PERCEPTIONS OF FAMILY RE-UNIFICATION AND AFTERCARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES

The Department of Social Work

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In fulfilment of the requirement

For the Master Degree In Social Work by Research

By

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DECLARATION

I, TINTSWALO SHIRLEY NOVELA declare that this research, titled, “Perceptions of family re-unification and aftercare services for children with behavioural problems discharged from Schools of industries,” is my own unaided work and that, by means of complete references, I acknowledged all the sources that I used in this study. This research has not been submitted in part or in full for any other degree or to any other University locally, regionally, or internationally.

T.S NOVELA Date: 22.06.2022

Signature

DEDICATION

To my late parents (Mphephu Esther Novela & Mbhazima Samuel Novela) who did not live to share the success of my studies. My mother was looking forward my graduating for this degree, but God called her before she could see the fruits of her prayers. She has been the pillar of my strength and encouraged me with the scripture such as, Psalm 27: 10, “Though my father and mother forsake me, the LORD will receive me”.

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ABSTRACT

Globally, research has highlighted the undesired consequences of prolonging children's placements in institutionalized care. There is strong research evidence that suggests that almost all areas of children's development are greatly affected when they are disconnected from their families and placed in institutions. The impact varies from impaired interpersonal and social growth, difficulties in establishing secure attachments to care givers, to delayed language and cognitive development. In South Africa (SA), Children's Act (2005) makes provision for the children who display uncontrollable behaviour to be removed from their families and placed in a Child and Youth Care Center (CYCC) as an alternative care in terms of section 150 (1) (b). Despite the legislative recommendation in the different laws aimed at protecting children, SA continues to encounter challenges in terms of family reunification and aftercare services. This study aimed to explore the perceptions of social workers, parents, and children on family reunification services for children with behavioural problems. A qualitative research approach was adopted to collect and analyse data that was collected from focus group discussions (FDGs) as well as individual interviews. The participants were distributed as; 10 parents and children whose data was collected through individual interviews, and six social workers who participated in two separate FDGs. Purposive sampling which is a type of non-probability sampling; was used to select the participants according to the criteria that was set by the researcher. Thematic data analysis was the method used in analyzing data from both the FDGs and individual interviews. Findings in this study revealed that family reunification and aftercare services for children with behavioural problems discharged from Schools of Industries were ineffective and lacked consistency. This study helped to understand the challenges that are experienced by both families and social workers, during family reunification process, and it has suggested ways to improve reunification services rendered to children with behavioural problems and their families.

Key words: Family reunification, aftercare services, social worker, Schools of Industries, Child and Youth Care Centre (CYCC), institution and behavioural problem

CHAPTER 1

INTRODUCTION AND ORIENTATION OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The United Nations Convention on the Rights of the Child (UNCRC) acknowledges children as rights carriers and it places responsibilities on their parents or families and the states to protect those rights (Hall, Richter, Mokomane & Lake, 2018). According to UNCRC article 181, states must provide proper assistance to legal guardians and parents to perform their responsibilities and must ensure the establishment of facilities, institutions, and services for the care of children (UN General Assembly, 1989). Furthermore, families as the society's central groups, and natural environments for the development and well-being of children; must be given necessary support and protection. This will ensure that families can fully adopt their responsibilities on protecting the rights of the children within the communities (UNICEF, 2015). It is estimated that 7.2 million children universally, are residing in institutions such as Temporary safe care, Children's Homes, Schools of industries and Secure care Centres (Desmond et al., 2020). Hope and Homes (2016) reported that it is difficult to find a precise number of all children that are living in institutions because some of the children are placed in unregistered institutions.

Based on recorded statistics, an estimation of 650 000 to 1.38 million children in sub-Saharan Africa and 286 000 children in Eastern and Southern Africa are living in institutions (Frimpong-Manso, 2021). Children are placed in institutional care because of various reasons. However, while in institutional care, children are faced with various hostilities. Commonly, children in institutional care experience behavioural problems, lack of life skills, developmental delays, attachment difficulties, difficulty forming and maintaining healthy relationships. Literature is enormously suggesting institutional care to be a last option for children who were separated from their parents. As such, literature strongly advocate for reintegration, deinstitutionalisation, and provision of additional support to families whensoever probable, as the best intervention (Browne, 2017).

In 2004, the African Union (AU) approved a Plan of Action on the Family in Africa, to offer a direction to member states in developing national structures, policies, and programmes to respond to challenges that are faced by African families (African Union, 2004). In the Union's perspective, 'the family can be viewed in three dimensions, which are; (1) as a psycho-biological unit, where members are connected by blood ties, emotional bonds, relationships and kinship feelings, (2) as a social unit, where members live together in the same family and allocated tasks and social functions, and (3) as the basic economic production unit, where members depend on families for financial support (African Union, 2004 pp 2-3). Therefore, in many African cultures, kinship care is continuing since pre-colonial times up to date, through which children who are abandoned, orphaned or without parental care, are cared for by other extended family members or relatives (Assim, 2013; Biemba et al., 2010).

A Child and Youth Care Centre (CYCC) is defined in the Children's Act as, *"... a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility*" (Children's Act, 2005, p.132). Section 196 of the Act further classified different types of CYCCs and the types of residential programmes that must be rendered in court order, to meet the needs of children that are admitted in those CYCCs. These CYCCs include; temporary safe care, secure care facility, Children's Homes and Schools of Industries. What distinguish these CYCCs are the type of programmes that are rendered to address a need that would have led to the admission of a child in terms of Section 191 of the Children's Act. Prior to 2012, a School of Industries, which is one of the types of CYCCs, offered educational and skills development programmes. Facilities were classified as places of safety, children's homes, shelters for children on the streets, schools of industry, reform schools or secure care facilities. These classifications were based on the type of children being accommodated, and also restricted Centres in terms of the programmes they could offer. Such classifications are no longer recognised in the Children's Act. However, they are referred to in this chapter because they are still in use on the ground and because the most recent studies providing data on CYCCs used them in their data collection and analysis. According to the Children's Act (2005) section 192 (2) (i), the School of Industries renders programmes for children

with; behavioural, emotional, and psychological problems. As such, South Africa's Department of Social Development established two Schools of Industries in Gauteng Province, to respond to the mandate by the Children's Act, and the society's demands to admit children with behavioural problems (verbally confirmed by M. Mogashoa (2019), pers.comm.,10 July). The norms and standards of CYCC stipulate the types of residential programmes that should be offered to children. These are, Section (194) (i) family reunification and reintegration, and Section (194) (j) aftercare services. This implies that family reunification and aftercare services must be rendered to children and families when a child is admitted in a residential facility. Therefore, this study focused on family reunification and aftercare services that are rendered to children with behavioural problems after they are discharged from Schools of Industries.

1.2 STATEMENT OF THE PROBLEM AND RATIONALE FOR THE STUDY

Globally, placing children in institutions of care is regarded as a temporary, not a permanent solution. This means that when the child is admitted in an institution, there should be a permanency or exit plan. In SA, the Children's Act no. 38 of 2005 states clearly that the Institution or CYCC's placement is temporal not permanent. This implies that when the child is admitted in a CYCC, family reunification services should be initiated immediately. Section 159 of the Children's Act states that the maximum period of placement of a child in a CYCC must be two years. However, this is not always the truth in SA, because many children stay in institutions more than the required period (Hope and Homes SA, 2016).

Lengthy periods of time in institutional care can result to loss of family bonds, a sense of identity, and children may find it difficult to transition out of institutionalised care (Pecora et al., 2005). The report from the children who have been discharged and those who are in the residential care shows that residential care, particularly when used as a long-term solution, can hinder children's normal developmental procedures, and is a negative experience for many children (Save the children, 2003). Family reunification services must start promptly after the child is admitted in the institution, and efforts must be made to strengthen family responsibility (Pecora et al., 2005).

When the child is removed, the main goal is to address the circumstances in his or her family and then reunify him or her with the biological parents (Potgieter & Hoosain, 2018).

In south Africa, Challenges that are faced with reunification and aftercare services include lack of support, family contacts, early intervention and family strengthening programmes. Furthermore, when the children exit the institution, there may be; lack of support or aftercare services by the practitioners, stigma in the community for children with behavior problems whereby they are labelled negatively. There may also be a lack of standardization of family reunification programmes or consistency in the implementation of the services by different organizations (Hope and Homes SA, 2016; Sauls & Esau, 2015; UNICEF, 2015). It has also been observed that when re-admission fails, some of the children end-up in the streets or in prisons.

Additionally, in SA, children with behavioral problems usually stay long in the institutions due to inability of parents to cope with the behavior at home. Some parents terminate contact with their children completely whilst their children are in the Schools of Industries. Lack of contact with families was perceived to be the main challenge to children and most of them resort to misbehavior to attract attention from their families. Similar conclusions were drawn by Ogundele (2018), who argued that behaviour challenges on children and young people may possibly produce undesirable responses from many parents, resulting in an improper controlling strategy and reduced positive relations.

Few research has been conducted on family reunification and aftercare services in SA, especially for children with emotional and behavioral problems. Based on the researcher's field experience, caring for children with behavioral problems require special skills and specific programmes to holistically meet the needs of those children. In an informal interview with children who were discharged from a School of Industries, seeking for re-entry, they reported that their parents complained about their behavior at home. The parents were reported to had verbalized that they could not continue to stay with the children at home. Some of the children were driven out of their homes by their parents due to persistent behavior challenges. Some children felt that their parents did not understand them, they reported that their parents complained about every little thing that

they did, or they will have something to blame on them unnecessarily. Therefore, children could not bear the treatment that they received from their parents; hence, they were seeking re-admission to the Schools of Industries, or to stay in the streets.

It was also observed that during long holidays, parents could not cope with their children at home, as a result, parents themselves took their children back to the institution before the stipulated period lapsed. Out of frustration, on the return, some parents did not follow proper procedures of handing over the child to the officials, they just left the children at the gate without any supervision. Some parents disowned their own children and left the responsibilities to the institution. Those observations then led to the researcher's interest to explore the perceptions of social workers, parents and children, about the reunification services rendered to children with behavioural problems and their families. The researcher felt that there was a need for research to address this issue. She was of the view that families of these children need support and resources to assist them to cope with the children and to participate maximally on family reunification services.

Therefore, this study is significant in that, it has investigated family reunification and aftercare services with specific reference to children with behavioural problems and their families. The study intended to investigate the perceptions of social workers, parents, and children on family re-unification, and aftercare services to families of children with behavioural problems. It also examined the challenges that are faced when reunifying children with behavioural problems. Furthermore, the study explored the possible solutions that can be implemented to prevent re-admissions or re-entry of children who were already discharged from the institutions, particularly Schools of Industries. The findings from this study will be shared with the Department of Social Development (DSD) through the submission of the final report, presentation of the study during social work forums, supervisors' forums, and social work practice seminars where the researcher will request a platform to present the study. The findings will help to improve family reunification services that are rendered to children with behaviour problems and their families.

1.3. RESEARCH QUESTION, GOAL AND OBJECTIVES OF THE RESEARCH STUDY

1.3.1 Research question

The main research requestion in this study is: “What are the perceptions of family re-unification and aftercare services rendered to the families of discharged children with behavioural problems”?

1.3.2. Research goal

The goal of this study was to explore the perceptions of social workers, parents and children about family re-unification and aftercare services to the families of discharged children with behavioural problems.

1.3.3 Research Objectives

The objectives of the study were:

- To explore the perceptions of social workers, parents, and children about family re-unification and aftercare services rendered by government and non-government organisations (NGOs).
- To identify challenges experienced by the social workers and parents regarding family re-unification and aftercare services for children with behavioural problems.
- To ascertain factors that lead to children seeking re-admission to Schools of industries after discharged.
- To investigate the knowledge and understanding of social workers about family reunification and aftercare services.
- To explore from children, parents, and social workers the measures that can be implemented to improve the family reunification and aftercare services.

1.4 OVERVIEW OF RESEARCH METHODOLOGY

Methodology is defined as the philosophical framework within which a study is conducted or the basis upon which the research is grounded (Brown, 2006). O'Leary (2004, p.85) describes methodology as, "*... the framework which is associated with a particular set of paradigmatic assumptions that we will use to conduct our research*". There are essential elements of research paradigm, which talks to how the researcher sees and interprets the world. Research paradigm is the perspective, or thinking, or school of thought, or set of shared beliefs that enlightens the meaning interpretative of research data (Kuvunja & Kuyini, 2017).

Qualitative researchers apply various interpretive paradigms to address the assumptions such as positivist, postpositivist, critical, constructivist, and feminist-poststructuralism (Denzin & Lincoln, 2005). The researcher in this study applied the interpretative paradigm. Interpretative paradigm is an approach that makes efforts to, "*... get into the head of the subjects being studied to understand and interpret what the subject is thinking or the meaning that they are making about the content*" (Kuvunja & Kuyini, 2017, p.30). In this regard, the emphasis is placed on understanding the individuals and how they interpret the world around them. In the context of this study, the researcher explored the views and perceptions of the participants through face-to-face individual and group interviews, to try and understand their experiences during family reunification process for children with behavioural problems discharged from schools of industries. Also, the researcher applied honesty and objectivity during data collection and analysis as elements in interpretative paradigm.

This study employed the qualitative research approach. This approach tries to enhance understanding of what exactly happened to the participants, what made them take certain decisions, and how those choices influenced them (Yin, 2015). Kalu and Byalwa (2017, p.51) outlined the following strengths of qualitative research:

1. Qualitative research promotes the understanding of human experiences and situation, individual cultures, beliefs, and values; and

2. The ability of the researcher to systematically demonstrate transparency and accountability throughout the whole research process, which is done through constant reflexivity in the decision made regarding all elements used in the research (Kalu & Bwalya, 2017).

In order to ensure trustworthiness in the current study, the researcher followed the recommended guidelines that included credibility, transferability, dependability, confirmability, transparency, accountability, and reflexivity. The researcher in the current study accounted for all processes and decisions that she made throughout the research process. Qualitative approach was best appropriate in this study because the researcher aimed to explore the experiences of children, parents and social workers on family reunification and aftercare services for children with behavioural problems and were discharged from the Schools of Industries. Within the qualitative research method, a case study was used in this study. A case study is, "*... a qualitative approach which the investigator explores a bounded system or multiple bounded systems over time through detailed, in-depth data collection involving multiple sources of information and reports, a case description and case-based themes*" (Creswell et al., 2007, p.73). A case study helps the researcher to gather more information, which prevent biasness and promotes credibility in the research (Yin, 2003; Marshall & Rossman, 2014). In a case study, there is a single case study and multiple case studies. According to Baxter and Jack (2008), the evidence obtained from a multiple case study is strong and reliable as compared to a single case study. In addition, Gustafsson (2017) suggested that multiple case study allows a wider discovering of theoretical evolution and research questions. It is this reason that the researcher for the current study employed a multiple case study approach, to collect data from multiple sources, that is; children, parents, residential social workers, and referral social workers.

In this study, the research population was all the DSD social workers, all the NGO social workers, all children who were discharged from the Schools of Industries, and all parents of children who were discharged from the Schools of Industries. The research population refers to the total set of cases from which the research sample is selected (Taherdoost, 2016). Sampling in a qualitative study assists the researcher to identify persons or localities rich in information and can be studied

in much depth (Marshall & Rossman 2014). Purposeful sampling as a form of non-probability sampling was used to identify participants who met the criteria as set by the researcher, and the sampling consisted of 16 participants. The participants were distributed as follows; 5 children, 5 parents, 3 residential social workers (from DSD) and 3 referral social workers (2 from DSD and 1 from NGO). In a qualitative inquiry, purposeful sampling is a general approach used. It aims to identify participants who share similar experiences of a central phenomenon of study (Patton, 2015; Thorne, 2016).

The research instrument that was used in collecting data on this study was a semi-structured interview schedule. By using a semi-structured interview, a researcher is able to engage people in order to understand what they have experienced, and what they think and feel about something studied (Miles & Gilbert, 2005). The researcher found semi-structured interview questions more appropriate in this study to explore the perceptions of children, parents, and social workers about family reunification and aftercare services for children with behavioural problems, after being discharged from the School of Industries. Also, it allowed the researcher to probe using open-ended questions. Prior to the actual data collection process, the researcher conducted a pilot study to test the research instruments. Revisions were then made using the feedback from the pilot study.

Data was collected through face-to-face individual interviews and focus group discussions (FGDs). According to Kula and Bwalya (2017), this stage is more significant qualitative research process. At this stage, the researcher needs to think about type of methodology that they adopt, and the specific techniques that they use for data collection. Such a reflection will need to question the suitability of the methods in answering their research question(s) and the role that their presence as a researcher will play in the whole data collection process. According to Fox (2006), face-to-face interviews can be a best way of collecting high quality data, and it offers a greater degree of flexibility. It helps to simplify questions, correct confusions, offer prompts, probe replies and follow up on new ideas (Fox, 2006).

The researcher in this study employed both individual and FGDs. Individual interviews are useful in accumulating detailed information about the meaning of an event or social context for each

participant in a setting (Fox, 2006). Fox (2006) further mentioned that individual interviews help to ensure anonymity, confidentiality, and enables privacy. In the context of the current study, individual interviews were conducted with children, and their parents separately. This technique was considered to be more appropriate in this study because of the sensitive nature of the topic for both; parents and children. Individual interviews were also, more relevant to the children in ensuring their privacy. This study was conducted during national lockdown, the researcher had to ensure that COVID-19 protocols were observed during data collections in both the individual and FGDs interviews i.e., 1.5 social distancing, wearing of masks and hand sanitiser (which was supplied by the researcher), sanitisation happened after every 20 minutes and there was a timer as a reminder), there was no hugging, shaking of hands and sharing of items.

Two separate FDGs were conducted with social workers. FDGs are important in obtaining several perspectives about the same topic (Gibbs, 1997). In addition, Morgan (1997) states that unlike group interviewing, FDGs rely on the interaction within the group based on the topics that are supplied by the researcher. Furthermore, FDGs are proven to allow the researcher to gather enormous information in a shorter timeframe (Gibbs, 1997). The use of face-to-face individual interviews and FDGs in this study enabled the researcher to accumulate rich, thick and detailed information from the participants.

Data was examined using thematic data analysis. According to Maguire and Delahunt (2017), thematic analysis is a process of identifying patterns or themes in qualitative data. The goal of this method is to identify important or interesting patterns in the data and use these themes to address the research or say something about an issue (Maguire & Delahunt, 2017). It affords the researcher to analyse and present rich, detailed and complex data (Braun & Clarke, 2006). The researcher in this study used a six-phase guide for thematic analysis by Braun and Clarke (2006). The six-phase guide that was followed, as proposed by Braun and Clarke (2006) involved; (1) familiarising yourself with data, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) defining, and (6) naming themes and producing this dissertation. The researcher found thematic analysis as appropriate in this study because it is flexible, clear and usable. Furthermore, it allowed

the researcher to observe similarities and differences on the data that was collected from the study. Thematic data analysis also allowed the researcher to identify and discover new things using interpretations.

Throughout the research process, the researcher was bounded by the ethical issues. According to Polit and Beck (2010) and Neuman (2011), research can present risks to participants and the researcher; therefore, the researcher has an obligation to ensure that their and participants' wellbeing is safeguarded throughout the research process. Because this research involved human participants, the researcher first obtained an ethical clearance from the Human Research Ethics Committee at the University of Witwatersrand (clearance no. H20/10/22), which was followed by the written permissions from; DSD, Emmasdal CYCC, JW Luckhoff CYCC and Joburg Child Welfare. Additionally, as a social service practitioner who is registered in terms of the Social Work Act 110 of 1978, the researcher was guided by the SACSSP code of ethics. Furthermore, as per research ethics, the researcher was guided by the following ethical considerations; informed consent, voluntary participation, no harm, confidentiality, honesty, conflicts of interest and publication of the study. The ethical considerations will be further discussed in section 3.7.

1.5 DEFINITION OF KEY CONCEPTS

The key concepts relevant in this study are defined as follows:

Aftercare – refers to supportive services provided by a social worker or a social service professional to monitor progress regarding the child's developmental adjustment. These consists of the following.

a. Family preservation or re-unification services.
b. Adoption or placement in an alternative care.
c. Lastly, discharge from alternative care' (Children's Act, 2005 p.18).

Behavioural problems – Any abnormal pattern of behaviour which is above the expected norm for age and level of development. They can include physical or verbal aggression, self-injury, non-

compliance, inappropriate vocalisations, disruption of the environment, and various stereotypes (Ogundele, 2018 p.).

Child –A person under the age of 18 years (Children's Act, 2005p. 19).

Child and Youth Care Centre (CYCC) – A facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility (Children's Act, 2005 p.20)

Designated social worker – '… a social worker in the service of the Department or Provincial Department of Social Development, a designated child protection organisation or a municipality' (Children's Act, 2005 p.21). In this study, designated social worker is also referred to as a referral social worker, external social worker or case manager.

Family – According to White Paper for Families (2013), a family refers to a societal group that is related by blood (kinship), ties of marriage (civil, customary or religious), or the civil union, cohabitation, adoption, or foster care, and it goes beyond a particular physical residence.

Family re-unification – involves strengthening families to be able to care and protect their family members through the implementation of a reunification care and permanency plan (Guidelines on reunification services for families, 2012).

Parental Contact – Parents maintaining personal relationships with their child. If the child lives with someone else, parental contact means communication with the child on a regular basis, including visiting the child, or being visited by the child, or communication through the post, by telephone or any other form of electronic communication (National Child Care and Protection Policy, 2019).

School of Industries – A Child and Youth Care Centre that was established in terms of section 33 of Children's Protection Act 25 of 1913 and maintained in terms of section 195 of the Children's Act no. 30 of 2005. It provides residential care programmes in terms of section 191 (2) (i): -

‘Secure care of children with behavioural, psychological and emotional difficulties' (Children’s Act, 2005 p. 132).

In this study, School of Industries can also be referred as institution, Centre or ‘School’.

Acronyms

AACAP-American Academy of Child & Adolescent Psychiatry
ACRWRC- African Charter on the Rights and Welfare of the Child
ADHD- Attention Deficit Hyperactivity Disorder
CCA- Child Care Act
CD- Conduct Disorder
CRC- Convention on the Rights of the child
CYCC- Child and Youth Care Centre
DBD- Disruptive Behaviour Disorders
DSD- Department of Social Development
DSM-V- Diagnostic Statistical Manual (5^{th} edition)
FAMSA- Family and Marriage Society of South Africa
LOA- Leave of absence
MHD- Mental Health Disorder
NGO- Non-Governmental Organisation
ODD- Oppositional Defiant Disorder
RSA- Republic of South Africa
SACSSP- South Africa Council for Social Service Profession
SANCA- The South African National Council on Alcoholism and Drug Dependence
SSP- Social Service Profession
UNICEF- United Nations Children’s Fund
UNCRC- The United Nations Convention on the Rights of the Child
USAID- United States Agency for International Development
WHO- World Health Organisation

WPF- White Paper on Families

1.6 LIMITATIONS AND DELIMITATIONS

- This study was bounded to geographical area which is, Gauteng Province. It did not include other provinces in SA. Therefore, the findings from this study do not include the whole South African population.
- There are limited legislations on families internationally, regionally and locally, which resulted in a researcher using more of indirect policies.
- Due to the limited number of social workers in the Schools of Industries, the researcher had to include one social worker from her own institution. However, she respected the power imbalances throughout the research process and ensured that there was no conflict of interest as she is the supervisor at JW Luckhoff CYCC. Also, interviews were conducted with multiple samples, that is; children, parents and social workers to ensure that the researcher is not biased in the study.

1.7 CONTENTS OF RESEARCH REPORT

Chapter 1: Introduction and orientation of the study

This chapter provides an overview of the current study. The chapter provides; the background of the study, problem statement and rationale of the study, aim and objectives of the study, overview of research methodology, definition of key concepts and acronyms, and, lastly, it discussed the limitations and delimitations of the study.

Chapter 2: Theoretical Framework and Literature Review

This chapter starts by discussing the theoretical framework underpinning the current study, followed by a literature review whose scope covered; internationally, regionally, and locally, as per literature's relevance to the topic understudy. Different types of families in South Africa were discussed and contextualised within this study. This was followed by; an overview of Schools of

Industries in South Africa, and legal matters relating to the admissions of children in the Schools of Industries. Lastly, the behaviour of the children (which is also referred to challenging behaviour in this study) was discussed, followed by the causes and risk factors, interventions, and their impact on family reunification and aftercare services.

Chapter 3: Research Methodology

This chapter starts by discussing the research paradigm, which was followed by the research approach and research design. Sampling and sampling procedures, research instrument, pre-testing of the research instrument, method of data collection, and method of data analysis were also discussed. The elements of trustworthiness, thus, validity, reliability, credibility, transferability, dependability, confirmability, and reflexibility were discussed. The researcher concludes by discussing the ethical principles that were applied in this study.

Chapter 4: Presentation and discussion of findings – Part A

This chapter presents empirical findings from families, that is, children and parents, which is followed by the demographic profile of families. Data was presented using quotations from participants, and findings were contextualised. Themes and sub-themes were summarised in a table, and later discussed to make the findings. The researcher also referred to literature in discussing the findings.

Chapter 5: Presentation and discussion of findings – Part B

This chapter presents empirical findings for social workers, that is, residential and referral social workers, followed by their demographic profiles. A table was presented to summarise the themes and sub-themes, which were later discussed, and contextualised to make findings of the study. Direct quotes from the participants were used to present data. Findings were emerged with reference to the literature.

Chapter 6: Key findings, Conclusions and Recommendations

This chapter summarise the findings that are fully discussed in chapters 4 and 5. The researcher started by recapping the objectives of the study. The researcher then discussed the objectives with reference to the findings of the study. Using this study's findings from families, the researcher also highlighted the similarities and differences of social workers. The chapter concludes with a discussion of the key findings, conclusions and recommendations to be considered in SA, on family reunification and aftercare services for children with behavioural problems. The recommendations were made to improve the services to families, concerning reunification and aftercare for children with behavioural problems.

1.9 CONCLUSION

This chapter provided an overview of this thesis. The chapter respectively provided this study's; background, problem statement and rationale, goal and objectives, overview of research methodology, definition of relevant key concepts and acronyms. Throughout the study, ethical considerations were ensured by the researcher, and lastly the limitations and delimitations were discussed in this chapter.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 INTRODUCTION

This chapter firstly discusses the theoretical framework that is underpinning this study, followed by the literature review which is arranged in a manner that it discusses the literature that is relevant for this study; internationally, regionally, and locally. The literature review provides an overall discussion on families in SA. It then provides an overview of; Schools of Industries in SA, and legal matters relating to the admissions of children in these schools. Lastly, the literature review turned to focus the discussion on the behaviours of children, causes and risk factors, interventions, and their impact on family reunification and aftercare services

2.2 THEORETICAL FRAMEWORK

This study was steered by the bio-ecological systems theory. Bronfenbrenner (1977) is at the forefront of the bio-ecological systems theory. Using the theory, Bronfenbrenner (1977) viewed a child's development as a system that requires a multifaceted structures, mutual efforts, that are shaped by several components of the natural environment; starting from the immediate family and school to wider societal or cultural principles, laws and customs Guy-Evans (2020). "*Because the five systems are interconnected, the influence of one system on child's development rests on its relationship with others*" (Guy- Evans, 2020, p.1). He explained the systems as follows:

1. **Microsystem**

Microsystem refers to things that have direct interaction with the child in the immediate environment such as family, peers, school, and community. If a child has a solid parent and child relationship, this is reported to produce a positive outcome on the child. Whereas unaffectionate and distant parents will have a negative outcome on the child. In contrast, Family for Every Child (2014) stated that, family care has the fundamental effect on a child's welfare and growth.

In the context of the current study, using Bronfenbrenner's microsystem the researcher views the family as having a crucial role to play in the development and the progress of the child; even when the child is removed from the family's physical environment, and placed in an alternative care. Family contacts will play a vital role in family reunification process. Furthermore, children may be placed in institutions or CYCC, not only because of their own behavioural problems alone, but because of certain behavioural trends within the family system (DSD, 2012). This also implies that when working with children with behavioural problems, focus should be to help the entire family, instead of solely working with the child. Parents need to be capacitated with relevant skills to address issues that are affecting them and their children. In support, Potgieter and Hoosain (2018) suggested that the environment and family circumstances should be taken into consideration to guarantee that reunification is in the best interest of the child.

2. **The Mesosystem**

Mesosystem includes the interconnection between the child and the microsystem. (Guy-Evans, 2020). Practical example of mesosystem include the parents interacting with the school (teachers), peers and neighbours regarding the child. Mesosystem plays a significant role in the child's development in terms of socialization. In the context of this study, the interactions or collaborations between the parents, and the educators are crucial to ensure effective family reunification services in that educators also form part of the MDT in institutions, and they also observe the behaviours of the children at school.

3. **The Exosystem**

According to Guy-Evans (2020), the Exosystem includes other formal and informal structures such as; extended family members, social services, government agencies, and parents' economic situation. In the context of this study, successful family reunification, and aftercare services for children with behavioural problems are viewed as requiring an integrated approach which involves various stakeholders from both governmental and non-governmental structures. Additionally, extended family members play a crucial role as a support system to the parents of a child, and in the absence of that child's biological parents.

4. **The macrosystem-**

According to Guy-Evans (2020), on the macrosystem concerns the ways that cultural elements affect a child's growth, for example, ethnicity, socio-economic status, wealth and poverty. In the context of this study, amongst the other factors, it is also observed that most children that are admitted in CYCCs originate from poor family background, economically and educationally. This is supported by the employment status of parents in this study as discussed in table 4.1. According to the revised White Paper on families (2021), most families in South Africa are confronted by unemployment and poverty. These exert more strain on the economic provision for the household. This was confirmed by Stats SA (2020), that revealed that the unemployment rate in SA in 2020, was the highest since 2008. The 2019 SA stats shows that the main source of income for many SA households was income or grants. According to the researcher's observations, this economic status also affects family reunification services especially when the parents had to make contacts with their children in the institution.

5. **The chronosystem**

The chronosystem includes all ecological changes that occur over life and influence the child's growth. The ecological changes of reference here include; major life transitions, and historical events such as; divorce, death and separation (Guy-Evans (2020). These family events or circumstances, including; conflict, poverty, child's feelings of anxiety, death in the family, and divorce of parents, may cause emotional and behavioural problems on children (Behere, Basnet & Campbell, 2017; Family Pediatrics Report, 2003).

In the context of this study, there is evidence that some of the factors that yield to children developing behavioural problems are the distraction in their known family structure, owing to; the death of parent(s), divorce or separation. For family reunification to be effective, one cannot solely focus on the child's circumstances. This is because the child's circumstances are influenced by other systems that comprise; parents, extended family members, designated social workers, CYCC, and other community structures. These systems are interrelated and influence each other.

For the purpose of this study, causes and risk factors of behavioural problems were discussed in this chapter (see 2.3.5.1). The section shows that factors such as family circumstances, family history, and socio-psychological factors contribute to influencing behavioural problems on children.

2.3 LITERATURE REVIEW

According to Ritchie et al. (2013), it is significant to apply the theory in all research practice, but it is more vital in qualitative research. Furthermore, in qualitative research, theory serves as an initial guide. For example, the adoption of research design, which guides the process of data collection as well as the nature of data that the researcher aims to collect and how that data will be analysed (Ritchie et al., 2013). The purpose of the literature review is to examine the current state of knowledge to be investigated, to identify key authors, articles, theories, and findings in that area, and to identify gaps in knowledge in that research area (Bhattacharjee, 2012). Bhattacharjee (2012), further explained that a well conducted literature review "*should specify whether the initial research questions have already been addressed in the literature, whether there are newer or more interesting research questions existing and whether the original research questions should be revised or altered considering findings reported in the reviewed literature*" (p.21). In this study, the literature review was conducted using books, research articles and journals, individual conversations, theses, unpublished manuscripts, and web pages.

2.3.1. Legal framework for family reunification and aftercare services

2.3.1.1 International obligations

The United Nations Convention on the Rights of the Child (UNCRC) preamble states that the family is "*a fundamental group of society and the natural environment for the growth and well-being of children*" (UNCRC, 1989, p.1). UNCRC (1989) further argued that families should be given the required support and protection so that they can entirely undertake their full responsibilities on children within the society (p.1). Therefore, excessive hard work should be made to reintegrate or reunify millions of children, who are removed from their families, and

communities globally. These children need to be reintegrated with their families and into communities (Inter-agency group, 2016). Although family reintegration is viewed as one of the strategies to create a sense of belonging on the child, the UNCRC recognises the best interest of the child to be considered.

In Europe, critical thinking and provision around family support are relatively well advanced. Generally, family support has been conceived as; the provision of services for families in need. Family need is defined relative to functionality, relationship problems and child risk. Social work has been a predominant profession in the provision of family support services, especially casework (Hall et al., 2018). In a study conducted in England by Neil, Gitsels and Thoburn (2019), on 2,208 children who entered the care between 2009-2015, 802 (36%) of the children were returned home. Out of the 802 who were reunified, 199 (25%) of children re-entered the care after reunification. Reasons for children re-entering care after reunification included inadequate parenting or further maltreatment, and lack of support to families. Another research that was conducted in the UK indicated that, 47% of children came back into care after reunification, and family support services were the major reason for unsuccessful reunification (Farmer, Stugess, O' Neill, & Wijedasa, 2011).

In Columbia, the inter-agency group on Children's reintegration was established in 2011 in accordance with the UNCRC 1989, to research and to promote practices for supporting family reintegration after realising that there was a gap on family reunification. Upon consultation with other stakeholders, the inter-agency group developed guidelines on children's integration. The guidelines aimed to explore cross-cutting principles of good practice on children's integration and provide guidance on programme design for working with; children, families, schools, and communities. The primary aim was on the child's protection (Inter-agency Group, 2016). The guidelines insisted that efforts should be directed towards reintegration, children should be central of reintegration in that their voices should be heard, and their best interest should be prioritized during intervention. They should be fully engaged in each stage of the process. It also emphasised the issue of family support for successful reintegration (Inter-agency Group, 2016). The guidelines

further provided the stages in the integration process which are; tracing, assessment and planning, preparation of children and families, child's initial contact with family and reunification, post reunification support and case closure.

2.3.1.2 Legal frameworks and obligations in Africa

The African Charter on the Rights and Welfare of the Child (ACRWC) article 19 (2) states that "*every child who is separated from one or both parents shall have the right to maintain personal relations and direct contact with both parents on a regular basis, and the separation should serve the best interest of the child*" (p.7). It also recognizes that the family as fundamental to a child's development and requires the state to support and protect families as an essential structure in the society (Organisation of African Unity, 1990). The Plan of Action on the Family in Africa which was adopted by the African Union Assembly (formerly called Organisation of Africa Unity) of Heads of State and Government in July 2004 was meant to serve as an advocacy instrument for strengthening family units, addressing their needs, improving their general welfare, and enhancing the life chances of family members. It also aimed at guiding and strengthening Member States' capacities in developing appropriate national structures, policies, programmes and capacities for addressing key priorities relating to family issues and challenges in Africa (African Union, 2012).

In Malawi, the Ministry of Gender, children, Disability and social welfare (MOGCDSW) conducted a study on reintegration in 2014. The report shows a decreased number of children in institutional care in 2017, from 10,136 in 2014 to 8,049. The decrease was as a result of reintegration programme that was executed, and the closure of some childcare institutions due to financial problems. The results of the study by (UNICEF, 2019) identified factors that lead to successful reintegration. These factors are; sensitisation of Child Care Institutions (CCIs), institutionalised children and their guardians, community leaders, extension workers and the wider community, the willingness of the children to be reintegrated and the willingness of parents/guardians to accept their children to return home, the existence of a reintegration programme within the CCI, the need for adequate number of social workers, economic empowerment of poor households, the provision of school materials including payment of school

fees, an adequate preparation period, and sufficient funding for the reintegration programme (UNICEF, 2019) .

2.3.1.3 Nationally (South Africa) legal frameworks and obligations

According to the revised white paper on families in SA (DSD, 2021), Family policy is critical in enhancing and supporting families to meet certain functions and responsibilities. The core functions of the family at any given stage should be enabled and improved through a family policy which, broadly construed, encompass any direct and indirect policy that influences the well-being of families (Randoph & Hassan, 1996). *"Stable, healthy families are at the heart of strong societies. It is within the family environment that an individual's physical, emotional and psychological development occurs. It is from our family that we learn unconditional love, we understand right from wrong, and we gain empathy, respect and self-regulation. These qualities enable us to engage positively at school, at work and in society in general. The absence of a stable, nurturing family environment has a profoundly damaging impact on the individual, often leading to behaviour which is profoundly damaging to society"* (Centre for Social Justice, 2010 cited in RWPF, 2021 p.1) In SA, during apartheid, the policies and programmes concerning families were primarily designed to promote and protect the interests of white nuclear families (Hall & Richter, 2018). Subsequent to the apartheid and the establishment of a new democratic dispensation in 1994, the post-apartheid government developed several policies and legislative reforms that were aimed at restoring the country's institutions to transform the South African society (DSD, 2013). The South African Constitution's Act no. 108 of 1996 (s 28) (1b) provides for children's rights to parental care or family care, or to suitable alternative care when removed from the immediate family environment. In addition to that, SA's Children's Act no 38 of 2005 recognises; the best interest of the child, child's participation in decision that affects him or her, care and protection, and the parental rights and responsibilities in the matters affecting the child. Although the children's Act makes provision for children who need care and protection to be placed in CYCC, it also makes emphasis on family reunification and aftercare services as part of the residential programmes (Children's Act, 2005).

Although it was not an exclusive family policy, in 1997, the White Paper for Social Welfare was developed, and it was the first welfare policy paper that promoted an approach that could be used in viewing and supporting families (DSD, 2021). The White Paper for Social Welfare also outlined strategies to promote family life, and to strengthen families through guiding the implementation of policies and services that are related to families in SA. Due to the absence of family policy in SA, the gap was identified by policy makers, which needed an urgent attention (DSD, 2012). To address the damage of the policies, colonization and apartheid on families, DSD developed a Draft National Policy Framework for families in 2001, and the final draft was issued 2005. The Green Paper was approved by the South African cabinet in September 2011 (DSD, 2021).

The guidelines on family reunification services were developed by DSD in 2012. They are aimed to facilitate the effective management of reunification services which promote uniformity and standardisation among social service practitioners that render reunification services to families (DSD, 2012). According to the guidelines, reunification services involve strengthening families to be able to care for and protect their members through the implementation of a reunification care plan, and permanency plan (DSD, 2012). It further states that family reunification must be planned, implemented and monitored, to ensure that there is successful reunification (DSD, 2012). In addition, the guidelines states that family reunification services are aimed to restore the well-being of families to regain self-reliance and optimal social functioning (DSD, 2012).

The White Paper on Families (WPF) was approved by the Cabinet in June 2013. The White Paper on Families was meant to provide a principal framework for all other policies and programmes that are dealing with families across all government departments (DSD, 2021). It was anticipated that the implementation of the family policy would result in well-functioning and resilient families that are able to nurture and promote care to their family members (Hall & Richter, 2018). Since 2013, the WPF has been numerously reviewed by both the government and independent academics (DSD, 2021). The Revised White Paper for Families (RWPF) was developed in July 2021, and its aim is to address the criticism and concerns, that emerged from the reviews of the previous iteration. The RWPF updates the policy paper to account for the contemporary situations of

families in SA. There is an ongoing consultative process which involves provincial and national stakeholder, workshops are attended by different representatives (DSD, 2021).

Additionally,, DSD developed a National Child Care and Protection Policy in 2019. According to the Minister of Social Development, Ms. Lindiwe Zulu, the policy;

> *"... provides a national road map for the provision of a continuum of child-care and protection programmes and the services that are necessary to advance the NDP and SDGs and discharge out international, regional and national child-rights responsibilities"* (National Child Care and Protection Policy, 2019, p.8).

Furthermore, in 2019, DSD developed National Guidelines on Independent Living Programme for Children in Alternative Care.

In the Western Cape province, a study was conducted by Sauls and Esau (2015), with a focus on reunification services. The study used a qualitative approach; a purposive sampling was used to select participants. Parents, social workers and children were interviewed. The findings show that high caseloads, received by social workers, affect family reunification services. Additional challenges that were identified were; lack of support for social workers and families from external structures, and lack of parent's engagement in the family reunification process. The role clarity for referral social workers and residential social worker also affected family reunification services. Children were happy to be reunited with their families and there was an indication that they need to be involved in decisions that affect them.

Family support and parental engagement were found to be one of the factors affecting family reunification in all the findings that are discussed above from different studies, including the study in England. While Potgieter and Hoosain (2018), conducted their study within an NGO, they argue that the government settings may experience different issues from those affecting NGO. Although it is noteworthy that Potgieter and Hoosain's (2018) study excluded the views of the children and the social workers, and it did not assess the issue of behavioural problems as one of the factors that may contribute to family reunification. But Sauls and Esau (2015) had already conducted a study

that involved multiple cases, thus, children, parents and social workers. There are some similarities between the findings of these two studies; Potgieter and Hoosain (2018), and Sauls and Esau (2015). They both reported similarly on issues such as; family support, lack of parents' involvement, and high caseloads for social workers. Potgieter and Hoosain's (2018) study involved social workers from both the government and NGOs to explore different views and their findings were rich. However, the study paid less attention to the issue of children with behavioral problems in the family reunification process.

It is important to understand family reunification and aftercare services are, and the elements that are attached to these concepts. Family reunification services refers to those *"services that are aimed at systematically reuniting children within residential care or foster care with their families and communities"* (DSD, 2012 p.12). The purpose of Family reunification is to help every child and family to, at any given moment attain and retain their optimum level of re-connection to full re-entry of the child into the family system, which upholds the child as part of the family structure (DSD, 2012).

Characteristics of family reunification

The guidelines on family reunification describes the characteristics of family reunification as services that are rendered to the family when one family member is removed and placed in an alternative care (DSD, 2012). The guidelines are aimed at eliminating the risk factors that led to the removal or separation of that family member from the family (DSD, 2012). They are aimed at strengthening the relationship between a family member in an alternative care and their family, and also to ensure that the cultural practices are still maintained. During this process, family members should be offered support and assurance, because some members may feel guilty and inadequate. Therefore, part of the support will be to empower them with necessary skills through counseling and referrals to specialised services. The ultimate goal should be to prepare both the separated family member and the entire family for reintegration.

In addition, the guidelines discussed the steps of family reunification processes which are; referral/ point of entry, screening, individual assessment, comprehensive family development assessment, family reunification care plan, implementation, monitoring and aftercare, and termination (Guideline on family reunification services, 2012). According to the National Guideline on Independent Living Programme for Children in Alternative Care (DSD, 2019, p12):

> *"Family reunification work is the responsibility of the designated social worker, but in reality, facility Social Workers describes how little time these social workers have and how they are forced to attend to the time consuming, complex and cost-effective task of family reunification".*

a. Aftercare Services

According to the Children's Act (2005), after care refers to the supportive services rendered by a social worker or a social service professional to monitor improvement concerning the child's adjustment and development. These consists of family preservation or re-unification services; adoption or placement in an alternative care and, the discharge from alternative care (Children's Act, 2005). According to Harder, Kalverboer and Knorth (2011), after care services can preserve the progress that is exists during residential youth care and can provide prolonged outcomes. However, research also shows that the value of aftercare services seems to be poor in practice (Harder et al., 2011). Adding to the problem, Harder et al. (2011) report that besides the poor empirical support for the success of aftercare services in residential youth care, many studies have found that the aftercare programs are not well defined, so that it is unclear on what elements does the programme consists of. Similarly, Stein (2006) reported that most of the aftercare programs are explained without citing the underlying theoretical approaches of the care the programme; there are no adequate underlying theories of what the key factors or procedures are in the aftercare process.

In a study conducted in Europe on aftercare services for young people with delinquent behaviour, findings show fewer positive outcomes (Baker et al., 2000). Similar findings were obtained by

Harder et al. (2011), who shows that there is poor research evidence for the effectiveness of aftercare services for adolescents with emotional and behavioural problems following residential care. One of the contributing factors are that, aftercare programmes were not accurately described, and it is unclear how the services can be carried out in practice (Harder, 2011).

In SA, the Children's Act (2005) section 174 states that the child can be provincially transferred from alternative care into another form of care, that is not more restrictive, for a trial period of not more than six months. According to the guidelines on reunification services for families (DSD, 2012), the family reunification process should be implemented and monitored for a period of six months to two years depending on the challenges on each family. After reunification, the practitioners are expected to monitor and evaluate with all the relevant role players to check if the family is ready for termination or referral to support services. Depending on the outcome, the social service practitioner will then write a closing report and highlight the exit strategy and any follow-ups required. Lastly, After the reunification process has been completed, the family can be referred to support services that are available within the community, such as support groups, if necessary, (DSD, 2012).

The current study's researcher's observation is that social workers (both the residential and designated) close the files at any given point due to lack of clear guidelines about aftercare services. According to South African Council for Social Service Professions (SACSSP)'s code of ethics (2007a), social workers should terminate services to clients and professional relationships when such services and relationships are no longer required or serve the client's needs or are limited. Also, the social worker should take reasonable steps to avoid abandoning clients who are still in need of services" (SACSSP, 2007a). Furthermore, the code of ethics implies that social workers should contribute in making appropriate arrangements for the continuation of services to children when necessary (SACSSP, 2007a).

Family support has been identified as one of the crucial elements on reunification services across the world. It is also common, worldwide, that there are few legislations on families. Refocusing the discussion to SA, the researcher acknowledges that there are few family policies that exist.

However, it should be noted that in SA, some policies with an indirect impact on families exist, but they are not exclusive to family, for example; SA's constitution, Children's Act 38 of 2005, white paper for social welfare, and the National Child Care and Protection. This was also supported by DSD (2021), who stated that there is an absence of an explicit policy framework on the family in SA. According to Randolph and Hassan (1996), direct policies provide specific forms of support to families' complete access to resources, including goods, services, and community support. However, it should be noted that the process of developing a specific family policy in SA is underway, hence the revision of the White Paper.

SA is said to have progressive legislations and polices on the welfare of children, but it remains questionable, if those policies are implemented effectively. Hope and Homes SA (2016) also shared the same sentiment that SA has some of the most advanced legislations in existence about the protection of children, yet there is a growing number of children placed in residential facilities. In a study conducted by Hope and Homes SA between 2001 and 2016, it was found that approximately 21 000 children in South Africa were placed in residential care facilities. In contrast, the National Child Care and Protection Policy (2019), reported that there appears to be incongruency between SA's childcare and protection commitments and its outcomes for children. The reasons include the lack of collective insight of what a developmental approach is, what is needed in terms of priorities, programmes and services, who the relevant role-players are, and what their responsibilities are (DSD, 2019).

If policies on family existed, then the next question would be 'how much knowledge do practitioners have about those policy?' Dickens (2017), reported that there is limited policy that specifically governs and regulate the procedures for youth exiting care. Once youth actually depart from care, there are no stipulations on the aftercare support that they must receive (Dickens, 2018). In order to answer the above question, the researcher explored the knowledge of social workers about aftercare services, and also their knowledge about the legislations and policies on family reunification and aftercare services. The current study also explored the challenges faced by social workers during family reunification and aftercare service processes.

2.3.2 African perspective on families

According to Makiwane and Kaunda (2018), the African Charters acknowledges both the traditional African family and the white family forms. Most African societies unlikely agnate the same unit. In African families, it is prevalent for members of the same family as well as members of the nuclear family or a member of extended family to operates as a close household. In SA for instance, most children are cared for by other extended family members who are not their biological parents (Makiwane & Kaunda,2018). Family in the African context often refers to what in the western terms should be the extended family, and it is constituted by blood relations, sexual unions, and adoptions (Makiwane & Kaunda,2018). African families extend to; aunts, uncles, grandparents, cousins, and other relatives (non-biological) that form a family that function as one unit. Former president of South Africa Nelson Mandela had this in his autobiography in Long walk to freedom, has this to say regarding families in African context:

> "*My mother presided over three huts at Qunu, which as I remember, were always filled with babies and children of my relations. In fact, I hardly recall any occasion as a child when I was alone. In African culture, the sons and daughters of one's aunts and uncles are considered brothers and sisters, not cousins*" (Mandela, 1995, p.2).

Lugira (2009) further states that a family in an African perspective cut across generations and includes relatives that are living far and near. In addition (Makiwane & Kaunda, 2018) reported that the concept, family, in Africa extends to non-blood relationships or other kinds of relationships, for instance; a friend with a lengthy relationship can be treated as part of the family and no longer considered as a friend, but as part of the family as a result of; closeness, trust and reliability that exists. Also, in Africa family can be linked to a broader community. For instance,, family can expand through marriage where a young man gets married to a young woman in the community, and the two families become relatives or one family in some instances (Makiwane & Kaunda (2018).

Challenges faced by African families includes, migration (both internal migration and external migration) due to economic factors, wars and violence. According to Evans, Matola and Nyeko (2008), about 10 000 people in Africa have been victims of forced migration, but the majority were forced by economic circumstances. In a study by Bigombe & Khadiagala (2003), it was reported that many young men from Swaziland migrated to South Africa in search for job opportunities, and as result children were left in the care of the women alone. This resulted in many households lacking the stability and influence of the father (Evans et al., 2008). Also, this has contributed to a large proportion of absent fathers in several Southern African countries like South Africa and Namibia (Richter & Morrell, 2008). However, in the absent of fathers, many men provide fatherly care and support to children who may not necessarily be genetically their children, but other extended family members such as uncles may assume the role of the father (Motlalepule, 2014; Mkhize 2004).

According to Evans et al., (2008), globalization has led to trends that threaten family structures and the upbringing of children. This is how they (Evans et al., 2008) explained the impacts of globalization:

i. Shift of roles

According to Evans et al., (2008) traditionally, African families depended on males to generate income, but that has shifted in that the wife and husband have to generate income jointly. This also created changes in household structures where the responsibilities shifted from men to women. This shift also had an impact on the role of men in child rearing.

ii. Early or no marriage

Many young people in Africa get children at a younger age without officially being married (Evans et al., 2008). Also, Bigombe and Khadiagala (2003) reported that some parents who are struggling financially to raise their children may decide to have their younger girls to marry earlier.

iii. The impact of HIV/AIDS

African families were also faced by a challenge of HIV/AIDS which led to millions of children being orphaned (UNICEF, 2004). Other challenges associated with HIV/AIDS in African families include weakening of the family system or change in family structure and function, economic burden (UNICEF, 2004). According to UNICEF (2004), the impact of HIV/AIDS also led to child headed household and single-parent household. In instances where both parents are deceased, children struggle to fulfil the parental roles, some children even drop-out of school (Evans et at., 2008). Also, some of the children had to take care of the sick parent, which implies that the circumstances force them to assume the roles of an adult. Due to the impact of the HIV/AIDS, most families are cared for by other relatives or extended family members, primarily the grandparents where the biological parents are not present, which is considered to be multigeneration household (Evans et al., 2008).

In addition to the list of trends by Evans et al., Olizi (2020) discussed the impact on Covid-19 on African families. According to Olizi (2020), Covid-19 had both the social and economic effects. Economically, number of industries were affected, international restrictions and travels also affected the economy of African countries because many people lost their jobs. Due to the increase in COVD-19 infection, health care system were weakened, which led to more death. In terms of social well-being, Covid-19 came with restrictions such as social distancing, which affected social events, communal meetings, family gatherings etc. (Olizi, 2020). In Africa, these forms of social activities are important in order to promote social development because the majority of Africans depend on person-to-person interactions (Olizi, 2020).

In conclusion, it is clear that the structure and stabilities of the families in Africa has been impacted by various structures as explained above. Evans et al., (2008) had this to say:

> "*Given the multiple disruptions in families, there is a need to be concerned about the kind of parenting that young children receive, regardless of who, willingly or unwillingly, has a parenting role"* (p. 269).

2.3.3 Families in SA

Families and households are profoundly important to children's cognitive and emotional development, and parents can play a chief role in this development (Stats SA, 2018). Families are fundamental and enhances children's resilience, irrespective of their composition, income, education or values (Family Pediatrics Report, 2003). Mahalihali (2016) found that, family is one of the elements that affect the emotional health of children. In addition, the Family Pediatrics Report (2003) suggested that the rising incidence of behavioural problems among children lead to some families' inability to cope with the increasing stressors that they experience, and their need for assistance.

In 2021, SA's total population was estimated to be 60,14 million (Stats SA, 2021). In mid-2018, Children in South Africa under the age of 18 years were at 19.7 million, which made 34 % of the total population in 2018 (Hall & Sambo 2018). As of 2018, SA's number of households increased to approximately 16.67 million in total (Hall & Sambu, 2018). The White Paper on families broadly defines a family as, *"... a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence*" (2013, p.6). The White Paper further outlined different types of families, that is: nuclear family, single-parent households, female headed households, child-headed households, skip generation households, cohabitation, and same sex relationships (White Paper on Families, 2013). In addition, Holborn and Eddy (2011) reported that in SA there are also extended families, as well as care givers or guardians. In support, Nathane-Taulela (cited in Van de berg & Makusha, 2018) stated that many children in SA live with their extended families with adults other than their parents. A report by Hall and Sambu (2018) shows that in 2017 children who were living with both parents were 34%, those living with their mothers in absence of their fathers were 41%, and only 3% were living with their fathers in the absence of their mothers. Furthermore, 21% of the children did not have both their biological parents living with them, and 32 000 (0.3%) of children lived in a child-headed household (Hall & Sambu, 2018).

It is this current study's researcher's observation that most of the children who are admitted in School of Industries come from divorced and single-parent families. Family structure affects the child's development mostly through its family processes, thus; how the members of the family behave and interact (Family Pediatrics Report, 2003). The report further suggested that the risks for emotional, behavioral and educational problems are lower among children in 2-parent households on average (Family Pediatrics Report, 2003). Similar findings were reported by Mahalihali (2016), who argued that the existence of the children's behaviour is strongly influenced by how well their family's function. However, this notion was rejected by Hobcraft and Kieman (2001), who argued that existing evidence in relation to the effects of differing family types on children suggest that the amount of the relationships as well as the economic resources available to the family are the significant factor rather than the nature of the household.

2.3.4 Overview of School of Industries in SA

The Children's Protection Act 25 of 1913 led to the transfer of School of industries and Reform Schools to the Department of Education, which took place in 1917 (Blose, 2002). The National and Provincial Education Departments continued to manage those institutions until March 2012. When the Children's Act came to effect in April 2012, School of Industries were transferred to the DSD (Children's Act, 2005). Prior to 2012, a School of Industry was a facility for the reception, education, care, and training of children who were declared by the Children's Court as being in need of care (Child Care Act 74, 1983). The new Children's Act (2005) shifted the Schools of Industries focus from mostly education and skills development to behavioural modification. Section 191 (2) (i) states that a School of Industries renders therapeutic programmes that are designed for the residential care of children outside the family environment, which may include, "*... development and secure care of children with behavioural, psychological and emotional difficulties*" (p. 132).

2.3.5 Legal matters and reasons for admissions in Schools of Industries

Children are placed in the School of Industries by children's court using a court order which is valid for two years according to section 159 (a) (i). In consideration of section 159 (1) (b) the order can be extended by a children's court for a period of not more than two years at a time (Children's Act, 2005). Children's court order is valid until the age of 18 years. after the person is 18 years or older, the order can be extended by DSD in terms of section 176. In this case, DSD may allow the person to remain in the residential care until the end of the year, in which that person reaches 21 years of age, if the extended stay in that care is needed to enable that person to complete his or her educational training.

The School of Industries developed an admission policy which states the criteria for admission as follows:

> *"JW Luckhoff CYCC admission policy states that school of industries admit children with severe behavioural, psychological and emotional problems of ages between 13 years and 17 years (below 18 years), the children must be assessed by the clinical psychologist and the psychiatrists (prior to the application) for mental status assessment, and for assessment and treatment of behaviour, emotional and psychological problems. A child must have permanency plan or exit plan which also entails family reunification services that will be rendered to the child and the family. A child may be discharged at any given time when the behaviour has improved"* (2020, pp 2-3).

There was no study conducted in relation to the topic on Schools of Industries since year 2012, when DSD became the custodian, hence the need for this study to improve service delivery. In this study, the researcher explored from the families, the reasons that led to the admissions in Schools of Industries.

2.3.6 Behaviour problems in children

Hall and Elliman (2003) defined behavioral problems as distressed emotions or behaviours which are typical in children at certain stage of their development but become abnormal by virtue of their inappropriateness, severity and frequency for a particular child's age as compared to other normally behaving children. Another definition was cited from Ogundele (2018), who defined behavioural problem to be "*any abnormal pattern of behaviour which is above the expected norm for age and level of development. They can include self-injury, physical or verbal aggression, non-compliance, disruption of the environment, inappropriate vocalisations, and various stereotypes*" (Ogundele, 2018, p.10).

Behaviour problems involve Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiance Disorder (ODD) and Conduct Disorder (CD) (AACAP, 2007). Elements of ADHD include levels of impulsivity and inattention, hyperactivity that are excessively high relative to the child's stage of development. ODD is a behavioural problem in which children are uncooperative, irritable and hostile. They are vindictive towards others, and lose their temper very easily. They often do things to deliberately annoy other people. In most instances, their defiant behaviour is directed at authority figures, but they sometimes behave the same way towards other people or in a different environment such as school. Their relationships i.e., peer relationships, home life and school life are seriously negatively affected because of the way they think and behave (Ogundele, 2018). According to AACAP (2007), CD refers to severe behaviour problems. It is characterized by persistent or repetitive exhibitions of extreme aggressive or non-aggressive behaviours against property, people and animals. This behaviour includes stealing, threatening, disobedient, being defiant, destructive, excessively fighting or bullying, fire setting, belligerent, deceitful, threatening, physically cruel, repeated lying, intentional injury, forced sexual activity and frequent school truancy (AACAP, 2007; Ogundele, 2018). Therefore, children who have either one or combination of the three conditions can be admitted in a School of Industries.

A study that was conducted in the U.S.A. by Branson et al. (2008) found that behavioural problems are one of the risk factors for readmission to care. In SA, there is little research that was conducted

on children with behavioural problems. In a study that was conducted by Kleintjes et al. (2006) in the Western Cape, findings revealed that there was absence of provincial or national rates for mental disorders to advise the programme's inputs to service planning. The study was aimed at formulating the estimates of the prevalence of selected mental disorders for adults and children. The overall prevalence of disorders for children was 17.0%. The prevalence was distributed as follows; CD (4%), ODD (6.0 %), ADHD (5.0%), and anxiety (2%). Apart from this report, there is no current statistics in SA for children with behavioural problems. This is a concern because the affected children do not receive sufficient services that they require (verbally confirmed by H. Clarke & M. Zikhali (2019), pers.comm.,10 July). In the current study, the researcher argues that there is a gap concerning statistics of children who have behavioural problems, which requires more research to be conducted, and to find more suitable ways in which the families of these children can be best supported by different structures.

Meltzer et al.'s (2011) study found that caregivers and parents of children with behavioural and emotional disorders often experience serious challenges that are associated with the care of the child. These include financial burden, high irritability and overprotection in families, conflicts between family members, effect on family social life, interruption at work, fatigue, personal freedom and privacy, sadness and limitations on time, (Meltzer et al., 2011). Parents would also avoid public spaces such as cinemas, shops, restaurants, and public transport because children with behavioral or emotional problems require more attention and supervision than normal children (Melzer et al., 2011). The children's behaviour may not only impact their social functioning, but parents also reported that behavioural problems of their children led to psychological problems such as depression (Meltzer et al., 2011). It is for this reason that the researcher's view is that parents who are caring for children with behavioural problems have different experiences compared to those parents caring for, 'normal' children as also supported by Meltzer et al. (2011). What distinguishes this current study from other studies is that it is comprehensive in that; 1. it does not only focus on family reunification and aftercare services, but it is specific to children with behavioural problems. 2. The study employed a holistic approach in that it involves different data

sources, who are primarily, affected by family reunification and aftercare services. Thus; children, parents, residential social workers and referral social workers.

From the researcher's field experience, SA is faced with a challenge of children who display behavioural and emotional problems while placed in various CYCCs including the School of Industries. Family reunification services become a challenge for these children because some of their family members are overwhelmed by the children's behaviours. Resultantly, families whose children are in CYCCs may terminate their contact or refuse to be reunified with the children when they have completed the residential programmes. This implies that parents do not have necessary skills to cope with the behaviour of the children. Lack of family contact has a serious negative effect on the children's development in various aspects including; behavioural, emotional, and social functioning (Mahalihali, 2016). One of the social work and allied professions' strategies to use in supporting and strengthening families is to empower them (National Child Care and Protection Policy, 2019). Literature in the current study shows that strengthening families is central during interventions to assist parents and families that are at risks. This includes providing families with opportunities, referrals, relationship-building, networks, and protection to help them meet their needs. Other programmes include skills development programmes, support groups and independent living programmes.

2.3.5.1 Causes and risk factors

According to AACAP (2007), there is no single cause of Disruptive Behaviour Disorders (DBDs), rather, they result from a complex combination of risk and protective factors that are related to biological and environmental social influences. The following is a discussion of some of the known risk factors:

i. Biological factors

According to Cabaj, McDonald and Tough (2014), Mental illness that persist throughout the lifecycle often originate from childhood. Findings demonstrate the significant importance of maternal well-being and parent-child bond on healthy development of a child especially in the

early years (Cabaj, McDonald and Tough (2014). In agreement, DSM-IV classified CD into childhood-onset.

ii. Individual factors

Murray and Farrington (2010) identified several individual risk factors for behaviour problems in young people; among the others, those are impulsiveness, low IQ and low educational achievement. Impulsiveness includes poor ability to control the behaviour, inability to plan ahead, risk taking, sensation seeking and inability to delay gratification. Furthermore, Murray and Farrington (2010) reported that children with low IQ tend to be delinquent, which then lead to school failure.

iii. Family factors and family background

According to Murray and Farrington (2010), these factors includes child rearing, child abuse, parental conflicts and disrupted families. In childrearing, Murray and Farrington (2010) suggested that there is a relationship between parenting and child behaviour. This involves poor parental supervision, poor maternal supervision, low persistence in disciple, inconsistency in rules, physical punishment, cruel, passive or neglecting parent attitude. Secondly, Murray and Farrington (2010) argues that children who were abused as a child tend to develop aggression and violent behaviour later in life or during adolescence. Parental conflicts and disrupted families are reported to be among the risk factors for CD and may lead to antisocial behaviour in the children and young people (Murray & Farrington, 2010). These includes parents with unhappy relationships, parental separation, parental divorce and single parenthood. Murray and Farrington (2010) reported that children who observed violent behaviour between their parents were at a higher risk to commit violent and property offences. Furthermore, parental separation was reported to cause financial instability or low family income – and may lead to poverty (Murray & Farrington, 2010). Loss of parents had negative effects on the children, Murray and Farrington explained it in this way:

> *"Trauma theory suggests that the loss of a parent has a damaging effect on a child, most commonly because of the effect on attachment to the parent"*(p. 637).

It is also reported that parents with antisocial behaviour tend to have children with CD, and that antisocial behaviour and criminal behaviour can be transferred from one generation to another e.g., substance abuse (AACAP, 2007; Murray & Farrington). This may occur as a result of family influencing each other or poor discipline (Murray & Farrington, 2010).

iv. Social factors

Several social structures have been associated with the development of DBDs including, neighborhood, peer influence, social-economic factors (low-income families, unemployed parent, dependent on welfare benefits, lack of structure, community influences (Murray & Farrington, 2010).

It is worth noting that some of these factors that are mentioned above are not necessarily the cause of behaviour problems amongst the children, but they are the risk factors. In the current study, the researcher suggest that it is very important for both the families (especially the parents) and the social workers to understand the risk factors to assist them to better manage during family reunification process.

2.3.5.2 Management of behavioural and emotional problems in children

Ogundele (2018) suggested several management strategies for children with behaviour and emotional problems, and those strategies includes child-focused psychological interventions, behavioural modification, parental skills, social communication, and psychopharmacological intervention. In terms of parenting skills, Ogundele (2018) suggested that parental training improve the skills to cope with child's behaviour, in that parents learn to define, identify, and observe problems behaviour in new ways, as well as learn strategies to prevent and respond to oppositional behaviour. The second strategy is Child-focused psychological intervention. This strategy involves the combination of both cognitive and behavioural learning principle to reinforce the desired behaviour, and it also involves self-esteem building strategies (Ogundele, 2018). The third strategy is behaviour modification and social communication enhancement strategy. This strategy is designed to reduce problematic behaviour on children and teach alternative strategies

through behaviour change (Ogundele, 2018). It also applies the principles of Applied Behaviour Analysis (ABA), which is underpinned by behavioural learning theory. The last strategy is psychopharmalogical intervention, whereby the certain conditions such as ADHD are managed through medication. According to Ogundele (2018), there is less evidence to prove the effectiveness of medication on conditions such as ODD and CD, however other conditions such as depression, aggression and mood instability can be managed by medication Ogundele (2018).

2.3.5.3 Impact of children's behavior on family reunification and aftercare

Meltzer et al. (2011), found that parents and care givers of children with emotional and behavioural disorders repeatedly experienced burden related with care of the child. These include conflicts between family members financial burdens, over protection in families, high irritability, effect on family social life, interruption at work, fatigue, sadness, and limited personal freedom, privacy and time. In addition, children with emotional or behavioral problems necessitate more supervision and attention than a normal child, therefore, parents being considered for reunification (Meltzer et al.,2011). This finding suggests that relatives may choose not to take an emotionally or behaviorally distressed child to their care. In the current study, challenges faced by parents who are caring for children with behavioral problems were also explored.

2.4 CONCLUSION

This chapter discussed the bio-ecological systems theory which was utilized in the current study as the underpinning theoretical framework. The bio-ecological systems theory was most appropriate in the current study because it focuses on the relationships between a child's development within their external environment. and the theory further shows the interrelatedness of the systems to influence the child's behavior.

The chapter also provided the literature review to provide relevant background that informed the current study. The literature review was designed to focus its discussion at different geographic contexts stretching from; global, regional to national, with a specific focus on various legislations, and other factors affecting children and families. In a global perspective, the UNCRC recognises

the fundamental rights of children, and also acknowledges the family as central to human/child development. These laws suggest that when the child is removed from the family, family support services need to be rendered to the whole family, instead of placing the focus solely on the child.

In Africa, the ACRWC also support the international laws on the protection of the rights of the children. The ACRWC focuses on strengthening the relationships between the family and the family member who is removed, and also to improve the general wellbeing of the family. In SA, several legislations and policies were developed to protect the wellbeing of children. However, at this stage SA does not have specific legislations on families, it is still in the process (White Paper on Families). The South African Constitution and the children's Act no. 38 of 2005 are the main legislations in terms of protecting the rights of the children, Children's Act also prescribed the parental rights and responsibilities. In 2012, DSD developed the guidelines on family reunification, which were aimed at facilitating the effective management of family reunification services and to promote uniformity and standardization. Few studies were conducted in SA in relation to family reunification.

The Children's Act no.58 of 2005 prescribed different types of institutions, School of Industries being among them. Children are admitted in School of Industries due to severe emotional and behavioural problems, that cannot be managed in a family environment. There is no single cause of behavioural problems on children. But they result from different factors such as family history/ biological factors, family factors and social factors. Children's problem behaviors are seen to impact family reunification services, and put strain on care givers, hence a need for support services during interventions. The next chapter will discuss the current study's research methodology.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study aimed to explore the perceptions of children, parents and social workers of family reunification and aftercare services within two years after the child is discharged from the Schools of Industries. An argument from Allan and Randy (2005) was that when conducting a research, methodology should meet two criteria, that are; (1) it should be the most relevant methodology to attain the objectives of the research, and (2) the methodology must be replicable if another researcher wishes to conduct a study of the similar nature.

In order to demonstrate how the current study's researcher achieved the criteria as stated above, she first discussed the research paradigm, followed by the research approach and the research design. The researcher further explained the reasons for the choices that she made of the certain approach and design, in this study. The discussion is followed by the population, sampling and sampling procedures. The criteria for selection criteria was also explained. Research instrument, pre-testing of research instruments, method of data collection, method of data analysis were also explained. The ways that the researcher ensured the trustworthiness of the study was discussed, with a focus on; validity and reliability, credibility, transferability, dependability confirmability, and reflexivity. The researcher concluded by discussing the ethical principles that were applied in this study.

3.2 RESEARCH METHODOLOGY

Methodology is the philosophical framework within which research is conducted or the foundation upon which the research is based (Brown, 2006). O'Leary (2004, p.85) describes methodology as, "*... the framework which is associated with a particular set of paradigmatic assumptions that we will use to conduct our research*".

3.2.1 Research paradigm

According to Kivunja and Kuyini (2017, p.26), a research paradigm is, "*the perspective, or thinking or school of thought, or set of shared beliefs that inform the meaning or interpretation of the research data*". It involves the interpretations of how the researcher views the world, and how the researcher understands the acts within that world (Kivunja & Kuyini, 2017). In addition, Guba and Lincoln (1994) state that research paradigm guides the research's action or an investigation. This study employed interpretative paradigm. An interpretative paradigm tries to get into the head of the subject that is being studied, to understand and interpret what the subject is thinking or the meaning he or she is making of the content (Kivunja & Kuyini, 2017). The researcher in this study involved the children, parents and social workers to explore their views, their experiences and their perceptions on family reunification and aftercare services for children with behavioural problems discharged from Schools of Industries.

3.2.2 Research Approach

In this study, a qualitative approach was employed. The researcher found this approach appropriate because the study intended to explore the perceptions of parents, children and social workers of family reunification, and aftercare services rendered to families of children with behavioural problems and discharged from Schools of Industries. Leedy and Ormrod (2005) defined qualitative research as a method which is employed to answer queries about the complex nature of a phenomenon or occurrence, often with the aim of describing and understanding the phenomena from the participants' point of view. Qualitative research afford an opportunity for the researcher to discover the participant's inner experience and to understand how meanings are shaped through and in culture (Corbin & Strauss, 2008).

In this study, the researcher used a primary research method whereby the information was gathered directly from the participant in order to collect in-depth information about their experiences on family reunification, and aftercare services. The researcher explored the views and perceptions of parents, children and social workers of family reunification services that are rendered to children

with behavioural problems and discharged from Schools of Industries, using face-to-face individual interviews, and FDGs. In one-on-one interviews, social workers who had a common background, and experience of working with children with behavioural problems were interviewed, to express their insight on family reunification and aftercare services when working with these children and their families.

Behavioural problems in children are a more persistent phenomenon, yet few studies were conducted in SA about the subject; as deeply discussed in this study's literature review. The researcher found exploratory research as more appropriate to use in exploring the challenges that are faced when rendering family reunification services to children with behavioural problems, and their families. The current study also explored the challenges that were faced by parents that are caring for children with behavioural problems. Furthermore, the researcher explored the challenges that are faced by families, and social workers during the family reunification process.

It is evident from the literature that the researcher consulted for this study that there are few studies that are conducted in relation to family reunification and aftercare services for children with behavioural problems. Hence, the researcher contributed to this literature by exploring the perceptions of; children, parents, residential social workers, and referral social workers about family reunification and aftercare services for children with behavioural problems and discharged from Schools of Industries.

3.3.3 Research design

This study employed a case study research design. According to Yin (2009, p3), A case study research design refers to, *"... an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident*". Another definition was provided by Simons (2009), who defined a case study as an in-depth exploration from multiple viewpoints the complexity and uniqueness of a particular project, policy, institution, program or system in '*real life*' (p.21). According to Yin

(2009), a case study is more relevant to answer a "how", and, "why", question. Flyvbjerg (2006) identified the following advantages of case studies:

1. It is important for developing different views of reality, including the mindfulness that human behaviour cannot be understood as merely an act that is driven by theory or a rule.
2. It can contribute to the professional development of a researcher, since case studies provide concrete, context and dependent experiences that increases their research skills.

In a case study, researchers may also scrutinize numerous individual cases that are drawn in a manner that their analysis affords them with the most diverse data that they can collect (Yin, 2003). Researcher can employ a single or a multiple case. According to Baxter and Jack (2008), the difference between a single, and a multiple case study is that on the latter, the researcher concurrently studies several cases to understand their differences and similarities. Another difference is that the researcher can analyses the data within each situation as well as across situations (Yin, 2003). It is for this reason that the researcher for the current study found a multiple case study approach more appropriate. She intended to accumulate data from multiple perceptions of; children, parents, residential social workers and referral social workers, on family reunification and aftercare services for children with behavioral problems. By applying a multiple case study, the researcher was able to gather a broader understanding about the subject, and to achieve the objectives of the study. It helped the researcher to accumulate rich data about the topic, and allowed the participants to share their own experiences about the family reunification, and after services. Similarities and differences were identified, and analysed, which will assist to improve family reunification services that are rendered to families.

3.3.4 Study population, Sample and sampling procedure

A population comprises of all the objects or actions of a particular type which the researchers seeks to understand (Allen, 2017). From non-probability sampling, the researcher found purposive sampling approach as appropriate for this study. Non-probability sampling is often associated with case study research design, and qualitative research (Taherdoost, 2016). Case studies "*tend to focus*

on small samples, and are intended to examine a real-life phenomenon, not to make statistical inferences in relation to the wider population" (Yin, 2003 p.13). A sample of participants or cases does not have to be representative or random, but a clear basis is required for the inclusion of some cases or individuals, than others (Taherdoost, 2016). Starman (2013) further argues that selecting a case study depends on the goal of the research. "*It more than just a methodological choice, but a choice of what is to be studied*", Starman (2013, p30) said. Furthermore, Starman (2013), mentioned that participants that will be participating in the study are selected on the basis of the researcher's judgement, about which ones will be the most useful or representative. In order to be inclusive in the current study, the researcher considered these characteristics: -

- A social worker registered with the South African Council for Social Service Profession (SACSSP) working in a School of Industries.
- A social worker registered with SACSSP working in DSD or an NGO, and have referred a child/children in a government CYCC (Schools of Industries)
- A child who was discharged from a government Schools of Industries within two years and residing in Gauteng Province (children from 15 to 18 years, assent and consent were obtained from both; children and their parents).
- A parent whose child was discharged from Schools of Industries within two years (residing in Gauteng Province). These were parents of the same children who participated in the study; therefore, the criteria were for the child and his or her parent.

The researcher first obtained an approval from Human Research Committee (see Appendix A, and clearance number is attached). In this the current study, the researcher involved three cases where sixteen participants were interviewed in an individual interview and FGDs, that is; five children, five parents and six social workers. The researcher first obtained permission or approval from the Gauteng DSD (See Appendix D), JW Luckhoff (see Appendix E) and Emmasdal CYCC (see Appendix F) to access the admission register, discharge register, and contact details of parents, and children who were discharged from the Schools of Industries. The researcher also requested the records of the referral organisations to access their social workers. Individual contacts were

made with social workers from School of Industries, telephone contacts were made with the parents, children and the referral social workers.

Owing to that, the researcher was working in a School of Industries during the time of conducting the current study; two social workers from Emmasdal CYCC participated in this study, and one from JW Luckhoff CYCC. Initially, all three social workers from Emmasdal CYCC were expected to participate in this study. However, during the engagement phase with the participants, the researcher discovered, that one of the social workers from the three in Emmasdal CYCC did not meet the inclusion criteria because she was still new. Therefore, one residential social worker from JW Luckhoff CYCC was included, and the researcher tried to respect potential power imbalances to ensure ethical principles. Furthermore, reflectivity was observed throughout the research process, to guard against unethical conduct. The researcher also assured the participants that she was going to remain professional to avoid any personal interference. From the six social workers, three social workers were selected from the Schools of Industries and the other three social workers were from the referral organisations, that were; 2 social workers from DSD and 1 from NGO which is Jo'burg Childwelfare (see Appendix D & G). Participant information sheets were developed and discussed with all participants according to their categories. It helped them to know what the study was; all about, its purpose, procedures that would unfold and its benefits (see Appendix H, I & K)

3.3.5 Research Instrument

Regarding the qualitative approach, which was used for this study, the researcher was the key instrument. In addition, qualitative semi-structured interviews were the tool for data collection. When employed properly, interviews as a data collection method produces improved insight into the subject that is studied. This is because access to data becomes insightful and personal when using interviews (Wilkinson & Birmingham, 2003). The researcher used a semi-structured interview schedule as one of qualitative research instruments. A semi-structured interview schedule provides a clear set of directions for researchers and can provide reliable, and comparable qualitative data (Cohen & Cabtree, 2006). In addition, semi-structured interviews often contain open-ended questions, thus allowing the discussions to deviate from the interview

guide. This then gives participants the freedom to express their terms (Cohen & Cabtree, 2006). It is largely best to tape-record interviews, and later transcribe them for data analysis. In semi-structured interviews, questions are prepared ahead of time in order to help the interviewer to be prepared and appear skilled during the interviews.

In this study, face-to-face individual interviews were conducted with the parents and children. Additionally, two separate FDGs were conducted with residential social workers and one with the referral social workers, in order to meet this study's desired outcomes. Social workers were asked questions that were different from those of parents and children. The research instrument that was employed helped the researcher to explore the perceptions of participants on family reunification, and aftercare services for children with behavioural problems, after being discharged from Schools of Industries. By using a semi-structured interview schedule, the researcher obtained rich, thick and deep data.

3.3.6 Pre-testing of research instrument

Sekaran (2003) argues that for every research design; data collection tools must pass the tests of validity and reliability prior to being deemed good. Pre-testing of research instruments assist in the following: -

1. It highlights vagueness, difficulty, irrelevant questions and remove or modify same (Dikko, 2016).
2. It Records the time spent to complete the interview and allows the researcher to check whether it is reasonable (Dikko, 2016).
3. It helps determine whether each question brings satisfactory responses.
4. Establishes whether participant's replies can be accurately interpreted in accordance with the information required (van Teijlingen & Hundley, 2001).
5. Check whether the researcher has fused all the questions necessary to measure all concepts (Berg, 2001).
6. Allow the researcher to practice and modify interviewing techniques (Berg, 2001).

In this study, the researcher made efforts to ensure the settings, choice of participants and interview methods were closed to as those intended in the main study. The researcher used the same criteria for the selection of participants as discussed in this study. The participants were selected from each category as listed above. Participants in the pre-testing included a child with behavioral problems who has been discharged from the Schools of Industries within two years, a parent of that child, a social worker who referred a child to a Schools of Industries and a residential social worker in a School of Industries. Individual interviews consisted of a minimum 2 participants, that were; a child and a parent, then one FDG consisted of two social workers were interviewed in a pilot study. The setting had limited background noise, so that there were no distractions and recording of data was made much easier. A pilot study helped the researcher to; modify difficult questions to ensure that they were relevant for the study, be orientated on time, venue, and recording device. Piloting also helped the researcher to gain more confidence and improve her interviewing skills and techniques. Data obtained during pilot study was discarded, it was not applied in this study except for amendments on the interview tools.

3.3.7 Method of data collection

Qualitative data collection methods are exploratory in nature and primarily, are concerned with gaining insights and understanding on underlying reasons and motivations (Vaus, 2002). Vaus further indicated that, "*... qualitative methods are often regarded as providing rich data about real life of people and situations and being more able to make sense of behaviour and to understand behaviour within its wider context*" (2002, p.5).

In this study, the researcher employed individual one-on-one interviews and FDGs (see Appendix Q, R & S). One-on-one individual interviews were conducted with 10 participants who were; five children and five parents. The two FDGs were conducted with social workers, who were divided as; one group with three residential social workers and another one with three referral social workers. Individual interviews were conducted from the participants' homes, and they lasted between 45 to 90 minutes. The FDG with the residential social workers was conducted at Emmasdal CYCC and it lasted for 95 minutes. The other FDG with the referral social workers was

conducted at Rand Club in Johannesburg CBD (the venue hosts conferences, workshops and meetings) and the discussion lasted for 90 minutes. Transport arrangements were made by the researcher at her own cost.

Prior to the interview sessions, the researcher ensured that the environment was safe and convenient for the participants as well as conducive with no distractions. This allowed the participants to feel free to disclose all the information concerning the subject. Also, this study was conducted during national lockdown, the researcher had to ensure that COVID-19 protocols were observed during data collections in both the individual and FGDs interviews i.e., 1.5 social distancing, wearing of masks and hand sanitiser (which was supplied by the researcher), sanitisation happened after every 20 minutes and there was a timer as a reminder), there was no hugging, shaking of hands and sharing of items. In-depth and semi-structured interviews were employed to collect data from the participants, it gave the opportunity to the participants to express their views on what they perceived about the reunification and aftercare services. The participants were requested to disclose the language that they were more comfortable with, and the majority of them preferred to use English as a main language. Only one participant preferred Isizulu and one other preferred Setswana. There was no need to secure an interpreter because the researcher is literate in the majority of African languages that are spoken in SA. Also, in her 13-year-experience of working with children in CYCCs, the researcher has mastered the skills and techniques of interviewing children. Hence, she was able to use the language that was most appropriate and not harmful to children.

Field notes and audio-tape recording were used to capture data from the respondents and the participants signed . Later, the researcher transcribed the recordings for data analysis. The device for audio recording was in a good state and the interviews were audible, which allowed the researcher to obtain all data as presented by the participants. The researcher had to first seek permission from the participants for audio-recording, and the issue of confidentiality was emphasized. Participants signed consent for audio-tape recording (see Appendix L, M, N,O & P).

3.3.8 Method of data analysis

3.3.8.1 Thematic analysis

In case study research, it is imperative for the researcher to treat each case as a single case (Davies & Beaumont, 2011). A case study allowed the researcher to use a variety of research methods and data was obtained from various sources. The researcher used thematic analysis to analyse the data. Thematic analysis is a method for identifying, analysing and reporting patterns or themes within qualitative data (Braun & Clarke, 2006). According to Braun and Clarke (2006, p.9), "*it is a method rather than a methodology*". This means that, unlike other qualitative methodologies, it is a flexible method as it is not tied to a particular epistemological or theoretical perspective. This is consequently a considerable advantage because it diversifies the researcher's learning. Another advantage of thematic analysis is that it provides skills to combine data into smaller, easy to read and understandable chunks. Braun and Clarke (2006) provide a six-phase guide in conducting thematic analysis, the six steps were adopted in the current study. The following is the description of each step and how it was implemented in this study:

Phase 1: familiarising yourself with data

Data was obtained from individuals and focus groups, and it was recorded using an audio device and field notes. Data from audio recordings were transcribed in written form (in verbatim), in order to conduct thematic analysis. This process helped the researcher to maintain the original data that was gathered from the participants. The researcher read and re-read all the data carefully; line by line before she started coding. Whilst reading data, the researcher searched for; meanings, patterns and any another aspect that emerged and was important for the research topic. Braun and Clarke (2006) argue that "*What is important is that the transcript retains the information you need, from the verbal account, and in a way which is true and to its original nature (e.g., punctuation added can alter the meaning of data*)" (p88). This step helped the researcher to familiarise herself with the content of data and generated the ideas of what was in the data.

Phase 2: Generating initial cases

According to Braun and Clarke (2006), this stage commences after the researcher has read and familiarized himself or herself with the data and then formulated an initial list of concepts about the content of the data and what is interesting about it. This is a phase where a researcher starts with coding of relevant, words, phrases, sentences or sections. A code can be a word or short sentence that signify an idea. Coding can be about; actions, activities, concepts, differences, opinions, processes or whatever is relevant (Braun & Clarke, 2006).

In this study, coding was done by the researcher by looking at the following elements:

1. Themes that emerged frequently
2. Information that was surprising and shocking, which was not anticipated in this study.
3. What was emphasized by the participants?
4. What related or was similar to other studies?
5. Things that reminded the researcher about theories.

In thematic coding, the researcher finds themes in text by analysing the meaning of words and sentence structures. The researcher reads through the data, line-by-line, to generate a sense of what it looks like to code as much as possible. Codes were categorised to figure out what fitted into the coding frame. Coding was conducted manually by first using highlighters in transcripts and later transferred in an excel spreadsheet as soft copies. Although the process is perceived to be time consuming, it helped the researcher to best familiarise herself with the data. The researcher applied inductive coding whereby she created codes based on data from the interviews, where all codes emerged from the participants' responses. This helped to prevent researcher's bias. Codes were organised based on hierarchical coding frame; thus, codes were organised on how they relate to one another. Both the positive and negative elements were coded. The researcher in this study kept the coding reliable and consistent.

Phase 3: searching for themes

This phase includes forming themes from the different codes and organizing all the relevant coded data extracts in those identified themes (Braun & Clarke, 2006). Themes capture something imperative about data in connection to the research question and signifies some level of patterned responses and meaning within the data set (Braun & Clarke). Furthermore, Braun and Clarke (2006) suggest that themes do not have to be of the same type, they can be about objectives, processes, and differences (Braun & Clarke, 2006). Some codes were used in the main themes, whereas others were utilized in sub-themes. The researcher was unbiased in that, themes came from the participants' responses. The researcher identified issues within each case, and across different cases. She then collated common themes that transcended the cases. The responses were grouped based on the theme, not wording. The themes were used as major findings in this study, and they were also used as headings in the finding's sections.

Phase 4: reviewing the themes

During this phase, the researcher had created a set of candidate themes. Therefore, phase 4 involved the refinement of the collated themes. Some candidate themes were removed because there was not enough evidence to support them, whilst others collapsed into each other. Some themes were broken down into separate themes because they could have been too long, or subthemes that emerged within them proved to be able to stand independently. Central themes were formulated in order to categorise the issues of concern.

Phase 5: defining and naming themes

The researcher in the current study defined and further refined the themes that were present for data analysis, and analysed data within them. During phase 5, the researcher did not just paraphrase the content of the data extracts, she identified what was of interest for this study. The researcher was able to clearly define what were her themes and what were not, she had to decide which themes were more important than others. This was tested by being able to define the scope and content of each theme in a couple of sentences. She also ensured that each theme had enough data to support

it. Themes were summarised in a table (see table 1 & 2). The researcher used narrative passage approach to convey the findings.

Phase 6: producing the report

This phase encompasses the final analysis and write-up of the report and interpreting the findings. It answers the questions such as, "… what were the lessons learned from the study?" A thematic analysis is able to "*tell the complicated story of data in a way which convinces the reader, of the merit and validity of the analysis*" (Braun & Clarke, 2006 p.23). It is important that analysis provides a; concise, coherent, logical, non-repetitive, and interesting account of the story the data tells, within and across themes. Researchers might explain how the narrative outcome will be linked to theories and the general literature on the subject under study (Braun & Clarke, 2006).

In this study, due to the fact that the data was rich, deep and thick, data presentation and findings was divided into two sections, thus; chapter 4 and chapter 5. Chapter 4 is the presentation and analysis of data from individual interviews with parents and children (which are reported as families in the themes), and chapter 5 is the presentation and analysis of data from the social workers (residential and referral). The researcher described the themes and how they are connected. The researcher in this study was objective during data analysis, in that she reported what the participants said not her own perceptions. Data was interpreted in a non-statically form. Not all of the information was used in this study. The lessons learned from the cases will be used to address the challenges that are faced when rendering family reunification and aftercare services to children with behavioural problems and discharged from Schools of Industries, and their families.

3.4 TRUSTWORTHINESS OF THE STUDY

3.4.1 Validity

In a qualitative research, validity means that the researcher checks for the accurateness of the findings by employing certain procedures (Gibbs, 2007). Validity as one of the strengths of

qualitative research is based on determining whether the findings are correct from the standpoint of the researcher, the participant or the readers of an account (Creswell & Miller, 2000). In this study, validity was ensured through trustworthiness, which will be discussed in detail below.

3.4.2. Reliability

Reliability in qualitative research indicates that the researcher's approach is consistent throughout different researchers and projects (Gibbs, 2007). Reliability in this study was ensured through trustworthiness which will be discussed in detail below.

3.4.3 Trustworthiness

Trustworthiness refers to the degree of confidence in the data, the interpretation, as well as methods used to ensure the quality of a study (Pilot & Beck, 2014). Lincoln and Guba (1985) listed a criteria for trustworthiness, and they are accepted by many qualitative researchers. Those criteria are discussed, and how they were applied in this study:

3.4.3.1 Credibility

Credibility is defined as the confidence that can be placed in the truth of research findings. It is established whether or not the research findings represent believable information as drawn from the participants' original data and is an accurate interpretation of the participants' original views (Lincoln & Guba, 1985). Credibility can be obtained by prolonged engagement in the field or research site, frequent debriefing sessions, random sampling, triangulation, and member checks.

In the context of this study, the researcher was richly familiar with the field of the study because she works in a School of Industries, on daily basis. However, as part of ethics in research, bracketing and peer debriefing were used to set aside previous stories about family reunification and aftercare services for children that were placed in Schools of Industries. The researcher tried by all means to eliminate biasness when analysing and interpreting the data. The researcher participated in peer debriefing with colleagues, and her supervisor frequently. This assisted the

researcher to eliminate her own biasness, preferences, and to identify any prejudices. Inputs made by the supervisor and the colleagues were considered and implemented during the research process.

Sampling in this study consisted of; children, parents (of those identified children), residential social workers and the referral social workers who shared the same experience about family reunification and aftercare services. This form of a case study involved multiple sources whereby multiple voices were sought to gain knowledge of a wider group. This type of method helped the researcher to understand the challenges faced by; children, parents (families), referral social workers and residential social workers holistically, and their perceptions on family reunifications. It helped to identify the gaps that exist in rendering those services by all those who are affected.

Triangulation in this study was achieved using different research; instruments, and research methods of data collection, that is; face-to-face individual interviews, and FDGs, from different types of participants. According to Onwugbuzie and Leech (2007, p. 239), triangulation, "… *involves the use of multiple and different methods, investigators, sources and theories to obtain corroborating evidence*". Anney (2014) suggested that qualitative research must comprise one or two triangulation techniques. In-depth interviews were conducted using open-ended and probing questions to access insightful information from the participants. An interview schedule was continuously reviewed with the supervisor and was part of the submissions to the Human Research Ethics Committee's approvals.

Lastly, credibility in this study was ensured through member check reviews. According to Lincoln and Guba (1985), member check is a crucial process that any qualitative researcher should undergo because it is the heart of credibility. The analysed and interpreted data was sent back to the participants to evaluate the interpretations that were made by the researcher, and to suggest changes if they are not happy with it because they were misrepresented.

3.4.3.2 Transferability

Transferability refers to the degree to which the research findings can be transferred to other contexts – it is the interpretive equivalent of generalisability (Bitch, 2005; Tobin & Begley, 2004). Lincoln and Guba (1985) proposed that it is the researcher's responsibility to secure or to make sure that adequate contextual information about the research site is supplied, to help the reader to make such a transfer. According to Bitch (2005), a researcher can facilitate transferability through thick description and purposeful sampling. This means that when the researcher provides a detailed description of the enquiry and participants are selected purposively, it facilitates transferability of the inquiry. It helps other researchers to repeat the study with similar conditions in other settings. In this study, transferability was ensured through thick description and purposive sampling.

The researcher employed purposive sampling to select participants who are knowledgeable about the subject, to answer the research question, which was, "What are the perceptions of; children, parents and social workers about family reunification and aftercare services for children with behavioural problems and discharged from Schools of Industries?' Teddle & Yu (2007, p.77) defined purposive sampling as, "… *selecting units (individuals, groups of individual or institutions) based on specific purpose associated with answering a research study's question*". Participants in this study were selected according to the inclusion criteria set by the researcher, which include the participants' background and experience about family reunification and aftercare services for children with behavioural problems and discharged from Schools of Industries.

Thick description was ensured through description of research methodology and data. Li (2004) explained that thick descriptions enable judgement about how well the research context fits the other contexts. The researcher obtained thick and rich data from the in-depth interview questions. Due to the amount of data that was collected in this study, interpretation and analysis of findings were separated into two sections as mentioned earlier.

3.4.3.3 Dependability

Dependability refers to, "*… the stability of findings over time… can be established by using audit trial, a code-recode strategy and stepwise replication"* (Bitch, 2005, p.86). In order to ensure dependability, the process within the study should be reportable in detail, thereby enabling future researchers to repeat the work, if necessary, to gain the same or similar results (Shenton, 2004).

In this study, dependability was ensured through auditability and accountability. The researcher used a journal to record each and every step of the research process. Documents such as raw data, interviews, field notes and audio recordings are kept for further inquiry process. In this dissertation, the researcher was also accountable for all decisions and activities that she made, to show the process of collection, recording and analysis.

3.4.3.4 Confirmability

Confirmability refers to the extent in which the findings of a study could be confirmed or corroborated by other investigators (Lincoln & Guba, 1985). Confirmability is concerned with establishing that data and interpretations of the findings are not fabrications of the researcher's imagination, but clearly derived from empirical data (Baxter & Eyles, 1997). Conformability can be achieved through audit trial, reflexive journal and triangulation (Lincoln & Guba 1985).

In order to ensure conformability in the current study, the researcher kept a reflexive journal which included all the events that happened in the field, and personal reflections in relations to the study. Audit trial was conducted by the researcher and the supervisor, to examine the data collection and analysis procedures and make judgements on the merit of the interpretation and the investigation. The researcher ensured that the data that was provided by the participants was not fabricated. By so doing, the researcher kept the transcripts of the data from the interviews.

The researcher applied triangulation, prolonged engagement on the study site, applied good interviewing techniques and safeguarded the participants' identity during data collection and analysis by not using their names. But for identifying the participants, the researcher used

participant numbers, such as; Participant 1, Participant 2, and Participant 3. The researcher asked open-ended questions with no leading elements in both the individual interviews and FDGs. Direct quotes from the participants were used to interpret and analyse data. Furthermore, the researcher ensured to reference all the literature to support or strengthen the findings.

3.4.3.5 Reflexivity

According to Krefting, reflexivity is, "… *an assessment of the influence of the investigator's own background, perceptions and interests on the qualitative research process*" (1991, p.218) that includes the researcher's personal history. It is important to note here that by the time of conducting this study, the researcher was working in a Schools of Industries, which admits children with behavioural problems and her experience in the field necessitated this study. However, it should be noted that the researcher took certain steps to avoid biasness. The researcher applied bracketing strategy, whereby she constantly reflected on her thoughts, feelings, and interpretations, to prevent being biased. She used reflexivity for critical self-reflection about oneself as a researcher (own biases, preferences, preconceptions), and the research relationship. The researcher also used peer debriefing with her colleagues to assist in checking her bias and preferences. She guarded against power imbalances, taking into consideration that she is the social work supervisor, she did not want her professional status to influence the research process especially during focus groups with the social workers. She encouraged the participants to view her as a researcher not as a social work supervisor. The researcher was also guided by the research ethics and SACSSP code of ethics (2007a) throughout the study.

3.5 ETHICAL CONSIDERATIONS

According to Strydom (2002), ethical guidelines serve as standards and basis on which each researcher ought to evaluate his/her own conduct. The researcher is registered as per terms of Social Service Professions (SSP) Act, 1978 (Act no. 110 of 1978), as such, she was guided and abided by the SSP code of conduct. Also, the researcher was guided by the research ethical principles such as; honesty, accountability, professional courtesy, fairness, good stewardship, and

integrity. There are several ethical guidelines that have been applied during the process of conducting the current study. The researcher abided to the following ethical considerations:

3.5..1 Informed consent

Before the commencement of this research project, the ethical clearance was granted by the University of the Witwatersrand' Human Research Ethics Committee (HREC Non-Medical), clearance number H20/10/22 (see Appendix A) and the permission to conduct the study was granted by; Gauteng Department of Social Development Research Unit, JW Luckhoff CYCC, Emmasdal CYCC, and Joburg Childwelfare.

Additionally, the permission to conduct the study was granted by the two Head of Institutions (HOIs) to access the files of the children and the discharge registers to access the contact details of the children, parents and referral social workers. HOIs also granted the researcher access to their staff members. Permission from Emmasdal CYCC included the venue for the FDGs, with the residential social workers. For those children under the age of 18 years, consent was obtained from their parents, and the children also signed the assent forms. The participants were informed about what the study entailed, and the processes and the outcome of their contribution in the study.

3.5.2 Voluntary participation

Participants were asked to sign an informed consent (those who were aged 18 and older) and assent forms (for those who were younger than 18 years of age), and they were informed that participation was voluntary, and they could withdraw themselves from the study at any given time.

3.5.3 No harm

The researcher acknowledged that participants were from different backgrounds considering factors such as their; culture, religion, and gender. The researcher was obligated to respect those characters in this study. By so doing, the researcher first asked the participants of the language that they were comfortable with and tried to accommodate them using their preferred language. The researcher also ensured that she protected the research participants by avoiding unnecessarily

exposing them in this dissertation. This study also involved children who were aged between 16 to 18 years. The researcher was guarded against using the language that could be harmful to these children. The researcher refrained from asking questions that were deemed harmful to all the participants. For example, there was one instance where a participant was not comfortable to answer a certain question, and that question was skipped during the interview.

3.5.4 Confidentiality and anonymity

Confidentiality and anonymity cannot be guaranteed during data collection in a FDG, due to the nature of the FDGs. However, anonymity was ensured during data analysis through using participant numbers to represent participants in this dissertation, not using their original names. Information that was provided by the participants was treated and kept confidential, and anonymous. This included the researcher keeping the records (audiotapes and transcripts) in a safe environment where it cannot be accessed by other people. Electronic data collected from the participants was stored in password protected gadgets (computer and audio recorder), where other people will not gain access. Transcripts were kept in a lockable cabinet that cannot be accessed by other people. Participants' real names were not recorded in this study, the researcher used case coding during data collection and analysis.

3.5.5 Honesty

The researcher has ensured honesty in; methods, procedures, reporting data, results and publication status. She did not; misrepresent, falsify and fabricate the data.

3.5.6 Conflict of interest

Institute of medicine (IOM, 2009) defined conflict of interest as circumstances that create a risk that professional judgement or actions regarding a primary interest will be unduly influenced by a secondary interest. The primary interest include encouraging and protecting the interest of the research, and secondary interest include the pursuit of professional advancement and recognition of the desire to do favours for; a friend, family, or a colleague. Furthermore, the Institute of

Medicine (IOM, 2009), suggested that the existence of conflict of interest is not unethical, but not recognising or declaring them is, and it can dent the reputation of a researcher. In support, Curzer and Santianes (2012) mentioned that researchers are sometimes duty-bounded to do things that expose them to conflict of interest, thus strategies for managing as well as avoiding conflict of interest are necessary.

The researcher in the current study is deeply familiar with the study site because she works as a social work supervisor. The researcher had preconceived ideas and perceptions about the research subject which necessitated the study. However, the researcher ensured that she used bracketing strategy. She did not allow her preconceived ideas and own perceptions to influence the study. The use of multi-source in this study can also attest to the fact that the researcher intended to collect diverse data from different people who are primarily affected by family reunification of children with behavioural problems, from the Schools of Industries. Additionally, due to the unforeseen circumstances, such as the transfer of social workers, the original plan for the data collection was changed. The research had initially planned to exclude the social workers from her own institution. However, owing to the need to balance the number of social workers between referral and residential social workers, the researcher recruited one social worker from her institution, to prevent representation bias. It is noteworthy that by the time of the current study, there were only two government Schools of Industries in Gauteng. This limited the choices in accumulating the sample of residential social workers.

In order to mitigate the conflict of interest in this study, the researcher employed strategies such as; reflexivity, peer debriefing, respect of power imbalances and accountability. Audio recording and transcripts will be made available at any given time for audit purposes, to verify the data obtained during the interviews with the participants, and to confirm the findings.

3.5.8 Publication of the study

Strydom (2002) indicated that a researcher ought to compile a report as accurately and objectively as possible so that it will serve as a guide to future researchers who will conduct a similar or

research around the same topic. In addition, Strydom (2011) shared that a research is incomplete until the findings are shared in a public domain in a manner that is clear, understandable and in a written form. In this study, the research report was edited by the language editor to ensure the quality of language before the final submission (see attached editor's certificate, Appendix C)

3.6 CONCLUSION

This chapter started by discussing the research paradigm that guided this study. The chapter also discussed; the research approach, and research design. Qualitative research approach was found to be more appropriate in this study to explore the perception of families and social workers on family reunification and aftercare services for children with behavioural problems, after being discharged from Schools of Industries. In-depth data was collected from multiple sources, that are; social workers, parents, and children. The choice of the qualitative approach and the case study helped the researcher to accumulate rich, and thick data from the participants through individual face-to-face interviews and FDGs. Prior to the actual interviews, the researcher conducted a pilot study to pre-test the research instruments, and corrections were made based on reviews that were made. Data was analysed using thematic analysis, themes, and subthemes were used to analyse data from participants. Because the researcher in this study employed qualitative research methods, trustworthiness was insured through validity, reliability, credibility, transferability, dependability, confirmability and reflexibility. Lastly, the researcher discussed the ethical principles that were upheld in the study.

CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents and discusses the findings of the current study. The data was analysed and interpreted using thematic analysis. Due to the large amount of thick and rich data that was collected by the researcher, the presentation and analysis of findings were presented in two chapters; chapter 4 will be the presentation and analysis of data from individual interviews with 10 participants, thus, children, and their parents. Chapter 5 will be the presentation and analysis of data from FGDs with 6 participants; the residential and referral social workers. In some instances, data of parents and children will be presented as families, meaning that a child and a parent will consist of one family. The researcher will not use participants' real names to protect their identity, she will identify the participants using participant numbers instead. Also, to note in this section, is that referral social workers are also referred to as designated social workers or case managers. Schools of Industries are also referred to as CYCC, institution or Centre.

4.2 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

Table 4.1 below shows that the study consisted of 10 participants, these were children and parents who participated in individual interviews (This is for only parents and children, the other group will be discussed in Chapter 5)

i. Children

The sample consisted of five children who were between the ages of 16 and 18 years. Most of the participants were Black African with only one Coloured family. There were more males (four in total) than females (one) who participated in this study. This is in line with the number of children that are discharged from Schools of Industries in the past two years according to the discharged registers obtained from the two schools of industries under study. According to Menjies et al.

(2007), the state of residential care in SA is enormously difficult in spite of the efforts to collect data, by the national DSD over the past years. According to Menjies et al. (2007), this is caused by that there are numerous unregistered residential facilities that are in operation. But using the officially registered figures (from statistics of Gauteng government-run CYCCs; from which the two Schools of Industries were selected for this study), there were a total number of 1580 children. The gender of these children was; 820 males, and 760 females (Directorate institution weekly stats). This confirmed that there are more males than females admitted in CYCCs.

The selection of participants in this category was determined by the discharged registers from the two Schools of Industries. There were more boys that were discharged than girls within the period of two years (2019 and 2021). The home languages that were spoken by the participants, consisted of; (four) South African official languages (thus, Sesotho, Setswana, Afrikaans and Isizulu). By the time of being interviewed, children who participated had spent one to three years in the Schools of Industries and they were discharged from Schools of Industries between 2019 and 2021, thus, within two years.

Furthermore, all child participants were in care of their biological mothers. Three of the participants were living in a single-parent household, one participant was from a divorced family and another one was living with her biological mother and a social father, in form of a stepfather. This is not surprising because findings by Family Pediatrics Report (2003) suggested that children from single-parents household and divorced parents' households have high risks of facing a variety of problems, emotional and behavioural problems included. From all the participants of the current study, none of them was living with both of their biological parents. This confirms the study that was conducted in 2017 by Hall and Sambu (2018), the report showed that there were 19.6 million children in South Africa which constitutes 34% of the total population. Out of the 19.6, 34% of children were living with both of their biological parents, 41% lived with their biological mothers but not their biological fathers. Only 3% of the children were living with their biological fathers in the absence of their biological mothers. 21% did not live with any of biological parent (Hall & Sambu, 2018). All children who participated in the current study had behavioural problems which led to the admission in the Schools of Industries.

ii. Parents

Five participants (parents) were aged 35-44 years. Racially, the majority of the participants were Black African, and only one was Coloured. This was similar to the findings that were reported by the Stats SA (2019), which showed that in 2019, the South African population was around 58.4 million in total, and the majority (47.4 million) of them were Black Africans. Those who were racially categorised as Indian or Asian were the smallest population group and counted 1.45 million people in total. All parent participants in this study were females. Three participants were single mothers, one was divorced, and one was separated from the biological father of the child, and married another partner who was now the stepfather to the concerned child. The financial status was distributed as; one participant financially stable, the rest were depended on child support grant, and temporary jobs to maintain their families. This was not surprising because the national statistics show that in year 2020, the unemployment rate in SA increased from 30,8% in quarter 3 of the year, to 32,5% in quarter 4 of the same year. This was the highest unemployment rate that was recorded since the start of the QLFS in 2008 (StatsSA, 2020).

Furthermore the 2019 SA statistics show that most of the households in SA indicate that the main source of income was salaries or grants (Stats SA, 2019). Roughly 10,7 million secured their income through regular wages, whereas 7.9 million households received social grants that were paid by the SA government to people who were in need of state support. In addition, the Family Paediatrics report (2003) argued that single-parent households differ from 2-parent households, with consideration of the financial status and parental resources. Single -parent households had higher rates of poverty than the 2-parents' households.

Table 4.1 Socio-demographic profile of participants (Families)

Category	Sub-category	Number of participants
Children		
Age In years	16-18	1
Gender	Male	4
	Female	1
Race	Black	4
	Coloured	1
Home language	Sesotho	2
	Setswana	1
	Afrikaans	1
	Isizulu	1
Number of years spent in the CYCC (Schools of industry)	1-3	5
Number of years since discharge	1-2	5
Parents		
Age in years	35-44	5
Gender	Female	5
Race	Black	4
	Coloured	1
Home language	Sesotho	2
	Setswana	1
	Afrikaans	1
	Isizulu	1
Marital status	Single	3
	Divorced	1
	Married	1
Employment status	Full-time	1
	Part-time	1
	Unemployed	3

4.3 INDIVIDUAL INTERVIEWS WITH PARENTS AND CHILDREN (FAMILIES)

Table 4.2: Themes and Sub-themes for Individual interviews

Themes	**Sub-themes**
4.3.1 Theme 1: Perceptions of families about family reunification and aftercare services	4.3.1.1 Inconsistency in the services rendered and the institutions not engaging parents 4.3.1.2 *No visits, no counselling:* Social workers disappearance after discharge
4.3.2 Theme 2: Challenges experienced by families during family reunification and after processes	4.3.2.1 *Distance is a challenge*: The burden of travel 4.3.2.2 *It is all my fault*- Feelings of Parental Guilt and Inability to deal with misbehaviour 4.3.2.3 *No training, no information*: Parents not empowered to manage the behaviours of the children 4.3.2.4 Support versus lack of support system 4.3.2.5 *They make you feel like you are a bad parent:* Stigma attached to children with behaviour problems
4.3.3 Theme 3: Conduct of social workers toward families	4.3.3.1 *I don't want anything to do with social workers:* Attitude, lack of interest and involvement by social workers 4.3.3.2 Lack of collaboration between the residential social workers and the referral social workers 4.3.3.3 Social workers do not understand their clients

	4.3.3.4 *They are forever changing the social workers*: Change of case managers during family reunification process 4.3.3.5 Premature reunification of the child and the family
4.3.4 Theme 4: Status of children after discharge from Schools of Industries	
4.3.5 Theme 5: Measures to improve family reunification and aftercare services	

4.3.1 Theme 1: Perceptions of families about family re-unification and aftercare services rendered by social workers.

4.3.1.1 Inconsistency in the services rendered and the institutions not engaging parents

In relation to the perception on family reunification, the families in this study reported that they experienced inconsistency in services that were rendered by the Schools of Industries. According to families, services that they received in terms of reunification included telephone programmes, home visits (LOAs), panel discussions and family open days. While there was an agreement that the institutions had a structured telephone programme, families reported that they often experienced network problems, which affected their contacts with their children. As shown below;

> **Child from family 1**: "*I used to phone my parents every Tuesday, my family will also attend family gatherings, I don't know how is called, family meeting yeah. I will visit home during December"*. [participant 5).
>
> **Parent from family 1***:" Not much…uhm, what I liked about [school of industry] is that they will give me a telephone schedule, and this was the first time I experience it since my child had been in CYCCs, that is something that I liked about [school of industry] to be honest. Even the panel discussions, sometimes I would skip some panel meetings, the panel*

are helpful in that they update you about the progress of the child. There are no services that I received from my area social worker. She didn't even bother to come visit, to see the child...never! [participant 4]

Although families were participating in the panel discussions, and family day programmes, as hosted by the institutions, some parents felt that they were not actively engaged during the programme. They argued that they needed to be offered an opportunity to share their knowledge and experience about life stories or testimonies as part of modify the behaviour of their children. Relative to this demand that was made by the parent participants, the applied behaviour analysis (ABA) Theory, which suggests that children do better in programmes where their parents are involved. Similarly, Potgieter (2016), found that one of the reasons that children were not reunified with their parents was due to that the parents felt that their voices were not heard by the practitioners, and that counterfeited their desire to take part in the reunification process. Participant 10 reported a similar notion below;

Parent from family 4: *"I think they should add more of parents' perspectives"* [Participant 10]

In spite of the challenges that are mentioned above, all families commended these programmes and suggested that the programmes should continue because they gave them opportunities to have contact with their children, because each time they attended the programme, they were allowed to spend time with the children. Whilst families appreciated services that were rendered by the Schools of Industries, the services that were rendered by the designated social workers were reported to be poor. Families reported that they hardly received calls from their designated social workers, there were no, or little visits conducted to check the home circumstances. Additionally, LOA were not monitored during school holidays and very few designated social workers were participating in family open days. Participant 13 had this to say;

Parent from family 5 "*During LOA, I will return my child back to the institution before the prescribed period due to his misbehaviour, but she wouldn't even bother to check*

whether the child has returned to the institution or not…that she wouldn't do [participant 13]

However, two families enjoyed the company of their designated social workers and they felt valued. The presence of some of the designated social workers showed that they were part of their journey therefore parents in this study suggested that all social workers who place children in the institution should make time to be part of those programmes.

Findings from this study revealed that family reunification services lacked consistency and were poorly implemented by designated social workers. The poor engagement by the designated social workers negatively impacted the family reunification process. Similar findings were reported by Potgieter and Hoosain (2018), whereby parents experienced inaccessibility and unavailability of the designated social workers. This in turn negatively impacted their motivation to participate on family reunification process and led to frustrations. In the current study, most families perceived family reunification services as being crucial and helpful, yet there was a lack of proper implementation by the social workers. This resulted in the services being viewed as ineffective or not useful. Families suggested that these services should be strengthened if positive outcomes are to be realised.

4.3.1.2 *No visits no counselling:* Social workers disappearance after the discharge

The majority of families reported that they did not receive aftercare services from both the residential and designated social workers. Out of the five families that participated in this study, only one family received a telephone call from the residential social worker, to check on the progress of the child after being discharged. The rest of the families did not receive neither telephone contact nor physical visits by social workers, to check on the wellbeing of the child and the family, after the child's discharge. This point out that there was inconsistency on the implementation of the aftercare programme.

Families believed that due to lack of implementation of aftercare programmes and support, children ended up engaging in what they viewed as wrong things, such as; living in the streets,

abusing substances, and some displaying criminal behaviours that landed them in jail. Secondly, families needed support from the designated social workers after the discharge of the children, but the designated social workers were not interested in helping those families. Some families went to an extent of approaching social workers in their offices to seek further interventions after their child(ren) were discharged, but they could not get help and they were told that their files were closed. These findings were narrated by the below participants;

> **Child from family 1***: No visits from social workers, no counselling that I received from social workers. They did not help me with anything. I tried to engage the area social worker to help me with school placement since I am back home. I wanted to go back to school because for the past two years I am staying at home doing nothing.* [Participant 5]

> **Parent from family 1**: *According to my opinion, these services are not working… they were not effective. Just imagine for two years the child is staying at home doing nothing, he is not attending school and she (the area social worker) cannot tell me that she doesn't see him in the street, she sees him because their offices are just around the corner. I tried to involve her on my case, but she told me that your file is closed…she disappeared, they disappear*" [Participant 4]

> **Parent from family 5**: "*There's not that much aftercare services from the (designated social worker's) side, but from (school of industry), to some extent to be honest, there was some uhm, that extended service of which I feel there should be more services from outside (designated social worker) because the child is no longer at school. So, he's out, the school (school of industry) was looking after him, outside was not looking after him. Now that he's out, they still need to look after him to see that…because we are integrating this person into the society, which is going to be a societal problem where the social worker will be involved hence, they need to be involved from outside, follow-up, I mean how's things, I couldn't even get to say I'm seeing this, I don't know how to deal with this. I couldn't do because I know that from (designated social worker's) side they were not that much interested in that"* [participant 13]

Feedback from the families showed that children were not referred to other services after discharge, including school placements. Three of the children who participated in the current study, were not placed at schools after being discharged. According to the families, this resulted from the lack of support and assistance from social workers. Parents tried to find placements for their children with no success, they believed that if social workers were involved, the children could have been placed at schools. One parent had applied to more than three schools and all applications were rejected; hence she had given up. This parent alluded that sending her child to the Schools of Industries was a waste of time because it had disrupted the child's academic progress, and she blamed herself for, "failing her child".

Findings of the current study revealed that aftercare services are not implemented by the social workers after the child is discharged from Schools of Industries, hence a lack in continuity of the services. This yielded negative outcomes on the children and families, because it affected their academic progress and there was regress on the behaviour. During the interviews with the children, some of them reported that the reason they ended-up in the street was because, *"... there was nothing to do at home"* therefore, were forced to be in the streets to keep themselves busy **(Child from family 1**, participant 5). If children are involved in programmes after leaving care, there are fewer chances that they will end-up in the streets (Tanur, 2012). Although there was a minority of parents who made efforts to facilitate the school placement, some parents did nothing about their children's circumstances, and they waited for social workers to assist. In the absence of social workers' intervention, these parents neglected their parental responsibilities and placed the blame on social workers. This was mainly attributed by the disappearance of social workers after discharge, and them not offering support to families after the children were discharged from the Schools of Industries. Dependence on social workers and government incapacitate individuals and they fail to discover and apply their inner strength for the improvement of their circumstances (Collins et al., 2010)

Amongst the five children that were interviewed, only two of them managed to be reunified successfully and were placed at school after being discharged from Schools of Industries. Parents

of those children reported that it was not easy to get things right after discharge, but with the help and support from their families, they managed to address the challenges. The parents emphasised the importance of support, including family support after discharge. This notion was also confirmed by the social workers who participated in a study that was conducted in the Western Cape (Sauls & Esau, 2015). In Sauls and Esau's (2015) study, social workers reported that more intensive support was needed during the early months of family reunification, knowing that the regular contact is crucial for successful reunification.

4.3.2 Theme 2: Challenges experienced by families during family reunification and aftercare services

4.3.2.1 *Distance is a challenge*: The burden of travel

In the current study, there were families that reported having faced challenges in their attempts to access the Schools of Industries. But these challenges were faced mainly by the families from lower socio-economic status; where adults were unemployed. The distance and socio-economic status were reported to be the contributing factors that negatively affected accessing the Schools of Industries. Families reported that Schools of Industries were situated in the outskirts of the province (Gauteng), which made it difficult to access when they wanted to maintain physical contact with their children. This put a financial burden to families, because the majority of parents in this study were single parents, with a poor source of income. These families were financially dependent on the child support grant. They also relied mainly on public transport for travelling, because they did not own their own cars. Using public transport was reported to be costly, for example, Participant 4 reported below;

> **Parent from family 1** "*You take the little money from your child's grant for transport and at the end of the day it affects other things on the budget.* [Participant 4]

Amongst the three families that complained about the burden of travelling to the Schools of Industries; two parents reported that if they travelled using public transport, it costed them about R200 for a single trip, per person. Thus, if a child is included in the single trip, it would cost them

R400. The cost accumulates to R800 for a return trip if the parents travelled with their child.. Therefore, owing to these high costs, the parents reported that this process of travelling affected their budgets because they already have dedicated their little income, that they receive from the government in form of social grants, to other monthly priorities. These are priorities that cannot be compromised because they entail providing the basic needs for the other children at home. This is how Participant 4 reported the issue:

> **Parent from family 1**: *"Distance is a challenge, so that when social workers place a child, they must also consider the distance. If a child stays in Pretoria you cannot place that child in Heidelberg, it is very far. Let them place a child for example, in Randburg or Soshanguve because they are not far you understand? If you take a child from Pretoria and place him in Heidelberg, they should understand that we are from different circumstances as parents, some of us we depend on child support grant. You take the little money from your child's grant for transport and at the end of the day it affects other things on the budget.* [Participant 4]

Their argument is supported by section 158 (2) (d) of the Children's Act (2005), which states that when placing a child in a CYCC, the court should determine the distance of the Centre from the child's family or community. Although the families experienced transport challenges, to access the institutions, some families reported that they occasionally received assistance from the institutions although this was inconsistent. One parent reported that she was told that the institution's transport only assisted when only in the perimeters of Heidelberg, but she had observed that some parents got assistance even outside Heidelberg. This parent was not satisfied about this type of treatment by the institution, and she believes that there is some sort of favouritism. This is how she expressed herself:

> **Parent from family 1** "*If we have attended a panel on the same date with these parents and you are transported to the Indian town, this parent will tell the drivers [School of industry] that she wants to be taken home and the drivers will listen to her*" [Participant 4] She continued "

"*You will also witness during family open day that when her child performs in the stage, the child care worker will be screaming and calling that child's name and you could see that that child receives special treatment because her parent has something, but our children are not recommended because we come from poor background. I have observed that behavior for several times, I observed, and I said, 'okay this is what is happening here' and this behavior has repeated itself several times and you will notice that a certain child is different from others because her parent is well to do so you could see that the person has money, whether she gives them bribe I don't know or maybe she is paying something in the institution. Children need to be given equal treatment.*

Amidst the challenges that they faced, some parents questioned the role of the designated social workers and referral organisations, in terms of assisting them with transportation. Two parents reported to had been assisted by the designated social workers with transport once or twice, but it seemed as if they were doing them a 'favour', because some social workers alluded that it is not their duty. Parents could not understand if it was their social workers' responsibility to assist with transport, or the social workers were doing it out of their good will. That information was not communicated to the families during the family reunification processes. Resultantly, parents were scared to ask for assistance from social workers. Emotionally so, one parent reported that she travelled long hours, in a public transport, to attend a panel discussion meeting in a School of Industries, while she had a plaster on her leg that was injured. She used about four public transport to attend a meeting of which the designated social worker was also part of. Instead of the social worker assisting the parent who was in need, the social worker decided to travel along with her friend, and they were only two in the car. They left the parent on her own with her condition. This experience created hatred and conflict between the social worker and the parent, and she labelled social workers as people who do not care.

Parent from family 1 *"On my last panel meeting I had a moon boot on my leg because my leg was injured, I asked myself how a social worker can take her friend to his car and allow me to use a public transport whilst there was still a space on her car? [the participant*

became emotional and teary], but she knows that I was injured. That was so hurting, and I told myself that these people do not care. [participant 4]

Findings in this study revealed that parents struggled to physically access the Schools of Industries due to; long distance, transport, and financial problems. This is exacerbated by the fact that the majority of the parents in this study did not have sustainable financial stability. It is not clear how these parents can be assisted in transportation or what is the role of both the Schools of Industries and the designated social workers in assisting these families. In the study conducted by Potgieter and Hoosain (2018), parents voiced their frustration about the logistical challenges they encountered when they tried to make contact with their children. These challenges included; no proper telephones and parents battling to contact their children. Maintaining contact with the child increased the chances of family reunification because contact keeps parents conversant (Barnados, 2013). Regular contact is therefore a crucial aspect of family reunification (Karam, 2014). This implies that during family reunification process, socio-economic status of families must be considered, and families should be afforded the necessary support.

4.3.2.2 '*It is all my fault'*- Feelings of Parental Guilt and Inability to deal with misbehaviour

Families reported extreme behavioural and emotional problems on children, which led to them being admitted in Schools of Industries. The behaviours were associated with; high levels of violence, aggression, threat to lives and anger. Parents felt overwhelmed by the behaviours of their children, and most of them reported that they were vulnerable. The majority of the families in this study lived in female headed households, where fathers were absent. Only one family had a father-figure although it was a social father to the child. The absence of male figures in families left the burdened of care and discipline on mothers. Several researchers reported the effects of absent fathers on children. In a study by Lesch et al., (as cited in Van den Berg et al., 2021), the report highlights the negative consequences of absent fathers in a child's development. These includes emotional impacts, challenges of identity and disconnection from the patrilineal ancestors. Children who also participated in the study above showed anger, frustrations and also identified a gap in their lives (when transitioning to manhood) in the absence of their fathers. It goes further

to affect the social behaviour of the children. Research has shown that, on average, children whose fathers are involved with them have better behavioral outcomes compared with children in single-parent families with absent fathers (cited by Choi and Jackson in Flouri & Buchanan, 2004). However, in an African perspective, there is a recognition that fulfilling the role of the father may not always be the sole responsibility of the biological father, other extended family members such as maternal and paternal uncles, grand-fathers, older brothers can assume the role of a social father in the absence of the biological father (Nathane-Taulela as cited in Van der Berg & Makusha, 2018).

Parents in the current study expressed different emotions or feelings that were associated with caring for the children with behavioural problems, emotions such as; guilt, exhaustion, stress, and fatigue. Parents were concerned about their safety and the safety of other family members. One parent reported that she had to relocate to a more secured environment, for her safety and the safety of other family members as a result of her child's behaviour. Amidst all the challenges that they faced in relation to the behaviours of their children, parents did not have the exact answers on what might be the actual cause of the children's behaviour, and they tended to blame themselves at some point, as Participant 8 expressed, *"So, it's like as a parent you are thinking to yourself: it's all my fault? was it my fault?*" (**Parent form family 3**).

Some parents could not engage in intimate relationships because their children were threatening their new partners and that affected their social lives, as described by Participant 3 below;

> **Parent from family 5: "***I mean I have been divorced for 7 years this year, it affects me to a point that I would, I couldn't even date, you see how it impact you? I couldn't even date because he will say ketlo mo sharpa, I will hit your boyfriend. So, can you imagine bringing someone in the space where this child is talking like this …now you are isolated from the family, and you can't go to functions, family gatherings and you leave kids behind. So, you see how…and for them they don't see anything wrong and start being a problem a situation whereby you don't have families and they complain that they have families. It goes to that! Who would want to…I mean you would remove yourself from that uncomfortable situation,*

who would want her child to associate with them? So, you can imagine that person, now you are isolated from the family, and you can't go to functions, family gatherings" [participant 13]

This type of behaviour of the children towards their families impacted negatively on family reunification processes. Some parents became reluctant to cooperate in the family reunification services, whereby they refused to host the children for LOAs; for weekend visits and holidays. Owing to the children's behavioural problems against parents' intimate relationships, some parents refused to visit them whilst in the institution. Parents tried to distance themselves from the 'trouble' as one of their coping mechanisms. In support, Meltzer et al. (2011), found that parents and caregivers of children with emotional and behavioural disorders had frequently experienced difficulties in nurturing the children. The difficulties included; financial burden, conflicts between family members, high irritability, effect on family social life, interruption at work, fatigue, sadness and limitations on time, personal freedom, and privacy. Furthermore, caregiver burdens led to the feelings of; stigma, guilt, anger, sadness, embarrassment, and worry (Melzer et al., 2011).

Although the current study's parents were frustrated by the behaviour of their children, they acknowledged that the behaviours might have been caused by their own conducts or personalities as parents. In this regard, parents needed some form of intervention for their personal circumstances, but they could not secure help from social workers. Parents suggested that when working with families, social workers should not only place their focus on children, rather, interventions needed to be directed to the family as a whole. They believed that their conduct could influence the behaviour of the children. Their notion is supported by Family Centred Approach theory, which views the family not only as the natural environment where the behaviour occurs, but, as a main source of strength and support (Damen et al., 2021). In addition, a family is viewed as a social system because its members are interdependent and any change in the behaviour of one member will affect the behaviour of others (Baker, 2001).

4.3.2.3 *No training, no information:* Parents not empowered to manage the behaviours of the children

During the interviews with families, parents reported that they did not have skills and knowledge to manage the behaviour of the children. Parents of the children who were prescribed with psychiatric medication reported that they were not offered enough information about the condition of their children; they were only given prescripts with the diagnosis without training on the management of the behaviour. As Participant 8 reported;

> **Parent from family 3:** "*No, training, no information they told me that it has to happen whereby I must undertake a certain training, the mother-to-child relationships which did not happen, I was never called. And I can say that I was positive because if they could call, I would come. I was supposed to attend a certain programme, but I was never told to start attending"* [Participant 8]

This involved several practitioners who worked with children who had behavioural problems, including; social workers, psychologists, and psychiatrists. Parents attributed that the lack of information or understanding of the condition of their children led to failures in better management of these behaviours. In addition, parents suggested that they needed relevant training to be offered to help them cope with their challenges. One parent mentioned that if they could have support groups as parents to learn from one another and, *"... even to help you see as parent that you are not the only one faced with this challenge"* **[Participant 10]** In a study by Ambikile and Outwater (2012), they found that providing psychological and emotional support for caregivers of mentally ill children gave them some ease from their challenges. One of the ways to attain this is to create an environment for health professionals to be working jointly with caregivers to successfully treat their children's mental illnesses, this includes providing information on how to manage the child, through booklets (Ambikile & Outwater, 2012).

In the midst of the challenges with the behaviour of the children, parents reported that they also had their personal issues as human beings, and they believed that necessary skills were needed to

address both their own, and their children's challenges. Empowerment is one of the principles of reunification (DSD, 2012). According to DSD (2012, p8), this implies that, *"... the process has to be empowering for the family members and the family to be resilient and self-reliant*". According to Parsons (1991), people who are incapacitated have combinations of feelings such as; self-blame, distrust, guilt, hopelessness, powerlessness and alienation from resources. Thus, empowerment is fundamental in social work to help people regain their power. Due to lack of proper skills and knowledge to manage the behaviours of their children, parents in this study, resorted to negative parenting. Most parents developed a sense of cruelty towards their children, this was aggravated by the persistence of the negative behaviour on the children. This notion was also reported by Ogundele (2018) and Damen et al., (2021), that the behavioural challenges on children and young people is likely to result in persistent negative reactions or negative parenting behaviours for many parents, using improper controlling mechanisms and reduced positive responses. A sense of negative parenting was reflected by participants of the current study as follows;

> **Parent from family 4:** "*So, those things like that I was like you know there's time where I said to God if he dies, I will know at least he's there (in the grave), I will visit him one place! You end up wishing bad things …lots of wine, I would drink lots of wine*" [participant 10]

> **Parent from family 5**: "…*quite often now I understand why there are street kids because as a parent as frustrated as you are, if you don't have access to these types of services, the only option is to throw these kids out, and where they will end-up? Is the street, because that behavior is a kind of behavior that deserves to be out there on the street. What happened in Jan I actually drove him out, I send him to (my place of origin), I drove him out! The police were called, police were called, after I've sent him home. One thing that I could tell, it was going to be a dead body coming home, this was like njhee, it was going to be a dead body coming to this house*" [Participant 13]

This finding revealed a need for parents to be empowered with skills and knowledge in order to better manage the problematic behaviours that were displayed by their children. If that is not done,

the family reunification process is negatively impacted in that, children are sent back and forth because of parents failing to manage their behaviours when they are visiting home. Empowering parents further assists children to deal with their own personal challenges. It also enables parents to refer the children to relevant service providers, depending on the identified need. Social workers can achieve empowering the parents by applying the empowerment theory which is central in social work for positive outcomes. The empowerment theory is a strategy that is used for; individuals, families and communities in the social, political, and economic environment that could have been oppressive. Therefore, empowerment theory helps the affected to re-gain; personal, rational and political power to advance their lives (Bolton et al., 2021). The empowerment of parents of children with behavioural problems was seen as a significant factor in achieving lengthy outcomes (Graves & Shelton, 2007).

4.3.2.4 Support versus Lack of support system

The majority of the families who participated in the current study did not receive support from their designated social workers. Furthermore, some children reported that they did not receive support from their biological mothers. However, two children reported to had received support from their other family members excluding their biological mothers. Children who did not receive necessary support from their families reported negative outcomes and limited progress on both the behaviour and reunification. Some of the children felt betrayed by their biological parents whom they ultimately disowned due to frustrations. During the interviews, some of the children thought that the institutions were better off compared to the treatment that they received from their homes. These children felt rejected and neglected by their families and tended to develop resentment towards their families. As a result of this experience, one of the children reported to had resorted to substance abuse as a method to cope with her rejection after being discharged from Schools of Industries. This is supported by Leary (2015), who reported several emotional responses to rejection such as; hurt feelings, jealousy, loneliness, homesickness, guilt, shame, social anxiety, embarrassment, sadness, and anger. Leary (2015) further reported that pro-longed rejection can

lead to depressive episodes, and a greater struggle of recovering. Participant 7, below expressed the deep feelings of being rejected by the family;

> **Child from family 2**: "*No, not really. I don't get support from my mother and my granny, all they do is to press me down instead of lifting me up, that's how I feel. I feel like, I have no one, I can't talk with no one, so the best way for me to is to go smoke, that's how I felt better. I started smoking because of them like, how can I say…. putting me down all the time, so, I felt that that was the better way for me to feel better, smoke once, then I forget all the things you see! And I will feel mu….ch better, yeah. All they want is my sister and the younger one. Especially the way these ladies swears me like, my mother doesn't stand for me".* [participant 7]

Out of the five children who were interviewed in this study, only one reported to had received necessary support from his family and felt comforted. He explained the importance of parental support during institutionalisation and after discharge. This system is explained well in a Bronfenbrenner's Bio-ecological theory. In the discussion of the Bronfenbrenner's Bio-ecological theory, Guy-Evans (2020) stated that there are positive effects on the child if they have a solid nurturing bond with their parents. Contrary, distant and unaffectionate parents will have a negative effect on the child (Guy-Evans, 2020). Therefore, findings in the current study revealed that children need the support of their parents in their lives. If the children do not receive support from their parents, they tend to experience emotional, social suffering, and develop other behavioural problems.

Whilst children were longing for their parental support, parents also needed support from their other family members including extended family members. Most parents in this study reported that it was difficult for them to get enough support from their families due to the conduct of their children. Some parents felt; rejected, judged and despised by their families. The lack of support from family members was reported to had worsened the burden of caring for a child with behavioural problems. Families in this study found it to be very challenging to raise a child with behavioural problem without the support from other family members.

Parent from family 3: "*So, my child being this kind of a person and again having no one to assist me on this problem, it was very, very, very, very, very challenging".* [participant 8]

Parent from family 4 *"I'm just saying for my stress level, they could have helped, because at that time yooh! At that time! The stress levels were this high! My stress level. No, at that time I could have needed help*. [Participant 10]

Parent from family 5: "*The most challenging thing is when you don't have family support, if you don't have a family support… I come from a very small family, I've only one brother and two uncles and my brother is in (another province) but the uncles are there in (that province). If there were uncles around, this behavior wouldn't get to a point where he will go to (a school of industry)*. [Participant 13]

4.3.2.5 *They make you feel like you are a bad parent:* Stigma attached to children with behavioural problems

Three parents reported that they were blamed and labelled as bad parents because of the behaviour of their children. Some parents refused their children to be associated with these children, who were viewed as problematic. One parent reported in this study that one of her close relatives verbalised to her that she will never visit the participant's house with her kids because he will, 'poison' them. This experience was reported to be very hurting and embarrassing especially when these comments were made in the presence of other observants. These kinds of reactions emerged from professionals, family members, and the community at large. As a result, some parents in this study excluded themselves from participating in certain activities such as family gatherings, and other events in their communities.

The children from the Schools of Industries, were labelled as, 'naughty' kids in the society and people did not want to understand their conditions. Additionally, two families reported that one of the reasons that they struggled to place their children after the discharge from Schools of Industries was the stigma around Schools of Industries. It was reported by families that the community

labelled the School of Industries as a, 'stout' school for, 'stout' children. This stigma decreased the chances of families from receiving necessary help from the society. In support, (Menke & Flynn, 2009) argued that stigma was shown to hinder service delivery for adults in need of help for their own mental health problems. The participants from the current study reported;

> **Parent from family 10** *"When you tell people that this is the problem with my child, they looking at you strange. It's like… they make feel small like you are a bad parent, yes! Even the social workers, like everyone if you have a problem child, yoh! They make you feel like you are a bad parent because even you, you are asking yourself: what did I do wrong? Hey! And people will look at you funny like…"* [participant 10]

> **Parent from family 1**"*I found another school in Pretoria, they asked for a school report and when they saw the emblem, they asked is this (a school of industries)? and then started to make stories and they did not take the child"* [participant 4]

Findings in this study revealed that children with behavioural problems and their parents are being judged and labelled by the society including the practitioners. This judgement seemed to hamper the interventions that families received. In social work practice, one of the principles is non-judgmental attitude and acceptance. In a study that Prinsloo (2014) conducted on children and juveniles in a detention Centre, social work students learned that they should not judge the young people, they also realised that these young people have dignity and worth, regardless of; where they came from, and the crime they had committed. Also, they learned that the young people should be accepted and respected for who they were. This kind of approach is emphasised and recommended by the Person Centred Approach in social work. It is the researcher's perception in this study that practitioners (social workers included), must protect and advocate for the vulnerable individuals, not to judge them. Watson (2016) emphasised that non-judgmental acceptance and unconditional positive regard are fundamental therapeutic constituents. They are also essential elements of good practice, and they promote healing in therapy. This approach suggests that therapists must respect human dignity, and not judge the clients during interactions or interventions. Rogers (as cited in Brown, 2007) urged that therapists should be genuinely and

empathetically present with their clients, and to treat them as valued fellow human beings, rather than as mere objects of diagnostic assessment.

4.3.3 Theme 3: Conduct of social workers towards their work and families during family reunification and aftercare process

4.3.3.1 *I don't want anything to do with social workers*: Attitude, lack of interest and involvement by social workers

Families experienced the conduct of social workers as marked by high level of hostility. The social workers lacked; interest, commitment care, and respect. This was demonstrated by the type of language and attitude that they exhibited towards families. The majority of the families complained about the behaviours of the designated social workers. Only one family was dissatisfied by the conduct of the residential social worker. During the interview, families expressed feelings of; anger, disappointment, sadness, frustrations and mistrust towards social workers. They described social workers as people who were cruel, who lacked empathy and professionalism. This type of conduct led to resentments by families towards social workers. Some families verbalised that they would not consult social workers in future, due to their experiences. Below is what Participant 4 had to say;

> **Parent of family 1:** *"Her behavior was totally out. Even when she speaks with the parents…, she does not show respect, she was not professional. Some of the social workers you could see that they are able to deal with the situation of the child, but she was not behaving. On the last panel meeting she even verbalized that 'this child…, I no longer want him'. Like she owns the institution, she was not professional. So, uhm, this type of behavior is unacceptable when you are working with children. To be honest I do not want anything to do with social workers...I don't want anything to do with the social workers! … (her eyes were teary)"* [Participant 4]

Some families had verbal utterances with the social workers. They described social workers' language as accompanied by vulgar words and a sense of disrespect. Families expressed a sense

of; anger, hatred, and bitterness towards social workers and social work supervisors. The relationship between social workers and families was marked by conflicts, and to certain extent, most of the cases had to be transferred to other colleagues because there was serious damage, and children suffered the most. This type of a relationship was detrimental during the family reunification process and caused unnecessary delays in development, and it elicited negative responses from the families. The relationship between social workers and the clients is central during therapy to earn their trust, respect and confidence (Winter, 2009). Some families in the current study reported that they stood up for their rights and reported the matter to the higher authorities, and it yielded positive outcomes (this included cases having to be referred to other officials). Parents suggested that there should be a constant supervision for social workers, to monitor their work and their conduct with clients. Furthermore, some social workers did not pay careful attention to the choice of words when speaking to their clients, which then showed elements of disrespect to their clients. The following is how Participant 8 spoke to this;

> **Parent from family 3**: *"The social worker told me ukuthi I did not send you to make children. Is not fair to me and then they said to me, 'but we didn't say you should give birth, is not our duty'. And then I was angry, I think I laid a complaint in (the department) in one of the branches of social workers*". [participant 8].

Due to the conduct of social workers towards the families, some parents even had bad wishes towards some social workers. On her explanation, participant 10 expressed her emotions as follows;

> **Parent from family 4** "*Is the same one, she doesn't change. She doesn't even die because she's old"* [Participant 10]

Findings in this study showed that families were not pleased by the conduct of the social workers (both the residential and referral) during their intervention on the cases. However, only four families were satisfied by the services that were offered by the residential social workers. The conduct of social workers during family reunification process included the lack of interest on the

case, use of vulgar language, hostility and non-involvement on the cases when needed. These types of conduct had a negative impact on the relationships and services that were rendered to the families. In practice, social workers are expected to improve the well-being of individuals and families, promoting social change and empowering people to reach their full potential towards achieving positive outcomes in their lives (General Social Care Council et al., 2008).

Based on the findings from the parents, there was no clarity on what might have been the main cause of these conduct amongst the social workers. However, some parents believed that the majority of social workers were in the wrong field. Several studies in SA were conducted to evaluate the factors that lead to social work job dissatisfaction and burn out (Naidoo, 2004; Skhosana, 2020, Nhedzi & Makofane, 2015 & Kheswa, 2019). Amongst the factors, Calitz, Roux and Strydom (2014) reported; poor working environment, poor compensation for work, lack of resources and support, and increased demand for services. Calitz et al.' (2014), 90 social workers participated in the study in North West Province in South Africa. Findings show that nearly a fifth of the social workers were detached or on the road to disengagement. Half of the social worker participants in Calitz et al. (2014), reported that they were exiting the profession. This implies that when the social workers are not satisfied by their job, their performance or interest on the job will decrease, and this negatively affects service delivery. In turn, despite all the challenges that social worker experience in the field, they are still guided by the ethical principles which they need to always abide by during their interventions.

4.3.3.2 Lack of collaboration between the residential social workers and the referral social workers

There were families that observed a lack of collaboration between the residential and referral social workers. Some relationships between the social workers were constituted of conflicts and lack of respect towards one another. Families reported that this conduct was uncalled for, and it reflected bad on the profession, especially when it was displayed in their presence as clients. Again, families reported that the two parties i.e., the residential social workers and the referral social workers were not working towards the same goal during the family reunification process, and they suggested that professionals should sort better ways to resolve their differences. Families viewed social

workers as role modelers who were supposed to teach them good behaviour. However, that was not the case during the interactions. Resultantly, some parents had to assume the role of social workers by pushing things to happen because they felt that their cases were disadvantaged. See Participant 8 below;

> **Parent from family 3**"I've *seen two people whom I'm supposed to look up to as professionals and in helping this human being becoming a better person not having a good relationship, which in my view it was very, very bad because how do you expect…it affected the whole lot of things. Because there was no relationship, it's like we were forcing things to happen, like there was war*" [Participant 8]

Another observation by families was that the two parties (designated and residential social workers) were not working towards the same goal and that was the main reason for the conflicts between the two. Families suggested that the roles of both the residential and designated social workers should be clearly defined. This would enable the two parties, and parents to know exactly, who is supposed to do what, and by when, as explained by Participant 13;

> **Parent from family 5**"*This side needs help because I don't think they are aligned. I don't think they get role and purpose of the school [of industry], what the school need to achieve so that they are not working towards the same goal. This could also be winning if they understand their goals and objectives are clear*". [Participant 13]

Findings from this current study revealed that there was poor collaboration and working relationship between the residential social workers and the referral social workers. This resulted in poor service delivery for families. In a study that was conducted by Sauls and Esau (2015), there was a good collaboration between the designated social workers and the CYCCs, which resulted in positive outcomes on the family reunification process. Furthermore, social workers reported that in many instances, family reunification was made possible because they employed an integrated approach (Sauls & Esau, 2015). The findings from the current study, and Sauls and Esau (2015), suggest that there should be mutual interest by practitioners when working with clients and

families, to achieve positive outcomes during the family reunification process. Furthermore, social workers have ethical responsibilities towards clients and colleagues as guided by the Code of conduct for social service practitioners (SACCSP, 2007a). This implies that they should protect their colleagues in the presence of the clients and find better ways of handling their differences.

4.3.3.3 Social workers do not understand their clients

Four families reported that social workers did not understand the children that they were working with, including their conditions. Parents observed some social workers to be incompetent, lacked patience and displayed anger and frustrations towards the children and families during the family reunification process. Parents expected social workers to be empathetic because they were going through tough times. Instead, social workers added more to their frustrations. Families did not feel the presence of the social workers because they were not emotionally engaged during the family reunification services, especially for the part of designated social workers. Participant 4 and Participant 8 explained;

> **Parent from family 1**"*Social workers who work with the children must be able to understand them, they must have patience and treat these children as their own*" [participant 4]
>
> **Parent from family 3** "*Social workers do not understand these children*" [participant 8]

Some parents had to compared social workers with other professions in terms of understanding their roles when working with children with behavioural problems. Participant 13 said, "*Look at the magistrates who works in the children's court, they understand these children, but social workers don't"* (**Parent from family 5**).

Families believed that social workers could have done better as, "… a caring profession". From their observations, parents reported to had seen social workers who were incompetent and did not apply their professional expertise in handling their cases. Parents believed that working with children with behavioural problems is, 'a calling' and that not everyone can be put in that position.

Without that understanding, it would be difficult to achieve the goal. This sentiment that was reported by families is supported by the theory of professional expertise. This theory implies that social workers must be able to apply certain knowledge in a specific situation. They must have the ability to work in a complex and competing situation (Fook et al., 2000). Fook (2005) reported that social workers must be opened to change and uncertainty, and able to merge theory and knowledge. Findings in this study revealed that inability of social workers to display their professional expertise when working with families of children with behavioural problems led to loss of trust in the profession, by the majority of families. One parent questioned how some social workers got the jobs, she believed that they were not suitable for the profession. Families suggested that DSD should develop a selection criterion to assess the qualities of social workers who must work with the children, for their best interest. This is what a parent had to say;

> **Parent from family 5** *"You will question how she got this job; you know this thing of giving people bursaries in not working"* [Participant 13].

4.3.3.4 *They are forever changing the social workers:* Change of case managers during family reunification process

Two Families reported that the change of social workers during the process of family reunification in NGOs had a negative impact in the process. They often had to restart the case when the social workers left the organisation. Parents viewed the process as exhausting and draining because every time that there was a new case manager, parents were asked more information that would be already in the file. Parents were not comfortable to work with different case managers, and they indicated that there were those case managers that they trusted and attached to.

Secondly, one of the challenges that participants experienced in terms of changing case managers, families reported that they were not properly disengaged when those social workers left the organisation, they will only discover late that their case manager had left. This situation left families stranded, where some of them had to approach the supervisors for help. In the process, the services were disrupted because the case had to be allocated to a new case manager, which

sometimes take long to be done. One parent reported to had spent almost five months without being allocated to a case manager. This practice was observed to be happening more in the NGO sector than the government sector;

> "*The problem that I had with them is they are forever changing the social workers. The child is placed by this social worker, after a while you see another social worker. You don't even understand…. they are supposed to explain the procedure to say this is the social worker who placed the child at (a school of industries) and then after you get another social worker who will take over…they do not work like that. In my child's case I saw different social workers time and again time and again and some of them are not even patient, you understand*?" [participant 4]

Although most families were frustrated by the change of case managers during the family reunification process, somehow certain parents got to understand that to a certain degree, it was unavoidable for social workers to leave the organisation when they were not satisfied by their job. The only concern was when they did not follow the proper hand over and disengage with their clients as prescribed in the social work code of ethics. Two parents in this study emphathised with social workers in the NGOs and acknowledged that some social workers were working in an unconducive environment. Several studies have reported on factors that led to high staff turn-over amongst social workers. Skhosana (2020), stated that this problem is not new, organisations are facing significant challenges in relation to the high turnover of social workers, which is mainly caused by financial and organisational structure. In support, results of the 2004 survey of the state public child welfare administrators found that high caseloads and workloads were among the top reasons for avoidable turnover (APHSA, 2005). It was found in the study (APHSA. 2005) that high turnover produced serious costs for; staff replacement, recruitment selection, low morale, added pressure on remaining staff, and subsequent poor quality of service. Therefore, findings revealed that staff turnover negatively affects service delivery (APHSA, 2005). Furthermore, findings in this study identified inconsistencies in terms of turnaround time of file relocation to the new case manager. It was not clear as for; when to allocate the file to the new case manager when

the previous case manager had left, and also, a clarity of who is supposed to manage the file in the process in the interim, because some supervisors did not take responsibility, they will just tell the clients that there is no case manager as it happened to families in this study.

4.3.3.5 Premature reunification of the child and the family

Out of the five children who participated in this study, only two of them were discharged appropriately, where the families were well informed and prepared for the discharge. The rest absconded from the institution and were never returned. Out of the children who were handed over to their families, one child was not discharged because he had benefited from the programme; but he was handed over to the parent after he was involved in some incidents in the School of Industries, then the institution discharged him without proper preparation of both the child and the family. Families tried to engage the residential social worker to intervene after discharge, because most of the families struggled to place children at schools, but they did not receive assistance and support from the designated social workers. The majority of the families reported that those social workers had prematurely closed the files whilst families still needed the assistance concerning their children. Furthermore, according to the parents, social worker displayed the 'I don't care' attitude after closing the files. They were not interested on what happened to the child after closing the files. Participants reported on this as follows;

> **Parent from family 1** *"…there's none except the fact that my child was discharged without my knowledge. You could see that they have already made a decision - my child was no longer welcomed. They all had agreed to discharge him within a short period of time, and I was not prepared to find a school for my child. And when he was discharged, he was discharged during the panel meeting. The child was discharged, and I was not prepared to look for a school for him, he spent the whole year here at home, I struggle to find a school for him*" *…. She told me that she closed the file 'ga kesa ditsena' (I'm no longer interest)"* [participant 4]

Child from family 1 "*I tried to talk to them, but they told me that they are no longer working on my case".* [participant 5]

Parent from family 3 "*My child was discharged in a manner…my child was not discharged to say. My child has absconded from the Centre, and I was never told*" [Participant 8]

Families reported that the designated social workers closed the files soon after the discharge or immediately when the child turned 18 years old, but with no plans for these children without further referral to other service providers or structures. Hence, the majority of the children were not placed at schools after discharge, and some lived in the streets because most of them were not engaged in certain activities after discharge. Below is what Participant 3 had to say;

Parent from family 1*"Our area social worker was nowhere to be found since we came back from (school of industries). she never assisted me to find a school for my child, even now, he just turned 18 years this month, but I am the one who is running around to look for school placement. Last year in 2020, I enquired from her that now that the child is not attending school, so what is going to happen? And she told me that it is no longer her responsibility because the child is now discharged from (school of industries), but when we were in the meeting at (school of industries) she committed herself that she will help me…but now she tells me that the file is closed."* [participant 3].

The findings revealed that some children were prematurely discharged from the system without proper preparation and disengagement. Additionally, findings of the current study revealed that for majority of the cases, children who were discharged from Schools of Industries, a proper referral procedure was not followed by the social workers. This was identified as a huge gap in the current study, and it contributed to most of the children being not engaged in certain programmes after being discharged. Hence the children ended up doing wrong things.

There have been arguments around the acceptable period of time to close the client's file. Stein (2006) argued that there are no clear guidelines or procedures on aftercare services. In contrary,

the guidelines on families do provide procedures on when to close the file. According to the guidelines, "… the family reunification process should be implemented and monitored for a period of six months to two years depending on the challenges of each family as means of aftercare" (DSD, 2012 p.17). It goes on to say that the process should be evaluated to examine if the goals are achieved, and when the family is ready for termination or referral services. In addition, the code of ethics for social services practitioners (SACSSP, 2007a) states when and how the social worker can terminate the working relationship with the clients. It states that, *"... a social worker should not abandon their client system*" (p.27). The code of conduct further states that a social worker who provides services to a client should make an appropriate referral to another social worker when required to do so by the client, and not just leave the client. The code of ethics further prescribed that, *"... a social work relationship should be terminated when it comes reasonably clear that the client; no longer needs the services, is not benefiting from, or is being harmed by continuing the services*" (SACSSP, 2007a p.27). These findings suggested that social workers did not follow the correct processes or procedures when their relationships with families were left with no supervision and monitoring.

4.3.4 Theme 4: Status of children after discharged from Schools of Industries

Findings from families show that most children who participated in this study had dropped off school after being discharged from the Schools of Industries and many of them were found in the streets; some abusing drugs, and one of them was reported to be selling drugs. Two of the children were kicked-out from the house by their parents due to persistent behavioural problems. Only two of the children managed to be placed at a school after being discharged from the School of Industries. To aggravate the matter, it was reported that three of the children who participated in this study discontinued taking their psychiatric medication as prescribed, after being discharged. This was because there was no supervision and monitoring by both their families and the social workers. This posed dangers to themselves and people around them because the type of medication was meant to calm their behaviours, hence some parents complained about the behavioural problems of the children that worsened after discharge. Furthermore, the current study's findings

showed that two out of the five children were arrested after being discharge. One case is still in progress and the other case was withdrawn because of the age of the child. Many families were not satisfied with the progress of the children after they were discharged from the Schools of Industries, and the majority of the parents had given up. Participants reported as follows;

> **Parent from family 1** "*He is always in the street because he's not attending school. He is not even taking his medication*" [participant 4]
>
> **Child from family 3**"*Since I was discharged, I stayed at home without attending school until a certain time when some two people came to fetch me to a certain place in (prison). I left my mother's place because she accused me of assaulting her and I didn't assault her. She then chased me away from home and she told me that I shouldn't come back to her house. She was angry and she's still angry*". [Participant 9]. He added "*I'm no longer taking medication because it got finished and then I did not continue with my medication*". [Participant 9]
>
> **Parent from family 3** "*We had a fight and I chased him out of my house, and he went to stay with the paternal family. After sometimes I got a report that he was arrested and stayed in a juvenile prison. He was arrested for (serious crime) together with his friend*" She added *"He's no longer attending school, and he stopped his medication*" [Participant 8]

These findings revealed that there is little success for children after being discharged from Schools of Industries. Some of them end-up living in the streets abusing substances, whilst others find themselves in jail. This challenge was found to be common in Africa and other countries (Van Breda & Frimpong-Manso, 2020). According to Van Breda and Frimpong-Manso (2020), several studies provide evidence that youth leaving care encounter numerous challenges such as; unemployment, lack of accommodation, and social integration. Dickens and Marx (2020) found that youth who exited care were often; not employed, and could not acquire proper education, or training (NEET).

4.3.5 Theme 5: Measures to improve family reunification services

Families suggested various measures that can be implemented to improve family reunification and aftercare services, which are as follows; (1) social workers need to do their job diligently in the implementation of the family reunification and aftercare services. Parents felt that social workers did not put enough efforts on the programme, and they believed that if more efforts were made, there will be positive outcomes. (2), Parents suggested that social workers must understand the type of clients that they are working with, respect them, and this must be a specialisation. (3) There is a need to strengthen supervision amongst the social workers, to eliminate some of the challenges that are experienced by social workers and families. (4) Parents need be empowered with skills and knowledge to manage the behaviour of their children, without those necessary skills, parents resolve to negative ways of parenting, which in this instance turned to aggravate the behaviour of the children. (5) Parents need to be actively engaged in programmes that are rendered by the Schools of Industries,, they believe that collaborative efforts will assist to modify the behaviour of the children. (6) NGOs should employ more social workers, this will assist in case flow, especially when the social worker leaves the organisation. Clients do not have to wait for months for the file to be re-allocated to the new case manager. (7) The curriculum for Schools of Industries needs to be reviewed in order to enable children to access and cope in the community school after discharge. Most families were concerned about the quality of education that is offered in the Schools of Industries and they strongly suggested some sorts of intervention.

4.4 CONCLUSION

This chapter explored the perceptions of parents and children (families) on family re-unification and aftercare services for families of discharged children who have behavioural problems, and the challenges that are faced by families during the family reunification processes. Families viewed family reunification and aftercare services as ineffective and lacking consistency. This was a result of a lack of involvement and poor engagements by social workers. Due to improper implementation of these services, they had a negative impact on the children after being discharged from Schools of Industries. Some children landed in the streets, abusing substances, school

dropouts or sent to prisons. Challenges faced by families during the family reunification process included distance and financial constraints, parents' inability to manage the behaviour of their children, lack of support from practitioners and other family members. Parents needed to be actively involved on family reunification process, and they believed that in order to modify the behaviour of their children, there was a need for collaborative efforts. The absence of a biological father figure was also found to be one of the contributing factors to the behaviour of the children.

Also, there is an indication of a low success rate concerning the behaviour and progress of children after being discharged. This led to families seeking readmission after discharge. Family support was seen as crucial during family reunification services, the type of support included counselling, referrals and capacity building on the skills and knowledge to manage the behaviour of the children. In this chapter, families did not receive those services hence the majority reported unsuccessful reunification.

CHAPTER 5

PRESENTATION AND DISCUSSION OF FINDINGS FROM SOCIAL WORKERS

5.1 INTRODUCTION

In this chapter, the research findings will be presented, analysed and interpreted using thematic analysis. This is Part B of the presentation and discussion of the findings. The chapter focuses on the findings that were accumulated from the two FDGs with 6 social workers. The groups were divided into two (residential and referral social workers), that means each group had three participants. The researcher will not use participants' real names to protect their identity, she will identify them as participant instead.

5.2 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

Table 5.1 below shows that the study consisted of 6 participants, that is; three residential social workers and three referral social workers who participated in two FDGs.

Two separate FDGs cumulatively consisting of six social workers. The first FDG consisted of three residential social workers who were working in the Schools of Industries. The second FDG consisted of three referral social workers, who were divided as, two participants from DSD and one participant from an NGO. Among the social worker participants, there were five females and one male, and all of them were Black African. This demographic distribution is not surprising because the social work profession is a female dominated field. Mabetoa (2018) reported that there were 60 000 registered social service professions in South Africa, of which 31 000 were social workers, 10 000 child care workers and 19 000 registered students. In a study by Khunou, Pillay and Nethonoda (2012), women dominate the social work profession worldwide and nationwide. In the study, Khunou et al. (2012) reported that statistics from the SACSSP confirmed that there are more women than men in the social work profession. In total, woman made up 85% of social workers in 2011, and men made up between 11-13% of the total population of registered social workers from 2007 to 2010.

In the current study, the social workers' work experience was two to 10 years. Additionally, all social workers had worked with children with behavioural problems and referred to Schools of Industries. All social workers were Black African, and their home languages were distributed amongst the four South African official languages, that is; Sesotho, Sepedi, Setswana, and Isizulu. This is congruent to a study that was conducted by Earl (2008), whose findings suggested that African social workers are on average, the largest group (48.9%) and those whose race was white were the second largest group (32%). The average number of Coloured people who are social workers or in associate professions was 13.9%, finally the number of Indian/Asian people was 5.0% (Earl, 2008).

Table 1: Socio-demographic profile of participants (Social workers)

Category	Sub-category	Number of participants
Social workers		
Age	25-35	3
	36-42	3
Gender	Male	1
	Female	5
Race	Black	6
Home language	Sesotho	2
	Setswana	1
	Sepedi	1
	Isizulu	2
Qualifications	BASW (Hons)	5
	BASW (MA)	1
Years of experience	2-5	2
	6-10	4
Field of work	Residential SW	3
	Referral SW	3
	*Statutory	2
	*Field & Intake	1
Organisation	DSD	5
	NGO	1

5.3 FOCUS GROUP INTERVIEWS WITH THE RESIDENTIAL SOCIAL WORKERS AND REFERRAL SOCIAL WORKERS

Table 2: Themes and Sub-themes for Focus group interviews

Themes	**Sub-themes**
5.3.1 Theme 6: Social workers' understanding about family reunification and aftercare services	5.3.1.1 Social workers understanding about the concept family reunification 5.3.1.2 Social workers understanding about the concept aftercare
5.3.2 Theme 7: Knowledge of social workers about policies and legislations that guide family reunification and aftercare services	
5.3.3 Theme 8: Challenges experienced by social workers during family reunification processes	5.3.3.1 Poor collaboration between the residential social workers and referral social workers 5.3.3.2 Lack of involvement by other MDT members and other stake holders 5.3.3.3 Lack of cooperation and involvement by parents and other family members (a) Case study 5.3.3.4 Unconducive working environment for social workers 5.3.3.5 Social workers not capacitated to work with children with behavioural problems 5.3.3.6 High caseload amongst the designated social workers

5.3.4 Theme 9: Factors that led to unsuccessful reunification	5.3.4.1 The behaviour of the children 5.3.4.2 Parents not empowered to manage the behaviour of the children 5.3.4.3 Change of case managers during the family reunification process 5.3.4.4 Premature reunification of the child and the family
5.3.5 Theme 10: Status of children after discharge from Schools of Industries	
5.3.6 Theme 11: Perceptions of social workers about family reunification and aftercare services	
5.3.7 Theme 12: Measures to improve family reunification and aftercare services	

5.3.1 Theme 6: Social workers understanding about the concept family reunification and aftercare services

5.3.3.1 Social workers' understanding about the concept family reunification services

Findings from social workers indicated that, both residential and referral social workers understood what family reunification services are, and what they entail.

> **Residential social worker** "*My understanding of family reunification services is services that are rendered to clients either a family or a child in order to maintain relationships between those members and the member that has been separated from the family. So, that's when we render family reunification services to make sure that continuity in terms of sort of preserving those relationships and making sure that the family still remembers that we*

have a certain family member who's still out there who still needs our support". [participant 3]

Based on their explanations, elements in the definition include; giving support to families, assessing the readiness of the child and the family, preserving, and maintaining the relationships within the families, working with the family and preparation of families for the return of the child. According to social workers, family reunification services include telephone contacts, home visits (LOA), family open days and panel discussions.

> **Residential social worker** *"So, I think uhm, family reunification services entail assessment to determine whether the child is ready to be reunified with the family or not. This includes telephone, visits and panel discussions. So, those services will enable people who are rendering services to the child to determine whether to make a decision to reunify the child with the family, or to continue with the services, and also to determine as to whether the family is also ready to accommodate a particular family member whether is the child"* [Participant 1]

Furthermore, social workers described the type of support that should be rendered to the families, which include therapy, counselling and empowerment of families` with necessary skills. Social workers believed that the best way to achieve this is when all the members of the multi-disciplinary team (MDT) are involved and actively participating in the process. MDT includes; social workers, social auxiliary workers, child and youth care workers, nurses, psychologists, educators, and occupational therapist. However, social workers reported minimal or no participation by some MDT in family reunification process.

> **Residential social worker** *"So, they all have a role to play in terms of rendering reunification services, you know in terms of health care workers they have to educate parents about the intake of medication, about the condition of their children because some of parents they do not understand the diagnosis which the psychiatrist or the psychologist uhm, you know diagnosed their children with, so is one of the major problem that we are*

experiencing as residential social workers, so we designated that role to uhm, to the health care workers to provide education to the family so that when we reunify the child to the family, the family is ready and understand the child's condition. And in terms of care workers, they enable the parents to understand child's behavior within the hostel environment, and they also assist in terms of empowering children with life skills you know, in terms of how they can take care of themselves, how to do house chores and other things. So, they are able to empower children so that when they go back home they are able to do things, they are able to be independent instead of depending on their parents" [participant 1]

Regardless of them knowing of what was expected of them, social workers acknowledged that they did not render the services as expected. Social workers shared the same sentiment that, when the child is removed from the family and placed in an institution, they must work with the entire family, instead of focusing on the child alone. However, findings from the current study suggested that the social workers did not necessarily work with the entire family. Yet contrary to the practice of social workers in this study, the Family Centred approach, argues that the best way to enhance a person's needs is within their families and that the most constructive way to ensure safety, permanency, and well-being is to offer services that; engage, involve, strengthen, and support families (National Resource Centre for family, 2019).

During FDGs with social workers, they reflected on the ways that they were implementing family reunification. All social workers were not pleased about how services were rendered to families, because they noticed that justice was not served. Participant 6 reflected below;

Referral social worker *"The most important issue for me was to introspect myself if I am doing justice in the reunification services, yes…because now I see where I'm lacking"* [participant 16].

Findings in this study revealed that social workers had an understanding of what family reunification services are. During the discussion, social workers reflected on missing aspects

during the implementation of the programme. Social workers deemed the programme as useful and suggested that it needs to be monitored and strengthened for the positive outcomes. Social workers saw a need to involve all family members when rendering family reunification services. One social worker reported that if the programme was fully implemented, it was also going to assist social workers in making decisions concerning the future of the child. This is because it would be easier for the social workers to assess their intervention strategies. It was also going to enable them to assess the readiness of the family. On the other hand, social workers pointed out the negative consequences that emerge because of neglecting families in the process. The negative consequences include; long stays, unsuccessful LOAs, and the reluctance of families to cooperate during the family reunification process. Similar findings were reported by Sauls and Esau (2015), where social workers reflected on the roles, positions and how their own engagement was essential. Social workers in that study (Sauls & Esau, 2015) suggested that they had to be more accessible for families during reunification process.

5.3.3.2 Social workers' understanding about the concept aftercare services

Social workers in this study provided a common understanding of what aftercare services are. Social workers reported that aftercare services mainly prevented relapse, by monitoring and supporting the families after discharge. This include linking the family and the child with community resources and to prepare the families to be independent and ensure that there is continuation after discharge. Social workers emphasised the issue of collaboration with other community structures and integrated approach. One social worker reported that aftercare services are mostly rendered by NGOs than government entities. He alluded that part of these services rendered by NGOs, they send the children to higher education institutions, and they continue to monitor and support them until they complete their studies.

Social workers in this study suggested that DSD should learn from NGOs in terms of rendering after care services. Their concerns (social workers) was that some of the children do get rehabilitated in the institution, but only to find that they relapse after discharge as a result of lack of follow up or engagements in certain programmes after discharge. Social workers believed that

children are human beings, and they cannot just be, 'dumped' in the process. Social workers' understanding of aftercare services corresponded with the definition of aftercare services, as prescribed in the Children Act (2005, p.18), which defined aftercare services, as *"... the supportive services provided by a social worker or a social service professional to monitor progress regarding the child's developmental adjustment*". These consists of family preservation or re-unification services, adoption or placement in an alternative care and discharge from alternative care". Participant 3 summarised the understanding as follows;

> **Residential social worker** *"...then aftercare programmes kicks in from the reunification when the person is reunified with the family to say this is what we have done in working with this child, please continue with care because now when someone is return from programme, it does not necessarily mean all is well, they still need support, they still need to engage in certain programmes to make sure that they don't relapse. So, from my side aftercare services, my understanding is to prevent relapsing of a person or for certain behavior, so you prevent relapse, to make sure that the person is able to proceed and live, yeah*" [participant 3]

Although residential social workers shared a common understanding about aftercare service and what is expected to happen when rendering aftercare services, they shared different opinions on who is supposed to render aftercare services between the residential social workers and referral social workers. Most social workers believed that the services should be rendered by the designated or referral social workers. The minority stated that aftercare services should be rendered by both the residential and referral social workers. There was lack of clarity in demarcating where the services of the residential or designated social workers should start and end. It was not clear for social workers, and it caused conflicts between the two parties. Furthermore, social workers complained that aftercare services were solely the responsibility of all social workers, and they believed that different role players within the MDT needed to be involved for better outcomes. Participant 1 reported below;

Residential social worker *"You know, in terms of health care workers they have to educate parents about the intake of medication, about the condition of their children because some of parents they do not understand the diagnosis which the psychiatrist or the psychologist uhm, you know, diagnosed their children with. So, is one of the major problems that we are experiencing as residential social workers. And in terms of childcare workers, they enable the parents to understand child's behavior within the hostel environment, and they also assist in terms of empowering children with life skills you know, in terms of how they can take care of themselves, how to do house chores and other things"* [Participant 1]

On the other hand, referral social workers acknowledged that primarily, it is their responsibility to render aftercare services. However, they reported several challenges that prevented them from fully rendering the services. Out of the three designated social workers who were interviewed in this study, only one designated social worker reported to had rendered the services with the family in form of home visits for supervision within two years after discharge. She was satisfied by the progress of both the child and the family, and she further verbalised that the visit helped her to evaluate her services and it was comforting to see the progress.

Findings from this study revealed that the social workers had an understanding of what aftercare services are, and what they entail. Furthermore, social workers understood their roles and positions in rending aftercare services to families. There was a mixed reaction in terms of who was supposed to render aftercare services between the residential and designated social worker. Without the clear guidelines on this, aftercare services will be compromised. Social workers viewed aftercare services as crucial to prevent relapse and promote a sense of independence in families. Additionally, social workers affirmed that families needed support after reunification. However, in this study, there is an indication that, that support is not provided to families. Social workers in this study were able to point out their own mistakes and omissions in terms of aftercare services to families.

Other studies have reported different findings concerning the outcomes of aftercare services, but they still perceive the services as crucial on improving long-term results (Harder, Kalverboer & Knorth, 2011). In a study by Harder et al. (2011), results show little evidence on the success of aftercare services for adolescence with emotional and behavioural problems after being discharged from residential care. This may be caused by poor quality of aftercare services in practice (Barn et al., 2005; Bullock et al., 1990 & Daniel et al, 2004). This simply implies that there is an agreement that aftercare services are poorly rendered in a global perspective, which makes it difficult to measure the effectiveness of the services.

5.3.2 Theme 7: Knowledge of social workers about policies that guides family reunification and aftercare services

Social workers from the current study indicated that they have little knowledge about the legislations, policies and guidelines in relation to family reunification and aftercare services, despite the existence of certain policies. The Children's Act was found to be the common legislation that is used by social workers when implementing family reunification services. However, the dilemma here is that social workers are not fully equipped about relevant sections that talk to their scope of work. Furthermore, social workers were unable to link the Act with their expectations during service delivery.

When asked about the main important part of the Act that related to their work, two social workers made reference to section 7 of the Children's Act which emphasises on the best interest of the child and enforces the child's participations, and certain decisions that affect him or her. Two social workers spoke about section 174 and 175 which allow the child to be provincially discharged, and for the social worker to render certain services in preparation of discharge. One social worker spoke about section 168, which allows the child to be granted LOA to visit his or her family under the supervision of the designated social worker. In addition to the Children's Act, one social worker made mention of the White Paper for Families as a policy. She alluded that the document provides baskets of services that can be rendered by social workers during the family reunification process. Residential social workers mentioned that institutions (CYCCs in Gauteng)

also have a standardised document, that guide to ensure that families are preserved, and relationships are maintained within the families. But the referral/designated social workers did not have an idea about the document. The following are what Participant 1 and Participant 16 said when explaining their knowledge about the policies that were relevant in their work with the children;

> **Residential social worker** "*I'm not aware of any policy within the Department, yeah, I only know the legislative framework, which is Children's Act, but other than that, I don't want to lie*" [participant 1]

> **Referral social worker** "*Children's Act, uhmmmm, I will say I'm not sure if it's section 175 or section 174, but between the two"* [participant 16]

Despite the existence of the guidelines on reunification services for families, which was developed by DSD in 2012, none of the social workers in this study had knowledge about it, hence they all said that there are no guidelines in place. This implies that social workers were not orientated about certain policies that affect their scope of practice, regardless of the commitment of DSD (2012), to ensure that all provinces are capacitated on the document, including within; NGOs, institutions, and social services practitioners. If social workers do not have knowledge about policies that guide their practice, the next question would be, "what guides social workers when they render family reunification services?" In response to this, most social workers in this study reported that the family reunification process is not evidence-based, they render the services based on what they observed other people doing, with no underlying guidelines and procedures. This has resulted in social workers lacking confidence on the services. The social workers were not sure if their practice was correct or incorrect services to families. Patel et al. (2012), found that social workers felt disempowered in meeting the social service legislature requirements.

Findings in this study revealed that policies in South Africa do exist, but they are not implemented, which then impact negatively on service delivery. Hope and Homes (2016). Reported that SA is one of the countries with the best policies in existence. This was also echoed by the President of

SA, Mr. Cyril Ramaphosa during his state of address (10 February 2022). However, the current study has identified the gap between the existence of legislations, the knowledge about those policies and the implementation thereof. Social workers in this study suggested that they should receive regular training or workshops on policies and legislations that govern their scope of work. This is what the social worker said;

> **Referral social worker** "*I think this thing is, the policies are there, they are written down, the implementation is the challenge because the tools and the equipping of service providers is not enough, cos is beautifully written you know*" [participant 14]

The above findings revealed that social workers are dependent on the employer to develop themselves with knowledge that will assist them to execute their duties, despite the efforts by SACSSP to introduce the Continuing Professional Development (CPD). According to Brighton et al., (2017), CPD suggests that professionals needs to renew and enhance their skills and knowledge on an ongoing basis. This can be achieved through formal learning (such as conference, seminars and workshops), and informal learning (such as supervision, reading, reflection and peer support. This therefore implies that social workers in the current study should not use an employer as a scapegoat, in that they also have responsibility to equip themselves with relevant skills and knowledge.

5.3.3 Theme 8: Challenges faced by social workers during family reunification and aftercare services

5.3.3.1 Poor collaboration between the residential and referral social workers

During the FDG with residential social workers, they expressed their frustrations towards the designated social workers. They viewed this as one of the major challenges that they face during family reunification. Not only residential social workers get frustrated, but the children and the parents were also affected. Residential social workers reported that most of the designated social workers did not play their role, and they remove themselves from the process. Some of the designated social workers did not understand what was expected of them. Two residential social

workers mentioned that, "… *they just want to get rid of the cases"* [participant 1 & 3]. These social workers mentioned that when the child was admitted in a School of Industries, there will be a panel meeting which will be facilitated to determine the needs of the child in shaping their behaviour. Then, the recommendations will be made for designated social workers.

However, residential social workers observed that in most instances, those recommendations were not implemented, and follow-ups will not be made by the referral social workers. This later results in situations where families have certain expectations and create conflicts between families and institutions. Residential social workers suggested that they should be allowed to conduct statutory services, in that when the child is admitted in a School of Industries, the whole file needs to be transferred to the residential social worker immediately, so that they can start the family reunification services. Below, the participants reported;

> **Residential social worker** "*Our challenges with reunification or rather effective reunification services, what I have noticed, and I think we all agree is that most of the challenges are created by the case managers because they don't play their role, because most of the case managers they don't necessary place the children in CYCC because they want to empower the children, they just want to get rid of these cases*" [participant 1]
>
> **Residential social worker** "*How can a case manager start the relationship and run away? Actually, she is the one who introduced the client to you."* [participant 2]

On the other hand, designated social workers did not dispute what the residential social workers said. However, they felt that the residential social workers were too dependent on them, they wanted to engage them even though it was unnecessary in some cases. Designated social workers argued that when the child was admitted in a School of Industries, residential social workers must render services to the child, and they should stop the current practice of calling them now and then to intervene when there is a crisis; they felt burdened. Additionally, designated social workers reported that there was a role confusion concerning the responsibilities of the residential and referral social workers. They suggested that there should be a clear demarcation in terms of the

roles and responsibilities, to prevent the existing conflicts between the two parties. Furthermore, designated social workers reported that they had high caseloads, compared to the residential social workers, and they always had to attend to crisis with minimal resources, but residential social workers did not understand that. Participant 16 explained;

> **Referral social worker** "I *think there's a bit of blare line where I think we don't know what is the other one supposed to do, what is the other one supposed to do…thinking it is your responsibility there. So, the child has got nothing to do with me. And when the child is placed in for leave of absence with the family, the residential social worker would say 'it has nothing to do with me because the child is in your care now*" [participant 16]

Findings in this study revealed that there was a lack of collaboration between the residential and referral social workers, which immensely caused the lack of cooperation and involvement by the case managers during family reunification. Similar findings were reported during the interviews with families in this study, whereby families observed the lack of collaboration between the two social workers. Yet families also believed that it was crucial for these different social workers to collaborate. In a study that Sauls and Esau (2015), conducted, they found that; good, supportive relationships between the CYCC and designated social workers are crucial in reunifying families. Social workers in that study stated that when the CYCC and designated worker work closely together, reunification of families have a greater likelihood of succeeding. Furthermore, Sauls and Esau (2015), revealed that there is a gap in understanding the roles and responsibilities of both residential and referral social workers when rendering family reunification services. In the current study, social workers suggested that there should be a clear guideline to discuss the roles and responsibilities of residential and referral social workers, to prevent some of the challenges. The researcher in the current study believes that both; residential and referral social workers must have a mutual understanding and a good working relationship, because if that does not happen, it can cause tensions between the two professionals. Role blurring has been found to be imposing greater risks for conflicts and burnout among team members, and it demands conflict resolution skills (Hall, 2005).

5.3.3.2 Lack of involvement of multi-disciplinary team (MDT) and other stake holders

Social workers reported that working with children with behavioural problems was difficult and it needs multi-disciplinary approach. However, social workers felt that other professionals and Organisations did not actively participate during the family reunification process, and as a result it became the burden of social workers only. This concerned both the internal MDT and external stakeholders. In terms of internal MDT members, residential social workers believed that if every professional could be involved in the process, it was going to reduce cases where children are returned to institution before the agreed time, when placed on LOA, and to seek for re-admission after discharge. Two social workers explained that other professionals can contribute towards the successful reunification, and further reflected on the impact of non-cooperation by other role players, as reported by Participant 1;

> **Residential social worker** "*Mostly in Government administered CYCC is not practical because most of the time we don't have role players like the psychologist to assist, and some role players they don't even participate fully, you know! They are not cooperative"* [participant 1]

Whilst the residential social workers were mainly concerned about the lack of cooperation by the internal MDT, the designated social workers expanded the problem to the external stake holders, which included other departments or organisations. Designated social workers reported that during the process of family reunification, there are certain reports or forms that were needed, such as; court orders, psychologist reports, psychiatrist reports, medical reports and birth certificates or identity documents. All designated social workers reported that they experienced challenges in working with other units/departments to obtain these documents. One social worker (Participant 14, below) felt that the social work profession is undermined. Social workers expressed that they were expected to do everything, with no support from other departments;

> **Referral social worker** "We *are stuck with a child more than a year trying to put together the reports, psychologist and psychiatrist report. It's like we are a jack of all traits, we do everything"* [participant 14]

This finding revealed that there is lack of collaborations amongst different professionals, or stake holders, during the family reunification process. Social workers suggested that there should be a working relationship amongst MDT members and different stake holders, for better results on family reunification and aftercare services. This includes; the government entities, NGOs and other community structures. Secondly, findings in this study revealed that family reunification and aftercare services are not integrated, and social workers felt that they do most of the work, with minimal efforts from other practitioners or role players. This was confirmed by the fact that social workers struggled to find school placements after discharge from Schools of Industries. Some children were living in the streets because they were not engaged in any programmes after discharge.

Contrary to the reality that was reported by the social workers, and discussed in this dissertation, the High Court in Pretoria SA (Order no. 73652/16, 2018), ordered; DSD, Department of Health (DoH) and Department of Education (DoE) to Jointly work together to meet the needs of children with Disruptive Behaviour Disorders. The findings from this study suggest that this order is not practically implemented. Both, parents and social workers confirmed that the social workers did not provide aftercare services to children after discharge, including referrals to other programmes or other professionals. This means that social workers somehow failed to communicate the information to other stake holders for their interventions and that might have disadvantaged the families because the relationship with stake holders was not created in the first place.

Suter et al. (2009) found that effective communication and role understanding are significant for collaborative practice. In the absence of clarity about the nature of collaboration as a fundamental element of interprofessional team, measure of income remains unclear (Schmitt, 2001). Suter et al. (2009) emphasised that professionals need to recognise that when working with a client, the main aim is to serve the best interest of the client, it should not be viewed as a personal benefit.

This sentiment was also supported by findings by Sauls and Esau (2015), where participants emphasised the need for a multi-faceted approach to address the complex needs of families.

In addition, it was confirmed by several researchers that most social workers experience burnout in the workplace. In the study by Sauls and Esau (2015, p.24), social workers expressed concern that, *"... too much is expected from them, and they are perceived as a profession that fix various social problems*". Similar results were reported by Calitz, Roux and Strydom (2014, p.157), who found that social workers were often, '*pushed to the limit'*, which resulted in work related stress.

5.3.3.3 Lack of cooperation and involvement by parents and or other extended family members

Both, residential and referral social workers reported a lack of cooperation and involvement by families. Most parents were reported to had withdrawn their responsibilities whilst their children were still in the institutions, and some parents refused to be reunified with their children after the behaviours were modified. In most instances, parents refused to care for their children on the basis that the behaviour of their children had not improved, of which the majority of the social workers rejected, by stating that parents used it as a scapegoat. In a conflicting perception, the majority (four social workers) argued that parents did not want to take the responsibilities towards their children, whilst on the other hand, the minority (two of social workers) argued that social workers were the main cause of the problem by neglecting the support services to parents and families by not empowering them with skills and knowledge to manage the behaviour of the children.

Some social workers felt that the government has promoted a sense of dependency on the parents, they felt that there are no effective laws in SA, to punish parents when they abandon their parental responsibilities, hence the parents can choose to abandon their children's institutions. Similar findings can be drawn from Nhedzi and Makofane (2015), where participants revealed that the parents were dependent on social workers. In a contradicting statement, during the interviews with parents in the current study, they reported that they were not empowered by social workers and other professionals, to manage the behaviour of their children. Some parents further alluded that they were scared of their own children. This meant that the lack of empowerment for parents might

result in them not cooperating with the professionals. Empowerment of parents has a significant potential and may result in long-term outcomes (Graves & Shelton, 2007). This is what the social workers had to say;

> **Referral social worker** "*… to them it's like yoh! Free at last, I'm relieved, you know, the burden is gone, you know! Even though you try to talk about reunification and things like that, it's like they are listening, but they don't hear you know. They don't get themselves ready that time, you see*! *I proposed something, the child was about to turn 18, and we were supposed to reunify the child with the father, and he was saying' no, no… I can't'. He was refusing. When you talk about the exit plan, he said he was not going to cope, taking care of the child. He said' this child is problematic, I'm not gonna cope with him, uhm, I took him to this institution, I took him to that institution, school, I took him to this place, no one is able to work with this child, I can't!"* {participant 15]

Another challenge that was faced by social workers during the reunification process was the lack of cooperation by extended family members, in the absence of the biological parents. Both, the residential and referral social workers shared similar experiences, and alluded that failure of families to cooperate in reunification services resulted in long stays and some children landing in the streets. Participant 14 explained;

> **Referral social worker** *"Yoh! For me it was when I had placed these kids, it was two of them at (school of industries), so they don't have parents, the mother is alive but, she's living a sporadic lifestyle, so I couldn't trace her. I couldn't find anyone, nobody wanted the children, the family they didn't want them, nobody wanted the children, the mother, the children don't know where the mother…, there's no cellphone numbers, and now it was holidays. I went to the paternal family. The paternal family is there, they don't want the children.* [Participant 14]

Additional to the above quotations from the participants, a case study from the current study will be utilised to emphasise the damage that is caused by the lack of cooperation by the parents during family reunification services;

> Ms. "X" is a residential social worker who was employed in a School of Industries. She worked with the case of child, "A" who was referred to the Schools of Industries by his biological parents. At the time of placement, the parents were already separated. Soon after A's placement in a School of Industries, his biological mother withdrew her services to the child, and A was left in the care of the biological father. Family reunification services were rendered with the father. In one of the school holidays, Ms. X contacted the biological father to request for A to visit home, but the biological father refused to host the child, stating that he had some work commitments. Ms. X then gave feedback to A that he was not going home for that period, and he did not take the message well. A left Ms. X's office and went straight to the parking zone and damaged her vehicle. The damage was so serious that Ms. X had to open a case with SAPS. Ms. X could not cope with the incident, and she reported that it was not the first incident of that caliber, and she was very traumatised. She sourced counselling using a Departmental service, but even after counselling she felt hopeless. She is no longer interested in her work, and she expressed that the incident affected her other family members also.
>
> **Residential social worker** *"…the experienced left me shattered, and I'm not sure where to from here because it simple means that this might also happen in the future, because as this won't be an isolated message that I was communicating during admission unfortunately some parents don't see the importance of sticking to exit plan and making sure that when the time comes to take children they do. So, I'm not sure from now where to because I have to provide the services, and this will come and is scary to them because every time I will be working or any time that the school come to close, and children need to go home I need to prepare myself for such things and I'm not sure if any person can clearly prepare herself to be violated in this manner for such a long time. It's been six*

years and I'm having almost 5 incidents. So that has been my most challenging moments when it comes to family reunification services". [Participant 3]

From the case study, findings confirmed that actions by parents affected not only the children. They also affected other people surrounding them, including the practitioners, who are meant to be helping them. Cash and Berry (2003) associated parents' lack of participation and attendance in family preservation services to failures by practitioners to create a good working relationship with families. According to Parental acceptance-rejection theory, parents are usually significant others, but they also tend to have one extra value which not shared by most significant others, thus; children's sense of emotional security and comfort is dependent on the quality of their relationship with their parents.

Furthermore, findings in this study revealed the negative effects brought by the lack of parental involvement during the family reunification process. These include; children staying longer in institutions, emotional and psychological effects which involve anger, aggression, and violence behaviour. These behaviours threaten the lives of others. Although social workers complained about the lack of parental involvement during reunification, it is worth noting that most parents in this study reported that they were unable to cope with the behaviour of the children, and they requested social workers to empower them with relevant knowledge and skills, but this was not done. According to DSD (2012), the success of reunification and integration rests on the accessibility, willingness and ability of families, and communities to accept and support those being integrated. Participants in this study also experienced lack of cooperation and involvement by other extended family members, despite the findings from StatsSA (General Household Survey, 2019), that state that in South Africa, more children are being given care by extended family members.

5.3.3.4 Unconducive working environments for social workers

Social workers both in the DSD and NGOs reported that they lacked resources and support from their managers when they are rendering family reunification services. During the interviews, social

workers expressed high level of frustrations, that was caused by unconducive working conditions. They reported that they struggled with resources such as; cellphones, laptops, network and transport. According to the social workers, this problem went to a point where it damaged their relationships with other stake holders such as; professionals, courts, organisations, and families, because they fail to execute their tasks on time due to lack of necessary resources. Hence others view them as non-cooperative. One designated social worker reported that 11 officials share one car in their office, and the car is allocated as per schedule. This means that, should there be a crisis that need to be attended outside the allocated date, that official has to struggle to get a car to respond to the crisis. This challenge was experienced mostly by the designated social workers, and rarely by residential social workers. Participant 16 reported;

> **Referral social worker** *"The challenges that I have experience I would say, lack of resources cos sometimes you would want to go and not only to go for case conferences to see the child, but you also want to do your pop-ins and see how the child is doing, whether the programmes is he cooperating with the residential social workers, the care workers, but then you will have limited resources that you are not able to go as you please*! [Participant 16]

During these various predicaments, social workers reported that they did not receive support from fellow colleagues, thus they did not support each other. Also, many social workers both, referral and designated, complained about the lack of support from the supervisors and managers. Social workers reported that they tried to submit their work-related challenges in different platforms, but they felt that they were not heard. Instead, they reported that their managers expected them to, 'perform miracles' with little resources. This type of the relationship is; detrimental because social workers feel demotivated. Amongst the factors that led to social workers' burn out, Skhosana (2020) found; a lack of resources, inadequate supervisory support, and low compensation. These factors led to low morale and job dissatisfaction among social workers. Designated social workers in the current study reported that for the sake of service delivery, they often used their own resources including money, to assist their clients. But that becomes another issue because these

social workers do not receive appreciation in the form of performance appraisals. They reported that their managers tended to, "*... put a blind eye*" and pretend as if they did not see their acts. Similar findings can be drawn in a study conducted in the Eastern Cape (Kheswa, 2019), results confirmed that social workers associated their work-related stress to lack of resources such as transport, computers, and inadequate emotional support from their supervisors.

In all the challenges that were experienced by social workers, they needed interventions such as debriefing sessions to be able to cope with their circumstances, but that was not done. The employer needs to provide team building and supportive sessions on an ongoing basis to enhance a positive organisational culture (Cock, 2008 & Collins, 2008). Yet for the current study's participants, Participant 5 reported;

> **Referral social worker** *"We are not getting support as far as us coping mentally and emotionally dealing with these issues. We are not getting debriefing sessions, things like that. We are just being piled with work and we are expected to do things on our own, you know!"* [participant 15].

Findings in this study revealed that the working environment for designated social workers was not conducive, and led to emotional exhaustions. Emotional exhaustion can lead to professionals exerting inadequate energy to protect themselves psychologically than their clients (Anderson, 2000). In the current study, the designated social workers lacked standard tools to do their work effectively, which resulted in impaired personal strength and poor human relations. Contrarily, during the social work indaba (DSD, 2015), social workers in all SA's provinces complained about the tools of trade, and the working conditions. During that engagement, DSD acknowledged the existence of this challenge and further stated that it is critical to create an enabling environment for every employee including social workers, to effectively perform their duties. Despite the obligation by DSD to enhance the working conditions for social workers, social workers are still confronted with similar challenges concerning tools of trade (Kheswa, 2019).

5.3.3.5 Social workers not capacitated to work with children with behavioural problems

Social workers in this study argued that working with children with behavioural problems is a specialised field which required special training. But they reported that they were not equipped with relevant skills and knowledge to deal with these cases. Some of the social workers reported that they did receive trainings in the department, but the trainings were not need-orientated. Social workers needed training for children with Disruptive Behaviour Disorder or Conduct Disorder on an on-going basis. They suggested that DSD must conduct a need assessment before they could send a person to the training. This would assist with designing a training which is well-appropriate instead of wasting government resources with a training that is irrelevant to their scope.

One of the referral social workers reported that there was a time when she was stuck with a certain case and she felt that she needed training on the subject, she then decided to participate in a short course with one of the higher education institutions to equip herself after several attempts to submit her training needs to the Department. After receiving the training from the higher education institution, she was able to execute her work effectively, and she also transferred her knowledge and skills to other colleagues in the office. The majority of the social workers reported that they relied on their colleagues and supervisors in practice through consultations. The observation is that in most cases, the advice is based on their experiences in the field, they are not theoretically based. According to Finne, Ekeland and Malmberg- Helman (2020), social work has struggled to comprehend its theoretical knowledge base, and subsequently social workers have struggled to articulate what their knowledge is, in practice. Finne et al. (2020) found that social workers often used their; clients, work experience and colleagues to make certain decisions in practice, instead of knowledge or theoretical based evidence. The current study's participants expressed their training needs as follows;

> **Residential social worker** "*It is hectic to work in a school of industries. So, without us being capacitated with knowledge and skills, that should be on continuous basis. And those trainings when they come let them be proper trainings. There's a tendency in the Department that you go for trainings because they are on their skills audit, but really who*

facilitates a training, is not an issue to them" She went on to say "*Let them put efforts to ensure that we get a fair knowledge bathong, that you gonna be able to incorporate in what you should be doing with these children"* [participant 3]

Referral social worker "We *are not equipped; the other thing is that we are not sure on how to handle them"* [participant 15]

This finding revealed that social workers find it challenging to work with children with behavioural problems without proper skills and knowledge, because they do not have confidence on their work and their safety is compromised. They also become incompetent as reported by the parents in the current study. Capacity building refers to, "… *the process of changing attitudes and behaviours-imparting knowledge and developing skills while maximising the benefits of participation, knowledge exchange and ownership"* (UNPD cited in Maica, 2021p.1). Patel (2015) recommended for programme design skills training for practitioners to improve their effectiveness, and to shape practitioners' confidence in applying new knowledge on intervention techniques. Furthermore, the findings in the current study showed that without relevant skills and knowledge, social workers cannot achieve their goals when rendering family reunification services, and the services will be ineffective.

5.3.3.6 High caseload amongst the designated social workers

One of the major challenges that hamper services to families amongst the designated social workers both in DSD and NGOs is high caseload. During the FDG with the referral social workers, the researcher could sense the feeling of helplessness, hopelessness and confusion. Designated social workers confessed that they were not rendering quality services to their clients required, but they are often, 'engaged in crisis management work', and neglect those cases that do not have, 'issues'. All three referral social workers reported that it was difficult to implement a work schedule in their environment, hence they would be often overwhelmed by work. In support, GAO (2003), found that staff turnover and high caseloads result in a lack of relationships between social workers and families and an inadequate attention on the children safety.

"We *are expected to be everywhere, and how can that be possible*? *I'm statutory social worker and we have like cases, you know, like I might be having 60 files and about 80 children under my care because some files have like more than one child, you know! And then we…because statutory involve, and now obviously we are statutory social workers we go to court and sometimes we have to go to schools, we have to attend this panel meetings and do other things*. [participant 14]

"*We are not coping as field workers. Uhm, my colleague has mentioned the issue of case load. We are sitting with case load where you don't even know how to balance things. We try, but at times we fail because it becomes too much. Uhm, you know, we are in a situation where even when you go on leave, I can be booked off maybe for 2 months; when I come back, I find those files exactly how I left them. I'll be having a backlog, I wouldn't know where to touch, where to start. There's a lot that is expected from us, there's a lot, I don't want to lie, there's a lot*". [participant 15]

On the FDG with residential social workers, they were in agreement that designated social workers had high caseloads. According to the residential social workers, the issue of high caseloads amongst the designated social workers led to unavailability when required to fulfill certain tasks pertaining the child or the family during the family reunification process. This was identified as a major challenge that hindered a successful reunification process. They felt that most designated social workers placed children in institutions without the intention of them getting necessary help, but just to, 'offload' their caseloads. This was supported by the fact that most of them disappeared after placing the child in the institution, failing to participate in the processes that are aimed at modifying the behaviour of the child. Participant 1 explained;

Residential social worker "*When you look at most case managers, they just want to get rid of the cases. I understand that sometimes because they have so many caseloads you know! So, they feel that you know what? If I can just place a child in a CYCC I won't be bothered".* [Participant 1]

This finding revealed that high caseloads among the designated social workers hindered the successful implementation of family reunification services. In this study, social workers suggested other measures to be implemented such as utilisation of social auxiliary workers, referrals to ward social workers or NGOs such as; Childline, and FAMSA. Similar findings were obtained by Sauls and Esau (2015), were participants stated that family reunification received minimal attention due to high caseloads for social workers. High caseloads were a mutual cause for the lack of effective reunification. The study further revealed that social auxiliary workers were being utilised to assist designated social workers in the reunification process. In a study by APHSA (2005), results of the 2004 survey of state of public child welfare administrators found that high caseloads or workload rated high on the preventable turnover. Residential social workers in this study suggested that family reunification duties must be transferred to them as soon as the child is admitted in the institution. This is because they felt that somehow, they lose the family in the process as they had to communicate via the case managers, thus designated social workers and this was often impossible.

5.3.4 Theme 9: Factors that led to unsuccessful family reunification

5.3.4.1 The behaviours of the children

Social workers stated that children who were admitted in the Schools of Industries displayed severe behavioural and emotional problems that could not be managed by parents at home. This behaviour was reported to continues manifesting even when they are in the School of Industries, and to some extent, it disrupted the reunification process. Social workers experienced children who; were refused to go on LOAs during weekends and school holidays, did not have an exit plan because their parents withdrew their services as a result of persistent behavioural problems. Owing to the nature of their severity, some of the problem behaviours could not be modified in the Schools of Industries, even after the child attended all the programmes. When these behaviours became persistent in the Schools of Industries, it affected the reunification process in that, most families would disengage themselves whenever they received a report of their child's problem behaviours. Alternatively, the institutions often used LOAs as a consequence for problem behaviours by

suspending the family contacts. However, this practice is prohibited in the Norms and Standards for CYCC (Children's Act, 2005), but social workers deemed it effective for behaviour modification.

During the interview with the designated social workers, it was difficult to understand the exact cause of behavioural problems among the children. Some social workers reported that children used the behaviour to manipulate the situation to their favour. Social workers reported that some children behaved well for a certain period to convince people that they are ready for a discharge. But soon after discharge, the child will start to receive complaints concerning the child's behavioural problem from their families. On intervention, these children verbalised that their behaviours were goal-orientated, they wanted to be reunited with their families. Vice versa, there were children who did not behave well at home, with the intention to be sent back to the School of Industries. Another challenge that was raised by the social workers was that most of the children admitted in the Schools of Industries were over-institutionalised. As a result, they become too familiar with the system and programmes, and no longer see value on the programmes. See what Participant 1 had to say below;

> **Referral social worker** " *So, I think that's another aspect because remember we are Schools of Industries, we work with children who have been through different types of CYCCs, they know our system, they understand our system, they've been you know attending sessions, they understand everything about social services, they understand they know how to manipulate the system, so we have such children so you can reunify the child with the family, after few months you realized that actually this child has not yet change, so why rush into making reunification*?" [Participant 1]

This finding revealed that the behaviour of the children hindered the successful reunification regardless of how the behaviour manifested. This involved three aspects; (1) the behaviour of the children could not be handled by parents during LOAs or after being discharged from Schools of Industries, (2) the behaviour of the children in the institutions prevented family reunification to happen, and (3) children had manipulative behaviours in order to accommodate their preferences.

In a study by Davis, Ganger and Johnson (1996), children without emotional and behavioural problems had more chances of being reunified with their families, compared to those who had these problems. Alternatively, children who have emotional and behavioural challenges may be perceived as more difficult to handle by the parents who will be considered for reunification.

5.3.4.2 Parents not empowered to manage the behaviour of the children

Both the residential and referral social workers were in agreement that parents were not capacitated to handle the behaviour of their children. The majority of social workers admitted that they did not participate in their role to empower and render support services to the families. Empowerment was regarded as one of the approaches that social works could adopt to enhance; individuals, groups and communities' sense of self-reliance, gain the personal strength, human rights and political rights (Bolton et al, 2021).

Whilst the majority of social workers in this study acknowledged their responsibilities of empowering the parents, one residential social worker had a different opinion. He argued that parents must also take initiatives to empower themselves, because in the first place, they are the ones who approached the social workers for the intervention. This social worker felt that somehow social workers are, "spoon feeding the clients" and they promote a sense of dependency. In agreement, all social workers who participated in the current study believed that parents were vulnerable, and some were traumatised by the incidents that happened as a result of the behaviour of their children hence there was a need for social workers' intervention. This is how Participant 1 explained;

> **Residential social worker** "*I think they are afraid of their children, parents are afraid of their children…yes they are, because they are not empowered. How do you expect a parent who has been betrayed by the child, a parent who has been through a lot, a parent who was insulted, some parents have developed depression because of their children's' behaviour? So, how do you expect such a parent to believe you when you say your child*

has improved? Remember psychologically the parents are still stuck in 2018" [participant 1]

Another social worker argued that parents could not help themselves in this situation. Some of the children's behavioural problems were caused by the conduct of parents themselves. Hence, they needed the help of the social workers. This notion was supported by Bredley and Havens (2006), who argued that family engagements can reduce the risk of developing behavioural problems from early childhood to adolescence. Youth who are neglected through lack of parental supervision and positive parenting behaviours, and or who were maltreated, including child abuse, are at greater risk of developing behavioural problems (AACAP, 2007). Similar to AACAP (2007), Participant 6 reported;

Referral social worker "*…us as social workers we also fail them a bit because we expect that we take the child for the behaviour to improve, but you might find that the behaviour was caused by the parent. You know there's some staff that parents say to children that are very bad and actually hurt their feelings and emotions, that they end up doing anything and saying mus kuya fana, my mother doesn't care about me. So, we take the children to improve on their behaviour, do we do that for parents as well? Or we expect a miracle to happen to them to change overnight and say I've changed my behaviour*" [participant 16]

Findings from the current study revealed that parents do not have necessary skills and knowledge to manage the behaviours of their children, and this results in negative parenting behaviours. Social workers in this study reiterated on the importance of empowering the parents to manage the behaviours of the children. It is important to empower parents during family intervention to effectively manage stressors, including the problematic behaviour of children (Damen et al., 2021). Social workers in this study reported that their services were mostly focused on the child, and they tended to forget about other family members who could play a crucial role on the family reunification process, if given an opportunity to be empowered. This type of practice yielded negative outcomes in that, most children were returned back to the Schools of Industries by their parents either during LOAs before the stipulated period, or when they were discharged from

institutions as parents failed to manage their behaviours. Through measuring the relationship between the children's behavioural problems and parental empowerment, Damen et al. (2021) and Graves and Shelton (2007), revealed significant progress in the child's behaviour through parental empowerment.

5.3.4.3 Change of case managers during the reunification process

Residential social workers reported that they had challenges of constant change of case managers (referral social workers) during family reunification process. The biggest challenge in relation to this was reported to be the lack of proper hand over of the cases. Participants further reported that they were not informed when the case managers left the organisations. In most cases discovered it only when there was an issue on the case. That is when they were told that the case manager had left. Similar findings were reported by the families in the current study, as discussed in Chapter 4. Furthermore, residential social workers reported that organisations took long to re-allocate the files to a new case manager. This led to the child will staying for a longer period in the School of Industries without a case manager, and for that period, there will be no family reunification services rendered. Both the residential social workers and families ended up being frustrated, and in most cases children did not have patience and did not understand that certain things could not be done in the absence of the case managers. For example, approval for the child to go on LOA in terms of section 168 (Children's Act, 2005). Residential social workers further reported that the biggest frustration was when the organisations did not treat this matter as an emergency, because they did not witness these incidents when they happened, instead the institutions were the ones to bear the consequences when children started to demand answers. Participant 2 said, "*the case managers used to change now and then. Some of the social workers they don't stay long, they resign due to salary issues"* (**Residential social worker**).

In the midst of the frustrations, one residential social worker sympathised with the social workers in the NGOs. He understood that when the working environment was not conducive for social workers, they may leave the organisation. This was also confirmed by the one of the referral social workers in the current study, where she further alluded that the other effects of staff turnover was

high caseload and burnout. Residential social workers suggested that NGOs find it harder to retain their social workers because service delivery is compromised. As indicated earlier in this dissertation, several research was conducted to assess the factors that contribute to high turnover of social workers. These factors include; work related stress, low salaries, lack of resources, lack of professional growth, high workload which leads to burnout and inadequate supervisory support (Skhosana, 2020; Kheswa, 2019; Lombard, 2019; Calitz, Roux and Strydom, 2014 & Naidoo, 2004). High staff turnover amongst the social workers seems to be a global pandemic. Several research; internationally, regionally and locally, was conducted on the subject. In SA, (Kheswa, 2019) and (Skhosana, 2020) found that staff turnover does not only affect the external stake holders, such as; residential social workers and families, but also affects the organisation, internally. This is because, it places an extra burden on the remaining staff and supervisors and leads to a decline in productivity, in the workplace as well as poorer outcomes.

5.3.4.4 Premature family reunification of the child and the family

Residential social workers reported that they had observed case managers, thus designated social workers, reunifying the children prematurely and terminating their services soon after the discharge. This became a challenge because some of the children and families had to seek re-entry after discharge, but readmission became difficult because the file would be closed. Furthermore, families were not thoroughly prepared about for discharge, which led to the majority of the reunification attempts unsuccessful. Both, residential and referral social workers confirmed that the majority of children who were discharged had absconded from the institutions, either they refused to come back to the institution or designated social workers did not do the absconder's enquiry in order to return them back to the institution. Social workers reported that there were children who discharged themselves from the system, and verbalised that they did not need the programme because they were fine. Failure for the Schools of Industries to grant these children's request, they started to misbehave within the institutions, so that they could be sent home. According to Stein and Wade (2000), the process for leaving care should be pre-planned and

families must be prepared. Referral social workers in this study considered this process exhausting and they chose to, "… do short- cuts" so that the file could be closed. See Participant 1 below;

> **Residential social worker** "*I could not engage further with the client because the case manager was not cooperative, she was not interested in working with me. I believe the case manager also discharge or terminated the services prematurely. So, the case manager thought if she is going to entertain me, which means she must reintegrate the child back into the system, so, yeah*" [participant 1]

The issue of manipulative behaviour by the children also resurfaced during this discussion, where social workers reiterated that children misled the process by pretending to have changed, only to realise after discharge that the behaviour was intentional. Social workers found it difficult to deal with this challenge and they do not have solution on how to address this issue. It put them in a dicey situation because they could not differentiate between the genuine or false pretense behaviour. In contrary, section 174 of the children Act (2005), and the guidelines on family reunification (2013) prescribed six months of a trial period, which allow the social worker to assess and monitor the circumstances of the child and the family before the file can be closed or the child can be officially discharged from the system. Furthermore, the code of ethics for social workers (SACSSP, 2007a p.27) says, "Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests". This means that clients cannot just be abandoned during the intervention process. The challenge that was identified in the current study is that social workers have little knowledge about the policies and legislations that guide their scope when rendering family reunification services. Furthermore, none of the social workers in this study was familiar with the guidelines on family reunification.

This study also revealed that social workers were not certain about when to; close the file or disengage with the client. Services were not standardised; each and every social worker could disengage with the clients at any given time. According to Dlangamandla (2010) and Mashigo (2007), a lack of clear guidelines can lead to confusion and misunderstanding among social service

providers, which in turn disrupts effective provision of services. Nonetheless, the findings from social workers in this study revealed that clients always came back to social workers offices, after discharge, to seek further assistance and social workers would tell them that the file was closed. Participant 14 explained;

> **Referral social worker** "*It's a challenge because we are using open door termination you know, because our clients keep coming back to us and we would close the file vhele. And if there are issues, they have our personal phone numbers, they will call us, and they will tell us that the child should go back to the institution, but in most cases, the child would have already turned 18, when we have closed the file. So, it's a tricky situation*" [participant 14]

Subsequently, these were the same children who reported to be in the streets after being discharged, with no long-term plans. It is the researcher's view that some of these challenges could have been minimised if the social workers had linked the families with community resources or conducted proper referrals. Throughout the interviews with both the families and social workers, little information was reported on integrating families with various structures in the community.

5.3.5 Status of children after discharge from Schools of Industries

When children are referred to Schools of Industries, the expectation is that there should be improvement or progress on their behaviours, after receiving the programmes offered in these institutions. The majority of social workers who participated in this study reported a lack or little improvement on the client system. Their responses to this question were not only based on the five children who participated in this study. The responses were based on their experiences when working with children with behavioural problems who were discharged from the Schools of Industries. Findings from social workers pointed out that there were negative outcomes from the majority of the children who were discharged from the Schools of Industries especially including; educational disruption or educational disadvantage, unemployment, use of substances, and detention as a result of criminal activities. Both; the residential and referral social workers shared

similar sentiments. Similar findings were reported by Dixon and Stein (2003) in Scotland, who found that young people who were discharged from residential care had greater risk of educational disruption and poor achievements, absenteeism and exclusion. Out of the three children who participated in the current study, two of them were chased away from their homes by their parents due to unruly behaviour at home, one of them was later returned after the intervention by the other extended family members, but one child was still living outside the home environment (mostly in the street). The support from family, including extended family members, and social workers, was found to be most significant after reunification (Dixon & Stein, 2003).

According to Wehman (2011), appropriate transition programming should provide services and support that enhance self-determination and advocacy, which also provide access to post-secondary education and employment, improve collaboration and relations between systems of support, and should promote active participation of young people in all aspects of community life such as; social, recreational and leisure activities. Van Breda and Dickens (2016) argued that if children are engaged in programmes after leaving care, there are positive results, and this can prevent them from going back to the streets. According to Van Breda (2015), there are fewer programmes to address aftercare children's unique needs; none of which are state driven. The current study revealed findings in support of Van Breda's (2015) argument, that young people leaving care in SA are profoundly vulnerable, their needs are commonly unfulfilled. Participant 1 explained;

> **Residential social worker** "*Yeah, because when we look at family reunification, the success rate is very low is very low, in fact if I can take you back to my cases, I think I only have… its very low, I think I have 2 or 3 children who completed matric and then the rest was a situation where they absconded and they don't come back you know, most…they are not reunified because they have completed the programme."* [participant 1]

Although the majority of the social workers reported low success rate concerning children who are benefiting from the programme; there were few cases where reunification was successful, and children pursued their careers. Social workers experienced that to be motivational and

inspirational. As part of behavioural modification programmes, social workers make reference to motivate other children with the similar problems, to show them that it is possible to change. Residential social workers also reported that they invited the children in the institutions when they host some events, so that they can share their testimonies.

The biggest concern that was raised by social workers in the current study was that, some children who responded well to the residential programmes, their behavioural problems worsened after discharge. Social workers failed to understand what the major contributing factor to this was. This is what Participant 14 said;

> **Referral social worker** *"there is a gap, and a huge one that need to be closed. This child was doing well in the institution that why I recommended so discharge. But soon after discharge I started to receive complains*. [Participant 14"

Furthermore, social workers reported that they experienced difficulties in assisting these children after they turned 18 years old. They reported that they were normally guided by the Children's Act when rendering their services with families, and the Act discharges them at the moment they turned 18 years old, except in instances where the child is academically progressing well. Rather than that, they could not assist those young people, as reported below;

> **Referral social worker** "*So, now it's difficult for us when the child is not at school like to really…like now he's 18 and he was out of school. Now you can't really advocate for this child because he's no longer a child, his case is no longer allowed to go to court, and he's even not at school"* [participant 14]

5.3.6 Theme 11: Perceptions of social workers about family reunification and aftercare services.

Residential and referral social workers perceived family reunification and aftercare services as ineffective. Their views were based on the outcomes of the children after discharge. During the

interview, social workers illustrated various factors that hindered the successful reunification and aftercare services, Participant 16 reported;

> **Referral social worker** "*Well, I think they are not effective, they are not, because looking at it, if they were effective, you wouldn't be having lots of children that have been rehabilitated for their behavioural problems having to go back, ending up in prison*" [participant 16]

Social workers suggested several measures that could be implemented for the better outcomes of the programme. They also believed that the programmes were crucial, in that children belong to families, not in a residential facility. They also suggested that these programmes need to be strengthened by both the government and non-government sectors for positive outcomes.

One social worker raised a crucial point by saying that as South Africans, these programmes must be implemented in a more African way than a Western perspective. By so saying, this social worker believed that if the practitioners and families could apply the principle of '*ubuntu'*, there would not be a struggle in reunifying the children with their families; with the help of other family and/or community members. This view was supported by Makiwane and Kaunda (2018), who reported that families in Africa were linked to broader community and kinship. In addition to that, two social workers in this study further argued that one of the reasons that led to poor implementation of family reunification and aftercare services was the lack of theoretical framework on family reunification, see Participant 1 below;

> **Residential social worker** "*The main reason why most of our reunification services are not effective is because they are not guided by any theories. so, if we can get a theory or if we can write as social workers and write about our services*" [participant 1]

This view was also shared by Stein (2006) as discussed earlier in this dissertation, that there was little research on family reunification and that the services lacked theoretical perspectives. In addition, Van Breda (2015) reported that SA has no legislation or policy requiring organisations,

whether residential facilities themselves or other partners in the welfare sector, to offer transitional services to children leaving care.

5.3.7 Theme 12: Measures to improve family reunification and aftercare services

In the current study, social workers suggested several measures that could assist to improve family reunification and aftercare services for children with behavioural problems and their families. They suggested that;

- Family reunification services need to be strengthened by DSD and child protection organisations.
- Social workers need to be empowered about legislations and policies on family reunification and aftercare services to ensure uniformity in practice.
- Social workers need to be capacitated with skills and knowledge to work with children with behavioural problems and their families, that will help to ensure competence.
- The working conditions of social workers, in terms of support and tools of trade, need to be improved.
- Family reunification services need to be integrated, other MDT members and stake holders should actively participant in the programme.
- There should be role clarity between the residential and referral social workers when rendering family reunification services. The file of the child should be transferred to residential social workers when the child is admitted in the institution so that family reunification can be the sole responsibility of the residential social workers.
- Parents should be capacitated with knowledge and skills to manage the behaviours of their children. Families need to be prepared thoroughly on reunification prior to the discharge.

5.4 CONCLUSION

This chapter explored the perceptions and knowledge of residential and referral social workers on family re-unification and aftercare services to the families of discharged children with behavioural problems. The chapter also explored the challenges that were faced by social workers during the family reunification process. Social workers in the current study understood what family reunification and aftercare entails, but they acknowledged that the services were ineffective and lacked consistence. There was an indication that social workers had little knowledge about the legislations and policies that are related to families. This resulted in poor implementation and lack of uniformity when rendering the services. Additionally, the study found that SA has good legislations that protect the rights of children. However, there is a gap in terms of equipping the practitioners so as to guide their scope of work. Although the country has legislations to protect children, the study also identified that at this stage there is no legislation in SA, that is dedicated solely on families. Social workers emphasised on the need for theories that will guide the processes and procedures of family reunification. These theories will have to focus on the African perspective rather than Western.

The challenges that were faced by social workers during family reunification process included the lack of; (1) collaboration between the residential and referral social worker, and other stake holders, (2) clarification between the residential and referral social worker, (3) parental involvement and other family members. The challenges also extended to (4) unconducive working environment for social workers, that is; poor support and limited resources, high caseloads, and (5) lack of proper skills and knowledge to deal with the children with behavioural problems. The lack of role clarification between the social workers resulted in role confusion and conflicts between the two parties, and false expectations. Social workers identified a gap that exists in terms of the behaviour of the children whilst in the institution and after discharge. The majority of the children's behaviour relapsed after discharge, which showed a lack of consistency and discontinuation. Most of the findings in this study corresponded with the findings in Chapter 4

which focused on families. This similarity in findings ensures credibility of the current study. The following chapter discusses the; key findings, conclusions, and recommendations.

CHAPTER 6

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter condenses the findings from Chapters 4 and 5. The researcher starts by recapping the objectives of the study, this is followed by the discussion of the objectives, contextualising it with the findings. The similarities and differences on the findings from families and social workers were highlighted. The researcher discussed the; key findings, conclusions and the recommendations to be considered in SA on family reunification and aftercare services for children with behavioural problems, and their families. The recommendations were made to improve the services to families, in terms of reunification and aftercare.

6.2 GOALS AND OBJECTIVES OF THE STUDY

To recap; the study explored the perceptions of children, parents and social workers of family reunification and aftercare services for, children with behavioural problems, and discharged from the Schools of Industries. The following were the objectives of the study:

- To explore the perceptions of social workers, parents and children about family re-unification and aftercare services rendered by government and non-government organisations (NGOs).
- To identify challenges experienced by the social workers and parents regarding family re-unification and aftercare services for children with behavioural problems.
- To ascertain factors that lead to children seeking re-admission to Schools of Industries after discharged.
- To investigate the knowledge and understanding of social workers about family reunification and aftercare services.

- To explore from children, parents and social workers the measures that can be implemented to improve the family reunification and aftercare services.

Objective 1: To explore the perceptions of social workers, parents, and children about family re-unification and aftercare services rendered by government and non-government organisations (NGOs).

The main goal of this study was to explore the perception of children, parents, and social workers of family reunification and aftercare services for children with behavioural problems and discharged from Schools of Industries (see section 1.3.1 of this dissertation). This objective was achieved by first, setting an inclusion criterion as discussed in Chapter 3 (see 3.2.3). Secondly, this was the main research question as discussed in the statement of the problem in section 1.2. in the introduction and orientation of the study, the researcher highlighted the factors that lead to children's admission in CYCC, and the programmes that should be rendered in CYCC, in terms of section 194 (i) and (J) which family reunification and integration, and aftercare services. Family reunification services must start immediately when the child is admitted in a CYCC.

Also, this objective was achieved by using bio-ecological system as discussed in Chapter 2 (see section 2.2) Bio-ecological system is a theoretical framework that guided the discussion of family reunification and aftercare services in this dissertation. Bio-ecological system theory was found to be best suited in this study because, for the success of family reunification and aftercare services a holistic approach must be utilized. This approach must explore the child's circumstances within the broader system that influences them, including; the parents and extended family members, designated social workers, CYCC and the community. These systems are integrated and influenced by one another. Therefore, the circumstances of the family and environment should also be considered, to ensure that reunification is in the child's best interest (Potgieter & Hoosain, 2018). Additionally, as shown in Chapter 2 (see 2.3.5.1) of this dissertation, the causes and risk factors of the behaviours of children include; biological factors or family history, family factors (such as family structure, poverty, death, and divorce), psychological factors, and social factors such as neighborhood, peer influence and community factors. The bio-ecological system theory implies

that, a holistic, and integrated approach must be used to ensure the best results in family reunification and aftercare services. The importance of bio-ecological system theory in this study was discussed.

In support of objective 1 for the current study, the researcher conducted a literature review, to discuss what other researchers had already found on family reunification and aftercare services; internationally, globally and nationally. The literature review also allowed the researcher to identify the gap and justify the reason for conducting the current study. The literature review showed that there are few studies that were conducted on the subject.

Objective 1 was further archived in Chapter 4 (see theme 1). Here the researcher explored the perceptions of families about family reunification and aftercare services (see 4.3.1.). Families perceived the family reunification services as ineffective and lacking consistency. The main contributors to the ineffectiveness of the family reunification services were considered to be the designated social workers. Families experienced poor family reunification services from the designated social workers. Although institutions have structured family reunification services that are implemented, they lacked consistency. Furthermore, families deemed the family reunification services as crucial, but need proper implementation to be best effective.

Families also perceived aftercare services as ineffective and lacked appropriate implementation by both the residential and referral social workers. The effects of the lack of implementation of aftercare services by social workers resulted in the majority of children struggling with school placements, living in the streets, some abusing substances and ending in jail. Same findings were confirmed by the social workers in chapter 5 (5.3.6) of this dissertation.

Furthermore, objective 1 was achieved by exploring the perceptions of social workers on the family reunification services. Social workers perceived the services as ineffective. They claimed that this was as a result of the lack of; theories, approaches, and guidelines to elicit positive outcomes. They viewed the services as being neglected, and the focus was exclusively on the child

rather than including the family. Their judgment was based on the status of the children after being discharged from the Schools of Industries, but this yielded less success.

Objective 2: To identify challenges experienced by the social workers and parents regarding family re-unification and aftercare services for children with behavioural problems.

Objective 2 was achieved through the introduction and orientation of the study (see 1.1), and statement of the problem (see 1.2). The challenges that were faced in family reunification were cited to be the lack of; family contacts, support, prevention, early intervention, aftercare services, and consideration in the implementation of these services. There were also issues such as; ineffective strengthening programmes, and stigma against children with behavioural problems in the communities. The literature review (see 2.3.5 & 2.3.5.3) suggested that children's behavioural problems were the major negative impact on family reunification and aftercare services, this also led to re-entry into the Schools of Industries.

Furthermore, the researcher achieved objective 2 in Chapters 4 and 5 of this dissertation. In the interviews with families (see 4.3.2 of this dissertation), families reported the following challenges on reunification and aftercare services for children with behavioural problems; difficulties in accessing Schools of Industries, the worsening behaviours of the children, parents not empowered to manage the behaviour of the children, lack of support systems, and stigma attached to children with behavioural problems. Furthermore, the conduct of social workers was deemed to be unprofessional. The conduct included the social workers'; attitude, lack of interest and involvement, lack of collaborations between the residential and referral social workers, social workers not understanding their clients, change of case managers during family the reunification process and premature reunification of the child, and the family. What surprised the researcher was the conduct of the social workers towards families. The conduct included the poor tone and use of unprofessional or in other cases brutal language when communicating with families.

In the FGD with social workers, the researcher explored the challenges that were faced by the social workers during family reunification and aftercare services. Social workers reported; poor

collaboration between residential and referral social workers, lack of involvement by other MDT members and stake holders, lack of involvement by parents and other extended family members, unconducive working environment for social workers, social workers not capacitated to work with children with behavioural problems, and high caseloads amongst the designated social workers. One of the shocking pieces of evidence from the empirical findings was the extent of damages that were endured by the social workers as a result of non-cooperation by parents. This resulted in children displaying violent behaviours towards social workers or other staff members. The current study found that children needed their parents in their lives, and failure of parents to fulfil those obligations affect the children; emotionally, socially and otherwise children ended up damaging social workers' private properties and posing risk on their safety. Factors that led to unsuccessful reunification included the behaviour of the children, parents not empowered to manage the behaviour of the children, change of case managers during family reunification process, and premature reunification of the children and the families.

Objective 3: To ascertain factors that lead to children seeking re-admission to Schools of Industries after discharged.

Objective 3 was achieved through the literature review which focused on discussing the current study relative to previous studies that were conducted; internationally and locally. The literature in the USA which revealed that behavioural problems in children are a risk factor of re-entry into the system (see section 2.3.5 of this dissertation). Furthermore, the researcher explored the status of children after discharge, to ascertain factors that lead to readmission to Schools of Industries, see themes; theme 4 (4.3.4) and theme 10 (5.3.5).

However, it should be noted that there were conflicting findings between children and parents. In the interviews with parents, they revealed that children were kicked dismissed by their families due to persistent behavioural challenges that led to the request for re-admission. On the other hand, children blamed the parents and said that parents used their behaviours as a scapegoat. Children argued that the reality is that parent's behaviours also had an influence on re-entry into the system. Although behavioural problem is viewed as the main cause of re-entry into the Schools of

Industries, family structures, especially the absence of the father-figure, was reported to be the trigger of behavioural problems amongst children. Other findings revealed that a lack of; supervision, monitoring and support by the social workers contributed to children's relapse in the behaviour; which ultimately resulted in negative outcomes including re-entry into the system.

In the FDG with social workers, findings revealed that another contributing factor to re-entry was that reunification was done prematurely. It was revealed that the majority of the children who were discharged from Schools of Industries were not discharged properly. Rather, they absconded from the institutions without following a proper procedure. This resulted in the children being followed, or voluntarily returning to the institution for re-admissions when they realised that things were tough outside. Other findings revealed that children were not engaged in the programmes after being discharged from the Schools of Industries, especially schooling, and the families did not receive support from social workers. This led them to engage in what was perceived as wrong things, which pushed the parents to return the children back to the institutions.

Objective 4: To investigate the knowledge and understanding of social workers about family reunification and aftercare services.

Objective 4 was achieved in Chapter 1 (see 1.5), under definitions of key concepts where family reunification and aftercare services were defined. The objective was also achieved in the literature review in Chapter 2 (see section 2.3). The legal framework for family reunification and aftercare services; internationally, regionally and nationally were discussed (see 2.3.1.1, 2.3.1.2 and 2.3.1.3). Family reunification and aftercare services were discussed in detail, and the characteristics of family reunification were discussed in 2.3.1.3 (a).

Furthermore, objective 4 was achieved in Chapter 5 (see theme 6 and 7). In theme 6, the researcher explored the social workers' understanding of the concept family reunification and aftercare services. The empirical findings revealed that social workers did understand the two concepts (family reunification and aftercare services), and they know what is expected of them. However, they failed to effectively implement the services to the families of children with behavioural

problems. Social workers reflected on their roles and responsibilities and confirmed that the services were neglected. Findings also revealed the confusions between the residential and referral (designated) social workers in terms of their roles on family reunifications and aftercare services.

In theme 7 (see 5.3.2), the researcher explored the knowledge of social workers on the policies and legislations that guide family reunification and aftercare services. The empirical findings revealed that social workers had little knowledge about policies and legislations that guide their scope in terms of family reunification and other services. In some instances, the social workers were able to mention the policy, but they could not relate to what the policy said. Amongst the legislations and policies that were utilised, are; the Children's Act no. 38 of 2005, White Paper on Families and the standardisations of programme for Institutions. However, the Children's Act was the predominantly used policy. Also, lack of empowerment of social workers by the employer on relevant trainings was seen to be dominant in both the departmental and NGO social workers.

One of the major findings in this study was the gaps that exist in terms of aftercare services; there is little literature on the subject. It was found that aftercare lacks underlying implementation theories and procedures. Social workers found it to lack an approach and that it was not evidence-based.

Objective 5: To explore from children, parents and social workers the measures that can be implemented to improve the family reunification and aftercare services.

Objective 5 was achieved by first choosing the research instrument that allowed the participants to offer in-depth information about their experiences of family reunification and aftercare services (see 3.2.4 & Appendix Q, R and S). Families and social workers were asked to give inputs and recommendations on what they thought would assist in rendering effective services on family reunification and aftercare services. Families suggested the measures that could be implemented to improve family reunification and aftercare services as follows (see 4.3.5);

- Social workers must do their work diligently. They need to understand and respect their clients and be actively involved on the cases.

- Social workers also need to put into consideration, the circumstances of the parents or a holistic approach need to be applied when working with children with behavioural problems.
- Working with children with behavioural problems was viewed as specialised services by participants, that requires social workers to have; special skills, techniques and knowledge.
- Parents need to be actively involved during family open days, so that they may assist with sharing their knowledge and skills to children, to improve their behaviours.

Furthermore, the following measures were suggested by the social workers;

- Family reunification services need to be strengthened by the DSD and child protection organisations.
- Social workers need to be empowered about legislations and policies on family reunification and aftercare services.
- Social workers need to be capacitated with skills and knowledge to work with children with behavioural problems, and their families.
- The working conditions of social workers (in terms of support and tools of trade) need to be improved.
- Family reunification services need to be integrated, and other MDT members and stake holders should actively participant in the programme.
- There should be role clarity between the residential and referral social workers when rendering family reunification services.
- The file of the child should be transferred to residential social workers when the child is admitted in the institution so that family reunification can be a sole responsibility of; the residential social worker.
- Parents should be capacitated with knowledge and skills to manage the behaviours of their children, and
- Families need to be prepared thoroughly on reunification prior the discharge.

6.3 SUMMARY OF KEY FINDINGS, RECOMMENDATIONS AND CONCLUSION

6.3.1 Summary of key findings

1. Reunification services are perceived by families and social workers as ineffective and inconsistent, and aftercare services as non-existent. According to the social workers, one of the main contributing factors to the failure in the implementation of these services is a lack of theoretical frameworks, guidelines and procedures underlying the processes. The services are not standardised, as a result each practitioner renders the services based on their experience and consultations with colleagues. Also, social workers lack confidence because they are not certain if they are rendering the services correctly.

2. Findings in this study revealed that social workers have little knowledge about policies and legislation that guides their scope of work on family reunification and aftercare services, despite the efforts by the SA government and DSD to develop certain polices on families. This is attributed by that; there are few policies on family reunification and aftercare service; social workers are not capacitated on the existing policies. Therefore, the outcomes result in the lack of standardisation or uniformity when rendering the services. Secondly, it was established by the researcher in this study that, there are no direct policies on families in SA, hence the establishment of the Green Paper and White Paper on Families, both that serve as a bridge to legislation on families.

3. The extreme behaviour of the children impacts negatively on family reunification services, because parents cannot cope with the behaviour of their children during LOAs and after discharge. This leads to parents' reluctance to cooperate on family reunification services. Most parents do not understand exactly what the cause of the children's behaviour might be, and most parents are guilty conscious, assuming that it might be their fault. This behaviour is also associated with psychiatric conditions, and some parents feel vulnerable because they are occasionally victims of attacks by these children. This is exacerbated by

the fact that the majority of families affected are single parents led. The absence of a father figure is one of the factors that contribute to negative behaviour among children.

4. Social workers and parents are not empowered with skills and knowledge to manage children's extreme behaviours. Parents need the assistance from the social workers, who are also not equipped with the knowledge to transfer to the parents. In the absence of proper skills and knowledge to manage the behaviour of children, parents resort to negative ways of parenting.

5. Support is crucial during family reunification services, and lack of support yields negative outcomes. Children need support from their families and/or extended family members. Parents need support from the social workers and other practitioners. Furthermore, social workers need support from their fellow colleagues, supervisors and managers. Support needed by social workers include; improved working conditions, resources**,** caseload management, appraisals and debriefing sessions. Also, high caseloads among the social workers is one of the factors that negatively impact service delivery during the family reunification process.

6. The conduct of social workers during family reunification services is marked by; hostility, lack of respect and lack of interest especially on the designated social workers' side than residential social workers. This type of experience led to resentments towards social work services. Furthermore, findings in this study revealed a lack of professionalism among some social workers, and violation of the professional code of ethics. This might be as a result of frustrations and burn out, because social workers reported that they did not have relevant skills and knowledge to work with children with behavioural problems, and that they did not receive enough support from their colleagues and supervisors.

7. The majority of the children who are discharged from Schools of Industries are prematurely discharged. Some are discharged as a result of abscondments and never return to the institutions. Some are prematurely discharged as a result of unmanaged behaviour in the

institution. Very few are discharged appropriately. The majority of families are not prepared for reunification.

8. Disruptive behaviour Disorder or Behaviour challenges among children is a phenomenon in SA, yet there is little literature on the subject. There is no recent statistics that indicates the number of children who are affected by this condition; taking into cognisance that it includes other psychiatric conditions that sometimes warrant psychiatric treatment. The availability of statistics could help in identifying a need for practitioners and families to be capacitated to well manage the condition.

6.3.2 Recommendations for practice

For successful implementation of family reunification and aftercare service for children with behaviour problems, the researcher recommends the following;

- DSD and other Child Protection organisations must empower social workers and other relevant stake holders on the relevant legislations and policies on family reunification and aftercare services. Also, clear guidelines and procedures of family reunification should be devised. Furthermore, family reunification process must be monitored, so that the services are standardised across all involved sectors in the country.

- Schools of industries and designated social workers should ensure consistency when rendering family re-unification and after care services, and actively engage parents during family open day events.

- DSD needs to review the geographic location when distribution of the CYCCs (School of Industries) across all the country to ensure that the services (institutions) are easily accessible by the public, and in accordance with Batho-pele principle of accessibility. In the interim, DSD must develop policies to assist those families who are in need of assistance, especially in terms of making contacts with their children when they are admitted in institutions.

- The Department of Justice and Constitutional Development needs to monitor the implementation of High Court Order issued on the 02 August 2022, to ensure that the needs of children with behavioural problems are met.

- Family reunification and aftercare services need to be integrated; this may be achieved by collaborating with other relevant stakeholders. But DSD should lead the process.

- There is a need for more theories that will guide the implementation of family reunification and aftercare services, this must involve the African perspective.

- Social workers and other relevant practitioners who render services to children with behavioural problems need to be equipped with relevant skills and knowledge to execute their duties effectively on a continuous basis. This involves DSD and DoH, to collaborate at a national level, to assist with these skills. It is well understood that DSD is the custodian of children below the age of 18 years, but they do not have medical expertise to manage these conditions, hence the social workers reported emotional exhaustions and frustrations. Additionally, SACSSP needs to, on continuous basis, conduct training on the code of ethics that govern their profession to prevent unethical practices.

- Families should receive support from the practitioners and other family members during the family reunification process. Support must include capacity building on managing the behaviours of the children, referrals, and transport, because the majority of parents do not have financial stability as per the statistics of unemployment in SA.

- The employers, (DSD and NGOs) need to create a conducive environment for social workers by providing resources and necessary support. Furthermore, the employers need to promote team spirit in the workplace by use of debriefing sessions and team building activities to enhance productivity.

- NGOs must employ more social workers, for the continuation of services when other social worker(s) leave the organisation.

- The policy makers need to review the legislations and policies, for the interest of this study; Children's Act, to transfer the roles and responsibilities of residential social workers in terms of family reunification services.

- Policy makers need to review the policy and legislations, to make parents accountable for their actions. For example, at this stage parents decide to neglect or withdraw their parental rights without any legal consequences.

- The practitioners must view the family as a system, and work with it as a whole during family reunification process, instead of working with the child alone and neglecting other family members.

- Working with children need; special skills, knowledge, and interest at heart. The supervisors and managers must identify social workers who portray those characters, it should not be any person rendering these services.

6.3.3 Recommendations for future research

- Researchers must investigate the extent of behavioural problems among children in SA, the cause, and impact of behavioural problems on children.

- Researchers should also investigate the challenges that are faced by parents of children and young persons with behavioural problems.

- They need to investigate the effectiveness of behaviour modification programmes that are offered for children in the Schools of Industries.

- Researchers must explore the factors that lead to relapse on the behaviours of children and young people after discharge from the Schools of Industries.

- Other studies can explore the use of integrated approaches during the family reunification process.

- Researchers must investigate the theories, procedures and processes for family reunification and aftercare services.

- Studies similar to the current one should be conducted and focus on family reunification and aftercare services discharged from government run CYCCs (these are the other types of CYCCs such as temporary safe care, Children Homes and Secure Care Centers.

6.3.4 Conclusion

Family reunification services rendered to children with behavioural problems discharged from Schools of Industries within two years are not deemed effective by the social workers and families. They lack consistency and are poorly implemented by the respective social workers. This is based on the poor behavioural and success outcomes for children after being discharged from the Schools of Industries. Various factors that impact the success in implementation of programmes are identified by both the families and social workers. Findings from this study revealed that practitioners do not have enough knowledge about the legislations that guide them during the family reunification process. There is a lack of clear guidelines and procedures for reunification and aftercare services, and this causes uncertainty and lack uniformity among the social workers, when they are executing their job during the family reunification process. This I was identified as a huge gap in the current study. Social workers suggested that policy makers should enforce that there is a distribution of knowledge to the policy implementers so that service delivery can be improved. Furthermore, social workers perceive the current practice to be involving more of western perspective, and they suggest more of African perspectives and traditional approaches to be included.

The issue of relapse on the behaviour of the children after being discharged is a concern for social workers. Some view it as a waste of resources and time for the child to be admitted for two years, only to find that all the efforts were in vain. Thus, it contributes to job dissatisfaction for social workers. In the midst of challenges that are faced by the social workers during practice, social workers have ethical obligations, and they must uphold their professional conduct because it may

bring the profession into dispute. This does not imply that the employers (DSD and NGO) should neglect the needs of the social workers, their working conditions should be improved for the betterment of service delivery.

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APPENDIX A: DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Novela

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H20/10/22**
PROJECT TITLE	Perceptions on family re-unification and after care services for children with behavioural problems discharged from schools of industries
INVESTIGATOR(S)	Ms T Novela
SCHOOL/DEPARTMENT	Human and Community Development /
DATE CONSIDERED	16 October 2020
DECISION OF THE COMMITTEE	Approved Risk Level: Low
EXPIRY DATE	31 January 2024

DATE 01 February 2021 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Dr M Nathane-Taulela

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized 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 submit an amendment of the protocol to the Committee. **I agree to completion of a regular progress report. For Minimal and Low studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ 03/02/2021
Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX B: LETTER FROM THE FACULTY OF HUMANITIES (WITS)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

FACULTY OF HUMANITIES

Ms Tintswalo Shirley Novela
1289 Watervalspruit
Pearleye Street Sky City
Alberton 1449
Gauteng
South Africa

Student Number: 1999085

08 February 2021

CC. Dr Motlalepule Nathane-Taulela

Dear Ms Tintswalo Shirley Novela

DECISION ON RESEARCH PROPOSAL SUBMITTED FOR THE MASTER OF ARTS IN SOCIAL WORK BY RESEARCH

I am pleased to advise you of the decision reached by the reader/readers of the Graduate Studies Committee on your proposal entitled: "***PERCEPTIONS ON FAMILY RE-UNIFICATION AND AFTER CARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES"***

Reader's decision on proposal:

Accepted, but candidate should take note of warnings/ recommendations.

I confirm that Dr Motlalepule Nathane-Taulela has been appointed as your supervisor.

Please take note of the information on the Criteria for submitting research for examination which is attached and ensure that the Faculty is informed of any changes of address during the year.

Kindly note that all MA and PhD candidates who would like to graduate as soon as possible must ensure that they meet the ETD requirements within six (6) weeks of receipt of the examiners' reports by the supervisor. **A student is required to remain registered in the Faculty until his/her graduation.**

Yours Sincerely

M Ntseare

Mpho Ntseare (Ms)
Faculty of Humanities
Private Bag X 3
Wits, 2050

APPENDIX C: PROOF OF EDITING LETTER/CERTIFICATE

23 June 2022

To Whom it May Concern

Re: Proof of editing

This letter serves to confirm that I have edited a thesis by **Tintswalo Shirley Novela (Student Number: 1999085).**

The **title of the thesis** is: Perceptions of family re-unification and aftercare services for children with behavioural problems discharged from schools of industries. **Submitted** in fulfilment of the requirements of the requirement for the Masters' degree by research in Social Work. In this thesis, I conducted only language editing.
Note: The student made further inputs after my language editing.

If there are any questions, do not hesitate to contact me.

Kindest Regards
Oncemore Mbeve
Doctoral Researcher, Wits, African Centre for Migration and Society (ACMS)
MA Psychology Research and Coursework, Wits University
BSW, Wits University
Email: oncemorembeve@hotmail.com
Cell: +27622028278

APPENDIX D: LETTER OF PERMISSION FROM DEPARTMENT OF SOCIAL DEVELOPMENT

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 01/11/20

Dear Tintswalo Novela

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application to conduct research on **"Perceptions on Family Re-Unification and After Care Services for Children with Behavioural Problems Discharged from Schools of Industries"** ***[University of the Witwatersrand]*** has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as stated on the GDSD application form.

You have permission to interview officials and beneficiaries within facilities regulated by the department, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Dr. Sello Mokoena
Director: Research and Policy Coordination
Date: 03-11-2020

APPENDIX E: LETTER OF PERMISSION FROM JW LUCKHOFF CYCC

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Mr. T Tshabane
Tel: 082 490 7896

INTERNAL MEMO

TO : **Ms. TS Novela**

FROM : **MR. T TSHABANE**
HEAD OF INSTITUTION: JW LUCKHOFF CYCC

DATE : **24 November 2020**

SUBJECT : **APPLICATION FOR PERMISSION TO CONDUCT RESEARCH FOR CHILDREN DISCHARGED FROM JW LUCKHOFF CYCC**

1. Your letter dated 23 November 2020 with reference to the subject above is acknowledged.
2. Data base of client files and registers with information on discharged children is available in JW Luckhoff CYCC.
3. Permission is therefore granted for you to have access to those files and registers for purposes aligned to your research project only.
4. On behalf of JW Luckhoff CYCC community, I wish you all the success on your research project.

.....
Mr. T Tshabane
Head of Institution: JW Luckhoff CYCC
Date: 2020/11/24

Social Development
J.W. Luckhoff
Child and Youth Care Centre
Gauteng
24 NOV 2020
P.O. Box [illegible], Heidelberg, 1438
Tel: 016 342 2301 / 2404
Fax: 016 342 2408

1

APPENDIX F: LETTER OF PERMISSIOM FROM EMMASDAL CYCC

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquries: Mrs Rachel Human

Tel: 082336 0566

Date: 23.11.2020

Emmasdal CYCC

Dear Tintswalo Novela

RE: APPLICATION TO CONDUCT A RESEARCH AT EMMASDAL CYCC

I acknowledged receipt of your request to conduct a research at Emmasdal CYCC and your request is hereby granted. This entails that you are granted a permission to do the following:

1. To access a discharge register and the contact details of parents and children (who were discharged within two years).
2. To interview the 3 social workers from Emmasdal CYCC
3. To use our hall to conduct focus group interviews

We will appreciate if you can share your findings after completing your research

We wish you all the best in your research

Kind regards

Rachel Human

Head of Institution (Emmasdal CYCC)

APPENDIX G: LETTER OF PERMISSION FROM JOBURG CHILD WELFARE

Authorised in terms of the Non Profit Organisations Act 1997
Reg.No. 000-566NPO
Registered under Section 18 A of the Income Tax Act No 58 of 1962
Reg.No. 18/11/13/1110
PBO number:130001110

Date 15 June 2021

RE: Letter of Consent to Research

I Anam Gwenxane, Supervisor in the Foster Care Department at Jo'burg Childwelfare grant consent to Tinstwalo Novela to interview participants for her research on "Perceptions on family reunification and after care services for children with behavioural problems discharged from school of industries".

.....

Ms A. Gwenxane

Supervisor

TEL: (011) 298 8538

Email:rss@jhbchildwelfare.org.za

APPENDIX H: PARTICIPANT INFORMATION SHEET FOR CHILDREN (INDIVIDUAL INTERVIEWS)

Dear Sir/ Madam

My name is TINTSWALO SHIRLEY NOVELA, and I am a master's student in social work at the University of the Witwatersrand, Johannesburg. As required in my school work, I have to do a research project (investigation). I am aiming to get your views, your parent's views and social workers views with regard to the services that you and your family received whilst you were admitted at Emmasdal CYCC or JW Luckhoff CYCC, and follow-up services that you received when you were discharged. I have a supervisor from WITS who helps to check my work and her name is Dr. Motlalepule-Nathane Taulela. This research project's aim is to gather more information from the social workers, parents and children about those services that were provided to the families of discharged children with behavioural problems.

I kindly invite you; as this project's requirement, that you partake in an interview where I will be asking you some questions. The questions are based on your own experience whilst you were in the CYCC and now that you are returned home. Take note that your parent has agreed that you take part in this study; however; I will not share the information that you will provide with your parents. This activity will take around 60 minutes. We are going to have 10-15 minutes' break in between, let me know when you need that break. The plan is to have one interview, meaning that we may finish our session in one day; however, the session may be extended to two sessions in case we are not able to finish in one day. The interview will take place at your home on a Saturday, we will both agree on time. There is no need for you to worry about transport fees because I will be coming to your home. I will make sure that the place is well prepared in that there should be

nothing to disturb us during the interview. I would further like to use a gadget to audio record the interview, with you and your parent's permission. If you are not comfortable with audio recording, I will then write notes instead.

You are not required to pay for participating in this research, and you will not get direct benefits for your participation. There is no punishment or any consequence to you if you do not want to partake in this study. You may also choose to quit from participating at any time or decide to not respond to any question if you do not want to. Complete privacy is guaranteed and your name or identifying information will not be asked. The information which you will share will be hidden from other people to see. A false name will be used to represent your information in this study. We will pause or completely stop the interview if you experience emotional pain or worry during your participation, and you will be referred to a social worker available in your area for support or counselling if required with no charge. I will personally take you to the social worker's office for assistance. Take note that I am not here to judge you or your parents, but the information that you give me might help other children who are or were in a similar position like you.

Due to COVID-19 regulations, we are expected to protect ourselves against the spread of the disease. We will comply to 1.5 social distancing, wearing of masks and hand sanitiser which I will provide (we will sanitise our hands after every 20 minutes and I will have a timer as a reminder). No hugging, shaking of hands or sharing of items.

My contact details are provided below for you to use if you have enquiries during or after this study. This research report will be submitted and will be made available online at the university library website. I will also be happy to send you a summary of this report at your request (optional). The information collected from this study will be kept in a password protected computer and will be stored for 3 years. If you and your parents permit, other researchers may use information collected from this research (optional). Lastly, you are welcome to contact the University Human Research Ethic Committee (Non-Medical) if you have complaints or concerns about the ethical

procedures of this research. Their contact details are as follows: Telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Tintswalo Novela

Researcher:
Tintswalo Shirley Novela, email: 1999085@students.wits.ac.za, mobile no. 0823685278

Supervisor:
Dr. Motlalepule-Nathane Taulela, email:Motlalepule.Nathane-Taulela@wits.ac.za, Tel: 011 717 1888

APPENDIX I: PARTICIPANT INFORMATION SHEET FOR PARENTS (INDIVIDUAL INTERVIEWS)

Dear Sir/ Madam

My name is TINTSWALO SHIRLEY NOVELA, and I am a master's student in social work at the University of the Witwatersrand, Johannesburg. As required in my studies, I have to conduct a research, and I am exploring perceptions of family re-unification and aftercare services for children with behavioural problems discharged from Schools of Industries through the supervision of Dr Motlalepule-Nathane Taulela. The aim of this study is to explore the perceptions of social workers, parents and children about family re-unification and aftercare services to the families of discharged children with behavioural problems.

I therefore invite you to participate in this research through an interview where you will provide responses about your experience of family reunification and aftercare services as a result of your child being discharged from a school of industries. The interview will be conducted one at your house on a Saturday to diminish transport challenges and will take approximately 60 to 90 minutes. We will ensure that the environment is conducive for the interviews. I would also ask for your permission to audio record the interview, and if you do not permit, I will write down notes instead.

You will not pay anything to partake in this study and will not receive any direct benefits for your participation. You will not be punished nor face consequences if you choose not to participate in this project. However, if you consent to participate, you are allowed to withdraw from participating or from responding to any question if you want to. Complete privacy and confidentiality will be maintained and your name or identifying information will be kept anonymous by using a false name to represent your information in the report. The information that you will share will not be

shared with anyone and will be stored securely. We will pause or completely stop the interview if you experience emotional discomfort or distress at any point of the interview and will be referred to a social worker at your local area for support and counselling at no charge if required. I will personally do the referral and all contact details will be provided to you in due course.

Due to COVID-19 pandemic, we are expected to follow the protocols to prevent the spread of the disease, i.e., we will comply to 1.5 social distancing, wearing of masks and hand sanitiser which I will provide (we will sanitise our hands after every 20 minutes and I will have a timer as a reminder). No hugging, shaking of hands or sharing of items.

My contact details are provided below for you to use if you have enquiries during or after this study. This research report will be submitted and will be made available online at the university library website. I will also be happy to send you a summary of this report at your request (optional). The information collected from this study will be kept in a password protected computer and will be stored for 3 years. If you permit, other researchers may use information collected from this research (optional). Lastly, you are welcome to contact the University Human Research Ethic Committee (Non-Medical) if you have complaints or concerns about the ethical procedures of this research. Their contact details are as follows: Telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Tintswalo Novela

Researcher: Tintswalo Shirley Novela, email: 1999085@students.wits.ac.za, mobile no. 0823685278

Supervisor: Dr. Motlalepule-Nathane Taulela, email:Motlalepule.Nathane-Taulela@wits.ac.za, Tel: 011 717 1888

APPENDIX J: PARTICIPANT INFORMATION SHEET FOR RESIDENTIAL SOCIAL WORKERS (FOCUS GROUP INTERVIEWS)

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Dear Sir/ Madam

My name is TINTSWALO SHIRLEY NOVELA, and I am a master's student in social work at the University of the Witwatersrand, Johannesburg. As required for my studies, I have to conduct a research, and I am exploring perceptions of family re-unification and aftercare services for children with behavioural problems discharged from Schools of Industries through the supervision of Dr Motlalepule-Nathane Taulela. The aim of this research project is to explore the perceptions of social workers, parents and children about family re-unification and aftercare services to the families of discharged children with behavioural problems.

I therefore would like to invite you to partake in a focus group interview which will consist of 3 participants including yourself. I will have a separate group which will also consist of 3 social workers, which means that in total I will have 2 different focus groups. This activity will involve you answering questions based on your experience on family reunification and aftercare services as you have children who were discharged a school of industries in the past two years and will take about 60-90 minutes. We are going to have 10-15 minutes' break in between, and I would like you to make an indication when you need that break. It will be a single interview. The interview will be conducted on a Saturday at Emmasdal CYCC hall at 10h00am. I will be responsible for your transport fees on the day that you will be attending the interview. I would also like to audio record the interview with your permission, but if you do not consent, I will write notes instead.

You will not pay anything to partake in this study and will not receive any direct benefits for your participation. You will not be punished nor face consequences if you choose not to participate in

this project. However, if you consent to participate, you are allowed to withdraw from participating or from responding to any question if you want to. Due to the nature of a focus group interview, confidentiality and anonymity cannot be guaranteed during data collection process; however, the information you give to me will be held securely and not disclosed to anyone else by myself. A pseudo name will also be used to represent your information to assure anonymity. We will pause or completely stop the interview if you experience emotional discomfort or distress at any point of the interview and If you need some support or counselling services following the interview, these services are available free of charge at our departmental Employee Health and Wellness Programme (EHWP) at Head office. The contact person is Mr. Lood Hanekom at Tel: 011 355 7868, Cell: 082-469-3119 E-mail:Lood.Hanekom@gauteng.gov.za. I will personally do the referral.

Due to COVID-19 pandemic, we are expected to follow protocols in order to prevent the spread of the disease. We will comply to the national regulations i.e., 1.5 social distancing, wearing of masks and hand sanitiser which I will provide (we will sanitise our hands after every 20 minutes and I will have a timer as a reminder). No hugging, shaking of hands or sharing of items during interviews.

My contact details are provided below for you to use if you have enquiries during or after this study. This research report will be submitted and will be made available online at the university library website. I will also be happy to send you a summary of this report at your request (optional). The information collected from this study will be kept in a password protected computer and will be stored for 3 years. If you permit, other researchers may use information collected from this research (optional). Lastly, you are welcome to contact the University Human Research Ethic Committee (Non-Medical) if you have complaints or concerns about the ethical procedures of this research. Their contact details are as follows: Telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,

Tintswalo Novela

Researcher:

Tintswalo Shirley Novela, email: 1999085@students.wits.ac.za, mobile no. 0823685278

Supervisor:

Dr. Motlalepule-Nathane Taulela, email:Motlalepule.Nathane-Taulela@wits.ac.za, Tel: 011 717 1888

APPENDIX K: PARTICIPANT INFORMATION SHEET FOR REFERRAL SOCIAL WORKERS (FOCUS GROUP INTERVIEW)

Dear Sir/ Madam

My name is TINTSWALO SHIRLEY NOVELA, and I am a master's student in social work at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating perceptions of family re-unification and aftercare services for children with behavioural problems discharged from Schools of Industries under the supervision of Dr Motlalepule-Nathane Taulela. The aim of this research project is to explore the perceptions of social workers, parents and children about family re-unification and aftercare services to the families of discharged children with behavioural problems.

I would like to invite you to partake in a focus group interview which will consist of 3 participants including yourself. I will have a separate group which will also consist of 3 social workers, which means that all in all I will conduct 2 separate focus groups. This activity will involve you answering questions based on your experience on family reunification and aftercare services as you have children who were discharged a school of industries in the past two years and will take around 60-90 minutes. We are going to have 10-15 minutes' break in between, and I would like you to make an indication when you need that break. It will be a single interview. The interviews will be conducted on a Saturday at JW Luckhoff CYCC hall at 10h00am. I will be responsible for your transport fees on the day that you will be attending the interview. I would like to audio record the interview with your consent, and if you do not permit, I will write notes instead.

You will not pay anything to partake in this study and will not receive any direct benefits for your participation. You will not be punished nor face consequences if you choose not to participate in

this project. However, if you consent to participate, you are allowed to withdraw from participating or from responding to any question if you want to. Due to the nature of a focus group interview, confidentiality and anonymity cannot be guaranteed during data collection process; however, the information you give to me will be held securely and not disclosed to anyone else by myself. A pseudo name will also be used to represent your information to assure anonymity. We will pause or completely stop the interview if you experience emotional discomfort or distress at any point of the interview and If you need some support or counselling services following the interview, these services are available free of charge at our departmental Employee Health and Wellness Programme (EHWP) at Head office. The contact person is Mr. Lood Hanekom at Tel: 011 355 7868, Cell: 082-469-3119 E-mail: Lood.Hanekom@gauteng.gov.za. I will personally do the referral.

Due to COVID-19 pandemic, we are expected to follow protocols in order to prevent the spread of the disease, i.e. we will comply to 1.5 social distancing, wearing of masks and hand sanitiser which I will provide (we will sanitise our hands after every 20 minutes and I will have a timer as a reminder). No hugging, shaking of hands or sharing of items.

My contact details are provided below for you to use if you have enquiries during or after this study. This research report will be submitted and will be made available online at the university library website. I will also be happy to send you a summary of this report at your request (optional). The information collected from this study will be kept in a password protected computer and will be stored for 3 years. If you permit, other researchers may use information collected from this research (optional). Lastly, you are welcome to contact the University Human Research Ethic Committee (Non-Medical) if you have complaints or concerns about the ethical procedures of this research. Their contact details are as follows: Telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,

Tintswalo Novela

Researcher:

Tintswalo Shirley Novela, email: 1999085@students.wits.ac.za, mobile no. 0823685278

Supervisor:

Dr. Motlalepule-Nathane Taulela, email: Motlalepule.Nathane-Taulela@wits.ac.za, Tel: 011 717 1888

APPENDIX L: ASSENT FORM FOR CHILDREN

PERCEPTIONS OF FAMILY RE-UNIFICATION AND AFTERCARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES

TINTSWALO SHIRLEY NOVELA

I …….. agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

I agree that my participation is voluntary	YES	NO (Please circle)
I agree that my participation will remain anonymous	YES	NO
I agree that the researcher may use anonymous quotes in his research report	YES	NO
I agree that the interview may be audio recorded	YES	NO
I agree that the information I provide may be used anonymously by other researchers following this study	YES	NO

…… (signature)

…… (name of participant)

…… (date)

APPENDIX M: CONSENT FORM FOR PARENT FOR A CHILD'S PARTICIPATION

PERCEPTIONS OF FAMILY RE-UNIFICATION AND AFTERCARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES

I …….. give permission for my child to participate in this research project. The research has been explained to me and I understand what my child's participation will involve.

I agree that my child's participation will remain anonymous	YES	NO	(please circle)
I agree that the researcher may use anonymous quotes in his research report	YES	NO	
I agree that the interview may be audio recorded	YES	NO	
I agree that the information that my child provide may be used anonymously by other researchers following this study	YES	NO	

…… (signature)
…… (name of parent)
…… (date)

APPENDIX N: CONSENT FORM FOR PARENTS

PERCEPTIONS OF FAMILY RE-UNIFICATION AND AFTERCARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES

I …….. agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

I agree that my participation will remain anonymous	YES	NO	(please circle)
I agree that the researcher may use anonymous quotes in his research report	YES	NO	
I agree that the interview may be audio recorded	YES	NO	
I agree that the researcher may take photos of me (but not my face)	YES	NO	
I agree that the information I provide may be used anonymously by other researchers following this study	YES	NO	

…… (signature)
…… (name of participant)
……..(child's name)
…… (date)

APPENDIX O: CONSENT FORM FOR RESIDENTIAL SOCIAL WORKERS

PERCEPTIONS OF FAMILY RE-UNIFICATION AND AFTERCARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES

I …….. agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

I agree to participate in a focus group interview and commit to share my views in a group

	YES	NO (Please circle)
I agree that my participation will remain anonymous	YES	NO
I agree that the researcher may use anonymous quotes in his research report	YES	NO
I agree that the interview may be audio recorded	YES	NO
I agree that the researcher may take photos of me (but not my face)	YES	NO
I agree that the information I provide may be used anonymously by other researchers following this study	YES	NO

…… (signature)

…… (name of participant)

…… (date)

APPENDIX P: CONSENT FORM FOR REFERRAL SOCIAL WORKERS

PERCEPTIONS OF FAMILY RE-UNIFICATION AND AFTERCARE SERVICES FOR CHILDREN WITH BEHAVIOURAL PROBLEMS DISCHARGED FROM SCHOOLS OF INDUSTRIES

TINTSWALO SHIRLEY NOVELA

I …….. agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

I agree to participate in a focus group interview, and commit to share my views in a group

	YES	NO (please circle)
I agree that my participation will remain anonymous	YES	NO
I agree that the researcher may use anonymous quotes in his research report	YES	NO
I agree that the interview may be audio recorded	YES	NO
I agree that the information I provide may be used anonymously by other researchers following this study	YES	NO
I agree to audio/tape recording of the interview.	YES	NO
I agree that direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.	YES	NO

…… (signature)

…… (name of participant)

…… (date)

APPENDIX Q: INTERVIEW SCHEDULE FOR CHILDREN (individual interview)

Section 1: Biographical Questions

1. How old are you?
2. What is your gender?
3. What is your home language?
4. What is your race
5. How long have you been admitted in a school of Industry? And were you told about the reasons for admission?
6. When were you discharged from a school of industry?

Section 2: Family reunification

7. When you got admitted in a schools of industry, were you informed about the programmes that you will attend? And if yes, what are those programmes?
8. How often did you have contact with your family? It can be telephonic, home visit, holiday visits or your parent visiting you?
9. If you were unable to make contact with your family, what do you think were the reasons?
10. Based on the response from the last question, how did you feel? and what did you do?

11. Do you think you got enough support from your family since your admission in a school of industry? If yes, what kind of support?

12. Do you recall any serious incident was as a result of unsuccessful contact with your family such as phoning your parents, or visiting home?

Section 3: Behavioural problems

13. Do you understand what behavioural problems means?

14. If you don't mind, will you tell me the types of behaviour that you were displaying prior to your admission in a school of industries?

15. How is the behaviour now?

16. Do you think your behaviour contributed to the treatment you received from your family in terms of contacts? If yes, how?

Section 4: Aftercare

17. After you were discharged, what did the social worker or DSD or NGO do for you? Did they come visit you? did you go for counselling? How often?

18. What happened to you after you were discharged from a schools of industry? Are you placed in a school, working?

19. How do you feel about the type of services that you received or receiving in relation to family contacts?

Section 5: Recommendations

20. If you can say anything to minister or anyone in high authority after being in a schools of industry and now after discharged, what will you say?

21. How can things be made better?

APPENDIX R: INTERVIEW SCHEDULE FOR PARENTS (Individual interviews).

Section 1: Biographical information

1. How old are you?
2. What is your gender?
3. What is your race?
4. What is your home language?
5. Marital status?
6. What is your employment status?
7. Do you have a child who was admitted in a schools of industry? If yes, what was the reason for admission?

Section 2: Family reunification

Opening statement "As I indicated the purpose of my study during contracting, my study is about family reunification services and aftercare services. Family reunification services entails family contacts (telephones, email, visits during weekend and holiday), home visits by social workers, counselling or referring you for other services such as SANCA, FAMSA, psychologist etc.. Aftercare services are those activities that were conducted by the social workers after the child was discharged from the Schools of Industries". Base on the explanation that I gave you, here are the questions:

8. What type of family reunification services were rendered to you and your child since his admission in a school of industry?

9. What challenges did you face during the family reunification process?
10. What was the worst scenario that you experienced associated with family reunification?
11. How often did you contact your child whilst in a schools of industry? State the nature of contact e.g., telephonic, Centre visits, home visit?
12. Do you think that the services were effective for yourself and your child? Please explain?

Section 3: Behavioural Problems

13. What type of behaviour was that led to admission in a school of industry?
14. Did anyone explain to you what are the cause and how to treat a child with behaviour problems? If yes, who?
15. What are challenges that are associated with caring for a child with behavioural problem? And how do you address those challenges?

Section 4: Aftercare

16. What type of services did you and your received since he was discharged from a school of industry? who rendered those services?
17. How are you managing your child since he was discharged from a school of industry?
18. In cases where you encounter challenges with your child in terms of his behaviour, who is your support system?
19. What is your perception on family reunification and aftercare services for children with behavioural problems?

Section 5: Recommendations

20. In your opinion, what can be done better to improve the services

APPENDIX S: INTERVIEW SCHEDULE FOR SOCIAL WORKERS (FOCUS GROUP INTERVIEWS)

Section 1:

1. How old are you?
2. What is your gender?
3. What is your race?
4. What is your home language?
5. What is your field of work as a social worker?
6. What is your years of experience?

Section 2: **Ground rules**

I. There are no wrong answers, but rather differing in point of view. Please feel free to share your views even if they differ from what others said. Keep in mind that we are interested in both positive and negative comments.

II. We are tape recording the session because we want to capture all the information, please be audible when speaking.

III. Your identity will remain anonymous. The report will go the DSD to help improve family reunification and aftercare services rendered to children with behavioural problem and their families.

IV. We asked that you turn off your cellphone, if you expect an urgent call, you may put your phone on silence. If you respond to a call, please do so quietly as possible and make sure that you rejoin the session as soon as possible.

V. The session will take about 60-90 minutes depending on your participation.

VI. My role as a researcher is to guide the discussion

Section 2: Interview questions

1. What is your understanding about family reunification and aftercare services?
2. Do you know of any policy that guide you when rendering family reunification and aftercare services?
3. What are the challenges that you experienced when rendering reunification and aftercare services for children with behavioural problems?
4. Tell us about the most challenging case that you have ever handled in relation to family re-unification and aftercare services.
5. Do you think that the behaviours of the children contribute to family reunification process? If yes, how?
6. Since the child "A" was discharged from a school of industry, what type of services did you render to the child and his or her family?
7. Did you encounter a case where the child came back to the institution to seek for re-admission after discharged from a school of industry? If yes, what was the reason for seeking re-admission?
8. What is your perception about family reunification and aftercare services for children with behavioural problems and their families?

Section 5: Recommendations

9. Suppose you have a chance to talk to the MEC of Social Development, what would you say about family reunification and aftercare services for children with behavioural problems and their families?
10. From our discussion today, what was a most important issue to you?
11. Have we missed anything?

Thank you once more for your participation in this study.