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**An Evaluation of Family Reunification Services in the Western  
Cape: Exploring children, families and social workers' experiences  
of family reunification services within the first twelve months of  
being reunified**

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## **1. Introduction**

The Directorate of Children and Families requested the Department's Research Unit to evaluate the effectiveness of reunification services provided to children who were reunified with their caregivers after placement in a Child and Youth Care Centre (CYCC) in terms of the Children's Act 38 of 2005. The research focused specifically on the experiences of children, their families and social workers within the first twelve months after being reunified. The project furthermore explored factors that contributed to successful family reunification as well as factors that challenged reunification efforts.

## **2. Research Aims and Objectives**

The main aim of this project was to explore how children, their families and social workers perceive and experience the family reunification process in the first twelve months after reunification. The main focus was on cases in which the child and family were reunified, as opposed to children who 'aged out'<sup>1</sup> from the CYCCs.

The following research objectives were developed:

1. To explore the perceptions and experiences of children, their caregivers and social workers within the reunification process in the first 12 months (starting April 2014) after being placed back with their caregivers.
2. To investigate factors that lead to reunification.
3. To identify immediate challenges in terms of readjustment into the family and community of origin.
4. To explore factors that could result in failed family reunification.

## **3. Research Questions**

Leading from the main research objectives, the following research questions were refined to further explore the research aims and objectives:

1. How do previously institutionalised children experience the family reunification process?
2. What support services are available to the families of these children?

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<sup>1</sup> 'Aging out' or 'Aged out' refers to children who have reached the age of 18 years and as a result, are disengaged from the CYCC.

3. How do social workers experience the reunification process of previously institutionalised children and their families?
4. Which factors lead to the reunification of children and their families?
5. What factors impact the non-reunification of previously institutionalised children and their families?
6. Are there cases of children being re-admitted into CYCCs after having been reunified with their families and if so, why?

## **4. Literature and Policy Review**

### **4.1. Legal and Policy Framework for Reunification Services**

According to the Children's Act 38 of 2005, a child who has been found in need of care and protection can be placed in various forms of alternative care including child and youth care centres. The Act furthermore requires that the placement in alternative care is subject to the provision of reunification services in order to ensure that placements are for a limited period to 'allow for the reunification of the children and the parent or care giver with the assistance of a designated social worker'. Section 157 (2) indicates that a designated social worker facilitating the reunification of a child must:

- (a) Investigate the causes why the child left the family home;
- (b) Address those causes and take precautionary action to prevent a recurrence, and
- (c) Provide counselling to both the child and the family before and after the reunification.

In terms of the General Regulations for the Children's Act (2010), family reunification services must be provided by appropriately trained service providers who pursue a multi-disciplinary and inter-sectoral approach aimed at strengthening and supporting families. This approach is aimed at developing the resilience of children and their families.

Family reunification refers to the 'services that are provided for purposes of returning children who have been placed in out-of-home care to their families of origin' (Carnochan, Lee and Austin: 2013). Family reunification is the primary permanency goal for the majority of children who have been placed outside of their families. Carnochan *et al* highlights that while family reunification is commonly understood as the physical reunion of the child to the family after out-of-home placement, it also involves the planned processes that strive toward reconnecting or maintaining connections of children with+ their families of origin. In addition, Carnochan *et al* states that

historically, family reunification was understood as an 'either-or' process where children were *either* reunified with their families or placed in other forms of permanent care such as adoption. In more recent arguments though, a "less compartmentalized approach" changed the meaning of family reunification into a continuum that could include varied outcomes such as periodic visitations or maintaining partial contact. This view identifies family reunification to be a dynamic process and acknowledges the unique and diverse needs and social circumstances of children and families; in addition, not all parents are able to be full time caregivers and that families are able to maintain attachment ties even when living apart. The section that follows highlights recent theoretical and policy developments in respect of parenthood and its implications for reunification.

#### **4.2. Theoretical Perspectives on Parenting and Parenthood**

Faircloth et al (2013) states that the term 'parenting' is relatively recent and became prominent in the 1950's. According to Salvatore et al (2013) mainstream psychology regards parental competence or parenthood as a higher human function used by every individual in different daily situations to interpret other's needs to provide protection and care to others. They furthermore suggest that 'parenthood has been addressed mainly through attachment and internal operative models.

Scholars such as Faircloth (2013: 3) describe the emphasis that has been placed on parenthood as a significant influence on the development of children. In terms of this perspective parents are perceived as 'God like' as their actions determine each individual child's development and future. This view highlights the ideological premise that the role and influence of parents is highly individualised as well as its influence on the lives of children as well as society in general. Consequently, parenting policies are constructed on the ideology that 'good' parenting will develop 'good' children and therefore a better functioning society. This individualisation of parenthood places emphasis on the parents themselves and avoids the importance of structural conditions.

Anthropological perspectives however emphasise that parenting and parenthood relates to a specific time and context. As articulated by Faircloth et al (2013) parenting can be seen as a 'historically and socially situated form of child rearing'. Parenting is thus contingent on the socio-cultural context in which it is positioned. Therefore, the enactment of parenting is contextual-cultural specific. In other words, the way in which parenting or parenthood is employed is reliant on and compromised by the cultural meanings mediating the enactment of parental activity. Views of parenting have therefore experienced a shift from child rearing and care activities to an activity

that increasingly requires a specific skill-set namely a certain level of expertise about children and their care that is generally based on the most recent research on child development or linked to a certain 'expert led' way of raising a child (Faircloth *et al*: 2013).

In the debate about parenting, it has been suggested that the importance of socio-cultural influences have been overlooked due to the focus on attachment and motivational theories (Salvatore *et al*: 2013). Psychologically based understandings of parenting appear to underestimate how cultural factors shape parenthood. For example, what is considered to be 'good' parenting in a specific cultural context might be challenged in a different context.

### **4.3. Policy Perspectives on Families and Parenting**

According to Gillies (2008), intimate family relationships tended to be viewed as private and outside the remit of state intervention. This boundary is increasingly challenged in an effort to regulate citizenship at the level of the family. In terms of its parenting role, Faircloth (2013) states that 'the family' has been problematized as a reliable context for childrearing. As a result, childrearing has become an object of policy making. According to Furedi (2002) this is related to the notion that social challenges are intergenerational. Consequently, a range of policy initiatives have been created to 'support' parenting as a crucial determinant of children's behaviour and life chances.

Although the practice of caring for children is perceived as a classless activity, Duncan (2005), suggests that in practice, parenting 'support' initiatives are targeted at poor and disadvantaged parents (especially mothers). Gillies (2008) supported this notion in stating that policy initiatives on parenting and the family specifically points to a class-specific focus on disadvantaged or 'socially excluded' families. In terms of this perspective, poor parents are viewed as reproducing a cycle of deprivation and anti-social behaviour and therefore become the target for behaviour modification.

International studies on parenting by Faircloth, Hoffman and Layne (2013) and Furedi (2002) indicate that the intensification of parenting is becoming a wide-reaching trend. Within this newer parenting culture, a belief that parents should be trained to 'parent' exists. Good parenting is therefore understood to be taught and learned with the assistance of specific professionals. As a result, Furedi (2002) pointed out that parents are perceived to be unable to meet parental demands without expert guidance. He claims that this new parenting culture has constructed the child as being 'vulnerable' and thereby at higher risk than was previously assumed to be the case.

These views were supported by Hennem (2014: 452) who added that the control and management of parents is gained increasingly through scientifically based ideas. She claimed that the promotion of a 'child centred society' and child-centred policies created a space for 'experts' such as psychologists and psychiatrists. As a consequence, parents and children have to conform to the expectations of these experts.

#### **4.4. Theorising 'Care' of Children Outside the Family**

In a recent review of the concept of 'care', Reddy, Meyer, Shefer and Meyiwa (2014) indicate that historically, the study of care was approached within studies of families, social policies, health care and education. This changed at the beginning of the 1980's, when the concept of care was blended into a singular conceptual lens. Recently, scholars such as Phillips (2007) stated that the understandings of care and how care is practised is significantly dependent on context. Reddy et al (2014) adds that conceptual understandings of care is still embedded within Anglo-centric North Atlantic models; therefore, in an attempt to understand care, it should not be assumed that the concept of care is homogenous and static across communities and time.

Within the broad spectrum of studying care, the word 'care' is commonly attached to the accommodation of children who cannot be looked after within the family home. Children needing care is a diverse group, similarly, this diversity is characteristic of care provisioning too (Geurts, Boddy, Noom and Knorth: 2012). Globally, foster care has been perceived as the preferred form of care compared to residential care that in most contexts is considered to be the last resort. Regardless of this, residential treatment is considered to be a key component in the services available to children. Boddy et al (2008) stated that in European countries, residential care as an intervention is particularly appropriate for children and young people with more complex and challenging needs who require specific professional expertise that foster care is unable to provide.

#### **4.5. Family Involvement in Residential Care**

According to authors such as (Geurts et al, 2012 and Knorth et al, 2008) family involvement in residential care can improve the long term outcomes of young people. Working with families is equally important for the reintegration of the child into society (Geurts et al, 2012; and Underwood, 2004). The emphasis on family involvement in residential care of young people is entrenched within the framework on 'family centredness'. Family-centred service refers to a method and viewpoint of service delivery that accentuates a partnership between parents and service providers, (Geurts: 2012: 171) and that places the family in the centre of decisions relating to the child and family.

In conclusion, the body of literature on care, specifically residential care highlights the importance of family involvement while the child is institutionalised and thereafter, reintegrated into the family and society. A family-centred approach to residential care requires that the family, alongside the child, is enabled and developed, within an ecological perspective.

## **5. Research Design and Methodology**

### **5.1. Research Design and Methods**

An exploratory approach was used in the research design in order to obtain an in-depth understanding of the experiences and challenges encountered during the reunification process. Consequently, qualitative methods were used for the collection of data and semi-structured research instruments were designed that addressed the main research aims and objectives.

### **5.2. Sampling Size and Methods**

In consultation with the Children's Programme, a purposive sampling method was formulated to include Metro, as well as non-Metro areas of the province. This consisted of identifying 3 CYCCs that would act as access points. Child protection organisations and DSD offices, responsible for the reunification of children, agreed to assist with the recruitment of children and caregivers who were reunified from CYCCs. Formal approval to participate in the project was obtained from all CYCC's and designated child protection organisations that were approached.

During the design phase of the project, reunification placements were identified as the unit of analysis and the estimated sample size as 30 reunification placements (15 for the Metro and 15 for the non-Metro). As described in the limitations section, this could not be achieved and the sampling approach had to be amended during the implementation of the project. Table 1 below sets out the details of the number and type of participants who were accessed as well as the research activity in which they participated.

**Table 1: Breakdown of Data Collection Activities and Participants**

<b>Research Activity Type</b>	<b>No. of Interviews</b>	<b>Metro</b>	<b>Non-Metro</b>
Interviews with Social Workers	9	5	4
Focus Group Discussions With Social Workers	3	2	1
Interviews with Caregivers and Children	2	1	1

A total of 26 social workers participated in both the individual interviews and focus groups. A total of five caregivers and children participated in two separate interviews.

### **5.3. Data Collection and Analysis Techniques**

Individual, in-depth interviews and focus group discussions were undertaken with social workers, both from child protection organisations and the DSD that provide reunification services, as well as CYCC social workers. Interviews were also held with children and their caregivers. A total of 11 interviews and 5 focus group discussions were held for the purpose of this research.

Permission to record interviews and focus groups was requested from participants, all of who agreed. These discussions were transcribed to allow for thematic analysis. Data was furthermore used for case study analysis that allowed for a deeper analysis of emerging themes. Fieldnotes were also captured in conjunction with the interviews and focus group discussions.

### **5.4. Limitations**

The following limitations were encountered during the course of the research:

- Access to participants was limited due to factors such as time frames and the availability and accessibility of participants. The proposed sample size of exploring 30 reunification placements could therefore not be achieved. Consequently, social workers reflected on their overall experience of family reunification.
- The sample was not representative due to the limitation mentioned above, although areas inside and outside of the Metro were included in the study.
- Tracing of families was difficult, as the social workers lost contact with the children and families after being disengaged from the CYCC. This was a result of social workers not contacting families, the contact details of the families changed; in addition, social workers did not provide after care services and monitoring once the child had been reunified.

- Finally, in terms of the child participants, the aim was to include both male and female child participants who have been successfully re-unified. Unfortunately only male children were included in the study. Similarly, only female caregivers were interviewed.

### **5.5. Ethical Considerations**

Ethical approval was obtained from the Research Ethics Committee of the Department of Social Development before the commencement of fieldwork. The research was undertaken in accordance with the Department's approved Guidelines for Ethical Research. In terms of these guidelines, informed consent was obtained from all participants. In addition, the anonymity and confidentiality of participants was protected. Participants were asked to complete consent forms before the commencement of the interviews and focus groups.

For the child participants, appropriate language was utilised based on the child's age and developmental stage. Initially, no direct contact was made with the children and the first contact with participants was made through the social workers. Child participants, all of whom were under the age of 18 years old, completed assent forms. The assent form provided the child with an opportunity to take an active role in the decision making process of their participation in the study. As a result, the overarching decision of participation rested with the child. Caregivers and social workers, similarly, had to sign a consent form indicating their willingness to participate in the study.

## **6. Findings and Discussion**

### **6.1. Social workers' perceptions and experiences of the family reunification process**

The following chapter reflects the varying perceptions and experiences of social workers of the reunification process in the first twelve months after children have been reunified with their caregivers.

#### **6.1.1 Challenges and support needs in the first twelve months after reunification**

'The first year makes or breaks the whole process' expressed a social worker. Similar views were held by both CYCC and designated social workers. Another participant referred to these initial months as the 'teething phase'. She stated that this period was quite challenging and that social workers should expect reunified families to experience adjustment challenges in terms of interpersonal relationships and role clarification. According to social workers, the first twelve months were the most crucial time of adjustment as it requires the children and caregivers to adapt to their physical environment and relationships. In some instances, children were removed at a young age, only to return years later. In such cases, adaptation to their physical space tends to take longer.

Social workers furthermore highlighted the reintegration of a child into the daily lives of caregivers as a challenge. Participants stated that it was important for the parents to adapt to the child returning home and during this period, particularly in the earlier months of being reunified, the parents needed guidance and support on how to navigate this process. For instance, once a child has been reunified, caregivers might experience challenging behaviour from the child. It would be expected of social workers to guide the caregiver through such circumstances.

Social workers reflected on their own role and position and how their involvement was required specifically in the early months of reunification. They believed that support during the initial months of reunification, needed to be more intense. This meant that families needed regular contact from social workers during this time and that social workers had to be more available to the families. Social workers added that as time progresses, external support should slowly be retracted to allow for families to become more self-reliant.

### **6.1.2 Defining 'Successful' Reunification**

Participants expressed varying understandings and definitions of what constitutes a successful reunification. Two distinct perceptions of what a successful reunification constituted emerged among the professionals. On the one hand, social workers defined successful reunification only when the children and families were understood to have adapted to being home, post-institutionalisation, in which the child and family members were able to practice the skills they have been furnished with before reunification. In addition, successful reunification was defined as experiencing no future removals and the family complying with the social worker's expectations. A number of participants also suggested that reunification can only be defined as successful if 'the parents get it right to change their conditions so that the child can return'. These views of successful reunification placed extensive significance on the acceptance and implementation of the skills that have been imparted on the children and families.

On the other hand, some social workers employed a more flexible and relativistic understanding of successful reunification. A number of social workers stated that family reunification did not necessarily refer to children being reunified with their families of origin. Rather, specific participants attached a broader social definition to successful reunification. In their view, a successful reunification could include a child being reunified with extended family or any other individual/s such as the adoptive families, who express an interest and commitment in supporting the child. It could be assumed that this particular understanding is linked to a cultural, context-specific definition of the family that exceeds the nuclear family.

As illustrated in this section, social workers have both formal and informal understandings of what reunification means. The informal understanding that includes placement with extended family members allow for children to be disengaged from the CYCC and placed outside the facility. Social workers' interpretations of the social context of children and their caregivers have seemingly influenced their views of a 'successful' reunification. Due to the various challenges and social complexities linked to the experiences of the families and children, professionals appear to understand that no simple definition of successful reunification can be employed. Acknowledging the emotional needs of children for a close relationship and reunification with a caregiver is a key consideration for social workers. However, this need must be balanced against the possibility of harm that may occur in circumstances where the underlying reasons for a removal have not been fully addressed. An example was given of a reunification placement that achieved this balance by placing the child with a relative who provided the daily care of the child concerned, while ensuring access to the parent who lived in close proximity but in undesirable housing. In this manner, the best interest of the child was achieved.

Finally, definitions of successful reunification appear to relate to the length of time that families and children have been reunited. Reunifications that were maintained for long periods of time are usually described as successful. In addition, success is measured in terms of how well the child and family is perceived to function on a daily basis through the gaze of the social worker. A participant described success as follows:

*'Success is learning to live with what you have. Learning to cope, learning to adapt and be successful and happy. And happy is such a relative thing'.*

Overall, the majority of social workers adopted a more fluid understanding of reunification and as a result, in most cases, the social workers identified the complexities and challenges in being able to change the social fabric of the families or society. It is important to note that not much difference existed in the participants' (Metro and non-Metro) understanding of what is defined as a 'successful' reunification.

### **6.1.3 Re-integration or Reunification?**

As the discussion progressed in various interviews, it became clear that social workers identified a distinction between reunification and reintegration. The social workers stated that professionals have to make choices on whether to reunify or reintegrate a child to the family and society. Social workers described the different concepts as follows: Reintegration referred to a more general process whereas reunification was rather focused and specific. In practice, the social workers described that reunification targets a specific individual or family that the child would be connected with once reunified. Reintegration, however, was described to be far less prescriptive in that this process allowed for designated (and CYCC) social workers to better equip the child on how to cope, in general, with whatever circumstances and situations they are confronted with. A participant described these concepts as follows:

*'We have to separate reintegration and reunification because a lot of our (CYCC social workers) focus is on reintegration... reunification is where the frustration lies... we can focus on reintegration by providing the skills to the child and the families, coping mechanisms, how do you cope... that's what we can work on. That sort of helps us focus our scope of practice'.*

*The social worker continued, 'Reunification is specific in that we have to connect the child with the family of origin. With reintegration, we're preparing them for society. There is not a specific family or person. So my aim is to equip the child to cope with whatever it out there. My responsibility is to see that he has the necessary skills to cope with society'.*

## **6.2 Social workers' perceptions and experiences of caregivers and children in the reunification process**

This section describes the perceptions and experiences of social workers regarding children and caregivers in the first twelve months of reunification. Specific attention is given to the needs and challenges faced by caregivers and children.

### **6.2.1. Caregivers' experience of removal and reunification**

According to several participants, caregivers often felt that they were labelled as incompetent after the removal of a child. The participants added that removing this stigma is extremely challenging. One of the social workers described how parents are in many instances vilified; yet the children are expected to return to these families. In view of this, participants stated that it is important that caregivers feel respected by social workers and that children witness a respectful, working engagement between their caregivers and the social workers. This will assist in building a relationship of respect and trust between the child and caregiver.

Social workers furthermore highlighted the importance of caregivers needing to feel included and involved in the reunification process. "The biggest challenge is for parents to be seen as equal partners" said a participant. Parents need to be worked *with* and not solely *on*, during reunification. A participant extended this view in saying that it is important to 'give them (the parents) the responsibility of parenting because when we (social workers) are not there, they (the parents) need to do it'. It was concluded that a working relationship between the social worker and caregivers is crucial for reunification. "The child needs to know that the social workers don't hate their parents", said a participant because "social workers should not underestimate the bond between the parents and the child", continued a second participant.

Participants stated that training and education could assist caregivers in the reunification process. An example included educating caregivers on child development. This is based on the assumption that educating the caregivers will allow for parents to better assist their children; thereby supporting the understanding that individualises parenting. Similarly, participants suggested that caregivers be taught how to discipline their children and allow social workers to reinforce these rules. Participants stated that in many cases, parents create rules for their children and the social workers assist in

reinforcing the parent; in addition, caregivers could be provided with different options on how to best support their children during this process. It was also proposed that caregivers be educated on how to improve interaction with their children. This approach appears to be located in a paradigm of a power relationship between social workers and caregivers. This may contradict attempts to empower and include caregivers in the reunification process.

Social workers furthermore indicated that the needs of families far exceed available psycho-social support and that families are in great need of physical resources. Social workers reported that these marginalised families lack the most basic of needs including food and housing. As a result, the offering of food parcels to families is a frequent occurrence.

### **6.2.2 Definitions of Caregivers and Families**

Interviews with the social workers indicated that they have fluid definitions of caregivers and families. The social workers' understanding of the family clearly extends beyond the formal definition of the 'family of origin', as defined in the Children's Act. Instead, based on the context, it appears as though the social workers' have informally expanded their definition of the family. Greater utilisation of this approach could impact positively on the reunification process.

A striking finding of the social workers' perceptions of the family indicates that family and caregivers' behaviour is largely individualised. Despite professionals understanding the influence that social inequities have on the caregivers' actions, extensive attention and responsibility is placed on the caregivers' ability to change their own behaviour and circumstances if the desire to do so exists. As a result, social workers appear to have placed a significant degree of responsibility on the caregivers to alter their social situations. A social worker explained this as follows:

*'It's not for me to change your situation. I can't do that. I can give you the information, I can provide resources. I can do this, that and the other. But I can't change you. You have to take whatever is available to you, use that and change your life. I can't do that'.*

It seems as though social workers impart specific skills and information to the caregivers and thereafter, expect the caregivers to implement this. Yet, the CYCC and designated social workers expressed frustration at the lack of long term behavioural change among caregivers, who were provided counselling services and skills.

It should be highlighted that the interventions and support were directed mainly at female caregivers. Social workers indicated that women are the main, primary caregivers for the children and therefore, most of the engagements are targeted at them. Still, male caregivers are not completely absent within this process. In certain cases, fathers have been reported to be involved in the process and take responsibility to care for their children once reunified.

### **6.2.3 The needs of children in the reunification process**

Social workers stated that a holistic approach was needed when assisting children during the initial months of reunification. According to a CYCC social worker, boys, who have been reunified with their families, typically shared 'that the process made them feel like a boat being left out in the ocean. 'Several participants expressed that during the first few weeks of being reunified, focus should be placed on building trust between the child and caregiver (because the trust had been severed when the child was removed) and making the child feel comfortable within their space back home.

Participants furthermore expressed that the children were in constant need of being supported at school, home, communities, in their personal development and the structure of their everyday lives. It was suggested that support could be in the form of group work and holiday programmes. It was equally important that support services are based on a child-centred understanding and approach. Social workers suggested that caregivers and professionals attempt to explore different, yet appropriate ways of communicating with children and better understand 'what works for the kids and what doesn't work for them'.

In terms of the nature of support required, social workers highlighted specific support services that reunified children needed at this stage. When one of the external social workers was asked about children's needs during this particular phase of reunification, she responded, 'Therapeutic services, therapeutic services and therapeutic services'. Participants mentioned that although assessments of children were being conducted, various supporting organisations dealing with the children and families were unable to provide therapeutic services due to a lack of resources. In addition, families were not financially able to fund therapeutic services due to its cost and long term nature. Participants also mentioned that the younger children appear to adapt easier whereas, children over 10 years old appear to experience more trouble whilst adapting. A social worker said, 'I feel that we're losing our children because there is no therapy'.

#### **6.2.4 The role of children in the reunification process**

Discussions with social workers revealed professionals' ambivalent understandings and interaction with the children. On the one hand, the children and their participation in their environments appear to be perceived as less active and engaged. Participants stated that children are often frustrated, in particular, adolescents, when professionals and adults in general, do not provide them with an opportunity to express their thoughts and feelings about particular issues. In various instances, once children express a certain degree of agency, children are defined as being 'rude' or 'problematic'.

A power dynamic between the child and adult exists that seems to influence the reunification process in a rather specific manner. Professionals shared that the child's opinion and social position is not fully acknowledged, compared to the adult counterparts. Participants vowed that the children feel as if their opinions are unacknowledged and not valued. 'The child is expected to be in a box and the children can't have their own personality' said a participant.

At the same time, participants expressed that the children are resilient, active agents in their environments. Simply put, children possess a particular understanding of their worlds and act accordingly. The understanding of a child as actively engaging in their own lives was presented in the following way. A number of social workers stated that the children have the ability to cope in most of the situations that they find themselves in. Participants therefore do recognise the child's ability to navigate their way through the social situations that professionals feel the child should be removed from. However, this viewpoint is also dependent on the child's chronological age. Older children were perceived to be better equipped to deal with such challenges. According to social workers, children have been eager to be reunified with their families, regardless of the circumstances they were confronted with in these environments.

Finally, it appears as if interventions are largely targeted at children, despite the children being removed as a result of the parents' perceived shortcomings. Minimal efforts seem to be directed at the family itself. Social workers furthermore highlighted that children shared that their needs are at times different to the interventions presented. For example, children have indicated the need to be taught practical skills such as cooking and cleaning. 'So while we're giving them emotional skills, they want more practical skills', said a participant.

## 7. Factors leading to family reunification

"It was a long road but it was worth it... But there is hope! We just need to look a little deeper. I believe it", said a single mother, after being reunified with her son, who had been institutionalised for years. Which contingent factors assist in the reunification of families? What physical and psycho-social structures are needed to see a family reunified? This section of the report discusses an array of factors that presumably leads to reunification. Two case studies of reunified families will be utilised in an attempt to emphasise some contributing factors that have been highlighted by the social workers. The two case studies are presented below:

### Case Study 1

*\*Mark and his mother, \*Cheryl, a single mother, were interviewed at their home close to the city centre. At the time of the interview, Mark was 15 years old as he told his story of his history of being institutionalised and being a 'special needs' child. According to Mark and his mother, the boy was institutionalised since the age of 11. He was removed from his mother's care because she was struggling with alcohol abuse. At the young age of 11 years old, Mark was institutionalised in a Psychiatric Ward for the first time. Soon after that, he was placed in another Psychiatric Unit for eight months and finally, a CYCC where he was institutionalised for two years, before being reunified with his mother. Mark's history of institutionalisation resulted from his psychiatric challenges. Eventually, Mark was scheduled to be reunified with his mother in August 2014. However, he was released 2 months earlier than planned.*

### Case Study 2

*Mrs. \*Porter, a widower, struggled with alcohol abuse for over 20 years. The sudden passing of her husband and diagnosis of being HIV+ intensified her struggle; consequently, her three children were removed from her care. At the time of removal, her two sons were pre-adolescents. In addition, her youngest child, who was a toddler at the time was removed and placed in a CYCC. Eventually, the daughter was adopted by a foreign family, who moved the girl to a country outside of South Africa. The two young boys remained in South Africa and were placed in a CYCC where they were institutionalised for 3 years. Only a few months before the interview, the boys were reunified with their mother, who resided on a farm outside the city centre.*

### 7.1. The role of 'Care Strength' in the Reunification Process

Based on the interviews with social workers, the psycho-social status of a family is considered during reunification. An assessment of this nature assists in identifying the 'care strength' of a participant. The concept of 'care-strength' has been described as a determinant of successful family

reunification. Social workers explained that they assess the care-strength of families in an attempt to gauge the family's ability to care for the child. Care-strength refers to the physical, social and psychological well-being and resources of a caregiver or family that can contribute to a healthy, functioning family.

In addition, social workers expressed an ability to identify families who appear to have the potential for reunification. Participants stated that it was possible early in the reunification process to identify which caregivers would participate in the process and stay involved with their child. According to participants, caregivers who enquire about their child and maintain contact while the child is institutionalised, appear to have a better chance at being reunified. These factors are therefore regarded as reliable predictors of cases in which reunification could be achieved. A participant describes this as follows:

*"Parents will ask you questions if they are interested. But with other parents, once they signed the document and they drop the pencil, you know that nothing will come of it."*

## **7.2. Engaged and committed parents**

According to social workers, highly active and engaged parenting appears to improve the likelihood of reunification taking place. This is illustrated by caregivers such as the single mothers in the case studies who displayed significant determination to be reunified with their children despite the challenges they were facing.

Engaged parenting was also linked to parents who expressed a longing to be reunified with their children. This was illustrated in the cases studies as well, in which the mothers were clear that they wanted and longed for their children to return home. Regardless of the HIV+ mother's health challenges she said, "I want them with me until the day I die". In addition, parents who expressed a need and commitment to achieving change in their circumstances are more likely to be reunified with their children. As highlighted in the case studies, the caregivers felt a need for change in their lives and as a result, possessed a willingness to change.

Firstly, in CS1, the mother employed extensive measures to educate herself of her child's special needs, despite the lack of involvement from the designated social worker. This mother also clearly took responsibility for her family and as a result, made extensive efforts in improving their lives. For

instance, this mother initiated contact with the designated social workers and would update the professionals on developments. She described her experience as follows:

*"I was the person phoning the social worker and asking her, what can I do?" She continued, "Our social worker (designated external social worker) said... you did our job for us". This mother added that she struggled to find a suitable school for her son who had special needs (without the assistance of the designated social worker). "They (the designated social workers) would say to me, keep us updated. Those were her words, always" she laughed.*

Similarly, the mother in CS2 made a concerted effort to stay informed of her children's circumstances and meet the social worker, despite financial constraints and her living on the outskirts of a town. These parents expressed a significant degree of initiative and creativity in their attempts to influence the social status of their families. While caregivers have a significant role, reunification cannot be achieved without access to an extended social network.

### **7.3. Social support network beyond family**

Social workers stated that reunified families need support that surpasses the assistance from the designated social worker. Rather, psycho-social support should be provided from a wide range of individuals, institutions and organisations. Similarly, support groups could assist in the reunification process. Support groups reduce the isolation of caregivers and allow newer parents to seek practical advice from more seasoned parents. These social groups were described to be a source of education and support for individuals and families. In addition, the accumulation of social capital through relationships with individuals outside of the family significantly assists in the process. An extended support network has been described as 'lightening the load' for the families who experience various challenges including financial, emotional and social, a daily basis. The professionals were clear in stating that the greater the different support structures available to the families, the higher their chances of remaining reunified.

### **7.4. Effective collaboration between CYCC and external social workers**

Good, supportive relationships between the CYCC and designated social workers are crucial in reunifying families. Social workers stated that when the CYCC and designated worker work closely together, reunification of families have a greater likelihood of succeeding. Social workers suggested that in many cases, family reunification was made possible because the institutionalisation of the child in a CYCC and reunification of the family was approached as an

integrated process. A social worker stated, "It (reunification) is interlinked... it links to the work done even before disengagement".

### **7.5. Planning and Expectations**

Participants linked effective planning and realistic expectations to effective family reunification. A participant stated, "It's that balance about knowing the reality of that client vs. what is expected by all these rules and regulations". Various planning tools such as the family plan, as well as, the reunification plan were identified by social workers.

### **7.6. Religious belief systems**

Both social workers and caregivers stated that the religious beliefs of families contributed to reunification as these beliefs allowed for behavioural change and improving the daily functioning of families. The two case studies showed how the mothers were able to end their battle with alcohol abuse as a result of their shift into religious practices and beliefs.

### **7.7. Maintaining contact and communication between caregivers and children prior to reunification**

Continued contact between the caregivers and child during the institutionalisation process, is of utmost importance if reunification is to be achieved. Contact during this time should be encouraged between the child and family. When the child is institutionalised, efforts to continue communication should be in place. Family conferencing has also been described as a useful communication tool as it allows for social workers to observe the interaction and relationship between the child and family. According to the social workers, constant and open communication between parties supports reunification.

## **8. Challenges and risk factors for family reunification**

This section describes the challenges and risk factors that have been identified during the data collection phase of this project and its potential impact on the reunification process. These challenges and risk factors are described at the level of social workers, children and caregivers/families.

## **8.1. Challenges and risk factors for social workers in the reunification process**

### **8.1.1 High Case Loads and Excessive Administrative Duties**

Participants stated that family reunification receive inadequate attention due to the high cases loads of social workers. High caseloads were a common explanation for the lack of effective reunification. Some participants stated that social auxiliary workers were being utilised to assist designated social workers in the reunification process. Social auxiliary workers will maintain regular contact with the families and schools. Excessive administrative duties further restrict the functioning of designated social workers. A participant said, "I feel like I lose my clients because of the other duties".

### **8.1.2 Limited support services and lack of focus on caregivers**

Social workers, specifically working outside of DSD, expressed concern about a lack of external support structures to assist the reunification process. Support systems were described as being overburdened and struggling. Mention was made of organisations that were closing down due to financial constraints. In addition, social workers appeared frustrated because they felt that there was a lack of specialised support services for children and caregivers who experience psychological and psychiatric challenges. A Child Protection Organisation highlighted the difficulties experienced in referring children to specialised support services in the following statement:

*"Organisation X is the anchor here but it's overwhelmed. A child waited for one year to get an appointment and then another year to be attended to".*

Participants highlighted the need for a multi-disciplinary approach in order to address the complex needs of families. Social workers expressed concern that too much expectation is placed on the social work profession to "fix" various social problems.

Related to the current lack of family intervention in the reunification services has been defined as problematic. Working with families is minimal, even non-existent in some cases. Instead, the bulk of interventions are enforced upon the child and as a result, the reunification process is at risk of succeeding. Participants stated that the lack of caregiver intervention resulted in the development of the child but not the family; consequently, the child may be returned to an environment in which underlying risk factors that resulted in the child's removal have not been adequately addressed.

### **8.1.3 High social work turnover and inexperienced social workers**

High turnover of social workers, specifically in the NGO sector, negatively impacted on the reunification process. This trend undermines the establishment of a relationship of trust between social workers and families that is of fundamental importance in achieving reunification. Effective reunification services also require time, that a high staff turnover and changes in the social work-client relationship does not allow for.

Linked to social work turnover is the impact of junior social workers, becoming involved in the field of reunification. These young professionals have rather limited experience and appear not to be ready to deal with the complex issues associated with family reunification. In addition, supervision of these young social workers was described as inadequate.

### **8.1.4 Challenges in Tracking Parents**

The difficulty of tracking families was identified as a significant challenge for the reunification process. A participant described families as rather nomadic and stated that “families move from one place to another. You have to do detective work to find these families”.

Constant changes in the contact details of families (such as physical addresses and telephone numbers) created challenges in communicating with families. In non-metro areas, where families often reside across huge geographical areas, social workers experienced further challenges due to the distances that had to be travelled in order to reach clients.

Finally, the safety of social workers who have to track caregivers and undertake home visits was identified as a huge concern. Professionals removing children were perceived as ‘the bad guys’ and therefore constantly at risk.

### **8.1.5 Dealing with uninvolved and unmotivated caregivers**

Social workers indicated that they were at times pressurised by courts to trace parents who have been uninvolved for lengthy periods of time. This resulted in social workers having to allocate time and resources to tracking these absent care givers, despite the child not having a relationship with the individual/s.

Participants furthermore explained that some caregivers simply lack interest in participating in the reunification process. An example was given of workshops and training for family members. A social worker shared, “You send out a letter to 100 people and then 3 will turn up”. The lack of

interest of some caregivers in the wellbeing of their children created a significant challenge for social workers.

The role of contextual factors such as the financial constraints of caregivers on their participation in parenting programmes requires further consideration. The geographical location of family workshops and conferences has been reported to be located too far for caregivers. Consequently, caregivers were unable to pay for the travelling costs. Specific social workers admitted to attracting caregivers to the parenting programmes and family conferences with food parcels.

#### **8.1.6 Poor collaboration between CYCC and external social workers in the reunification process**

Participants stated that the quality of social work practice in the reunification process was poor. Of particular concern was a lack of collaboration between CYCC social workers and external social workers responsible for reunification services to caregivers that resulted in a lack of joint planning as well as confusion for caregivers regarding the roles of the various social workers they have to deal with. The planning that does take place has been described as providing limited information and appears to be an exercise for social workers to “tick the box”.

### **8.2 Challenges and risk factors for children and families in the reunification process**

#### **8.2.1 Premature reunification of the child and family**

Reunification cases are at times effected prematurely resulting in failed reunification. Participants stated that the focus in the Children's Act on the short term removal of a child and rapid reunification with the family appears to place excessive pressure on the social workers as the process is time consuming. Participants even shared that several of their peers “bully” parents into caring for their children. A participant stated, “I had experiences where the social workers bullied the parents into taking the children even though they knew it wasn't right”. Of further concern was that social workers at times misinterpret a caregiver's ability to gather physical resources as an indication of their readiness for reunification.

#### **8.2.2 The creation of a false reality**

Participants expressed that the institutionalisation in a CYCC in many instances creates a false reality<sup>2</sup> for the child while institutionalised. The child normalises a different standard of living that he would otherwise be exposed to. As a result, adapting during the first 12 months to the family's

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<sup>2</sup> 'False reality' refers to a created setting that is not necessarily 'normal' for the child. In other words, this refers to the creation of a situation that the child will not encounter in their daily lives outside of the CYCC.

conditions is difficult. The social workers experience a degree of conflict and ambivalence towards this process of re-socialisation. A participant described this challenge as follows:

*"Sometimes we try to give the child an ideal world. This then becomes their norm at the facility. But what is sufficient? What is acceptable? Parents can't provide what the facilities give. We should balance this. Sometimes we expect parents to give what we give... This is where the conflict starts. Most of the people survived with what they got and make ends meet. That's why we must work on a level that is more acceptable. Cope with what you've got".*

As a result, social workers are constantly questioning whether providing certain privileges are supporting or hindering the reintegration and reunification process for the child and family. An example of such privilege is children having their laundry washed and ironed as well as having access to a swimming pool.

### **8.2.3 The sustainability of change in caregiver circumstances and lifestyles**

Social workers expressed concern about the extent to which change in the circumstances of caregivers can be sustained after the return of a child. The example of substance abuse by caregivers was given. The overall prognosis for such families and their struggle with substance abuse can be regarded as unpredictable and volatile. This roller coaster experience can have a negative influence on the reunification of families. A social worker described the situation as follows:

*"Today you are healed and next week, you slide back. So it's a continuous thing. You have to just build through the years and cater for that".*

Participants explained that they regarded two years of being 'clean' as a positive indicator of change in particular if families could demonstrate that they are able to care for the child and provide structure, discipline and emotional support.

Factors such as the normalisation of violence by caregivers and its expression in parenting styles, also affected the sustainability of change after a reunification has been effected. A participant described this as follows:

*"Many parents' idea of caring for their child is actually maltreatment."*

The sustainability of change was furthermore threatened by the focus on change at the level of individuals that largely relied on the attitude and commitment of a caregiver, while social factors were ignored. A participant eloquently described the complexity, as follows:

*"That's why reunification is so difficult because people just don't take in what you say... Also, the community doesn't change. They are still living in the same community... drug houses and shebeens. It doesn't just disappear. And I think it's very hard for them to change and to make that change".*

#### **8.2.4 Stigmatisation and labelling of reunified families**

Reunified families appear to be stigmatised in the areas where they reside. The children is labelled "child from a children's home". Participants continued in saying that residents are far less understanding of the caregivers. The identity and behaviour of the child and caregivers become questionable in this process.

#### **8.2.5 Socio-economic needs of children and families following reunification**

Following reunification, the financial needs of caregivers increase. Initially, caregivers seem able to cope with the child being reunified. However, as time progresses, parents struggle to maintain the child. Meeting the educational needs of children and providing specialised care for children with 'special needs' is particularly challenging for caregivers.

These challenges were described by social workers who revealed that they have encountered cases in which children need specialised psychological support. An example included a child diagnosed with Asperger. Similarly, social workers have indicated that a number of children were experiencing learning challenges. "Many of them are educationally challenged. They have some kind of barrier to learning", said a participant. In addition, a social worker described a case in which a learner repeatedly failed. After undergoing psychometric testing, it was concluded that the child had a learning disability. The caregivers were then informed and educated in how to better assist their child. As a result, the child's behaviour improved at school and the parents felt less pressurised by the child's challenging behaviour.

Children were described as needing academic support that includes reading and writing. Participants also highlighted that during the initial stages of the reunification, children should be appropriately placed in school. In other words, social workers expressed that in some cases, children were being placed in grades that they were unable to cope in for instance or being admitted to classrooms that did not accommodate their specific language.

In closing, an array of risk factors and challenges exist when reunifying children and caregivers. These contingent factors stem from financial constraints to influencing ideologies of parenting. Single-handedly, these factors do not result in the failure of reunification. Rather, a combination of factors can negatively influence the process. In some cases, challenges seem possible to overcome; in others, it is far more challenging.

## **9. CONCLUSION AND DISCUSSION**

This research attempted to provide a deeper understanding of the first twelve months after the reunification of children from CYCCs with their caregivers. Despite the limitations of the research, specifically the difficulties experienced in accessing children and caregivers, the research provided valuable insight in respect of the main research aims and objectives as described below. It is evident that reunification is a neglected and under resourced area of child protection practice, mainly due to the high caseloads of social workers related to child maltreatment resulting in constant crisis intervention and focus on statutory services.

### **9.1 How do previously institutionalised children experience the family reunification process?**

Due to the limited participation of children in this study, generalisation regarding children's experiences cannot be made. However, the three child participants expressed great excitement and happiness to have returned home. These boys, aged between 9 and 16 years old shared that they missed being away from home and felt that their caregivers, specifically their mothers, needed them at home. A participant stated that he was particularly happy to be back home because he did not enjoy the restrictions at the CYCC. Returning home meant that he could watch television later and make food whenever he was hungry.

In both cases studies mentioned in this report, the children were particularly impressed and pleased about the changes that their mothers made while they were in alternative care. As a result, these child participants stated that when they returned home, changes in their families were evident. For example, their mothers appeared to have overcome substance abuse disorders. This change had a positive impact on their family relations and reunification experience.

### **9.2 How do social workers experience the reunification process?**

Both CYCC and designated (external) social workers were interviewed during this study. Based on the discussions with these professionals, there appears to be a distinction between the experiences of the CYCC and designated social workers. Despite the reunification of families not being an assigned role to the CYCC social workers, these professionals are still involved in this process. CYCC social workers appear to provide extended support to children and families, during and post

institutionalisation. This appears to be due to the relationship that develops between CYCC social workers and children during their placement in these facilities. Consequently, children and caregivers have been said to return to these specific professionals for guidance and support within the first 12 months of being reunified, in some cases, even after this period. However, the CYCC social workers and CYCCs itself are financially incapable of better supporting the children and families. On the other hand, the designated social workers experience the reunification process differently to their peers. External social workers appear to have limited contact with their clients due to excessive administrative duties and overwhelming caseloads. As a result, designated social workers have expressed their frustration in not being able to provide for clients in the reunification process.

Social workers furthermore concluded that children are in need of 'more intensive' support during the first 12 months of being reunified. They suggested that it was easier to reunify younger children, compared to adolescents. Reintegrating children into schools during the first 12 months was highlighted as a significant challenge as children are sometimes not appropriately placed in schools and also experiencing learning challenges. These professionals added that children are in need of constant support on multiple levels. In the first stage of being reunified, the caregiver and children appear to be excited but as time progresses, struggles arise between the child and caregiver requiring further support and intervention.

### **9.3 What support services are available to the families and these children?**

Social workers, caregivers and children expressed concern that after reunification, minimal support services are available. It appears if the focus on service delivery is on the child during the removal phase. During this time, minimal services are provided by external social workers to caregivers due to their challenging workloads and the crisis orientated nature of child protection services.

The relevance and adequacy of support services currently being provided, were also questioned. For example, parenting programmes and workshops appear to have minimal impact on long term behavioural change. These programmes have been critiqued for the limited time allocated to educating and training caregivers. Consequently, these programmes appear to have minimal influence on the caregivers. This view has been supported through social workers' frustration at their inability to achieve long term change in respect of the functioning and behaviour of families. Furthermore, concern was expressed about the need to provide socio-economic support to caregivers' post-reunification due to the escalating needs of children after being returned to families of origin.

#### **9.4 Which factors lead to the reunification of children and their families?**

Engaged parents and parenting appears to be a significant factor in reunifying children and families. Social workers stated that such parents could be identified early in the reunification process. These motivated caregivers would enquire about their children, maintain contact while their children when institutionalised and make an effort to communicate with the social worker whenever possible to find out when their child would be discharged. These caregivers took it upon themselves to influence their current situation and were not solely dependent on the social worker's role and involvement. In addition, it is also important to mention that a related factor influencing reunification is maintaining contact between the child and caregiver during institutional care.

It was also found that access to extended support networks for caregivers and children promoted reunification. Families that were able to create a social network that extended beyond the assistance of the social worker appeared to have a greater likelihood of achieving successful reunification.

It was furthermore evident that CYCCs informally extended their role and supported children and families in this process. Although it is unclear to what extent the CYCC social workers influenced the reunification process, it was clear that they provided additional support to these families.

A further finding is the importance of religious belief systems as a contributing factor in the reunification of children and families. Closely linked to the caregiver's religious views, are their perspectives on good parenting specifically what it means to be a good mother.

Effective permanency planning was identified as a key requirement for reunification. However, joint planning is dependent on a professional, working relationship between the CYCC and external social worker. Social workers stated that if a good relationship exists between the different social workers, reunification of these families stand a greater chance of succeeding.

#### **9.5 Which factors could result in failed family reunification?**

It was evident that social workers were unable to provide families with the required support services during the critical first twelve months following reunification. A lack of external social support structures also impacts on the reunification process. If caregivers' only support is a social worker, the prospect of a successful reunification appears to decrease.

Of particular concern, is the readjustment challenges experienced by children in the early stages of reunification. According to social workers, these challenges are related to the change in living conditions from the CYCC to the home environment. The structure and services provided to the child could result in unrealistic expectations of the home environment as caregivers typically are unable to provide in the needs of children to the same extent as CYCCs.

In addition, the premature reunification of children and caregivers also leads to possible non-reunification. Participants shared that family reunifications are at times facilitated prematurely, for example, when caregivers appear to have improved their socio-economic circumstances. The risk of overlooking underlying risk factors such as substance abuse. Such assessments are in several instances based on the physical and financial improvement of these caregivers which are not reliable indicators for the caregiver's readiness for reunification. Social workers expressed concern about the extent to which change in the circumstances of caregivers can be sustained after the return of a child.

The stigmatisation and labelling of previously institutionalised children and their families is of great concern due to the risk of further marginalisation of vulnerable children and their families.

In conclusion, this report has delved into the children, caregivers' and social workers' understandings and experiences of family reunification for previously institutionalised children. Emphasis has been placed on specific factors that lead to but also hinder reunification. Simultaneously, the report uncovers certain ideologies relating to parenting and parenthood, family and care that reunification is embedded within. These practical and conceptual influences impacts on how the families and social workers engage within reunification and should therefore all be considered in attempts at improving the services. Finally, the report advocates that family reunification be understood and responded to as a process - a stage within the continuum of care for children, specifically previously institutionalised children. Consequently, the reunification of families should be understood within the socio-economic context that it finds itself and therefore should not be disassociated from the CYCC experience and the socio-cultural space in which it positioned.

## 10. RECOMMENDATIONS

### 10.1 For Child Protection Organisations, DSD Offices and Social Workers:

- Restructure social work caseloads and child protection services to allow for a dedicated focus on reunification services.
- Improve collaboration and promote role clarification and between CYCC social workers and designated (external) social workers.
- Utilise social auxiliary workers to assist in the tracking of families and the facilitation of follow up visits. Promote the involvement and integration of social auxiliary workers in reunification services.
- Create a 'tracking system' of parents whose children have been placed in alternative care to ensure that contact is maintained.
- Improve the level of supervision available to junior social workers to develop their competence in dealing with the complexities presented by reunification placements and services.
- Address the lack of safety of social workers experienced in communities. It is recommended that home and community visits are undertaken as a team.

### 10.2 For Children and Caregivers

- Provide intensive post-reunification services to children and caregivers to ensure that short and long term readjustment challenges are dealt with timeously to prevent the breakdown of reunification placements and the return of children to alternative care.
- Develop specialised programmes for families/caregivers whose children have been placed in alternative care with an emphasis on greater caregiver support and training.
- Promote the involvement of extended family members in the reunification process.
- Maintain a child centred focus in the decision making process involving the reunification of children with caregivers.
- Prepare children in CYCC's for their home and community surroundings post-reunification to prevent the development of unrealistic expectations.
- Increase the socio-economic support to caregivers who face socio-economic challenges in order to ensure that caregivers can provide in the needs of children returned to their care.

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