment during family reunification does not oftenoccur in child welfare, and this may be linked to the instability of reunification in most instances (Child Welfare Information Gateway, 2011). When placement in care is needed, the goal is to reduce the length of separation between parent/primary caregiver and child, and to maximise the prospects of reunification of children with their parents or kin whenever it is safe to do so (Berrick, 2009). Berrick (2009) further elucidates that, apart from economic costs of maintaining children in out-of-home care, research has highlighted the undesirable consequences of children remaining in care for long periods. Extended periods of time in alternative care can lead to loss of family connections and a sense of identity and difficulties in transitioning out of care (Pecora et al., 2005).

Early emphasis on family reunification is the most desirable permanency goal. Adequately assessing the strengths and needs of children and families, involvement of parents and children in case planning, building on family strengths and addressing specific needs, as well as executing the plans, are all critical activities to the achievement of reunification goals (Child Welfare Information Gateway, 2011).

Child and family factors affecting family reunification can include age of the child, child-related difficulties, developmental issues, family background, medical conditions, length of time in care, contacts with family or kin, reason(s) for entry into alternative care and capability of parents to care for the child (Lopez, et al., 2012). For successful family reunification outcomes, it is imperative to analyse factors that caused the separation of the child from his or her family. Mc Arthur (2011) contends that when reunifying children with families, the major focus should be to consider all factors of the initial family breakdown. Osmond and Tilbury (2006) highlight that all the intervention and planning options during family reunification should be specific; have a place for each child and their family, depending on their specific qualities, needs and circumstances.

The child's best interests and assessment of the child's developmental needs, present and future risk of harm and parental capability should be at the core of all decision making for

family preservation or family reunification (Osmond & Tilbury, 2006).If assessment indicates that it will be in the child's best interests, the nature of family reunification services rendered by social welfare practitioners also affect whether the outcomes will be successful or not. Active engagement with the child and family members is important. Social services practitioners should work with family concerning their short and long-term goals, the welfare of the child, as well as social services that will help the family achieve the required goals (Mc Arthur, 2011).

Worldwide research findings emphasise the importance of maximizing child and family participation in the planned helping process. They need to be directly involved in the decision-making and responsibilities to achieve goals should be shared (Cossar, Brandon & Jordan, 2014;Potter, 2008). Furthermore, reunification services rendered should involve cooperation between children, their families, social workers and others involved in the planned helping process (Dougherty, 2004; Thomlison, Maluccio & Abramczyk, 1996). Corcoran (2000) elucidates that a number of studies have supported the use of interventions that have a skill-building focus and that address family functioning in multiple domains, including home, school and the community.

For the duration that the child is in child care facilities, supporting the child and his family to remain in contact is vital to the child's emotional and psychological well-being, development and identity (Hess, 2013). Maintaining child-parent contact throughout the statutory intervention and placement in alternative care processeshelps them to build or regain a trustful and caring relationship, which is a first step towards family reunification (Save the Children, 2012). Similarly, Fernandez and Lee (2013, citing Berry, McCauley & Lansing, 2007) stress that the most important predictor of whether a child will be reunified to birth parents is the amount of contact between child and parents. Regular contact with parents, relatives and significant others can help children in institutions to maintain a level of family continuity and closeness. It also creates preconditions for the child's return to his/her family or community of origin (Ministry of Gender and Family Promotion, 2012).

Child welfare practitioners attest to the benefits of regular contact in terms of children's identity and links with family members Mc Wey, Acock & Porter (2010). Access to and contact with parents is considered very important and this is done in form of face-to-face meetings, telephone calls, provision of photos and letter writing.The same point of view is voiced by countries in the USA, the United Kingdom and Australia (Hess, 2003; Scott,

O'Neill & Minge, 2005). The primary purpose of these contacts is to promote the possibility of, and to prepare for reunification with birth family, to preserve family ties when the child is in long term out-of-home care and to provide a therapeutic means to assess and enhance parent-child relationship (Community Services Commission, 1999).Essentially, research findings indicate that children who have their family roots confirmed while placement in alternative care seem to progress well and they are also reunified with their families within a short period of time after placement with intensive professional support services from child welfare practitioners (Haight et al, 2001).

In essence, the emphasis on family involvement when children are in alternative care, such as residential care, is entrenched within the framework on 'family centeredness'. "Family-centred service refers to a method and viewpoint of service delivery that accentuates a partnership between parents and service providers and that places the family in the centre of decisions relating to the child and family" (Sauls & Esau, 2015, citing Geurts, 2012, p. 171).

Unfortunately, successful family reunification in developing countries in Africa is not as promising as that in developed countriesand many children spend their entire childhood in child care facilities (Ministry of Gender and Family Promotion, 2012).

In Zambia, family tracing is the initial step towards reunification and reintegration of children. However, there are a number of challenges involved in family tracing, including lack of information on some children's family background as well as lack of funds to carry out this extensive exercise (Ministry of Community Development and Social Services, 2017). The study also found that facility managers and caregivers indicated that reintegration was made difficult by the non-improvement of the living conditions of families. In some cases, children had no family to be reintegrated with, and as a result they stayed in care until they completed their education and found employment.

On the other hand, reintegration was not entirely welcomed by some children. One of the worst fears expressed by children was the possibility of being reintegrated with their families. Children were concerned about the ability of their parents and guardians to adequately provide for them and meet all their school requirements (Ministry of Community Development and Social Services, 2017).

Januario et al.(2016), in their study which included 39 Catholic-affiliated residential child care facilities in Zambia, highlight that reintegration planning is not a standard practice at

residential child care facilities. Care leavers did not appear to have been prepared for reintegration, with almost half stating that the decision to live on their own was based on reasons, such as their completion of secondary school.

4.2 THE NEED FOR A SKILLED WORKFORCE

Many countries have invested in people and mechanisms associated with child care reforms to drive this process. In particular, social workers, psychologists and para-social workers need to be sufficient in number and quality to support reintegration of children into family-based care with all consideration of the best interests of the child (Milligan, 2016). Although recruitment of staff is key to providing quality services to ensure effective family reunification and permanency; the capability of social work practitioners to provide such services overrides number of staff at any given time (Miller, 2007). Miller (2007) argues that providing social service support to children and families is a highly demanding task; which requires some level of competence and skill to be able to bring back families together. However, this aspect is often overlooked and under-resourced.

Reunifying a child with their family requires an in-depth assessment to establish relevant information that could help a case worker to address a child and family needs that would facilitate effective post-reunification services (Brydon, 2009). Reunification, although a positive milestone for the family, is also a time of readjustment, and a family that is already under stress can have difficult in maintain safety and stability (Wulczyn, 2004). The difficulty is compounded when children and parents present more complex personal or social needs that require the intervention a skilled case worker or other specialized services and the accessibility of such services (Wulczyn, 2004). Berrick (2009) contends that social workers who are involved in preparing children and their families for reunification must be skilled and competent to manage any problems that may arise during this process. This reduces unnecessary fears or anxiety in children and their families; and enables them to adjust to the gradual process of family reunification. Berrick (2009) further elucidates that children have a lot of unexpressed fears when they are returned home without proper preparation aiming at addressing reasons for their separation. When they are given an opportunity to express themselves, one would understand why engaging skilled social workers should be re-emphasized during family reunification. Children and their families have unique needs; hence it is of paramount importance that caseworkers adopt appropriate strategies to address identified social problems when reunifying children with their families.

Lovera and Punaks (2015) argue that assessing the type of support to provide to a family during reunification, as well as how to wean a family off this support, is an art, not a science. It is a highly-skilled task that requires a nuanced knowledge of the family and the child's developmental needs, the external environment and good judgement in relation to where to draw the line so that the child is not put at risk (Lovera & Punaks, 2015). Corcoran (2000) clarifies that a number of studies have supported the use of interventions that have a skill-building focus and that address family functioning in multiple domains, including home school and the community.

In a pilot family reunification programme that was conducted in Michigan involving 813 children, success in reunifying 73% of these children with their families was attributed to the use of a two-worker team of professional social work practitioners one at Master's level and the other at degree level (Child Welfare Gate away, 2011). The one team member (leader) provided therapeutic intervention with family members and the team member (a family reunification worker) provided skill teaching and concrete services. The two worker team provided intensive home and strength based services with a focus on child safety and protection. The family reunification workers maintained small caseloads of six families while the team leader provided weekly family therapy and had a larger case load of up to 12 families during the intervention period (Child Welfare Information Gateway, 2011).

Notably, evidence also suggests that qualifications of child welfare practitioners may play a role in achieving family reunification and permanence for children living in out-of-home care (Albers, Reilly & Rittner, 2012). In a quantitative study of 62 child welfare case managers that was conducted in the United Kingdom, it was found that practitioners with a Bachelors and Master's degree in Social work were more likely than those with other degrees to move children through the child welfare system into a permanent placement within three years (Albers, Reilly & Rittner, 2012). The study also revealed that children who were assigned to a caseworker with a Master's degree in Social work spent approximately 5.15 months less in foster care than children who had a caseworker without a bachelor's degree in Social Work. Gebru (2003) contends that trained social workers facilitate a holistic approach that addresses the psycho-social needs of children before, during and after the process; an essential component of reunification and leaving care that is often overlooked. Appropriate therapeutic and family services can support a child's recovery and stability in placement, strengthen families in culturally appropriate ways, and facilitate successful and sustainable family reunification (Maluccio, Warsh & Pine, 1993; Wise, 2000).

Studies conducted in Australia indicate that significant success was noted from using a 90-day intensive family preservation model with separated families, which achieved a 93% reunification rate with 57 children whose families were involved in the programme (Farmer et al., 2011). Proactive social work, effective case planning and a high level of social work involvement were noted to have facilitated the family reunification process. Furthermore, the use of clear case plans accompanied by professional support to parents and children during the reunification process was also stressed to have played a critical role (Farmer et. al, 2011). The success in reunifying children with their families was also attributed to the provision of concrete services, the establishment of strong worker-family relationships, and the provision of education and training to parents (Barth et al., 2005).

On the other hand, research studies conducted in Indonesia, found that the social work education system and the curriculum at the university or tertiary levels lacked practice-based social work with children and families during the child care reform (Better Care Network and Global Social Service Workforce Alliance, 2015). Social work educators had limited child and family-centred practice experience outside residential settings, and there was no agreed-on definition of social work or curriculum in universities or training programs. All of these factors posed considerable challenges to the reform process that aimed to create a system based on an assessment of the family, best interests of the child, and the provision of a range of community level services that prioritized keeping children in families (Better Care Network and Global Social Service Workforce Alliance, 2015). The development of a competent, confident, and mandated workforce able to deliver child and family-centred child protection services meant that reform of the social work system was key. In 2011, the Social Work Education Association developed and agreed on core competencies and core subject areas to be applied by all universities and schools of social work. In 2012 its members also agreed on field practice guidelines. At the same time, the professional association established a code of ethics and practice standards in several settings, including work with children and families (Better Care Network and Global Social Service Workforce Alliance, 2015).

In Zambia, statutory services (including family reunification services) are provided by a range of professionals which could, to some extent, compromise the quality of services provided to children and families. A gap analysis on the Social Welfare workforce conducted by Save the Children in Lusaka province indicates that 60% of district social welfare officers either had a degree or diploma in social work, while 40% had degrees from other social sciences ranging from Law, Education, Library Science, Sociology, Psychology and

Development studies (Save the Children, 2014). Most important, the study highlights that there is a need to reflect on the specialized skill set needed to provide services to orphans and vulnerable children bearing in mind that a social science degree does not prepare a person to perform duties of a social worker.

Another research study indicates that there is some limited support for children returning to their families, including the provision of professional services aimed at empowering families economically and emotionally through counselling and other support services for children in Zambia (SOS Children's Village International, 2013).

The process of family reunification requires the child protection professionals involved to have the patience, the professional capacity for careful observation and the ability to provide appropriate and individualised services (Lovera & Punaks, 2015). The key aspect of this argument is that it is of paramount importance that social service workers who work with children and families during the reunification process should have the professional skills and competencies to enable them to address the unique needs of children during this transition process.Services should be designed in such a way that promotes an environment in which a child can be safely returned and to help maintain that environment after reunification (Lovera & Punaks, 2015.

4.3.RESOURCES FOR FACILITATING FAMILY REUNIFICATION

Resources for facilitating family reunification are another key aspect that may impede this process to be carried out effectively. Resources may include funding, human and other resources, such as transportation, office equipment and furniture. The improvement of systems and structures when reforming a child care system is a demanding process that requires the government to make huge investments in terms of financial and human resources (Better Care Network and Global Social Service Workforce Alliance, 2015).

4.3.1 Funding

Evidence suggests that successful initiatives in Child Care Reform can take place if financial resources that are invested in institutional care are ratherredirected to strengthen families and community care systems, asthis would facilitate smooth reintegration of children into family-based care (Rwanda Ministry of Gender and Family Promotion, 2012). For instance, in 2000, Romania had over 100 000 children living in 640 residential child care institutions. The number was reduced to 25,000 children living in 236 institutions by 2007. By 2011, they

were 9000 children living in the 190 remaining child care institutions. During its child care reform, the Romanian Government spent $40 million; another $40 million was support funding from European Union, while an amount of $ 4 million was funding from non-government organisations (NGOs) to support the reform. By 2011, the Romanian Government had spent a significant amount of 225 million in its child protection system to support the transition process of children from institutional to family based-care (Hope & Homes, 2012).

In the case of Rwanda, key to the care reform and workforce development has been the governments central planning and coordination role, as well as commitment and mobilization of public resources towards protecting children and families and adequately resourcing the necessary workforce (Better Care Network and Global Social Service Workforce Alliance, 2015).

Research studies conducted in Brazil and Bulgaria found that resources were a major challenge in their efforts during the child care reform process. In particular, insufficient funds and fewer trained personnel than needed were cited as some of the key issues that compromised their work on behalf of children (Better Care Network and UNICEF, 2015). Support services that facilitate provision of reunification services such as transportation, skill-building trainings for individual case workers and child management techniques are essential in the process of reuniting children with their families (Wulczyn, 2004).

In Zambia, lack of funding is one of the major constraints that the Department of Social Welfare faces in discharging their duties in regard to family reunification. In a countrywide assessment conducted in 189 facilities, some facilities stated that the Department of Social Welfare was the entity responsible for family tracing, especially for abandoned children. However, the department did not carry out this exercise due to lack of funds. There seemed to be lack of clarity on the roles of the Department of Social Welfare and the facilities in regard to family tracing (Ministry of Community Development and Social Services, 2017). The study also found that newly established districts had not received funding for programme implementation since 2015. This problem-situation did not only affect new districts, but older ones as well. The findings of the assessment indicated that failure to regularly monitor the conditions of child care facilities was compounded by the limited number of vehicles at district level; hence district social welfare officers relied on the availability of vehicles from other government agencies in order to reach some facilities (Ministry of Community

Development and Social Services, 2017). An earlier study in Zambia also indicated that the challenge of limited resources from the government undermines the effectiveness of the family reunification process in Zambia (SOS Children's Village International, 2013).

4.3.2. Workforce and Environment

Organizational factors should be considered important, bearing in mind the specific context of the practitioner andrelevant staff support affect their ability to plan for and ensure family reunification as well as permanency planning (Albers, Reilly & Rittner, 2012).Psychosocial functioning has been found to positively relate to the work environment; suggesting that factors such as job satisfaction, role clarity and minimal caseload enables child welfare practitioners to provide quality services to children and families (Albers, Reilly & Rittner, 2012). This means not overburdening them with an unreasonable caseload; enabling each case manager to have sufficient time and attention to each child so that the decision making is of a high standard and ensuring that they are supported by managerial structure that fosters high standards of child welfare services (Miller, 2007). This in turn requires investment in decent income levels, curriculum development, academic and professional training, and the overall development of the social welfare workforce. Careful consideration has to be made during staff allocation of duties working with children and families, as multiple tasks influences decision making if case workers have to provide quality services in view of the best interest of the child (Miller, 2007).

Some countries have made significant progress in improving their social service workforce within their formal child care systems (Better Care Network and UNICEF, 2015). For example, in Bulgaria the Directorate for Social Assistance established offices in each of its 147 municipalities. There were more than 800 social workers recruited in Child Protection Departments by 2011 and training was conductedin child-friendly places. Thirty judges were trained on decision-making that is in the best interests of the child to support the process of the Child Care Reform. In Brazil, the government in partnership with national and international organizations, increased the number of social workers and other professionals accredited and employed in its referral centres by 30 percent since 2005 (Better Care Network and UNICEF, 2015).

During the Child Care Reform in Georgia, Save the Children in its child care programme supported a component of training.An important element of this program offered training for

the staff of residential institutions and social workers to carry out case assessments, to develop individual care plans for children and to monitor their implementation, including for children with disabilities (Save the Children, 2012). The positive results of the training prompted the Georgian Association of Social Workers to continue strengthening the capacity of social workers. The Association, in collaboration with Save the Children and UNICEF, developed a formal supervision framework for social workers within the Social Services Agency, including a performance evaluation tool for social workers. This is one of the key achievements of the program visible in sustainable policy change. In addition to this, 50 social workers were hired to support Social Service Agencies with the implementation of the Child Care Reform. Thus not only the capacity of social workers providing services for children and family was strengthened, but there was an increase in the number of social workers to support the reform (Save the Children, 2012)

Furthermore, several social workers have supported the Social Service Agency in assessing residential child care institutions as a mobile team since 2011. The mobile team visited institutions and assessed the children's cases in order to issue recommendations for their care arrangements.The case assessments also aimed to identify which children might be reunified with their families. The mobile social workers held two review sessions for each case together withsocial service agency staff and consulted the responsible social workers for the cases under review.A lesson learnt from this comprehensive case review initiative suggests that the collaboration of social workers and social service agency staff was fruitful and facilitated successful case assessments and family reunification (Save the Children, 2012). It is critical to ensure that the involvement of social workers continues beyond the short-term case assessments so that they can follow through until the reunification process is complete and assessed as durable. In addition, community support for the children and families was also considered important to ensure sustainable reintegration (Save the Children, 2012).

As part of the Rwanda's Child Care Reform strategy, a key component of the government's efforts was the creation of a national social service workforce, operating at district and community levels comprised of professional psychologists, social workers and frontline volunteers (Ministry of Gender and Family Promotion and Hope and Homes for Children, 2012). In 2012, there were 68 social service professionals, including social workers and psychologists who were recruited across half of the country's 30 districts, and over 15,000 community volunteers were recruited with plans to have a volunteer workforce of 40,000.

Over 70% of children who were in residential child care facilities were placed with their families (Better Care Network and Global Social Service Workforce Alliance, 2015).

In Zambia, efforts towards the child care reform have been unfolding since the call to action in 2016. The Ministry of Community Development and Social Services is the lead ministry towards an accelerated care reform process in Zambia. Key among the issues to be addressed is strengthening the capacity of the social welfare workforcewho are able to meet the current and increasing needs of children, families and communities where children are unnecessarily separating with their families in view of the reform process. Building the capacity of an effective social service workforce is very important in child care reform as all key actors involved in this process need to make concerted efforts to find the best possible care options for a child that adequately responds to their needs with the aim of reuniting children with their families. Hence, it is imperative to consider the specific contextual factors in a given system in which a social service workforce operates in terms of standards and patterns of formal occupation.

In Zambia, the Department of Social Welfare has offices in 10 provinces and 103 districts countrywide, with social welfare officers providing statutory and non-statutory services. The ministry provides a range of social welfare services and those that fall under statutory provisions, which include adoption, foster care, child custody, juvenile justice, child witnessing, registration and monitoring of residential child care facilities, gender-based violence, human trafficking, programmes for the aged, the disabled and those in the prison setting. Under the non-statutory provisions, the services that the ministry provides include public welfare assistance scheme, social cash transfer, the poverty reduction programme, girl's education and women empowerment and livelihood, keeping girls in school programme and repatriation services.

As of June 2014, there were 274 established social welfare positions in the Department of Social Welfare with 92.2 % of those filled. Of the 13 positions in the Department of Social Welfare at headquarters, 37.5% were attached to the social cash transfer programme (Save the Children, 2014). Study findings indicated that both Social Welfare Offices and non-governmental partners expressed consistent concerns that they were not enough social welfare officers to handle the role and workload before them, especially at district level. Even though larger districts were afforded an extra social welfare assistant, there were still

inadequacies in staffing considering the population they had to deal with, the HIV prevalence rates and office reported cycles of increased work flow (Save the Children, 2014).

In another study conducted in Zambia, the demands placed on district social welfare staff were highlighted and resulted in staff having inadequate time to address cases reported to them with the needed attention. Findings indicated that the court had lengthy processes. Furthermore, the public welfare assistance scheme and investigations in cases of juvenile offenders took a considerable amount of time from district social welfare officers. They had little time for either inspections of homes, child care or child protection programmes (UNICEF, 2008). This problem-situation still remains a challenge in Zambia.

5. TREND IN TERMS OF PLACEMENT OF CHILDREN IN INSTITUTIONAL CARE AND RENDERING FAMILY REUNIFICATION SERVICES

Berens and Nelson (2015, p. 338) emphasise that despite strong evidence of "… the stunted cognitive, social, and physical development among children placed in institutions during key developmental years…"the practice of raising children in large institutions persists in every region of the world. The said authors point out that it is estimated that at least 8 million children worldwide are now growing up in institutional settings.

In some countries efforts are definitely being made to prioritisationcore developmental needs for individualised caregiving in family-like environments. However, in other parts of the world placement of children in residential care is increasing. Generally, although placement of children in orphanages is uncommon in high-income westernized countries, this is not the case in some eastern and southern European countries. In countries where the prevalence of AIDS is high, particularly in sub-Saharan Africa, the number of children being orphaned has increased over the past decades, and many children are placed into institutional care as the family system has been overburdened by the high number of orphans that are left behind by their parents due to the HIV/AIDS epidemic.

5.1. UNITED STATES OF AMERICA

In the last decade in America, there has been an emphasis on avoiding placing children in need of care and protection in residential care settings. For instance, in Georgia, institutional care for children used to be the common form of alternative care, although many of the children who lived in residential institutions had parents or extended families (Save the Children, 2012). In 2009, the Ministry of Labour, Health and Social Affairs (MLHSA)

adopted the children's Action Plan for the period 2008 to 2011 which was complemented by the Child Care Reform Directions for 2011-2012. The aim of this plan of action was to monitor residential child care institutions and provide durable solutions for children in institutional care through family reunification, guardianship or family-based alternative care. In-depth case assessments were conducted by professional social workers to identify and develop recommendations on the child's possible family reunification or placement in foster care. In the period of June to October 2011, a total of 177 cases were assessed and recommendations for family reunification were issued for 120 of the children (Save the Children, 2012).

"Cornerstone Advocacy" is a promising approach adopted in the USA to support family reunification that involves intensive advocacy during the first 60 days of a child welfare case. The approach focuses on the first 60 days post removal because this creates an appropriate sense of urgency, capitalizes on the parties' optimism at the beginning of the case, and sets the direction towards reunification from the outset. Using this strategy, the Centre for Family Representation (CFR) achieved a dismissal rate of 33% in 2009 compared to 11% in the year prior to CFR taking court assignments. They noted a median length of stay of 57 days for children entering care compared to the 8.9 months New York City median (Child Welfare Court Improvement Project, 2011).

5.2. EUROPE

Countries forming the European Union (EU), includes countries such as Austria, Bulgaria, Croatia, the Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Ireland, Italy, Latvia, Kithuania, Malta, the Netherlands, Spain, Sweden and the United Kingdom) prioritise de-institutionalisation for children. Research from across the world has demonstrated the significant harm caused to children in institutions, who are deprived of loving family care and who can suffer life-long physical and psychological harm as a consequence. This includes attachment disorders, cognitive and developmental delays, and a lack of social and life skills leading to multiple disadvantages during adulthood (Hope and Home for Children, 2017). For this reason, the EU supports the transition to family and community-based care in its external action, by making funds available to non-European member states because the process of child protection and care reform or 'de-institutionalisation 'consists of planning the transformation of the entire child care system.

5.3 AFRICA

All African countries have ratified the UN Convention on the Rights of the Child (UNCRC). Furthermore,41 out of 54 African countries have ratified the African Charter on the Rights and Welfare of the Child which recognises that children should grow up in a loving family environment to achieve their full potential and harmonious development of his or her personality. In 2017, Hope for Homes and partner organisations in Africa published a report which focused on ending institutional care in South Africa. Important points highlighted in the report include:

- Studies have shown that nearly all children in institutions have living extended family. However, many parents, who love their children, make the decision to place them in an institution because of poverty, disease, stigma and prejudice, or crises like war and the HIV/ AIDS pandemic have made it too difficult for them to provide for even their children's basic needs. Building institutions has become an unfortunate reactive response to these challenges.
- Evidence shows that if the resources invested in institutional care are redirected to strengthen families and community care systems, there would be no need for residential care settings at all. For example, in Rwanda through the Care Reform Initiative (CRI), the government is committed to moving away from institutional care to family and community care alternatives (Ministry of Gender and Family Promotion, 2012). Since 2011, nearly 2,000 children and youth from 15 institutions were reunited with their families, placed with extended or alternative families, or moved into independent or community living. In Sudan, the government has committed to a new system of care for vulnerable children that explicitly reject institutional care. In South Africa, the ACTIVE Family Support model demonstrates how to strengthen families and help prevent separation through timely and tailored support.

According to Milligan (2016), there has been a dramatic increase in the number of children in residential care in Uganda over the past 20 years from under 3000 in 1992 to 57 000 by 2015. Over 80 % of children in these institutions have at least one living parent and are in residential care due to poverty or attempts to access services such as education (Riley, 2012). In 2012, the Government of Uganda (GOU) adopted the National Alternative Care

Framework and Action Plan (Riley, 2012). The goal of the framework was to promote family preservations, family re-unification, alternative care and re-integration and consider institutional care as the last resort. Notable progress has been made since the adoption of the National Alternative Care Framework with pilot projects that focused on reducing the number of children in and entering institutional care, the promotion of national fostering and adoption, developing sustainable and replicable best practice models, the use of professional social work technical support and the support from government (Walakira et al., 2015).

In Sierra Leon, one fifth of children do not live with their biological parents (UNICEF, 2014). The main form of alternative care consists of residential child care institutions. Progress was made towards building the capacities of the Ministry of Social Welfare, Gender and Children's Affairs, local councils and communities to care for children without parental care based on the Child Rights Act, 2007 (Cantwell et al., 2012). In 2008 Minimum Standards of Care for residential child care institutions were published by the Ministry of Social Welfare and Gender and Children's Affairs.Efforts were made to better regulate child care facilities and support family tracing and reunification.

5.4. ZAMBIA

Zambia has made considerable progress pertaining to the Child Care Reform since its call to action in 2016. Efforts are being made to ensure that residential child care facilities adhere to minimum standards of care and there is smooth re-integration of children in residential care into the family based care.Some of the achievements which can be noted are the publication of key documents that will guide and facilitate the implementation of improved services in regard to family reintegration and family reunification. These are the Minimum Standards of Care for Residential Child Care Facilities published in 2014, the National Standards and Guidelines for Services and Programmes for Orphans and Vulnerable Children in Zambia published in 2016, the Nationwide Assessment Report on Child Care Facilities published in 2017, and the Alternative Care and Reintegration Guidelines published in 2017. The Minimum Standards of Care regulates the operation of residential child care facilities (Ministry of Community Development Mother and Child Health, 2014).

The Nationwide Assessment on Residential Child Care facilities provides some insight on the plight of children living in facilities. It also provides some strategic focus on how to respond to the varied situations of these children. The Alternative Care Guidelines assist the Department of Social Welfare and other stakeholders to improve the protection and

alternative care of children; reintegrate children with their families where appropriate; create a pool of foster parents and adoption services where a child needs a permanent family (Ministry of Community Development and Social Services, 2017). The National Standards and Guidelines for Services and Programmes for orphans and Vulnerable Children in Zambia provides a framework within which stakeholders involved in the care and support of OVC should operate to ensure that desired outcomes for OVC are achieved (Ministry of Youth, Sport and Child Development, 2016).

The progress that have made by publishing some of the key policy guidelines thus far provides some direction in order to develop effective strategies for accelerating the Child Care Reform in Zambia. Of significant importance, there is some clear sense that the focus for the care reform in Zambia has now shifted to the prevention of separation of children from their families from the reliance of institutional care (Better Care Network, 2016). This is positive development and shows that Zambia has identified where it is heading to in context of its care reform process and that it is in a favourable position to shift its policy, programming and legislation in this direction (Better Care Network, 2016). In particular, some of the key issues that Zambia has to focus on are evidence-driven strategies to strengthen families such as social protection policies and programmes, alternative care strategies, including strategies which are appropriate for children and families living with disabilities into the child protection system (Better Care Network, 2016). Another key issue where Zambia has to strongly focus on is building the capacity of the social service workforce which is a critical element of a Child Care Reform (Better Care Network, 2016).

6. SUMMARY

In order to gain a better understanding of family reunification, the nature of family reunification was discussed in this chapter. Reasons that necessitate placement of children in alternative care, statistics of children in residential care and factors that influence effective family reunification services were also focused on. The chapter ended by summarising research findings pertaining to family reunification trends globally, and then more specifically in Africa and Zambia.

CHAPTER 3

RESEARCH METHODOLOGY

1. INTRODUCTION

This chapter provides an outline of the research methodology that was utilised in this study. This includes the research approach, research design, study population and sampling techniques that were employed in the study. Furthermore, this chapter discusses how trustworthiness of the study was promoted. A detailed explanation of the steps that were followed to analyse data have been outlined. The last aspect that was discussed in this chapter was the ethical issues that were taken into consideration when conducting the study.

2. RESEARCH DESIGN AND METHODOLOGY

This study adopted a qualitative research approach. Denzin and Lincoln (2011, p.3) define qualitative research as "a situated activity that locates the observer in the world; it consists of a set of interpretative material practices that makes the world visible." The aim of qualitative research is to understand and interpret the meaning that a research participant gives to their everyday lives (De Vos, Strydom, Fouche & Delport; 2006). Rubbie and Babbie (2011) assert that qualitative research methods tap the deeper meanings of particular human experiences and are intended to generate theoretically richer observations that are not easily reduced to numbers.

The qualitative case study method based on the constructivist paradigm was selected to conduct the research. As pointed out by Baxter and Jack (2008, p. 545, citing Yen, 2013) the constructivist paradigm "recognizes the importance of the subjective human creation of meaning, but doesn't reject outright some notion of objectivity." Baxter and Jack (2008) explain that a case is a phenomenon of some sort occurring in a bounded context and the 'case' is the unit of analysis. In this study, the 'case' was the perceptions of individual social welfare officers regarding the complex phenomenon of family reunification. The boundary was the institutions within which they worked, namely the Department of Social Welfare.

2.1 STUDY POPULATION AND SAMPLING

According to Neuman (2014), a research population is comprised of the target population that is defined as a specific group of cases that the researcher wants to study. Neuman (2014)

further postulates that the unit being sampled, the geographical location and the temporal boundaries of populations all forms part of the research population. For the purpose of this study, the research population consisted of District and Senior Social Welfare Officers in Lusaka Province, Zambia.

Rubin andBabbie (2011) assert that the smaller group that the studies observe is called their sample, and the process of selecting this group is called sampling. A sample of two senior social welfare officers and 16 district social welfare officers were selected using non-probability, purposive sampling. Purposive sampling operates on the premise that when one is aware of what is to be studied and the purpose of the study too, purposive sampling is considered appropriate (Rubin & Babbie, 2011).

Non-probability sampling represents a group of sampling techniques that help researchers to select units from a population that they are interested in studying. A core characteristic of non-probability sampling techniques is that samples are selected based on subjective judgement of the researcher, rather than random selection (Saunders, Lewis & Thornhill, 2012). Saunders, Lewis and Thornhill (2012) further state that non-probability sampling can also be particularly useful in exploratory research where the aim is to find out whether the problem or issue exists. When following a qualitative research design, non-probability sampling, such as purposive sampling, can provide researchers with strong theoretical reasons for their choice of cases to be included in their sample. In this respect, purposive sampling enabled the researcher to select participants who have an understanding of the professional relevance of social welfare services provided to children and families during the reunification process. The selection criteria were that the district social welfare officers should have been working in the social welfare department for a minimum of two years because they would have gained an understanding of the family reunification process. The senior social welfare officers from Lusaka Province were expected to have at least three years or more work experience in their positions as the district social welfare officers report to them. Research participants were both male and female.

2.2. RESEARCH TOOL

For the purpose of this study, semi-structured interview guides, consisting mainly of open-ended questions were utilised as research tool. This allowed the interviewer to be flexible, informal and convectional and to adapt the style of the interview, sequencing and wording of questions to each particular interviewee, as suggested by Rubin and Babbie (2011).

The researcher use semi-structured interviews in order to gain a detailed picture of participants' beliefs, perceptions or accounts of a particular topic (De Vos et al, 2011). In this relationship, participants can be perceived as the expert on the subject and therefore should be allowed maximum time to tell their story (Smith, Harre & Van Langenhove, 2005). The researcher was able to follow up particular interesting avenues that emerged in the interview and the participants were able to give a fuller picture. (See Appendices D & E).

2.3. PRE-TESTING OF THE RESEARCH TOOL

As pointed out by Creswell (2018), in qualitative research the researcher is the primary instrument for data collection. The research tool used to gather data was an interview guide. Babbie and Mouton (2004) indicate that despite care being taken in the design of a research tool, there will be a possibility of flaws in the design of the tool. They argue that pre-testing the tools is a possible way of reducing the flaws. In this respect, the researcher pre-tested the semi-structured interview guides before theywere used in the actual research study with one district and one senior social welfare officer. They were no adjustments made to the research tool after pre-testing it.

2.4. DATA COLLECTION

The researcher gathered data using in-depth, individual one-on-one interviews. The interviews were conducted at the offices of the Ministry of Community Development and Social Services for the convenience of the research participants in various districts of Lusaka Province. The district offices where the study was conducted were Chirundu, Kafue, Shibuyunji, Chilanga, Chongwe, Rufunsa and Lusaka respectively. With the assistance of the district officers, privacy was facilitated by arranging for offices where interviews were to be conducted, prior to the scheduled interview dates and times. The interviews were pre-arranged with the research participants to avoid the disruption of social service provision. Interviews were also pre-arranged with the key informants who are based at the Provincial offices. Each interview lasted approximately one hour.

2.5. DATA ANALYSIS

Data analysis is central to credible qualitative research. Indeed the qualitative researcher is often described as the research instrument insofar as his or her ability to understand, describe and interpret experiences and perceptions is key to uncovering meaning in

particularcircumstances and contexts… the lack of focus on rigorous and relevant thematic analysis has implications in terms of the credibility of the research process.

Daly, Kellehear and Gliksman (1997) refer to thematic analysis as any qualitative data reduction and sense making effort that takes a volume of qualitative material and attempts to identify core consistencies and meaning.

For the purpose of this study, the researcher utilised the six steps of thematic analysis as outlined by Braun and Clarke (2006):

2.5.1 Familiarising yourself with data

The researcher became familiar with the data by following Braun's and Clarke's (2006) advice. The said authors assert that it is important that researchers immense themselves in data collected to the extent that they are familiar with the breadth and depth of the content. Immersion involves repeated reading of data in an active way, searching for meanings and patterns. Braun and Clarke (2006) further point out that researchers should read through the entire data set at least once before coding, as yourideas,identification of possible patterns will be shaped as you read through. The researcher thus familiarised herself with collected data, coded data and organised them into themes that could be reviewed and interpreted.

2.5.2 Generating codes

This phase involves the production of initial codes from the data collected (Braun and Clarke, 2006). During the second phase of data analysis, the researcher generated codes from the data collected. The process of coding assisted the researcher to organise data into meaningful groups (Tuckett, 2005). In this study, coding was based on basic but interesting features drawn from identifying lessons learnt from assessing the social welfare officers' perceptions on family reunification in a meaningful way.

2.5.3 Searching for themes

This phase begins when all data has been initially coded and collated into different codes that have been identified across your data set (Braun and Clarke, 2006). This phase re-focuses the analysis at a broader level themes, rather than codes; involves sorting different codes into potential themes and collating all relevant coded data extracts within the identified themes. This phase essentially involves analysing codes and considering how different codes may combine to form an overarching theme. The researcher thus searched for various sections

after organizing data into meaningful categories. Gibson and Brown (2009, p.129) state that process of searching for themes involves "working out relationship between code categories, and the significance of such relationship for the development of theoretical conceptions and statements." The following procedures were followed when analysing data.

2.5.4. Reviewing themes

This phase of thematic data analysis involves reviewing and refining themes. Level one involves reviewing at the level of the coded data meaning that the researcher needs to read all collated extracts for each theme and consider whether they appear to form a coherent pattern.

Level two involves a similar process but relates to the entire data set. At this level, the researcher considers the validity of individual themes in relation to the data set and also checks whether the candidate's thematic map accurately reflects the meanings evident in the data set as a whole (Braun & Clarke, 2006). In this respect, the researcher established the relevance of identified themes in terms of the purpose of the study and the aims and objectives thereof.

2.5.5 Defining and naming themes

At this point, the researcher has to define and further refine the themes presented for data analysis and analyse the data within them. Defining and refining means identifying the essence of what each theme is about and determining what aspect of data each theme captures (Braun & Clarke, 2006). Braun and Clarke (2006), state that the names given to each theme must be brief and should give the reader a clear picture of what the theme entails. The researcher thus named the themes in relation to what the themes presented.

2.5.6. Producing the report

This phase begins when the researcher has fully worked-out themes, and involves the final analysis and write-up of the report. The task of the write up of a thematic analysis, whether it is for publication or dissertation, is to tell the complicated story of your data in a way which convinces the reader of the merit and validity of your analysis (Braun &Clarke, 2006). In this study, the researcher wrote up a report after the final data analysis. This step was conducted to provide sufficient evidence of the themes within the data with the intention of convincing the reader of the merit and validity of the analysis.

3. TRUSTWORTHINESS

Trustworthiness in qualitative research refers to ways in which the researcher works to ensure credibility, validity and believability of the research as assessed by participants, the community and the academy (William & Morrow, 2009). Morrow (2005, p. 351) also highlights that "Criteria for trustworthiness in qualitative research are closely tied to the paradigmatic underpinnings of the particular discipline in which a particular investigation is conducted." This study adopted a constructivist paradigm, in other words, the ontology is relativism and epistemology, subjectivism.

Anney (2014, citing Schwandt, Lincoln, & Guba, 2007) points out that trustworthiness of a qualitative research study is important to evaluating its worth.The researcher chose to base her evaluation of trustworthiness predominantly on five components as suggested by Guba and Lincoln (2005), because their guidelines have won considerable favour. These components are credibility; dependability; conformability; transferability and authenticity.

3.1. CREDIBILITY

Credibility is a trustworthiness concept that refers to how much the data collected accurately reflects the multiple realities of the phenomenon.

- When the researcher commenced with the research study, she was familiar with the relevance of the topic to be researched because her professional work experience enabled the researcher to clarify questions presented to the research participants, and to better understand the contexts in which their experiences were taking place. Furthermore, having entered the world of academia before commencing with the research study, the researcher had the advantage of having learnt to combine theory with practice.
- *Personal reflectivity* when thematically analysing also came into play throughout the investigation and enhanced the trustworthiness of the study.
- Another means of improving the trustworthiness of this study was by exploring two categories of participants, namely the district and senior social welfare officers. Furthermore, participants came from different disciplines.
- *Thick descriptions of data:* The semi-structured interview schedules comprised mainly open-ended questions. This provided participants with the opportunity to

openly express themselves and focus on matters they deemed significant. This helped to ensure that the account was rich, robust, comprehensive and well-developed. *In vivo* quotes of participants were used to reflect emerging themes.

- *Audio taping:* All interviews conducted were digitally recorded and subsequently transcribed verbatim.
- *Ethical considerations were upheld (discussed in the following section).*

3.3. DEPENDABILITY

Dependability refers to the stability or consistency of the inquiry processes used over time and under different conditions. Also, dependability refers to the extent to which the research can be repeated with the same methods and obtain the same results (Shenton, 2004). The meeting of the dependability criterion is considered as being difficult in qualitative work although researchers should at least strive to enable future investigation (Shenton, 2004). The researcher thus provided a detailed description of the research methodology. Furthermore, the research design that was utilised in the study and quotations from participants were presented in verbatim to ensure dependability of the study. In Chapter 4, the researcher validates her research findings by comparing her findings with other relevant research findings.

3.4. CONFIRMABILITY

Confirmability describes the potential for congruence between two or more independent people about data accuracy, relevance, or meaning. The researcher's supervisor, who is familiar with qualitative data gathering and analysis, provided constructive criticism and guidelines in this regard.

3.5. TRANSFERABILITY

Transferability requires sufficient detail around the context of the fieldwork for a reader to decide whether the prevailing environment is comparableto another situation with which he or she is familiar, and whether the findings can justifiably be applied to other settings (Shenton, 2004). In the case of qualitative research, transferability is not easily applicable due to the fact that research is mostly confined to one specific area. To enhance transferability of the findings, the researcher provided comprehensive information about the problem-statement and her rationale for conducting the study. She stated the main purpose of the study and listed the central research question and secondary objectives. She has also furnished copies of the

data gathering tools that shaped the focus of data gathering and analysis. Furthermore, she presents a description of the participants' profiles.

4. ETHICAL CONSIDERATIONS

Christensen (2007) defines ethics as a set of guidelines to assist the researcher in conducting ethical research. Ethical considerations and ethical behaviour are very vital when conducting research in the field of human activities (Welman, Kruger & Mitchell, 2005). In this respect, this study adhered to the following research ethics: -

4.1 VOLUNTARY PARTICIPATION

De Vos, Strydom, Fouche and Delport(2011) point out that participation in research should at all times be voluntary and no-one should be forced to participate in the project. This said, the researcher informed the participants that their participation in the research study was voluntary and their withdrawal to further participate in the study was not going to have any negative consequences (See Appendices A& B)

4.2 INFORMED CONSENT

Respect for persons requires that the participants be given the opportunity to choose what shall or shall not happen to them (Grinnell & Unrau as cited in De Vos, Strydom, Fouche & Delport, 2011). Obtaining informed consent implies that all possible or adequate information on the goal of the investigation; the expected duration of the participant's involvement; the procedures which will be followed during the investigation; the possible advantages, disadvantages and dangers to which respondents may be exposed; as well as the credibility of the researcher, be rendered to potential subjects or their legal representatives (De Vos, Strydom, Fouche & Delport, 2011).

De Vos, Strydom, Fouche and Delport (2011) postulate that written informed consent becomes a necessary condition rather than a luxury or an impediment. Emphasis must be placed on accurate and complete information, so that subjects will fully comprehend the details of the investigation and consequently be able to make voluntary, thoroughly reasoned decision about their possible participation. Participants willingly agreeing to participate in this study were required to sign the consent form (See Appendix B)

The potential participants were provided with the following in an honest and open manner: the voluntary nature of participation in the study and the fact that they could either refuse to

participate or withdraw from the study at any time, without negative consequences. They were informed that they may refuse to answer any questions they may feel uncomfortable with. Furthermore, the researcher gained permission from the research participants for the interviews to be audio taped (See Appendix C). Participants were requested to sign consent forms to affirm their participation in the study. To avoid claims regarding the use of coercion or undue influence, the researcher did not provide any monetary incentives for participation in the study**.**

4.3 ADHERING TO THE CODE OF ETHICS

Ethical clearance from the Witwatersrand Human Research Ethics Committee (non-medical) was obtained before commencing the research study.The protocol number is SW1/17/02. The Ministry of Community Development and Social Services; Social Welfare Department granted the researcher permission to conduct research (See Appendices G)

4.4. ANONYMITY AND CONFIDENTIALITY

Yegidis and Weinbach (2009) state that everyone has the right to privacy and it is his right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. This principle can be violated in a variety of ways, and it is imperative that researchers be reminded of the importance of safe guarding the privacy and identity of respondents, and to act with the necessary sensitivity where privacy of subjects is relevant. The confidential nature of the research was thus emphasized to all participants and it was explained to them that their names or other identifying details would not be included in the final report. When compiling the research report, the researcher ensured confidentiality by not using participants' personal identities; instead numbers were used to indicate which participant was making a contribution. The confidential nature of the research findings study was emphasized to all participants. Transcriptions of raw data were kept on One Drive with a secret password and were only accessed by the researcher. Data will be destroyed two years after any publications emanating from the research report, or six years after completion of the study.

5. LIMITATIONS

As pointed out by Atieno (2009), the main disadvantage of qualitative researchis that "…their findings cannot be extended to wider populations with the same degree of certainty that quantitative analyses can. This is because the findings of the research are not tested to

discover whether they are statistically significant or due to chance.” Time restraints also came into play because the researcher is a full time employee. For this reason, the number of participants had to be restricted before saturation time was reached.

6. SUMMARY

This chapter discussed in detail the research approach andmethodology that was employed in this study. The following chapter presents the research findings based on this methodology.

CHAPTER 4

PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

1. INTRODUCTION

This chapter focuses on the main research findings by describing themes and sub-themes that emanated when analysing data from the interview sessions with participants. The researcher also critically discusses these findings in relation with the objectives of the study. However, the chapter begins by presenting a summary of the demographic profiles of the research participants.

Table 4.1 Demographic profile of participants

PARTICIPANT NUMBERS	AGE	GENDER	PROFESSIONAL QUALIFICATION
1.	32	Male	Education (B.A)
2.	27	Female	Social Work (Dip)
3.	42	Female	Sociology (B.A)
4.	37	Male	Social Work (Dip.)
5.	30	Female	Development Studies (B.A)
6	28	Female	Social Work (Dip.)
7.	35	Female	Social Work (Dip.)
8.	43	Female	Adult Education (B.A)
9.	45	Female	Social Work (B.A)
10.	44	Female	Development Studies (B.A)
11.	42	Male	Social Work (B.A)
12.	46	Female	Social work (B.A)
13.	39	Female	Social Work (B.A)
14.	33	Female	Library studies (Dip.)
15.	29	Male	Education (Dip.)
16.	35	Female	Social Work (B.A)
17.	32	Female	Social Work (Dip)
18.	30	Female	Development Studies (B.A)

The sample for this study consisted of 18 social welfare officers who had been working in the Social Welfare Department for more than three years, namely 14 females and 4 males. The participants represented 7 districts in Lusaka Province. The participants were from different professional backgrounds including development studies, education, international relations, sociology and social work. Furthermore, 50% of the participants with a social work qualification held a diploma, rather than a degree.

The following sections outline the main themes and sub-themes emerging from analysis of the interview transcripts. The themes and sub-themes related to the specific research objectives are grouped together.

2. OBJECTIVE 1:

EXPLORE DISTRICT AND SENIOR SOCIAL WELFARE OFFICERS' UNDERSTANDING OF FAMILY REUNIFICATION SERVICES BASED ON THE BEST INTERESTS OF THE CHILD PRINCIPLE

One main theme emerged when analysing data in respect of this first objective of the study. The theme can be divided into two sub-themes to be more specific.

Theme 1: Different emphasis when explaining the process of family reunification

Sub-theme 1: Family reunification involves taking children back.

When exploring participants 'understanding of family reunification, a few of the definitions provided were rather simple. These participants tended to emphasise on the practical issue of 'taking children' back' to their parents.For example, participant No. 2 (Social Work) expressed that:

Family reunification is taking back children who were in placement homes, back to their families.

Similarly, participant No. 6 (Social Work) stated that:

Family reunification is taking back childrenwho were separated from their families for a period of time back into family care or biological family.

This was echoed by participant No. 13 (Social work) who stated that:

My understanding of family reunification is when a child was separated from their family for one reason or another and they are taken back to their immediate or extended family.

Participant No. 9 (Social Work) shared that:

> Family reunification is taking back a child or an individual who was separated from their families for some reasons.

Sub-theme 2: Family reunification in not a simple, straightforward process

Some of the participants emphasised that the family reunification is not a simple process. Rather, service providers need to be mindful of the various complexities involved and that all decisions should be based on the best interests of the child concerned.

Participant No. 11 (Social Work) made this point clear:

> Family reunification is not just to bring people together physically. It is about connecting people's feelings for them to be able to live together… when you leave them without you necessarily pulling them together. All this depends on your understanding of the nature of problems that separated them and family dynamics. If you are providing family reunification services keeping in mind the best interest of the child, you have to understand the nature of child development and how the child sees the world; their fears and anxieties, then you can know the appropriate services to provide them.

Participant No.10 (Development Studies) also emphasised that the process is rather complex. Her description of the process was thorough and showed some good insight into the complications involved.

> Family reunification is more than what people think when they say it is physically taking back the child home. My understanding of family reunification is when you identify the family of a child; you assess this family. By that I mean to check their household and establish whether they are capable of taking care of the child. If there are problems, you have to make sure that you address them before taking back the child to the family so that the child can live in a safe environment. The process of taking back a child home is not a very simple task as one would assume. When you bring back members of the family who were leaving together but could have separated due to one or two factors for instance abuse, poverty, violence or let's say children of people who are incarcerated; you have to address the reasons that separated them before reunifying them for the sake of the child's stability.

Participant No. 1 (Education) also emphasised the complexity of the process**:**

> Family reunification is supposed to be done in a proper manner. Reunifying a child with their family means that you deal with all the issues in the family that caused the separation of children come from broken families where they were abused or maybe exposed to another form of abuse in the family. All these issues are supposed to be addressed properly or else children may run away from home to the facility seeking protection if they don't feel safe at home. We have experienced many of such cases and it is important for us to focus on issues of sustainability when placing the child into family care.

Participant No. 9 (Social Work) stressed a similar perspective:

> I think what we are doing currently cannot really be called reunification; children are not prepared well for them to be able to go back to their families. They are no exit plans for most children who are reunited with their families. They should be gradual preparation of the child and their families that addresses social problems that caused the child to separate with their family. It is a risk to place a child in an environment where an assessment has not been conducted in a proper manner.

In many respects these two sub-themes reflect two different notions. Some social welfare officers perceived family reunification as a practical procedure. They did not highlight the complications the process involved. However, it also became clear that some social welfare officers do recognise the complexity of family reunification and acknowledge that quality family reunification services are currently not been rendered.

A number of authors emphasise the challenges involved in the process of family reunification, especially where parents live in disadvantaged circumstances (Dozier, Zeanah, Wallin & Shauffer, 2012; Fernandeza, Delfabbrob, Ramiac & Kovacsd, 2017). Milligan (2016) reinforces the point of view that the process of family reunification necessitates quality services because it is a highly demanding task. Cantwell et.al (2012), highlight that the return of a child to their family, whenever this is possible and deemed consistent with the best interests of the child, clearly involves much more than simply ensuring a physical re-union. However, all too frequently - in many cases because of resource constraints - this is how family reunification is carried out in practice. Instead it should be a gradual and supervised process.

Lovera and Punaks (2015) argue that family reunification is the most difficult part of the reintegration process for parents and children. Even when the reconnection between the child and his or her family has gone well, and gradual reintegration has been positive, some parents still find it difficult to take full responsibility of their children depending on the reasons that caused the initial separation. Given that children separate from their families for various reasons, family reunification should be a gradual and carefully planned process so as to address the holistic and unique needs of the child and their family.

3. OBJECTIVE 2:

INVESTIGATE PERCEPTIONS OF DISTRICT AND SENIOR SOCIAL WELFARE OFFICERS ON THE KNOWLEDGE AND SKILLS THAT SERVICE PROVIDERS SHOULD POSSESS WHEN RENDERING FAMILY REUNIFICATION SERVICES.

As far as Objective 2 is concerned, the twomain themes and their respective sub-themesemerged from data analysis. The first had to do with the fact that professional counselling skills are considered essential to render professional, quality family reunification services because complex problems present themselves. The other main theme related to the fact that all social welfare officers rendering services to children and family need to gain knowledge about statutory intervention services; especially in light of new policy and procedures coming into play when Zambia implements reform to the child welfare system.

Theme 1: Counselling skills essential to manage complex problems

Most participants used the word 'counselling' when describing what skills they think are relevant when rendering reunification services to children and family members. Counselling is a broad term referring to a variety of levels of competencies. However, all participants recognised essential elements thereof, including communication and the establishment of trusting relationships with clients.

Some of the participants emphasised that that counselling entails applying skills that have a specific focus; that when providing family reunification services social welfare officers should intervene in a manner that will help them address problems that separated children from their families. They explained that counselling children and family requires social welfare officers to employ an approach that enables them to fully understand the different complex problems and family dynamics of children and families.

Threeinterrelated sub-themes are relevant to Theme 1:

Sub-theme 1: Good communication skills are important

Bates and Stevenson (1998) explain that counsellors require a knowledge base, which includes a range of communication strategies. In other words, good communication skills are intrinsic to quality counselling. Some participants held similar opinions; namely that social welfare officers require good communication skills to enable them to address complex social

problems that have led to the separation of children from their parents and placement in alternative care.

Participant No. 11 (Social work) stressed the need to build trusting relationships with clients:

> When you are reunifying a child with their family, you are intruding into people's private affairs because you just have to be sure of the environment where the child is returning to. You need to communicate or have the ability to create rapport with people so that they can trust you for them to give you the audience you require…You also need to have the ability to listen if you have to bring the interest of children known to those who can help them. When you listen do not just hear the spoken word but observe the unspoken word which is the body language. It is important to know the family dynamics which will help you to know the appropriate services to provide children for them to fit well in their family after being separated from their family for a while."

Sub-theme 2: Training needed to improve counselling skills

Participant No. 14 (Social work) highlighted a particularly important point. She implied that professional counselling skills are not being implemented and that social welfare officers require training to improve their skills in this regard:

> I think we need to revisit the word counselling, because it has become a familiar word, but what I can say is that do we should provide counselling services with the understanding that dealing with a child is a bit demanding. Children who are placed in the facilities go through a lot and we have to bridge the gap. How do we counsel them in such a way that they feel safe to go back home? We are still lacking in that area as social welfare officers. We need to do courses in areas like child related courses to build on our capacity so that we are able to deal with cases properly. Counselling children let's say; from an abusive background involves a lot, it needs someone who is skilled.

This point of view concurs with that of Pelcora et al. (2005) who point out that expert counselling services are indispensable during family reunification, because children and families present with different psycho-social problems. Geldard, Geldard and Foo (2017) also emphasise that professional competence is required to counsel children.

Wulczyn (2004) study findings revealed that although family reunification is a positive milestone for the family, is also a time of readjustment and a family that is already under stress may have difficult in maintaining safety and stability. The difficulty is compounded when children and parents present more complex personal or social needs that require the intervention of a skilled case worker or other specialized services as well as the accessibility of such services.

Sub-theme 3: Counselling can identify reasons to link clients to other services

A few participants implied that counselling was part of the process of clarifying what steps could be implemented to bring about change, especially when the need for referral to other sources of support are identified. For example, Participant No.8 (Adult education) noted that:

> When we come to reintegration and family reunification, we provide children and families with counselling services. Through counselling services, we are able to identify other issues in the family and we refer them to other service providers for education and nutritional support, health services."

This viewof counselling was shared by Participant No.1 (Education):

> We provide counselling services to clients that visit our offices. In cases of family reunification, we try our level best with the minimal resources we have….For us we counsel children and families and link them to other services when we see it necessary for services, like educational support. We also help clients through our Public Welfare Assistance Scheme. The point I am trying to make is that we explore other avenues of assistance to avoid children to be channelled to the child care facilities or children to stay there for a long period of time.

Participant No.6 (Social Work) reiterated this point:

> I would say we do not have a package for family reunification services, but we assist children and families with the services that we are available…., we also link children with their families to other resources through coordinating and networking.

Theme 2: Knowledge about statutory intervention andnew child welfare policy and practice

Two sub-themes emerged that form part of Theme 2.

Sub-theme 1: Training needed to help facilitate effective statutory intervention

Social work participants pointed out that many of their social welfare colleagues (for e.g. social welfare officers with backgrounds in the fields of education, development and sociology) or do not necessarily have the knowledge and skills necessary to conduct competent statutory intervention services to children and their families. For example, Participant No. 7 (Social Work) made the statement:

> Do people [referring to colleagues from other backgrounds]really understand how to conduct an assessment during family reintegration and reunification; especially that they have to deal with children and families with complex social problems? It's not just the about the child, you also have to deal with their family problems, people around them and link them to other services they need.

It is important to note that some participants not having social work degrees acknowledged that there is a need to develop their knowledge and skills in this regard. For example, Participant No.10 (Adult education) pointed out that:

> We have limited capacity in terms of knowledge and skills among district social welfare officers. Training in new issues, like alternative care and child protection, would be helpful.

In many respects, it is frequently argued that less emphasis should be placed on the rendering of statutory child welfare services and that more emphasis should be placed on primary and secondary intervention services. The emphasis is on family-based care where supportive and a variety of helping options, including financial support, are used to prevent placement of children in alternative care (Pecora, Frazer, Nelson, McCroskey&Meezan, 2017). Many countries in Africa have adopted a developmental approach to social welfare because frequently poor socio-economic circumstances contribute to breakdown of the family system (Butterfield, 2018; Kleijn, 2015; Gray, Agillias, Mupedziswa & Mugumbate, 2017).However, there will always be children in need of care and protection and this scenario warrants statutory intervention because children are at risk of different forms of abuse. Consequently, statutory child welfare services need to be recognised as an essential service, which can be integrated into a more developmental approach (Sibanda& Lombard, 2015). It is thus essential that all social welfare officers conducting statutory intervention procedures and permanency planning for the child are familiar with the process.

Sub-theme 2: Need to know policy and legislation related to reform process.

It is interesting to note that some participants identified the need to become familiar with what the new childcare system entails. For example, Participant No.10 (Development studies) highlighted the need for professionals in child welfare to become familiar with what statutory intervention and placement of children in alternative care, especially in light of the reform process being conducted.

> People need to be oriented on what is new and why we are doing it…especially if we are aiming at achieving the same results. We are going through a paradigm shift. Reforming a child care system is a big move. Everyone has to understand what alternative care is, why gate keeping and so on. I mean everyone from community to national level. If we talk about counselling and assessment, I presume they are skills that are needed when assessing children and families for possible reunification.

Participant No. 16 (Social work) shared a similar perspective:

> We could take children to worse off situations if we don't find long-lasting solutions to the issues that caused the separation by conducting proper assessments. People should be trained well on all these new documents, like alternative care and know what is expected from them."

4. OBJECTIVE 3:

EXPLORETHE CHALLENGES DISTRICT AND SENIOR SOCIAL WELFARE OFFICERS FACE REGARDING RENDERING FAMILY REUNIFICATION SERVICES.

Three inter-related themes emerged related to Objective 3, namely funding, multi-tasking and staff shortage.

Theme 1: Lack of adequate funding

During the study, the researcher learnt that a lack of adequate funding is one of the main challenges social welfare officers face when trying to render effective family reunification services.

Sub-theme 1: Lack of funding makes it difficult to render quality family reunification services.

A point emphasised by a number of participants is that statutory welfare services are not adequately funded. For example, Participant No.3 (Sociology) pointed out that:

> Statutory services have limited funding; that's why we cannot conduct activities like reintegration and family reunification. Non-statutory services are well-funded. In most cases we get financial assistance to conduct our statutory services from cooperating partners. We have not received funding for statutory services for almost two years now. There should be a balance between statutory and non-statutory services.

Participant No. 4 (Social work) had this to say regarding this problem-situation:

> We rarely have adequate funding to facilitate the smooth reintegration and reunification services. Statutory services are not well-funded. We are supposed to visit facilities once per quarter to do periodic monitoring, but we don't because we have no financial resources. The follow-up visits could help us identify children who are supposed to be reunified with their families.

Similarly, Participant No. 5 (Development studies) noted that: \

> Statutory services are not well funded. This makes it difficult for us to trace families, do assessments and reunite children with their families. We lack resources to facilitate home and follow-up visits.

Participant No. 15 (Education) reiterated this point of view**:**

> Our statutory programs are not well funded while our non-statutory services are well funded. Non-statutory services are progressing effectively because they have a financial muscle. How can statutory programs move without funding? It's difficult to operate without resources. We try to work with the minimal resources we have. My concern is that we cannot put the lives of children on hold. Some of the children who are raised in child care facilities could be reunified with their families if we had funds to do regular follow-ups at facility inspections and home-visits.

Some participants pointed out that lack of funding means that they do not have adequate transport to facilitate rendering quality family reunification and integration services. For example, Participant No. 4 (Social work) highlighted:

> When you are reuniting children with their families, you need to consult and investigate widely to find out how you can assist them. This exercise needs resources. We do not have transport readily available for statutory services. As a result, you cannot do thorough investigations to get the background information on a child, their families and engage with support structures that can be involved in this process. Financial resources (transport) should be a must if we have to reunite children with their families because one needs to do periodic monitoring which helps us to see how children are doing and how children are settling within the family. We rarely do this due to lack of funds."

Participant No. 1 (Education) also expressed the same concern, stating that:

> We do not have adequate funding to provide statutory services. We lack transport. How do we do follow-up on cases to establish information that could help us to reunify children with their families. Some issues that cause separation of children from their families are not well addressed, but we could address them if we had resources. It is also our role to ensure that we have strong preventative and gate keeping strategies.

Findings related to the theme 'lack of adequate funding' being a major challenge to rendering effective family reunification services. Basically it confirms findings frequently cited in academic literature worldwide and in the African context. For example, in the USA, it was established that limitations of federal funding pose challenges regarding meeting the best interests of children in need of care and protection (Jordan & Connelly, 2016). De Villiers (2008), who conducted research in South Africa, established that lack of funding negatively impacted on the rendering of family reunification services during the process of establishing a family based care system in South Africa. Schmidt (2012) also highlighted the ongoing challenge related to funding deficiencies.

Sub-theme 2: We need finances to empower families to resume their parentalresponsibilities

Another point related to funding that emerged had to do with financially empowering parents/primary caregivers to resume their parental responsibilities. For example, Participant No. 18 (Development studies) pointed out that:

> The other issue that we struggle with is helping families with start-up funds. I mean those without proper financial means to take care of their children. It could be helpful if we had funds that could help these families sustain themselves until such a time that they are stable enough. Social cash transfer is available but not everyone qualifies for it.

Lack social of material assistance being made available to parents who are battling financially to meet the basic needs of their children has long been an area of focus in the social welfare system context. Adato and Basset (2009) point out that social protection in sub-Saharan Africa has taken on a new urgency as HIVand AIDS interact with other drivers of poverty to simultaneously destabilise livelihoods systems and family and community safety nets. The authors point out that social assistance programmes already reach millions of people in South Africa, and in other countries in southern and East Africa plans are underway to reach tens and eventually hundreds of thousands more. "Cash transfers worldwide have demonstrated large impacts on the education, health and nutrition of children. While the strongest evidence is from conditional cash transfer evaluations in Latin America and Asia, important results are emerging in the newer African programmes." (Adato & Bassett 2009, p. 60).

Some countries in sub-Saharan Africa, have adopted a social developmental approach to social welfare services. This approach links social welfare programmes more effectively with economicdevelopment programmes. Social and economic developments are viewed as complementary sides of the same coin. Patel (2015) emphasises the role that the social welfare system in South Africa in addressing the issues of poverty, unemployment and populations at risk. Noyoo (2014) points out that "Ideally, social development points to the improvement of human conditions in totality. Human development denotes putting people first, by bringing their needs, aspirations and choices to the centre of development efforts." It stands to reason that the social development approach can make a meaningful contribution to addressing issues, such as families and communities experiencing poverty, which often contributes to placement of children in alternative care.

Theme 2: Multi-tasking

Apart from lack of funding, participants indicated that they also have a considerable number of non-statutory tasks at district level, which in turn affects their provision of reintegration and family reunification services. In light of this widespread number of workresponsibilities, they find it challenging to strike a balance between the two. They made the point that in order to render quality family reunification services; more time needs to be provided to focus on statutory services.

Participant No. 5 (Development Studies) explained the challenges encountered in this regard clearly:

> At district level you are everything; you don't really have a specified job role. You supervise people, you are the accountant, the human resource, and you have to ensure that quarterly reports, financial reports are done. We have the social cash transfer, which has a series of activities and you have to ensure that all these activities run effectively. Non-statutory services for example the social cash transfer consume a lot of our time. We have the PWAS [Public Welfare Assistance Scheme] and I also have to ensure that assessment is well done for clients who are eligible to be registered for this scheme. We have the child welfare component like adoption, foster care, juveniles in conflict with the law, and cases have to be disposed of on time. You are everywhere and if you have to deal with one task properly then some areas will not get that attention. So, it's difficult to conduct proper reintegration and reunification services."

Participant No.8 (Adult education) was of the same point of view and had this to say:

> We have so many responsibilities….focusing on a child's case effectively is a challenge. You tend to shelve the case because you have so little time to conduct follow-up visits on a case you initially started working on as other cases are reported on a daily basis. Each case comes with its urgency if you don't follow-up on children's cases for children placed in the facility, you lose track of the case and it's not easy to reunify such children with their family. We do a lot of multi-tasking.

Similarly, Participant No. 11 (Social work) expressed the opinion that:

> From a professional point of view, we really need to come back to reality that we have a mandate to provide professional services to children and families. We have Acts and policy documents we can to refer to. Our focus has now been shifted to non-statutory services. Yes, social workers are also managers, but this issue of multi-tasking is really overwhelming.

Participant No. 13 (Social work) shared the same frustrations and noted that:

> They are so many things to do and you cannot really concentrate on a case of a child until they are reunified with their family because your focus is disturbed by so many activities. It's not just child welfare cases that we deal with. We also deal with the aged, we

> repatriate stranded people, clients for PWAS (Public Welfare Assistance Scheme), we have the prison service when inmates are about to be released from prison we compile home tie-up reports; we have the social protection programme. There is quite a lot and child welfare is also loaded because we have juveniles in contact and in conflict with the law, street children, we children living in the child care facilities that we have to serve them, we have adoption, foster care, lost and dumped children. We also need to inspect facilities, ensure juvenile cells are conducive for their welfare. We have child custody and maintenance. It's really difficult to prioritise, you just do what you can when a client comes to the office. You have to touch on all sorts of issues but cannot address them well. Children don't get the much-needed attention."

Participant No. 10 (Development studies) reiterated that:

> I think it is difficult for us to provide professional services as social welfare officers. It is just difficult. One has to be very good at multi-tasking because we have a lot to attend to statutory and non-statutory services come along with their lots of activities ranging from children's to cases of the aged. They are all our clients and we have to serve them, but what I can say is that non-statutory services take most of our time. We spend time in the field registering people for social cash transfer and if you have to deal with a child's case, when do you do it because you have to conduct investigations and engage with other stakeholders who could be of assistance in a case. You have to multi-task and we usually do not conduct proper assessment to be able to reunify a child with its family, investigations are always done in haste.

In summary, participants pointed out that they have heavy workloads consisting of multiple statutory and non-statutory tasks to manage, and this affects their provision of effective statutory services. The views expressed by participants are similar to those in a study conducted by Albers, Reilly and Rittner (2012). Based on their research findings, they concluded that minimal caseload enables child welfare practitioners to provide quality services to children and families.Yamatani, Engel and Spjeldnes (2009) also emphasised that most child welfare officers do not carry reasonable caseloads even though reasonable workload expectations is the cornerstone of quality service provision.

Miller (2007) also made it clear that social workers, psychologists and para-social workers play a major role in the case management process during family reunification and it is thus important to provide them with the necessary support to enhance their ability to provide quality services. This means not overburdening them with an unreasonable caseload; enabling each case manager to focus sufficient time and attention to each child so that the decision making is of a high standard; and ensuring that they are supported by managerial structure that fosters high standards of child welfare services. This in turn requires investment in decent income levels, curriculum development, academic and professional training, and the overall development of the social work workforce. Careful consideration has to be made

during staff allocation of duties working with children and families, as multiple tasks influences decision making if case workers have to provide quality services in view of the best interest of the child (Miller, 2007).

Theme 3: Staff Shortage

Closely related to the challenge of being overwhelmed with heavy caseloads, is the issue of staff shortage.

Participant No. 15 (Library studies) explained that:

> We spend most of our time in the field and there are cases that we have to address urgently. In some cases, like if a child is brought to our offices by the child protection unit. It could help if we were three or four officers, but we are only two as for now.

On the same note Participant No. 4 (Social work) stated that:

> We are not managing well with the number of officers that are available to provide services with all consideration that we serve the entire community who report different cases. We have been reintegrating children back into their families, but this activity is not running as expected. Working with families' needs you to be hands on, but we have a few officers.

The above perspective shared by participantsindicatesthatstaff shortage obviously has a negative impact on the provision of effective family reunification services. It is generally accepted that the shortage of social workers was relevant to Europe, the western world (Harlow & Fellow, 2004; Zastrow & Bremner, 2004) as well as Africa (Earl, 2008; Calitz, Roux & Strydom, 2014) in preceding years.It was recognised that efforts needed to be made to investigate shortage dynamics and develop strategies to counter its causes (Lin, Lin & Zhang, 2016).

Some countries which have reformed their child care systems have taken measures to recruit more staff to manage the process of reforming their systems. In Bulgaria for instance, the Directorate for Social Assistance established offices in each of its 147 municipalities. There were more than 800 social workers recruited in Child Protection Departments by 2011 and training was conducted in child friendly practices. Thirty judges were trained on decision-making that is in the best interests of the child to support the process of the Child Care Reform (Better Care Network and UNICEF, 2015).

In Brazil the government, in partnership with national and international organizations, increased the number of social workers and other professionals accredited and employed in

its referral centres by 30 percent since 2005 to manage with the changes of reforming their child care system (Better Care Network and UNICEF, 2015).

As part of Rwanda's Child Care Reform strategy, a key component of the government's efforts was the creation of a national social service workforce. The workforce operated at district and community levels and was comprised of professional psychologists, social workers and frontline volunteers (Ministry of Gender and Family Promotion and Hope and Homes for Children, 2012). In 2012, there were 68 social service professionals, including social workers and psychologists, who were recruited across half of the country's 30 districts and over 15,000 community volunteers were recruited with plans to have a volunteer workforce of 40,000. Over 70% of children who were in residential child care facilities were returned to their families (Better Care Network and Global Social Service Workforce Alliance, 2015).

It thus stands to reason that for the acceleration of child care reform in Zambia, the recruitment and retention of social welfare officers needs to be prioritised.

5. OBJECTIVE 4:

TO EXPLORE DISTRICT AND SENIOR SOCIAL WELFARE OFFICERS' VIEWS ON MEASURES THAT SHOULD BE TAKEN TO ADDRESS CHALLENGES THEY FACE WHEN RENDERING OF FAMILY REUNIFICATION SERVICES.

When it came to exploring participants' views regarding possible ways of constructively addressing the challenges they faced regarding rendering of effective family reunification services, three main themes came to the fore. All three themes, which are the need for more funding of statutory services, more staff should be recruited and ongoing training and support are directly related to addressing the current challenges they are

Theme 1: A need for more funding of statutory services

The need for adequate funding of statutory services by the governmentwasone of main suggestions made by many participants as the means of addressing existing challenges.

Participant No. 10 (Development studies) advised that:

> The government should consider funding statutory services and it should attach the same importance it attaches to non-statutory services to statutory services…. We have to strengthen families to ensure that the reunification process is successfully done. We do not regularly follow-up on cases due to lack of funds.

Similarly, Participant No. 4 (Social work) had this to say regarding addressing this problem-situation: "*I think the department should lobby for funds for statutory services. That could help us a lot."*

Participant No.2 (Social work) emphasised that:

> The government's budget should be inclusive and there should be equal distribution of financial resources. We cannot do much without financial resources and statutory services are lagging behind. We observe some children who are so longing to return to their families, but we take time to act in their best interest as we do not have resources. How do you investigate a case without transport?"

Participant No. 16 (Social work) pointed out that**:**

> Most of the services that the Department of Social Welfare provides are preventative in nature, like the poverty reduction programme, the PWAS [Public Welfare Assistance Scheme]. These prevent separation of children from their families and they are funded because they are non-statutory services. However, the statutory functions also beg to be provided with the same financial resources. We are providing a number of social assistance programmes, which contribute to family strengthening but we also have to check the children placed in child care facilities because some of these children can be placed back with their families. This can only be done if we have financial support.

Lack of funding for statutory services is obviously one of the major factors that affect the provision of effective family reunification services. Key lessons can be drawn from other countries that have made good progress reforming child care policy and practice; good progress correlated with adequate funding being made available. For example, in the case of Rwanda, key to the Child Care Reform and workforce development has been the governments central planning and coordination role, as well as commitment and mobilization of public resources towards protecting children and families and adequately resourcing the necessary workforce (Better Care Network and Global Social Service Workforce Alliance, 2015). Through a government budget allocation in 2013, Rwanda increased support for family-based care through earmarked funds for family reintegration. Findings in Rwanda indicated that if funds usually invested in institutional care is re-directed to strengthen families and community care systems; this facilitates the reintegration of children into family-based care (Rwanda Ministry of Gender and Family Promotion, 2012).

Other research studies also indicate that during its child care reform adequate funding plays a big role in facilitating positive change. For example, the Romanian government invested $40 million in bringing about meaningful progress when implementing changes in the child care system. Another $40 million was support funding they received from European Union, while

an amount of $ 4 million was funding from NGO's to support the reform. By 2011, the Romanian government had spent a significant amount of 225 million in its child protection system to support the transition process of children from institutional to family based-care (Hope and Homes, 2012).

In Zambia one of the strategic actions to accelerate the child care reform in line with the call to action, is to secure human and financial resources during the reform process.

Theme 2: More staff members should be recruited

Another important theme that came to the fore was the need for more social welfare officers to help address very heavy caseloads that social welfare officers have.

Participant No. 6 (Social work) noted that:

> Well I think the government should consider increasing the staff establishment for the social welfare department. We have had a lot of changes in social welfare and the staff establishment is still the same. We have a child care reform now it is also important to consider that staff recruitment to manage this process. We are only two officers in the office now and we cannot manage with all statutory and non-statutory activities.

Participant No. 12 (Social work) mentioned that:

> There is need to increase the number of social welfare officers at district level. We would not manage to provide quality services even if we were only dealing with statutory services because we provide services to children, women, men, the aged, youth and so on. Child protection is another big component and it's not easy to provide reintegration and family reunification services as expected considering the number of staff we have"

Participant No.8 (Adult education) had this to say:

> I think social welfare officers try to perform to the best of their ability, but it is really overwhelming. You cannot do the best in one area because we provide social welfare services to all. We refer services to other stakeholders and we also get a lot of referral cases. We need more officers; our plates are forever full. It's not possible to provide professional services because one cannot really follow-up and finish one case as we may want to. Child care facilities that have resources to help us when it comes to reintegration and family reunification services."

Participant No. 1 (Education) stated that:

> We have had a lot of changes in terms of programmes and these are on-going departmental programmes. The PWAS has been there, and we now have the social cash transfer; and they both good programmes. The only thing is that the government should consider increasing the staff establishment because it's a bit difficult to deliver activities for statutory and non-statutory services to the satisfaction of our client's needs. We spend most of our time on non-statutory services. You find yourself focusing on one programme

> at times, not because you do not want to work on other activities, but one can only handle what they can manage. The department should motivate for more officers. Helping children and their family's needs time and concentration and we don't usually follow-up on their cases in child care facilities because of our caseloads and reunifying children with their families becomes difficult."

Theme 3: Ongoing training is important to develop knowledge and skills

Many participants expressed the view that social welfare officers should be afforded training to bring to develop their capacity to render effective services and bring them up to date with new developments.

Participant No.3 (Sociology) emphasised that staff would need to be trained because as the child care reform unfolds in Zambia new policies will come into effect and in practice social welfare officers will start implementing alternative care programmes.

> I think the staff structure has to change at some point. We also deal with cases of reintegration and family reunification, but I think the focus has changed with the new alternative care guidelines. What I understand is that things will change for the better with the child care reform, but we need more staff who can manage this process. I presume social welfare officers will have to be trained on what is expected from them. We can draw lessons from other countries that have reformed their child care system

Participant No.7 (Social work) explained that:

> I think it is important that everyone understands what is expected from them; it's not business as usual. If there is a child care reform, then things need to change somehow. Assessments are done by social workers on a daily basis, but let's not just use the word assessment like we always do.

Participant No. 15 (Social work) had this to say:

> Assessment is done in different ways by different officers. I think it depends on the type of case reported, but there is also need for capacity building when providing services to children.

Participant No.3 (Sociology) aired this view when stating that:

> We should communicate to our supervisors where we need the support for training so that we can have the needed knowledge and skills to successful reunify children with their family. Alternative care is quite new. Children have rights and one cannot dispute that a skilled person can help them better. We need to be empowered.

Recent international research findings indicate that capacity building correlates to service delivery. In other words, if welfare officers rendering services to children receive training to

enhance their service delivery, the quality of service delivery is enhanced (Lang, Campbell & Shanley, 2016)

This finding is substantiated by findings of a study which was conducted in Zambia in 2016. The study focused on the rehabilitation of child offenders. Social welfare officers under the Ministry of Community and Social Development made up the purposively selected sample of participants. The study also identified that one of the main challenges experienced by the social welfare officers was lack of social work training to fulfil their job responsibilities competently (Muyobela, 2016).The Government Republic of Zambia through the Ministry of Community Development and Social Services recognises the importance of strengthening its social welfare workforce through standardised training and accreditation. Among its strategic actions of the call to action is to ensure that the capacity of social welfare workforce to support alternative care is developed and strengthened. This clearly indicates that the government's commitment in supporting the social welfare workforce working with children in the area of alternative care and child protection, as part of the child care reform process.

6. SUMMARY

This chapter presented the findings of the study based on data analysis. It also discussed how the study's findings substantiate other research findings related to the topic. To structure the research findings information specifically relevant to the objectives of the study were presented as themes and sub-themes emerging. In the following chapter, asummary of the main findings were presented, as well as conclusions drawn and recommendations made.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

This chapter provides a summary of the findings of the study and draws conclusions from the findings of the study. The summary of the findings are presented according to the objectives of the study. Recommendations are based on the findings of the study.

2. SUMMARY OF FINDINGS

The first objective of the study was to explore participants understanding of family reunification. The findings of the study indicate that all social welfare officers have a general understanding of family reunification. However, it was noted there is a significant variation of knowledge levels among participants. For instance, some participants interpreted family reunification justas a practical step, which requires returning a child who has been placed in alternative care (such as a child care facility) back in the care of his/her parents or primary caregivers from which he/she was initially removed. However, other participantshighlighted that the process involves more than simply returning a child home. Instead acase worker has to conduct thorough investigations to ensure that family reunification will be in the child's best interests and that the parents/primary caregivers have the capacity to take on parental responsibilities. The process should involve thorough assessment of the existing circumstances and strategies need to be implemented to empower parents to resume this responsibility. Furthermore, reintegration of the child into the family may be challenging as it may not be a very smooth process like a case worker would anticipate considering the unique circumstances of each child; henceaftercare services are supposed to be provided in such a manner that there is not a repeat breakdown of the family system.

The second objective was to explore the perceptionsof district and senior social welfare officers on the knowledge and skills that officers should possess when rendering family reunification services.The need for good counselling skills to manage complex procedures was highlighted by many participants. In particular, good communication skills were deemed necessary for good counselling and the ability to network well with other relevant resources

to ensure that the family received necessary help was also emphasised. An important point that was raised was the need for training to improve family reunification services.

The need for training in respect to statutory intervention strategies and procedures was also highlighted because some social welfare officers did not have a good understanding of what child protection service entails. Participants raised very important reasons in regard to the importance of having a skilled person to intervene during family reunification in practice considering the best interests of the child principle. Social welfare officers also recognised that Zambia is going through a child care reform and this involves changes which will consequently affect service interventions in regard tochild welfare. The participants emphasised that it is important that social welfare officers should be orientated and trained in respect of policy and practice as the child care reform unfolds. Furthermore, they also stated the need to become familiar with how the reformation will to a larger extent have an influence on aspects of strengthening their linkages and coordinating mechanisms in view of providing holistic services during family reunification.

The third objective was to explore the challenges that district and senior social welfare officers experience when rendering family reunification services. One of the main challenges identified by participants was the lack of adequate funding to facilitate the rendering of intensive family reunification services. They highlighted that non-statutory intervention services were being prioritised. They identified multi-tasking and staff shortage as factors that hinder their provision of effective family reunification services. In particular, they stated that administrative responsibilities take a considerable amount of time from them it hence it is difficult for them to focus on statutory services as they are expected.Participants pointed out that empowering parents to resume responsibility for the care of their children frequently requires financial input, but they do not have funds readily available in most instances even though the Department has the responsibility to implement child welfare activities.

The fourth objective of the study was to explore the views of district and senior social welfare officers on measures that have to be taken to address the challengesthey face when rendering family reunifications services.Participants' perspectives in this regard were directly related to the challenges that they experience. They emphasised the need for funding to ensure that more social welfare officers be recruited and trained to rendering statutory services. This in turn would lighten their heavy caseloads hindering them from rendering effective child protection services, including family reunification services.

3. CONCLUSIONS DRAWN FROM THE STUDY

Family reunification is aimed at promoting family-based care and to ensure permanency for children who are in out-of-home care. Although this process is an essential aspect in the continuum of child protection procedures, statutory services are not being prioritised.

Basically, research findings indicate that Zambia like in many other African countries draws their focus on adopting a social development approach to rendering social welfare services. Emphasis is to a larger extent placed on the rendering preventative and secondary intervention services as well as social assistance to enhance the social functioning of citizens. This has meant that most social welfare officers render generic child welfare services, rather than specialising in child protection. Being short-staffed and managing heavy caseloads of a generic kind negatively affectsthe provision of effective child welfare services within the continuum of care including professional family reunification services.

Rendering of effective family reunification could be enhanced by adequate budgetary allocation. This reasoning should be based on an essential principle: placement of a child in out of home care should be a last resort because the child has a right to be raised in a loving home environment, especially provided by parents. Furthermore, if investment is made in child protection preventative services and family reunification services timeously, less finance will need to be allocated to the funding of alternative care placements, such as child care facilities.

Furthermore, the lack of adequate knowledge, skills and adequate resources has undermined efforts to render rigorous family reunification services. In many instances, participants suggested that rendering statutory services in respect of vulnerable children in a child care system demands a degree of specialisation to be able to address the complex and unique needs of children and families in their provision of family reunification services. Thus ongoing training to develop relevant knowledge and skills is important. Furthermore, an understanding of how the child care reform process will unfold in Zambia and how this will affect rendering of family reunification services was identified to be of paramount importance.

4. RECOMMENDATIONS

The researcher wishes to make the following recommendations in light of study findings:

- There is need for the government to prioritise on rendering of effective child protection services, including family reunification services. This will help avoid the frequent, unnecessary placement of children in alternative care. Furthermore, it will also facilitate successful family reunification service interventions where family integration is deemed to be in the child's best interests.
- Building the capacity of social welfare officers to render effective family reunification services should be another aspect that needs to be focused on. Rendering of effective family reunification services will require training to enhance knowledge andskills in the area of child protection, which includes a good understanding of the complex issues that must be taken into consideration during the reintegration and consequently family reunification of a child in the family system. Practice skills will also need to be developed because many social welfare officers render generic services rather than a package of professional services when rendering services to children in need of care and protection as well as their families.
- Government should implement strategies to recruit and retain social welfare officers in the social welfare department to accelerate the child care reform process focusing on avoiding placing children unnecessarily in alternative care. Employing a considerable number of the social welfare workforce will lighten the workload so that social welfare officers can focus their attention on rendering effective and professional family reunification services.
- Coordination mechanisms among government and non-governmental organisations should be strengthened. to enhance integrated case management of child welfare services.

5. REFERENCES

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6. LIST OF APPENDICES

APPENDIX A: PARTICIPANT INFORMATION SHEET



Good day Sir/Madam,

My name is Yetambuyu Mumbuna and I am a postgraduate student registered for Master's degree in Social Development at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research and my research topic is: Social Welfare Officers' perceptions of family reunification services to children in alternative care. The aim of this study is to explore the perceptions of District and Senior Social Welfare Officers regarding the provision of effective family reunification services to children in alternative care. It is hoped that the findings of this study will be useful to the Ministry of Community Development and Social Services and other relevant stakeholders to address the unique needs of children and families during the process of family reunification.

I therefore would like to invite you to participate in the study by answering questions in an interview that I will conduct with you. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I will arrange to interview you at a time and place that is suitable for you. The interview will last approximately I hour.

You will not receive any direct benefits from participating in this study, and there are no disadvantages or penalties for not participating. You may withdraw from the study at any time and you may refuse to answer any questions that you feel uncomfortable with answering. The information obtained from the interview will be kept completely confidential and anonymous. I will not be asking for your name or any identifying information. I will be using a pseudonym (false name) to present your participation in my final research report. The interview guides will be kept in a locked cabinet for two years following any publications or six years if no publication emanate from the study.

If you have any questions after the research study, feel free to contact me or my supervisor on the details listed below. This study will be written up as a research report which will be available online through the Witwatersrand University library website.

Please contact me on Cell: +260-977-491878 or email:yetamumbuna@gmail.com or my supervisor, Dr Priscilla Gerrands who can be contacted at Tel: +27-11-7174475 or Email: Priscilla.Gerrands@wits.ac.za if you have any questions regarding the study. We shall answer them to the best of our ability.

Thank you for taking the time to consider participating in the study

Yours sincerely,

Yetambuyu Mumbuna.

APPENDIX B: CONSENT FORM TO PARTICIPATE IN THE STUDY



DECLARATION BY THE PARTICIPANT

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without negative consequences. I understand that my response will be kept confidential.

Name of Participant:……..……..….

Date:……

Signature:…….…..……

APPENDIX C: CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW



I hereby consent to tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two years after any publication arising from the study or six years after completion of the study if there are no publications.

Name of participant:.....

Date:.....

Signature:.....

APPENDIX D: INTERVIEW GUIDE (DISTRICT SOCIAL WELFARE OFFICERS)



Introduction

- **Welcoming participant and introduction**
- **Explain the purpose of the interview**

Age:	**Gender:**

1. What is your professional qualification?
2. What is the highest level of education that you have completed?
3. What is your position in the Department of Social Welfare?
4. For how long have you been working in the Department of Social Welfare?
5. What are your roles and responsibilities in the Department of Social Welfare?
6. What is your understanding of family reunification?
7. Given the spectrum of activities that you conduct as a District Social Welfare Officer, on what activities do you spend most of your time (including family reunification)? Explain
8. What knowledge and skills do you have that are relevant to the provision of family reunification services considering the best interest of the child?
9. What family reunification services do you provide that you consider effective to address the unique needs of children and families in the process of family reunification? Explain
10. What have been the positive outcomes in your provision of family reunification services?
11. What challenges have you experienced in providing family reunification services?
12. What do you think should be done to address these challenges?

APPENDIX E: INTERVIEW GUIDE (SENIOR SOCIAL WELFARE OFFICERS)



Introduction

- **Welcoming participant and introduction**
- **Explain the purpose of the interview**

Age:	**Gender:**

1. What is your professional qualification?
2. What is the highest level of education that you have completed?
3. What is your position in the Department of Social Welfare?
4. For how long have you been working in the Department of Social Welfare?
5. What is your understanding of family reunification?
6. What is your role in supporting district social welfare officers to provide family reunification services?
7. In your experience as a senior social welfare officer, what relevant knowledge and skills do district social welfare officers have to provide family reunification services considering the best interest of the child principle?
8. What family reunification services do district social welfare officers provide that you consider effective to address the unique needs of children and families in the process of family reunification? Explain
9. What are the major challenges associated with the provision of family reunification services?
10. How can these challenges be addressed with a view of improving the effectiveness of the provision of family reunification services?

APPENDIX F: DECLARATION BY THE RESEARCHER



I have explained the purpose and procedures of the study as well as the participant's rights. I agree with the conditions mentioned in the information sheet and consent forms.

Name of Researcher:…….

Date:……

Signature:……

APPENDIX G: LETTER OF PERMISSION TO CONDUCT RESEARCH

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Telephone (260) 211 235 343
Fax. (260) 211 235 343

In reply please quote

DSWH/9/7/1

REPUBLIC OF ZAMBIA

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL WELFARE

DEPARTMENT OF SOCIAL WELFARE
COMMUNITY HOUSE
P. O. BOX 31958
LUSAKA

14th August, 2017

The Head of Department
University of Witwatersrand
School of Human & Community Development (SHCD)
Department of social work
P/B 3, Wts 2050
Johannesburg
SOUTH AFRICA

Attention: Mrs. P. Gerrand

Re: REQUEST FOR SOCIAL WORK STUDENT TO CONDUCT RESEARCH

I refer to your minute dated 2nd August, 2017 regarding the above stated subject matter.

I am glad to inform you that your request to have your MA Student conduct Research in our institution has been authorized. Kindly avail us with the details of when Ms. Mumbuna will commence his Research and how long the exercise is expected to take. You also advise the student to contact Mrs. Joyce Tachila Zulu on **0977-150-044** for follow up or any help regarding the research.

Looking forward to receive the report of the research.

Kennedy Mumba
Acting Director of Social Welfare
MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

APPENDIX F: HUMAN RESEARCH ETHICS CLEARANCE

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW1/17/11/02

PROJECT TITLE: Social welfare officers' perceptions of family reunification services in Lusaka, Zambia.

RESEARCHER/S: Mumbuna, Yetambuyu (510917)

SCHOOL/DEPARTMENT: SHCD Social Work

DATE CONSIDERED: 07/11/2017

DECISION OF THE COMMITTEE: Approved

EXPIRY DATE: 15/12/2019

DATE: 15/12/2017

CHAIRPERSON: Dr. F. Masson

Cc: Supervisor: Dr Priscilla Gerrand

DECLARATION OF RESEARCHER(S)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement.

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

SIGNATURE

7/11/2017
DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES