Parents` experiences of family reunification: Implications for play therapy

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Declaration of the researcher

I, Anesta Potgieter, hereby declare that the manuscript with the title, “Participants’ experience of family reunification: Implications for play therapy” is my own work. All references used or quoted were acknowledged by citing in text and also in referencing in the bibliography. I further declare, that I have not previously in its entirety, or in part, submitted the said manuscript at any other university to obtain a degree.

A. Potgieter

November 2016
Declaration of the text editor

DECLARATION

I, C Vorster (ID: 710924 0034 084), Language editor and Translator, and member of the South African Translators’ Institute (SATI member number 1003172), herewith declare that I did the language editing of the mini-dissertation of ms A Potgieter (student number 22794689) from the North-West University.

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Declaration of the supervisor

The candidate opted to write an article with the support of her supervisor. I declare as the supervisor, that the input and effort of Anesta Potgieter in writing this article reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree Magister in Social Work.

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ABSTRACT

Already in 2008, data gathered by the South Africa Social Security Agency showed that close to half a million children were placed in child and youth care centres, shelters, and foster care due to several reasons. Some of these reasons include abuse, neglect, HIV/AIDS, abandonment, parents not capable of looking after their children, relationship problems in the family, and problems and difficulties displayed by the child. Recent data indicated that 4.2 million children in South Africa are not living with their parents. Even if a child is removed from parental care, the Children’s Act (38 of 2005) as amended, requires that the designated social worker should render reunification services so that the child can return back to parental care as soon as possible. Removing the child may be a traumatic experience, for both the child and the parents. However, through engaging both parents and child in play therapy intervention, may rebuild attachments and address the existing trauma. Children in residential care that are not reunified with their parents, face a risk of harm that is associated with long term residential care. Reunification should therefore take place to avoid the risk of harm and requires that the designated social worker and the parents work together for reunification to take place.

Throughout the study it was clear that parents should be involved from the beginning of the reunification process and should work together with the designated social worker. However, parents did express the challenges when it comes to family reunification, explaining that they do not experience the designated social workers as available and accessible and as a result affected their involvement in family reunification.

The aim of this study was to explore parental experiences of family reunification and the implications thereof for play therapy. A qualitative approach was implemented utilising a descriptive design. The ten participants, who gave consent, took part in the semi-structured interviews and had to draw a communication map of people with whom they communicate with. Section B presents the finding of parents’ experience of family reunification and the implications thereof for play therapy.

Key words: Family reunification; family; parent; play therapy; gestalt play therapy; statutory care; designated social worker; child and youth care worker
OPSOMMING

Reeds in 2008 het data wat versamel is deur die Suid-Afrikaanse Agentskap vir Maatskaplike Sekerheid getoon dat byna 'n halfmiljoen kinders in kinder- en jeugsorgsentrum, skuilings en pleegsorg geplaas is weens verskeie redes. Sommige van hierdie redes sluit in mishandeling, verwaarlosing, MIV/vigs, verwerping, ouers wat nie in staat is om na hul kinders om te sien nie, verhoudingsprobleme in die familie en probleme en versteurings aanwesig by die kind. Onlangse data dui daarop dat 4,2 miljoen kinders in Suid-Afrika nie saam met hul ouers leef nie. Selfs as 'n kind uit ouerlike sorg verwyder word, vereis die Kinderwet (38 van 2005), soos gewysig, dat die aangewese maatskaplike werker herenigingsdienste moet lewer sodat die kind so gou as moontlik na ouersorg kan terugkeer. Die verwydering van 'n kind kan 'n traumatiiese ervaring vir beide die kind en die ouers wees. Deur beide ouers en die kind in spelterapie te betrek, kan ingryping verhoudings herbou en die bestaande trauma aanspreek. Kinders in residensiële sorg wat nie herenig met hul ouers nie, staar 'n risiko van skade in die gesig wat verband hou met langtermyn residensiële sorg. Hereniging moet dus plaasvind om die risiko van skade te vermy en vereis dat die aangewese maatskaplike werker en die ouers saamwerk vir die hereniging om plaas te vind.

Deur die loop van die studie het dit duidelijk geblyk dat ouers van die begin af betrokke moet wees by die herenigingsproses en met die aangewese maatskaplike werker moet saamwerk. Ouers het egter te kenne gegee dat daar sekere uitdaging is wanneer dit kom by familiehereniging en verduidelik dat hulle nie die aangewese maatskaplike werkers as beskikbaar en toeganklik ervaar nie en as gevolg daarvan word hul betrokkenheid by familiehereniging beïnvloed.

Die doel van hierdie studie was om ouers se ervarings van familiehereniging en die implikasies daarvan vir spelterapie te verken. 'n Kwalitatiewe benadering is geïmplementeer deur gebruik te maak van 'n beskrywende ontwerp. Die tien deelnemers, wat toestemming gegee het, het deelgeneem aan semi-gestrukureerde onderhoude en moes 'n kommunikasiekaart optrek van mense trek met wie hulle kommunikeer. Afdeling B bied die bevinding van ouers se ervaring van familiehereniging en die implikasies daarvan vir spelterapie.

Sleutelwoorde: Familiehereniging; familie; ouer; spelterapie; gestalt spelterapie; statutêre sorg; aangewese maatskaplike werker; kinder- en jeugsorgsentrumwerker
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SECTION A
ORIENTATION TO THE RESEARCH

PART 1:
AN INTRODUCTION TO THE STUDY AND DISCUSSION OF THE PROBLEM STATEMENT

1. Introduction and Problem statement

Family reunification:

Family reunification can be described as an “approach that offers services to families who have been separated and/or alienated in order to reconstitute them as a family with the resources and skills to address their problems as a family” (Garthwait, 2012:23). These services also form part of ‘after-care’, where the social worker should provide supportive services to monitor progress (Children’s Act, 38 of 2005). It is a time-consuming intervention that is thoroughly planned to help the children to return to their homes and stay in the care of the family of origin (Papageorgiou, s.a.:1). The Children’s Act (38 of 2005) as amended, distinguishes between a social worker and a designated social worker. A social worker in the South African context refers to “a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act 110 of 1978” (Children’s Act, 38 of 2005). The designated social worker in the South African context refers to “a social worker in the service of the department or provincial department of social development; a designated child protection organisation or the municipality” (Children’s Act, 38 of 2005). The person responsible for rendering reunification services to the families is the designated social worker (Children’s Act, 38 of 2005; Miller, 2004:10).

The designated social worker is responsible to place the child in the care of a child and youth care centre (CYCC) if the child is in need of care and protection (Children’s act, 38 of 2005). The Children’s Act (38 of 2005) as amended, describes a child and youth care centre 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 children in the facility”. Considering that a child’s placement in statutory care is only temporary, a court order to place the child in the care of the CYCC is issued for a two-year period. This means that the designated social worker has two years to render reunification services (De Villiers,
Once parents are aware that the court order is valid for two years, they might feel discouraged to continue to take part in family reunification services when the two years have passed and their child still cannot return to them. Parents play a crucial role when it comes to family reunification, as they are the ones to whom the child should return. Therefore, their voice should be heard and they should be involved when it comes to family reunification.

The designated social worker should therefore render services to the family which include for example individual counselling, connecting families with other community resources, parenting courses and communication skills and could contribute to successful family reunification (Child Welfare Information Gateway, 2016:1; Magagula, 2009:96). Successful reunification means that the child returns to his/her family in a timely manner and does not re-enter care within 12 months after reunification (Bronson, Saunders, Holt & Beck, 2008:6). However, these services are not always rendered to the parents due to the availability of the designated social worker. The designated social worker’s high caseload makes it difficult to render effective services to families and also affects their availability to render quality services (Child Information Gateway, 2016:1). The South Africa Child Welfare Manual (2013) outlines the steps which the designated social worker should follow when rendering reunification services. These steps entail the following: firstly, the designated social worker should assess the progress of the parents by having contact with them on a regular basis to build a professional working relationship with them; secondly, they should have a written agreement with the parent as well as the child to outline the responsibilities of the designated social worker, the parents and the child; thirdly, designated social workers must prepare the parents, for example by helping them change their unhealthy or risky life style; fourthly, they should prepare the child by exploring the child’s feelings about going home and facilitating regular weekend and holiday placements with the family and finally, they should provide post-reunification services to the family once they are reunified. Providing reunification services to families with children placed at Girls and Boys Town, a CYCC, is very important. Girls and Boys Town was the research context of this study. The goal is to send children home as soon as their behaviour improves and circumstances of the family are stabilised. Placing children back in familial care is also the goal of other CYCC’s and welfare organisations (Children’s Act, 38 of 2005; NSPCC, 2016:4; Talbot, 2006:105).

Reunification services should be rendered to families and this includes the child. Children are therefore part of reunification and should receive intervention such as play therapy and life skills to improve their ability to manage themselves and cope with the circumstances they
live in (Child Welfare information gateway, 2016:1; Papageorgiou, s.a.:3). Certain characteristics of the child also play a crucial role during reunification. Characteristics that were found to increase the risk of failed reunification included age (teenagers have higher rates to fail when they need to be reunified), the time period the child spent in care (the longer the child is in care, the more difficult it becomes to be reunified), ethnicity, the reason of the placement (e.g. children with behavioural problems are less likely to be reunified), the number of times the child was placed in statutory care and lastly children with special needs which can include behavioural problems; learning disabilities etc. (Bronson et al., 2008:39; National survey of child and adolescent well-being, 2013:5).

During family reunification, the child should be prepared to go back home and regular visitations should be scheduled to promote reunification. Parents do however face challenges when it comes to making contact and visitations. Some of these challenges include transport, contact restrictions and the parents also experienced the contact as intimidating (Karam, 2014:6). The type of preparation to place the child back in the care of the parents’ care, will also differ, depending on the child’s age, e.g. time spent in statutory care and the child’s relationship with his/her parents (Child Welfare Manual, 2013). Preparing children for reunification include: having a private conversation with the children to explore their feelings about going home; children should visit parents more frequently and for longer periods (problems that occur during the visits will then be addressed) and support should be provided to the child during the transition from statutory care to home care (Child Welfare Manual, 2013). The designated social worker as well as the residential social worker of the CYCC should work jointly when preparing the child and parents for family reunification. However, the Child Welfare Manual (2013) of South Africa omits parents’ perspective and their experience reunification as well as how parents’ experiences in turn affect the reunification services rendered to them. Parents often feel ignored or that their needs are not addressed during reunification (Thoburn, 2009; Wong, 2016:340).

During family reunification, the designated social worker has the responsibility to support both the child and the parents (Children’s Act, 38 of 2005; De Villiers, 2008:59). The designated social worker should deliver these services to prevent children from re-entering care. Homomichl, Hatton and Brooks (2009:32) mention services that social workers can provide to reduce the risk of re-entering care and failed reunification. These services include family involvement and participation, consistent visitations and rendering different parenting programmes to enhance their parenting skills (Homomicl et al., 2009:32). In contrast with
services of the designated social worker to reduce failed reunification, some factors can increase failed reunification.

One of the reasons why children are not reunified with their parents is because parents feel that their voices are not being heard. They also feel left out and that affects their motivation to take part in reunification (Kiraly & Humphreys, 2011; Thoburn, 2009). An examination of how parents experience family reunification is necessary to fill in some of the gaps in the current literature, as research on parents’ experiences of family reunification is limited despite parents’ important role in family reunification. Some of these roles include making contact with the child in care, showing a sense of commitment to work with the designated social worker and to improve their own parenting skills by working with the designated social worker (Child protection best practices bulletin, s.a.:3; Sauls & Esau, 2010:21). This examination of parental experience regarding family reunification is important in South Africa in different contexts. Firstly, in the context of children who display behavioural problems due to environmental influences, from family or peers; secondly psychological factors like psychiatric disorders and lastly developmental factors like learning disabilities (Bobrow, 2002:3). Behavioural problems refer to “behaviour that is socially defined as a problem, a source of concern or as undesirable by the social and legal norms of a society” (Jessor, 2005:1). In order to address the behavioural problems, play therapy is provided to children including those children whose families receive reunification services. Removing the child could be a traumatic experience, therefore play therapy could help to address this trauma (Upenn Collaborative on community integration, s.a.:1). Using play therapy with traumatised children can be beneficial in some of the following ways: allowing the child to express their inner emotional world; a way to grow and develop healthy; to gain mastery over fears and to find solutions (Rye, 2011). Play therapy is provided by external social workers or other professionals like psychologists who are not permanently employed by Girls and Boys Town. Some CYCC’s do however employ a social worker specialising in play therapy to work with children on a daily basis.

**Play therapy during family reunification**

Play therapy is often used as an intervention in child and youth care centres internationally (Crenshaw & Stewart, 2015: 221). Within the subject of play therapy, family reunification has received minimal attention up to date. Play therapy is ideally suited for children who are to be reunified with their parents and are living in a child and youth care centre (Kolos,
Play therapy is especially suitable for these children as the play therapist may be seen as the primary mental health provider for the child and can play the role to advocate for the child during family reunification (Kolos, 2009: 230). However, according to Kolos (2009), there is limited literature available to play therapists helping children transition from residential care to parental care. No similar studies have been conducted in South Africa, and there is minimal mention of engaging parents during play therapy when the family is receiving reunification services. Parents are sometimes excluded from the play therapy especially when their children are placed at CYCC’s (Eugster, s.a.:1).

Family reunification, where the child transitions from a child and youth care centre to his/her biological family is largely dependent on the co-operation of play therapists and yet they often do not form part of the multidisciplinary team of professionals (Lewis, 2011; Kolos 2009). Play therapists’ have minimal or no contact with birth parents as they may not be permanently employed by the child and youth care centre (Kolos, 2009). Ideally, the social worker providing play therapy to the child, should therefore be part of a multidisciplinary team where others rendering reunification services to the biological family are included. Due to a lack of resources, this is not often the case internationally or in South Africa (Lewis, 2011; Kolos 2009).

Parents play a crucial role when it comes to family reunification and therefore cannot be excluded when it comes to therapeutic intervention with the child. By including both the child and the parents during therapy, the focus could be on restoring the relationship between the child and the parent and also building on family attachments, even if the child is not in their care (Childress, 2014:2). Even though the benefit of involving the parent during play therapy is to restore relationships between the child and the parent, there is limited research on consultation with parents where parental consultation is seen as separate to the play therapeutic intervention with children (Skottelkorb, Swan & Ogawa, 2015). During play therapy, parents can be consulted about developing a trusting relationship with the child, to assess progress of the child as well as to further educate the parent about parenting skills and child development (Post, 2014:1). Involving parents can maximise the outcome of the therapy as well as help parents to understand their child better (Post, 2014:1). This research therefore focused on parents’ experiences of family reunification and the implications for the field of play therapy. The study may help social workers providing play therapy in CYCC’s to understand parents’ experiences of reunification so that they consult parents in the
therapeutic process and so that play therapy provided to the child supports reunification (Lewis, 2011).

**Importance of considering parental experiences during reunification**

In the literature review of family reunification in the USA, Alpert (2005:363) mentioned that parents often feel underserved and overlooked by the system. Recently Karam (2014:68) completed a similar study on reunification services and also confirmed that parents felt unheard and had a need to talk to someone about their experiences of reunification. Valuing and incorporating parental experience would improve the relationship between the designated social worker and the parent. According to Forrester, Westlake and Glynn (2012:120), the majority of the parents experience discrimination and oppression which affect the relationship they have with the designated social worker. It is therefore important for the designated social worker to provide the parent with the opportunity to have visible internal support as expected to promote successful reunification (Alpert, 2005:363; Bronson *et al.*, 2008:75; Monroe & Harris, 2013:2). When parents work collaboratively with the designated social workers and those providing play therapy, the child’s return home will be facilitated more quickly than if parents are not involved (Child Welfare Information Gateway, 2012).

This study’s target group was parents whose children were placed in Girls and Boys Town and who received reunification services. The study provided parents with the opportunity to contribute to research on parents’ experiences of family reunification. Skottelkorb *et al.* (2015) recommended that research be undertaken on parent consultation within the context of play therapy. The research was therefore a response to the call for more empirical research on parents within the wider context of play therapy and fell within scope of social workers who had to work in collaboration with parents during reunification. The results provide social workers with a parental view on family reunification and highlight parents’ experiences of family reunification. Considering parental experiences, social workers can adapt their current reunification programme to better meet parents’ needs as they do feel heard and also feel overlooked by the system (Alpert, 2005:363).

The research question which the study attempted to answer was therefore: “What are parents’ experiences of family reunification in the context of a child and youth care centre and its implications for play therapy?”
2. Research aim and objectives

The research aim for this study was to explore and describe parents’ experiences of family reunification and the implications thereof for play therapy.

3. Central theoretical statement

Parents’ experiences around reunification are important. Parents often feel left out during the reunification, as their needs are not addressed (Alpert, 2005:363; Karam 2014:68; Thoburn, 2009). The researcher chose the Bio-ecological Theory (Bronfenbrenner, 1979) and Gestalt Play Therapy Theory (Yontef, 1993) as it allowed for the consideration of many factors that influenced a person’s life, not only focusing on characteristics of the parents or children that influenced reunification services, but also the parents’ views and experiences regarding those services. Both theories also kept the environment that influenced the parents and the child in mind. When social workers and those providing play therapy aim to reunify children with their families, they cannot only consider one aspect of the child. The child should be viewed in the context they live in. Other aspects such as the family, their environmental influence and their feelings and needs about the type of services should also be taken into account.

Two theories were used to guide this study. Firstly, the Bio-ecological Systems Theory and secondly the Gestalt Play Therapy Theory. The Bio-ecological Systems Theory was developed by Bronfenbrenner to understand how human development occurred within the immediate and different layers of the context (Johnson, 2008:2; Rosa & Tudge, 2013:244). Similar to the Bio-ecological Systems Theory, Gestalt Play Therapy Theory creates a platform where different factors that influence the child as well as the family, can be considered (Miller, 2004:32).

4. Research methodology

4.1. Literature review

Several scientific sources such as books, academic journals, research reports as well as research articles were utilised on databases like EBSCOhost, Google scholar and SAGE publications in order to establish a literature study. The Bio-ecological Systems Theory as well as the Gestalt Play Therapy Theory were studied for the theoretical framework of this study.
4.2. Research approach and design

For the purpose of this study, a qualitative approach was followed. Qualitative research has the aim to enable the researcher to understand the social world around us, why things are as they are (Hancock, Ockleford & Windrige, 2009:7).

A research design gives a framework of the research project, outlines the steps in the process and how the project will be conducted to achieve the outcome. This also makes it possible for the researcher to gather information which might help to address the research question (David & Sutton, 2011:205; Fouché & De Vos, 2011:143). A qualitative descriptive design was used during this research.

According to Sandelowski (2000:336), qualitative descriptive studies “offer a comprehensive summary of an event in the everyday terms of those events”. The goal of qualitative descriptive studies is “a comprehensive summarization, in everyday terms, of specific events experienced by individuals or groups of individuals” (Lambert & Lambert, 2012:255). One should use this design when straight descriptions of phenomena are desired (Sandelowski, 2000:339). In this study, the phenomenon was parental experiences. When the researchers ask who, what and where questions of events, a qualitative descriptive study will be useful (Sandelowski, 2000:339). In this study, the researcher asked “what are parents’ experiences of family reunification in the context of a child and youth care centre and its implications for play therapy”. During this research, parental experiences of family reunification were therefore explored.

4.3. Sampling

Strydom (2011:224) indicates that sampling in your research field can provide more accurate results than those studies where the whole population is involved and he also added that sampling can help the researcher obtain in-depth, quality information from a smaller group. The researcher made use of purposive sampling, keeping the inclusion criteria in mind. The goal was to obtain cases that were rich in information and could answer the research question (Lambert & Lambert, 2012:255). Purposive sampling was therefore the best way to select the specific target group and in this case, biological parents of children in Girls and Boys Town who received reunification services. Ten parents gave their consent to participate in the study. Ten participants were sufficient for this study as data saturation was reached. According to
Fuss and Ness (2015:1408), data saturation varies, depending on the study but can be reached by conducting six interviews.

### 4.3.1. Population

When doing a qualitative study, the sample must be large enough to assure that most of the experiences that are important are covered but if the sample is too large, the data becomes repetitive (Mason, 2010:2). For this study, the population consisted out of parents whose child was placed in Girls and Boys Town youth development centre within Gauteng province and who received reunification services.

### 4.3.2. Sampling method

The participants of this study were identified according to the non-probability sample technique of purposive sampling as described by Babbie, (2014:200), Edmonds and Kennedy (2013:17) and Grinelle and Unrau (2008:152). The same authors state that, during purposive sampling, the units are selected on the basis of the researcher’s judgement regarding which ones will be the most useful and the elements are purposively selected because of their unique position, based on a specific need. The researcher got permission from the CEO to conduct the study at Girls and Boys Town and a gatekeeper and mediator were identified. Possible participants were identified by the gatekeeper and the mediator initially made contact with the parents to inform them about the research taking place. The following criteria were set to ensure that the participants fit the purpose of the study:

- The participant should be the biological parent of the child who is staying in Girls and Boys Town youth development centre in Gauteng. The parent should be representing a single-parent household (be a single parent) or both parents. If both parents were involved, both were allowed to take part in the research and share their experiences, or could decide who would be part of the research;
- Parents’ biological child at Girls and Boys Town should sign the assent form to agree that their parents can be contacted to take part in the study.
- Parents should currently have received reunification services from a designated social worker for a minimum of 6 months.
The researcher also created an exclusion criterion which entailed:

- Parents who were clients of the researcher in the past were not included in the study to avoid role confusion.
- Parents whose child did not sign the assent form for their parents to take part in the research were excluded.
- Parents whose child has been at Girls and Boys Town less than six months.

4.4. Data collection

4.4.1. Method of data collection

Semi-structured interviews, guided by Participatory Learning Action (PLA) techniques, were used during this research. Creswell (2013:98) recommends that one should collect data by using more than one source to develop an in-depth understanding. During semi-structured interviews, the researcher has a guiding framework of the themes that could be explored, but is not bound by sticking strictly to those themes and questions. Prior to the first interview, the researcher pilot tested the interview schedule. The questions were designed based on previous literature of family reunification.

Semi-structured interviews allow new questions to emerge during the interview, depending on the information the participant provided and can be between 60-90 minutes depending on the topic (Appel, Buckingham, Jodion & Roth, 2012:36). The researcher chose semi-structured interviewing due to its flexibility, allowing the participants to speak their mind, with guidance to the research topic. At the beginning of the interview, the researcher asked the participant to draw a communication map (See annexure 5). A communication map is an easy and effective way to understand how the parents communicate with other relevant people in their lives (Zaveri, 2009:180). The rational for using communication maps as a PLA technique is because it is flexible and can approach different participants while still covering the same areas to collect the data (Alam, 2008:1604). Bozalek & Biersteker (2010:553) belief that PLA techniques create opportunities for interaction, which allows the development of new insights as well as action plans.

The communication map allowed the participants to lead the interview and discussion. On this map they had to indicate the communication between themselves and those people in their lives. Through the use of lines (one line indicating limited to no communication; two lines indicated that there was some communication; three lines indicated that there was
regular communication), they could indicate how often they communicated with the specific person and what type of conversations they would have with that person. These interviews were digitally recorded to minimise loss of information and to assure that the researcher was fully focused on the interview and used to analyse the data afterwards (Clifford, s.a.:3). Field notes were also made during the interviews and used when analysing the data. The researcher used skills such as clarifying, summarising, using minimal verbal responses, non-judgemental, making eye contact, paraphrasing and reflection when she engaged with the participants.

All participants who gave consent were interviewed and interviews were conducted until data saturation. During this research, 10 interviews were conducted until data saturation was reached. The interviews took place in the boardroom which was private and free from distractions. The average length of the interviews was between 1 to two hours. At the end of the interview, participants were again informed about what would happen to the data and how they would be informed about the results.

4.5. Data analysis

When conducting qualitative research, data analysing can be viewed as a non-numerical interpretation where the data collected has been processed to answer the research question (Babbie, 2014:510; Boeije, 2010:75). Analysing qualitative data involves examining or summarising the data that has been collected and at the end, to present it in a way that emphasises the most important features (Hancock et al., 2009:24). The communication map was used to facilitate the interview and data mentioned by the participants was analysed. The researcher used thematic analysis as described by Clarke and Braun (2013:4) which included the following phases:

1. The first step was for the researcher to familiarise herself with the data by listening to the recordings and transcribing the data herself (See annexure 6).
2. The researcher then read through the scripts and made notes of the information that stood out and was relevant to the research question. This information was sorted into broad categories, looking at the interview question and writing down all the responses of the participants (see annexure 7).
3. By doing this, codes were identified that could become possible themes. The researcher used a co-coder who signed a confidentiality agreement (See annexure 8) to ensure the trustworthiness of the data.
4. Themes were searched through linking the codes (identified in the previous step) that were also relevant to the research question.

5. The themes were to reflect if they told a complete story of the data.

6. A detailed analysis was written of each theme and it was assured that each theme fit in with the bigger picture of the research project. The researcher also compared some of the themes with existing literature.

4.6. Ethical aspects

Ethical clearance for the specific research project was granted by the North-West University (Ethics Number: NWU000-90-16-S1). Prior to the study, the CEO and manager of Girls and Boys Town gave consent to use them as a research field on condition that the children must be informed about the study. Assent was obtained by the children to make contact with their parents and to invite them to participate in the study (see annexure 3) and written consent was obtained from the parents prior to the study (see annexure 4). The researcher is also registered at the South African Counsel for Social Service Professions and is obligated to act according to the ethical code. The researcher is a social worker by profession and has used her code of ethics followed by the South African Council for Social Service Professions as a guideline to assure that the research was ethical. The researcher followed the guidance of her supervisor during this research to assure that the research was conducted exactly as stated in the proposal. Once the data had been analysed, the researcher typed a summary of the results to share with the participants as well as with Girls and Boys Town and their staff members.

4.6.1. Informed consent

During this study, a gatekeeper and mediator were appointed. The role of the gatekeeper was to gain entry into the community and to identify possible participants who met the criteria. The gatekeeper made contact with the children to ask their permission to invite their parents to be part of the research. As part of the requirements from Girls and Boys Town, the researcher had to obtain assent from the children, giving permission that their parents could be contacted to take part in the study. After assent was received, the parents who met the including criteria, were approached. Prior to the study, the participants were asked to complete a consent form, explaining the nature and purpose of the research. They had two days to consider whether they want to take part and the form clearly explained that their
participation was entirely voluntarily. The mediator was responsible to deliver the consent forms.

4.6.2. Confidentiality and anonymity

Confidentiality means that the information given during the research would not be disclosed to anyone else except the researcher herself (David & Sutton, 2011:610; Strydom, 2011:119). Anonymity means that no one will be able to link the participant`s name and identical information to the data gathered during the process.

Anonymity were applied by using the letters of the alphabet on the results in the report, instead of the participant`s full name and surname to assure that everyone stayed anonymous. The interviews were conducted in a private office with no other personnel around. The door was closed with a sign on the outside stating “do not disturb”. At the beginning of the interview, the researcher again explained to the participants that all the information given during the interview would be confidential as mentioned in the consent form.

Confidentiality was ensured by keeping the data in a safe and only the researcher had access to the full data. Data was kept safe and secure by locking hard copies in locked cupboards in the researcher’s office and electronic data was kept on the researcher’s computer which was password protected. The data was transcribed by the researcher herself and she informed the participants about this prior to the interview. The researcher asked permission to record the interview prior to the interview and where participants did not consent for the interview to be recorded, the researcher only used her field notes which were made during the interview. The names of the participants were not mentioned in this research.

4.6.3. Publishing and storing the results

The researcher will submit the article to the journal Social Work/Maatskaplike Werk for possible publication. The guidelines of the journal publication can be viewed at annexure 10. Hard copies of the data will be stored in lock-up cabinets at the offices of CCYF and COMPRES. See CCYF SOP guidelines on data storage attached (annexure 9). The CCYF is an office of NWU based off campus. The CCYF SOP is based on and is in accordance to the NWU guidelines and regulations of data storage. Data will be stored for five years and will then be destroyed as stipulated in the CCYF guidelines for record keeping.
4.6.4. Voluntary participation

During recruitment, the researcher informed the participants in the consent form that their participation was entirely voluntarily and that they would not be affected or treated differently if they decided not to be part of the study. At the beginning of the interview, the researcher again informed them that their participation was voluntarily and that they could withdraw anytime during the process.

4.6.5. Limitations to the researcher’s role

The participants who were selected to take part in the interview were those parents who were not clients of the researcher in order to avoid role confusion. The researcher clearly explained in the consent form that those parents who were clients of the researcher, could not be included, thus setting clear boundaries prior to the research.

4.6.6. Appropriate referral

According to David and Sutton (2011:49), research should not cause any physical, emotional or legal harm. Strydom (2011:115) emphasises the importance to inform the respondents before the research starts about the possible impact that partaking in the study might have on them, e.g. collecting data. This could be valuable for the participants to prepare themselves for what to expect. If the need arose, the researcher was prepared to provide them with information on where they might seek help if they felt the research had done any harm to them or if they needed someone to talk to. During this research, no referral was needed.

4.7. Right to withdraw

According to Forrester (2010:112), participants should be informed that they could withdraw from the research project at any time, without giving an explanation and without any subsequent consequences. The researcher explained this to the participants in the consent form and also mentioned it again before the interview started.

4.7.1. Expertise of the researcher to do the research

The researcher is a social worker by profession and is bound by the ethical code of the South African Council for Social Service Professions. The researcher was guided by her study leader who obtained her PHD in social work, is trained to use PLA techniques and has experience in using PLA techniques in conducting research.
4.8. Trustworthiness

Trustworthiness was achieved by using certain strategies as discussed below:

- **Credibility**
  Credibility refers to the quality of the research. Bryman (2012:390) states that credibility relates to the researcher following good practice when conducting the research, submitting the research findings and knowing that those findings were correctly understood as provided by the participants. Different communication and interviewing techniques like paraphrasing, summarising and clarifying were used by the researcher during the interview in order to assure that the experiences of the participants were understood correctly. The researcher transcribed the data herself and assured that the results given, were a true reflection of the data gathered from the interview.

- **Transferability**
  Transferability refers to the degree in which the results can be generalised in another context or setting (Trochim & Donnelly, 2007:149). The researcher ensured transferability to meet the standard of applicability. Due to the qualitative nature of the study, in-depth information was gained around participants’ experiences of reunification services. The findings were supported by direct quotes of the participants. The purpose was not to generalise findings, but to help parents feel heard and to give them the opportunity to share from their view how they experienced reunification services. A detailed outline of the research process was provided as well as the methodology that was followed, allowing future research to be conducted in a similar matter.

- **Dependability**
  The dependability of the study refers to whether the same results would be obtained if the study was done twice (Bryman, 2012:329; Kumar, 2014:219). The researcher followed the steps as outlined in the proposal so that other researchers will be able to replicate the study. The research was done under the supervision of a supervisor in order to ensure objectivity as well as procedural compliance.

- **Confirmability**
  The term confirmability refers to the degree to which the results of the study could be confirmed by other people in the field and the researcher’s personal values or theoretical inclinations did not affect the research process (Bryman, 2012:392; Kumar, 2014:219). It also
refers to the objectivity of the researcher during the research process, in order to ensure that biases did not affect the data. This was done through the literature review throughout the research process. A co-coder was used to assure that the themes identified were a true reflection of the interviews conducted.

5. Choice and structure of research report

The research report is in the format of an article and makes use of the following structure:

Section A

Part 1: Introduction and orientation to study. This part introduces the study by discussing the problem statement as well as the research methodology.

Part 2: Literature Review

Section B

This section contains an article in which the research findings of the empirical study are written according to the guidelines of the journal Social Work/ Maatskaplike Werk.

Section C

This section presents the summary, conclusions and recommendations of this study.

Section D

Appendix and references

6. Conclusion

Section A part 1 provides an overview of the research problem, the aim as well as the methodology that was followed when conducting a study around parents` experiences of family reunification in the context of a CYCC. A child placed in the CYCC, should return to the care of the biological family as soon as possible. In order for reunification to take place, the parent`s voice must not be excluded during family reunification. Section A part 2 consists of a literature review of the current literature available on family reunification and the theories which guided the study.
Part 2

Literature review

1. Introduction

Section A part 1 included a broad overview of the problem statement as well as the rationale of this study. The aim, objectives and methodology were discussed. Section A part 2 involves a literature overview of the theoretical framework, family reunification and the involvement of each party during family reunification.

Karam (2014:3) believes that the purpose of a literature review is to gain a better understanding of the problem that has been identified and to put the study into perspective. The researcher incorporated different literature studies to gain a broader understanding of available research regarding the identified problem and insight on whether a similar study had been conducted in the past. However, limited resources were available on reunification and parental experiences, internationally as well as locally and therefore the researcher used older resources. In the section to follow, the researcher discussed the theoretical framework of the study.

2. Theoretical framework of the study

The researcher chose two theories to guide this study. Firstly, the Bio-ecological Systems Theory and secondly Gestalt Play Therapy Theory. Both of these theories focus on more than one characteristic that might influence an individual’s life (Bronfenbrenner, 1979:21; Johnson, 2008:2; Rosa & Tudge, 2013:244; Yontef, 1993:287). When it comes to family reunification, the family should be viewed within the context they live in, the factors that have an influence on their life and not isolate them from the situation. This means that the designated social worker should look at the environment of the parents, their support groups and also the context they live in, as those aspects play a vital role in parents’ lives.

2.1. Bio-ecological Systems Theory

Bronfenbrenner (1979:21) gave the following definition for the ecology of human development: “The ecology of human development involves the scientific study of the progressive, aggressive mutual progression between an active, growing human being and the changing properties of the immediate settings in which the developing persons live, as the process is affected by relations between these settings, and by the larger contexts in which the
settings are embedded.” According to Johnson (2008:2), Bronfenbrenner developed the Bio-ecological System Theory to understand human development within the context of that person’s system. This theory underlines that one system can influence, as well as be influenced by the other systems (Bronfenbrenner, 1989; Miller, 2004:32). Bronfenbrenner looked at development emerging from the interaction between the individuals and their context (Rosa & Tudge, 2013:244). Using the Bio-ecological System Theory, researchers should study the context in which the developing individual spends time and his/her relations with other individuals in the same settings (Rosa & Tudge, 2013:244). Keeping the Bio-ecological System Theory in mind, working only with the child will not help child and youth care centres to achieve their goal of reunifying the child with their family. The organisation, or in this case, the designated social worker, who renders reunification services needs to work with the parents as well, as family engagement is a crucial part in successful reunification (Miller, 2004:32). The researcher chose this theory as it focuses on other factors that influence a person’s life and not on the person alone. When a social worker wants to reunify a child with the family, one cannot look at the child’s circumstances alone, but the circumstances of the family and environment should also be considered, to ensure that reunification is in the child’s best interest.

Figure 1.1. Bronfenbrenner’s Bio-ecological Systems Theory
Figure 1.1. is an illustration of the different levels of systems which the parents’ context can consists of and is an example of how all the systems are connected to each other and can influence each other during family reunification. Similar to the Bio-ecological Systems Theory, the Gestalt Play Therapy Theory also looks at other characteristics that influence an individual’s life.

2.2. Gestalt Play Therapy Theory

Gestalt play therapy theory, similar to the Bio-ecological Systems Theory, allows the designated social worker as well as the researcher to consider many factors that influence the child’s and the parents’ life (Bronfenbrenner, 1989; Miller, 2004:32). When family reunification is considered, the designated social worker and those providing play therapy cannot only consider one aspect of the child and the parents, but rather the whole context they live in.

The focus for gestalt play therapists is how children go about solving their own problems within the field and that those children and their parents cannot be understood in isolation to their context and environment. Parents form part of the child’s field and environment in gestalt play therapy. Field Theory refers to viewing the person in the context of his environment. Field Theory is based on the idea that the individual/environment creates itself, with the individual part influencing the rest of the field and the rest of the field influencing the individual (Yontef, 1993:287). Gestalt play therapy aims to see how the child can support his/-herself within their field and in this sense “support” is referred to as ‘how their social field receives them’ (Oaklander, 2001). In other words, how their parents, and everyone who form part of child’s environment engages with them in a way that is supportive. Gestalt Play Therapy Theory is suitable for this study because gestalt play therapy is based on the principles of Field Theory where the role of the play therapist is to educate, communicate and involve the parents as much as possible (Oaklander, 2001).

Play therapy is a psychotherapeutic treatment approach specifically developed to help children with facilitating healing from stressful or traumatic experiences, allowing the child to express feelings and to encourage thoughts and new ideas (Eugster, 2007). Removing a child and placing the child in a CYCC can be traumatising, therefore engaging the child in play therapy while in the care of the CYCC, can help them adapt to the new circumstances (Childress, 2014:2). When the child is preparing to transition back to the care of the parents,
play therapy can be beneficial. Play therapy is suitable for children between the ages of 3 to 16 years and can be adapted to accommodate young adolescents or even adults (Rye, 2010:2).

Providing play therapy during family reunification can be beneficial as it allows the parents and the child to build a healthy relationship and to be supportive during difficult transitions like being removed or to be placed back in parental care (Joining Hands Creative Counselling and Wellness, 2016). Implications of involving both the parent and the child in play therapy during family reunification are that parents gain a better understanding of the child through play, develop skills in the area of providing structure for the child, set limits and lastly listen while engaging with their child (Childress, 2014:2; Joining Hands Creative Counselling Wellness, 2016; Magagula, 2009:96).

Considering the Bio-ecological Systems Theory and the Gestalt Play Therapy Theory, during reunification, the designated social worker would not work with the individual in isolation, but rather with the individual and the systems that have an impact on them. In the following section, family reunification is discussed as well as the role of other systems when it comes to family reunification.

3. Family reunification services

Carnochan and Austin (2013:179) defined reunification as “services that are provided for the purpose of returning children who have been placed in out-of-home care to their families of origin”.

A child can be removed for several reasons as described in the Children’s Act (38 of 2005) as amended, but section 187 of the Children’s Act (38 of 2005) as amended, clearly states that a child should be placed in foster care, a place of safety or at a child and youth care centre with the view that the child be reunified with the biological parent, provided that reunification is in the child’s best interest. Reunification should be considered as part of any child’s permanency plan and is also the goal of most of the welfare agencies so that the family can function in a healthy manner and be self-reliant (Sauls & Esau, 2015:6; Talbot, 2006:105; White paper on Families, 2013:38). A permanency plan is set up by the designated social worker and is defined as “a systematic, goal-directed and timely approach to case planning for all children subject to child protection intervention, aimed at promoting stability and continuity” (Department of communities, 2011:3). Stability should therefore be promoted so
that family reunification can take place. For the family to function in a healthy matter, the roles of the people inside the individual’s context should be emphasised and understood.

In the following section, the roles of different stakeholders involved in family reunification are discussed. These relevant stakeholders include the parents, the designated social worker, the child concerned and lastly the CYCC. The roles of the stakeholders are discussed because each one of them plays a role and has a responsibility towards successful reunification. Again, family reunification cannot take place in isolation of other stakeholders.

3.1. Role of parents during reunification

The number of published studies of the views of parents with children in statutory care, who received reunification services, is small, especially in the South African context (Kiraly & Humphreys, 2011:6). Parents of children in statutory care have been a largely neglected group in the field by social workers as well as in research because their needs are not heard by designated social workers rendering reunification services (Schofield, Moldestad, Höjer, Ward, Skillbred, Young & Havik, 2011:75).

Parents play the biggest role when it comes to family reunification. As mentioned before, the main goal of every agency is to reunify the child with the family, but reunification can only be done if the circumstances of the family are stable as well (Sauls & Esau, 2015:6; Talbot, 2006:105). Family stability refers to characteristics such as availability, warmth, family cohesion and stimulation (Harden, 2004:1).

A very important role of the parent during reunification is to visit the child and continue to make contact while the child is not in their care (Child protection best practices bulletin, s.a.:3). Visitations and telephone contact can however be emotional for the parents as well as the child (Karam, 2014:1) but helps to maintain the bond between the child and the parents when the child goes back to his/her care. When the parent is in the process of family reunification, Karam (2014:2), Sauls and Esau (2015:9), Van Schalkwyk (2012:89) and Triseliotis, (2010:60) mentioned the benefits of having regular contact and visiting the child in care. These benefits include:

- Helping the family to maintain their relationship,
- Providing an opportunity to improve and repair their relationship with the child,
- Creating an opportunity for birth parents to learn new skills (e.g. dealing with the child who displays challenging behaviour),

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Having a positive effect on the psychological adjustment and well-being of the child,

Contributing to having the child in care for a shorter period,

If the child still feels that he/she is part of the family and that the family cares for them, the child as well as the family can experience less rejection or guilt after removal;

The involvement of parents can also affect the long-term outcome of the child in care

Parents should be committed to work with the caseworker and to work towards change so that their child can be reunified as commitment improves the likelihood of reunification (Sauls & Esau, 2010:21). Parents experience stigmatisation which affects their commitment with the caseworker to maintain contact with their child and as a result the contact with their child decreases and chances of failed reunification increase (Karam, 2014:1). It could be beneficial for the parents to have external social support, e.g. support groups, friends and neighbours. Bronson et al. (2008:75) as well as Monroe and Harris (2013:2) believe that having some sort of support can help promote reunification. The existence of support can reduce the rate of depression and can relieve those who experience distress as well as provide emotional support when the family is experiencing a crisis (Lietz, Lacasse & Cacciatore, 2011:4). Furthermore, Sauls and Esau (2010:32) mention that, if the designated social worker is the only support for the parents, the process of successful reunification decreases. Social workers were however unable to provide the required support to families and the lack of this required support could affect family reunification (Saulus & Esau, 2010:32). Even though parents play a big role during family reunification, the role of the designated social worker during family reunification should not be underestimated.

3.2. Role of the designated social worker during reunification

According to the Children’s Act (38 of 2005) as amended, the term “designated social worker” refers to “a social worker in the service of the department or provincial department of social development; a designated child protection organisation or the municipality”. It also refers to the person responsible for rendering reunification services to the parents once the child is in care (Miller, 2004:10).

Reunification services are provided by the designated social worker and play a crucial role when it comes to family reunification. Therefore, the designated social worker should have
certain characteristics to increase a sense of positive experience by parents receiving family reunification.

The social worker should have empathy with the parents after removal and should communicate a sense of respect to gain their trust (Karam, 2014:250). Other roles of the designated social worker as described in section 157 of the Children`s Act (38 of 2005) as amended include: to investigate why the child was removed from his/her parents, to address those causes and take precautionary actions to prevent the same problems to occur in the future and lastly, to provide services to both the child and the parents before, during and after reunification. As mentioned earlier, parents feel stigmatised and left out. Social workers should therefore communicate a sense of respect towards the parents and make them feel valued and part of the process (Sauls & Esau, 2015:16). The White Paper on families (2013) requires that social workers engage in work which promotes strengthening and preserving families.

The designated social worker should also render services to the family which should include for example individual counselling, connecting families with other community resources, parenting courses and communication skills (Magagula, 2009:96). By receiving supportive services from social workers, parents are more likely to have a positive experience of family reunification and show more commitment to work towards successful reunification (Sauls & Esau, 2010:21). The child can be viewed as the centre of reunification and also plays an important role when family reunification is considered.

3.3. The role of the child concerned during reunification

In order for family reunification to be effective, the involvement of the child must not be excluded. The child concerned should be informed of the process and should also show commitment to be reunified with the parents. Commitment from the child increases parents’ confidence to engage in family reunification. This commitment by the child and parents’ engagement in family reunification may result in maintaining relationships between the child and the parents and restore the bond between parent and child, which is a factor of successful reunification (Child Welfare Information Gateway, 2016:2; Child protection best practices bulletin, s.a.:2; Karam, 2014:2; Sauls, & Esau, 2015:9; Van Schalkwyk, 2012:89; Triseliotis, 2010:60). Also, positive commitment from the child can better the experience of parents during family reunification as the parents will then know that the child also wants to be reunified. Papageorgiou (s.a.:3) believes that effective social work practice involves engaging
the child, the parents and other relevant parties. To engage with the child, one must use language that is understandable for them, not force them to talk and try to be on their level (Papageorgiou, s.a.:3). When engaging with the child, the designated social worker can understand their story and when working with the family as a whole, both the parents’ and the child’s experience can be kept in mind (Papageorgiou, s.a.:3).

3.3.1. Experiences of children living in residential care

In the study of Simkiss, (2012:5) the author looked at the experiences of children in care and what they desired while they were in care. Some of these experiences and desires included love (a lack of love had an impact on their emotional well-being, especially when it came to self-esteem) and a sense of belonging (children linked their sense of identity to a lack of sense of belonging).

Simkiss (2012:5) also mentioned that barriers to achieve a sense of belonging existed because of the conflict that arose from being part of two families, namely their biological family and their carers’ family. Children desired the need to receive emotional support. They also needed support when it came to education and being successful in life. Contact with birth parents was a further need as it supported their self-identity; prejudice and stigmatisation. Children reported that negative attitudes towards them were common. They had the need to have professional people in their lives who listened to them and were accessible and reliable. The exclusion of family members from the care of their children is an unhealthy practice and can put stress on both the parents and the child (Samakosky, 2000). Lastly, the role of the CYCC is also important when it comes to family reunification and is discussed below.

3.4. The role of the child and youth care centre during reunification

Chapter 13 of the Children’s Act (38 of 2005) as amended emphasises the importance of the social worker at the CYCC to provide therapeutic programs for the children in their care. It is the role of the social worker at the CYCC to assess the child’s situation and to determine whether family reunification is in the child’s best interest (Western Cape Government, 2016). The Act also clearly states that there must be an opportunity for the child to reunify with his or her family, if it is in the child’s best interest (Children’s Act, 38 of 2005). This opportunity can be created by promoting contact between the child and the parents as well as involving parents in the child’s life and encouraging them to accept a sense of responsibility. Once the parent does not feel left out or judged by the social worker at the CYCC, they will have more
confidence to commit to their child (Sauls & Esau, 2010:21). When a child is admitted into a CYCC, the organisation tends to exclude family members from continued involvement with their own child and as a result, the parents feel left out and unimportant (Samakosky, 2000). If reunification with the family is not possible or in the child’s best interest, the social worker at the CYCC should investigate other alternative placement options, e.g. finding relatives who are willing to host the children during school holidays (Amroodt, 2011:4). By doing this, the social worker at the CYCC still respects the child’s right as stipulated in section 28 of the Constitution, which states that each child has the right to receive family care, parental care or appropriate alternative care (Constitution of the Republic of South Africa, 1996).

A child in need of care could be placed at CYCC, but should return back home as soon as possible after both the child and family have received the necessary services (Amroodt, 2011:3). Reunification should take place as soon as possible to avoid risk of harm of long-term residential care.

4. Factors influencing family reunification

Factors influencing reunification can include substance abuse from parents, parents` lack of parenting skills, criminal history of parents, lack of social networks and mental health problems (Knowlton, 2006:i). Considering this, many factors associated with the child, the circumstances and the family have been studied to evaluate the reasons for failed reunification or why children re-enter care but parental experiences of reunification were excluded (Alpert, 2005:361; Kamar, 2014:68; Thomson & Thorpe, 2003).

One of the reasons why children are not reunified with their parents is that parents feel their voices are not being heard and that affects their motivation to take part in the reunification process (Thoburn, 2009). Parents also experience stigmatisation from those around them (Karam, 2014:1). More risk factors which might prevent family reunification might include: reunification programmes that do not identify or address factors like child maltreatment appropriately, social workers do not know when to start with the reunification process, substance abuse, domestic violence and trauma histories of parents (Harper, 2012:28). The great shortages of social workers and high caseloads may also be risk factors. In the Cape Times (2016), it was highlighted that the ratio of social workers to children is 1:30 000. On the other side, there are also some protective factors that might promote reunification. These include: re-establishing the parent-child relationship by arranging regular visitations, to have visible internal and external support, effective time management skills (in order to cope with
daily responsibilities and at the same time care for the children) and parenting skills training (Bronson et al., 2008:75; Monroe & Harris, 2013:2).

Instead of isolating the parents, the parents should be viewed in the context that influences their life, as explained using the Bio-ecological Systems Theory mentioned in part 1. If the child is not reunified with the parents, the child might be affected by long-term residential care.

5. Effects of long-term residential care on children

If the child is not reunified with the parents as expected, the child faces the risk of harm associated with long-term care. Children in residential care are a vulnerable group (Simkiss, 2012:3). According to the Faith to Action Initiative (2014:5) UNICEF estimated that the total number of children in statutory care globally, is 2.2 million. The need for children in care is increasing due to abuse; neglect and family dysfunction, especially in countries in economic transition, as these changes have resulted in an increase in unemployment, migration and single-parent households; conflict or disaster zones (Browne, 2009:7; Zayed & Harker, 2015:4). Children living in residential care without the involvement of their parents were reported to have difficulties when it came to poor performance on their intelligence tests, language and development (Browne, 2009:11). Parent’s involvement while their child is in care, can be affected by the way they experience support from professionals like the designated social worker. If the parent experiences judgement or stigmatisation, they will show resistance to family reunification, which will result into the child staying in care (Karam, 2014:1).

The child struggles to form emotional relationships in CYCC’s as well as with their parents which is in line with Bowlby’s (1969) Attachment Theory that emphasized the importance of family-based care for a child to reach normal development. In studies conducted by Johnson (2006), in Browne (2009:11), social and behavioural problems were more observant with children in residential care than those in familial care. Browne (2009:13) is also under the impression that residential care can have a negative effect on the child’s ability through the rest of their life. Removing the child from the parents can be traumatic and can damage their relationship, therefore the involvement of play therapy during family reunification could work on attachments between the child and the parents, to maintain a healthy relationship (Childress, 2014:2).
The absence of forming attachments can lead to anxiety, low self-esteem, withdrawal and anti-social behaviour (Browne, 2009:17). Children in residential care are also more at risk for sexual exploitation (Simkiss, 2012:4). Placing children in statutory care can therefore be harmful to their development and cause emotional and behavioural difficulties (Doyle, 2007:5; Lawrence et al., 2006:58). Family reunification is therefore necessary to avoid these long-term effects. Family reunification is also necessary so that the family can function in a healthy manner and be self-reliant (White paper on Families, 2013:38)

6. Conclusions
Parents were previously excluded from therapeutic interventions and family reunification as a result, parents felt unimportant as their voices were not heard. When rendering family reunification, the roles of all the relevant stakeholders should be clear and understandable. Family reunification is not only the responsibility of one party, but a joint partnership where the biological parent, the child concerned, the designated social worker and the CYCC should work together. This joint partnership can give parents a sense of responsibility and increase their commitment to be part of family reunification. The removal can be traumatic for both the child and the parents and therefore therapeutic intervention is needed to restore the attachment between parent and child and also to maintain relationships.

In section B, the findings of this study are presented in the form of an article, according to the guidelines of the journal Social Work/Maatskaplike Werk (see annexure 10).
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SECTION B

PARENTS’ EXPERIENCES OF FAMILY REUNIFICATION: IMPLICATIONS FOR PLAY THERAPY

Abstract

This paper discusses the experiences of parents receiving family reunification services because their children have been placed in the care of a child and youth care centre. The study sample was purposively selected according to the inclusion criteria. The data was collected through the use of semi-structured interviews and guided by participatory learning and action (PLA) techniques. The information received was in-depth and valuable as existing challenges were mentioned, like unavailability from designated social workers and lack of communication and involvement during decision-making. These challenges have an impact on family reunification and implications for social workers providing play therapy as the commitment of parents during family reunification are affected. However, information about the value of support was also mentioned by the parents as they expressed their experience of having support and how support assisted them while their child was in care.
PARENTS’ EXPERIENCES OF FAMILY REUNIFICATION: IMPLICATIONS FOR PLAY THERAPY

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PARENTS’ EXPERIENCES OF FAMILY REUNIFICATION: IMPLICATIONS FOR PLAY THERAPY

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INTRODUCTION AND BACKGROUND

In South Africa, millions of children are placed in child and youth care centres, shelters and children’s homes due to abuse, neglect, HIV/AIDS, abandonment, parents being incapable of looking after their children, relationship problems in the family and problems and difficulties of the child (Earle, 2008:6; Thoburn, 2009:9; Unicef, 2010). Parents with vulnerable children experience several challenges which require intervention from welfare agencies (Nhedz & Makofane, 2015:354).

A child can be removed for several reasons, as stated in the Children’s Act (38 of 2005) as amended, but section 187 of the Children’s Act (38 of 2005) as amended, clearly states that a child in need or care and protection should be removed with the view that reunification between the child and the biological parents is possible and is in the child’s best interest. The primary goal is therefore to stabilise the family circumstances and reunify the child with the biological parents. Section 157, subsection 2 of the Children`s Act (38 of 2005) as amended, states that a social worker rendering reunification services should investigate the reason of the removal, take action to prevent those causes from reoccurring and provide counselling for the child as well as the parent during removal as well as after reunification.

Both the child and the parents should be part of reunification and be involved in services like play therapy and parenting skills programs to improve their ability to manage the difficult situation and stabilise their lives. However, social workers rendering play therapy to children who are to be reunified with their parents do not form part of the reunification team (Kolos, 2009). The Child Welfare Manual (2013) of South Africa mentions ways to prepare the child for family reunification but excludes parents’ experiences during family reunification. It has been confirmed that parents feel their needs are not met during reunification and they are not being heard, which affect reunification services that are rendered to them (Kiraly & Humphreys, 2011; Karam, 2014:68; Thoburn, 2009). Several factors contribute to children not being reunified with their families, for example the age of the child, the period in care or the reason of the placement, but excluding the parents and not making them feel heard is a very important factor that contributes to failed reunification (Kiraly & Humphreys, 2011:
Kamar, 2014:68; Thoburn, 2009). If children are reunited with their family after two years as expected, child and youth care centres (CCYCs) are be able to assist more children in need rather than declining them due to limited space. Lastly, since healthy families represent the core of our South African society, we should protect and support effective and efficient service delivery and to meet their needs when it comes to reunification services (White Paper on Families in South Africa, 2013:34). Play therapy is one of the services that can be rendered during family reunification, especially at CYCCs, as play therapy can help the child to adapt to the new circumstances of moving to the CYCC (Childress, 2014:2).

Play therapy is a psychotherapeutic intervention developed not only to help children who experience traumatic or stressful situations but also to help the child deal with the sense of him-/herself as separation from parents could lead to the loss of a sense of belonging (Eugster, 2007; Office of Children’s Advocate, 2016:5). During family reunification, play therapy can be used to restore and rebuild the relationship between the child and the parents while the child is in the care of the CYCC (Childress, 2014:2). Play therapy is an intervention that is often used in CYCCs in South Africa as well as internationally (Crenshaw & Stewart, 2015: 221). Removing the child does not only affect the child’s sense of belonging, but can also be traumatic as the child needs to adapt to the new environment (Childress, 2014:2). To address the trauma of being removed, play therapy may be utilised to promote healthy functioning (Eugster, 2007:1).

Social workers providing play therapy at CYCCs may understand the importance of consulting the parent when providing therapeutic services to the child who is to be reunified with his/her parents. Successful reunification is characterised as a service where both the child and the parents are engaged in family reunification (Miller, 2004:32). This means that both the child and the parents will be involved when it comes to decision making as well as commitment from the child and parents to work with the designated social worker. De Villiers (2008:5) strongly believes that the designated social worker should give more attention in strengthening and supporting families while their children are in care as this can allow parents to reunify with the child as soon as possible. However, due to high caseloads, designated social workers do not focus on strengthening families.

This study is important for families with children in care as the information contributes towards rendering effective reunification services by exploring parents’ experience of family reunification. Also, parents play a crucial role when it comes to family reunification as the
child needs to return to their care again. Therefore, the focus cannot only be based on the needs of the child during reunification, but also the needs of the parent. Research by Kiraly & Humphreys (2011) and Thoburn, (2009) identified that parents had the need to feel heard by welfare agencies. During this study, parents shared their experiences of family reunification that directly affected them and their children, giving them the opportunity to be heard. Furthermore, the information specifically gained from this study provides the designated social workers with a parental view on how they experience family reunification. By being informed of parental experience during family reunification could assist the designated social worker to render more effective support to parents. The research is also valuable for designated social workers because successful family reunification is every social agency’s goal (Talbot, 2006:105).

Social workers providing play therapy at CYCCs may also benefit, as the primary goal is to reunify the child with the parents as soon as possible (Sauls & Esau, 2015:6; Talbot, 2006:105). Play therapy is especially beneficial when both the child and the parent are involved as the joint partnership can maximise the outcome of the therapy (Post, 2014:1). Even though parental involvement during play therapy could be beneficial, Eugster (s.a.:1) mentioned that parents in Canada had been excluded from the therapeutic process in the past.

Parents feel that their voices are not heard and also feel overlooked by the system, as if their needs are not considered during family reunification (Alpert, 2005:363). Family reunification programmes internationally tend to overlook parental needs and their experiences are excluded during reunification, therefore the likelihood of reunification decreases (Alpert, 2005:363; Kiraly & Humphreys, 2011; Thoburn, 2009). If social workers are aware of the parents’ experience around reunification, the current programme can be adapted to ensure that the parents’ needs and views are kept in mind during reunification.

The theoretical framework, research aim, research question and methodology are discussed next, followed by the results of the study.

THEORETICAL FRAMEWORK

The theories that guided this study were Bronfenbrenner’s Bio-ecological Systems Theory (Bronfenbrenner, 1979) as well as gestalt Play Therapy Theory (Yontef, 1993). In terms of this study, these approaches were useful to understand parents’ experience of family reunification within their changing environment. Firstly, the Bio-ecological Systems Theory
provided a way to view dynamic events like family reunification and helped to understand parents individually and in collaboration with the environment as well as the systems within the environment. Using the Bio-ecological Systems Theory, the context in which the developing individual spent time and his/her relations with other individuals in the same settings were considered (Rosa & Tudge, 2013:244). In the context of this study, the influence of the systems outside of the parental context, like the social worker, supportive systems and other relatives, formed their experience of family reunification. Rosa and Tudge (2013:243) divided the ecological systems theory into three phases, focusing on individual development within a set of systems. For family reunification therefore to occur, one cannot look at the child’s circumstances in isolation, as the child’s circumstances are influence by other systems which involve the parent, the designated social worker, the CYCC and friends. These systems are integrated and influence each other, therefore the circumstances of the family and environment should also be considered, to ensure that reunification is in the child’s best interest.

Gestalt play therapy portrays the individual in their context which includes their existing relationships (Tanton, 2015:5). The Gestalt Play Therapy Theory was used to guide this study as a broader spectrum of family reunification was explored, which included relationships of different systems during the family reunification process. Gestalt Play Therapy Theory is based on the principles of Field Theory where the role of the play therapist is to educate parents about child development and to communicate and involve the parents as much as possible (Oaklander, 2001; Post, 2014). According to Elie-Dit-Cosaque, Pallud and Kalika (2012:204), Field Theory believes that an individual’s behaviour is a function of internal (the person) as well as external (the environment) forces. Both internal and external forces will determine the individual’s view of the situation. Parents form part of the child’s field and should form part of the therapeutic intervention where a trusting relationship between the parent and child is developed and progress is monitored (Post, 2014:1).

For the purpose of this study, parents’ experience should be viewed within the context they live in. The context of the parents was considered through referring to neighbours, friends and relatives as well as the designated social worker and the CYCC during the study. These systems formed part of the parental context in which they live and parents had an opportunity to explain how the influence of these systems affected their experience of family reunification.
RESEARCH QUESTION AND AIM

The research aim for this study was to explore and describe parents’ experience of family reunification and the implications thereof for play therapy. The researcher attempted to answer the question “what were parents’ experiences of family reunification in the context of a child and youth care centre and its implications for play therapy?”

RESEARCH METHODOLOGY AND ETHICAL CONSIDERATIONS

A qualitative approach was followed using a descriptive design to achieve an in-depth understanding of parents’ experience of family reunification on a conscious level, as a phenomenon (Botma, Greeff, Mulaudzi & Wright, 2010:194; Sandelowski, 2000:335). The purpose of using qualitative research was to enable the researcher to understand the social world of the parents, their experience of family reunification, as well as the systems around the parents that affected them during family reunification (Johnson, 2008:2; Hancock, Ockleford & Windrige, 2009:7; Rosa & Tudge, 2013:244).

Participants were identified according to purposive sampling as described by Babbie (2014:200), Edmonds and Kennedy (2013:17) and Grinelle and Unrau (2008:152). The participants were biological parents whose children were in the care of Girls and Boys Town and received reunification. Girls and Boys Town is a CYCC that specialises in providing residential facilities and programmes for girls and boys aged 8-17 years. The focus is on children “at-risk”, children of parents who find it difficult to manage and children who put themselves at risk by the choices they make. Permission was obtained from the CEO of Girls and Boys Town, the research department of Girls and Boys Town as well as from the manager to use Girls and Boys Town as a research field. The following criteria were set for inclusion in this study:

- Participants had to be the biological parents of the child who was staying in Girls and Boys Town youth development centre;
- The child had to have been in the care of Girls and Boys Town for six months or longer;
- The parent could either represent a single-parent household (be a single parent) or both parents;
- Parents’ biological children at Girls and Boys Town had to have signed the assent form to agree that their parents could be contacted to take part in the study;
• The parents had to have been receiving reunification services from a designated social worker;
• Parents had to have received services for a minimum of 6 months;
• The parent could either be male or female.

Parents who were clients of the researcher in the past and present, parents whose child did not sign the assent form for his parents to take part in the research and parents whose child had been at Girls and Boys Town less than six months were excluded from this study.

Ethical approval to conduct the research was received from the Ethics Committee at the North-West University (Ethical number: NWU000-90-16-S1). An assent form was signed by the children as permission to make contact with their parents and consent was obtained from the parents where the research was explained as well as that their participation was voluntarily and that they could withdraw without any consequences to them.

In-depth semi-structured interviews were conducted with 10 participants individually on separate occasions and the interview lasted between 20 minutes and 2 hours each. The researcher designed a set of questions prior to the study based on previous literature, but semi-structured interviews allow new questions to emerge during the interview, depending on the information the participant has shared (Appel, Buckingham, Jodion & Roth, 2012:36). This semi-structured interview was guided by a Participatory Learning Action technique called a communication map, where the researcher asked the participant to draw a communication map at the start of the interview and throughout the interview, the researcher explored their experience of reunification services. The communication map entailed that parents drew themselves, as well as wrote down the names of the people they communicated with. With the use of lines, they had to indicate how good the communication between them and the specific person was (see illustration on the next page).
The PLA technique was chosen because it was flexible and could approach different participants, with different histories, while still covering the same area of parental experience of family reunification (Alam, 2008:1604). The communication map was only used to facilitate the discussion during the interview to understand the communication between the parents and other systems around them like friends, relatives and the designated social worker (Zaveri, 2009:180).

The researcher used thematic analysis as described by Clarke and Braun (2013:4) to analyse the data. The researcher familiarised herself with the existing data by listening to the recordings and transcribing the data. After transcribing the data, the researcher read through the scripts and made notes of the information which was relevant to the research topic and contributed to answer the research question. This information was sorted into broad categories to identify possible themes and subthemes. A co-coder was appointed to assure trustworthiness of the data when each theme was discussed.

Trustworthiness was achieved by using strategies such as credibility, transferability, dependability and confirmability. Credibility was ensured through clarification and summarisation to ensure that the researcher understood what participants meant during the interview. Considering transferability, this study was not conducted to be generalised, but a
detailed outline of the process allows future research to be done in a similar matter. Dependability of this study was ensured by also completing the study under the supervision of a supervisor to ensure objectivity. Confirmability was ensured by being objective when analysing the data and using a co-coder to assure that the themes which were identified, were true reflections of the interviews. The themes and subthemes are discussed next.

DISCUSSION OF FINDINGS

Each theme and subtheme is discussed individually. The findings are supported by direct quotes from the participants and compared with current literature. Table 1 outlines the themes and subthemes which were identified during this study.

<table>
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<tr>
<th>Theme</th>
<th>Subtheme</th>
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<tbody>
<tr>
<td>1. Availability and accessibility of the designated social worker when rendering family reunification.</td>
<td>1.1. Parental experience of communication when it comes to family reunification.</td>
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<td>2. Parental involvement while their child is in care of CYCC.</td>
<td>2.1. Link between uninformed parent and uninvolved parent.</td>
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<td>3. Contact between the child in the CYCC and their biological parent.</td>
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<td>4. Including the parent in play therapy during family reunification.</td>
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<td>5. The experience of support when it comes to family reunification.</td>
<td>5.1. Support VS lack of support. 5.2. Availability of professional support.</td>
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Table 1: Themes and subthemes

**Theme 1: Availability and accessibility of the designated social worker when rendering family reunification**

According to Dumbrill (2006:28), in-depth qualitative studies revealed that parents experienced services from the designated social worker as inhumane and they also experienced a sense of intimidation by the power of social workers. Most parents shared their history and the process they followed prior to their child’s admission in Girls and Boys
Town. They also stated how they struggled to make contact with a social worker to help them with their troubled child. Not all the parents experienced the social workers as accessible and available. Participant A stated the following: “Ek het daar in daai mense se kantoor gaan sit vir ure. Op die ou end met iemand gepraat en `n vorm ingevul `we will phone you and make an appointment` – ek wag nogsteeds vir daardie persoon.” [I sat there and waited for hours. At the end I completed a form and they said they will phone me. I am still waiting for their phone call]. Another participant had a similar experience when she was looking for assistance from the social worker: “the previous social worker did not do much; it took me three years to get help from her”.

Parents did not experience the designated social workers as being available or accessible. This in turn affected their motivation to be part of family reunification and caused frustration, “if (social worker’s name) is going to contact me tomorrow I am not going to talk to her”. This frustration and lack of motivation could affect the therapy process as the parent could lack trust in the social worker specializing in play therapy. Their initial experience with a social worker was negative and the implication therefore is that they might think the experience with the social worker specializing in play therapy might be the same, namely unavailable and not accessible. The Bio-ecological System Theory is based on the premise that the individual should be understood in the context of the environment (Rasaili & Titus, 2007:17) and the reasons why parents were unwilling or reluctant to engage in family reunification, should be explored. Parents are often blamed for not engaging with social workers, however the results of this study indicated that the parents experienced the designated social worker as unavailable most of the time. Parents felt that social workers were too busy to assist and that they would rather not bother them. Mullins, Cheung and Lietz (2012) concluded in their study that parents had mixed feelings when it came to the reunification services they received. Some of them felt frustrated and mentioned that the social workers were not always reliable. Social workers should promote reunification by being available for the parents, they should make contact with them; make them feel valued; be supportive and strengthen them (Magagula, 2009:96; Sauls & Esau, 2015:16; White Paper on families, 2013).

The parents did not feel comfortable to make contact with the designated social worker as they felt they were not accessible or available. Parents also experienced the designated social worker as being too occupied with other caseloads so the parents did not want to bother them:
they are under paid, and over worked”. A participant also mentioned that she experienced challenges when it came to making contact with the designated social worker and explained that she had to go to the provincial department to be assisted as the local department did not assist her. When social workers are not accessible, parents cannot receive the services that are required for family reunification to emerge. The Bio-ecological Systems Theory underlines that one system can influence or be influenced by other systems (Bronfenbrenner, 1989; Miller, 2004:32). The designated social worker as a system therefore influences the parents in the process of family reunification. Parents expressed their expectations of the designated social workers when rendering family reunification. They felt that social workers should advocate for them and communicate regularly so that they could build a relationship and work jointly towards family reunification.

According to Dumbrill (2006:28), parents do feel intimidated by the power of social workers, so if parents experience social workers as unavailable and not accessible instead of warm and respectful, they will be resistant to co-operate (Nhedzi & Makofane, 2015). The attitude from the designated social worker, as an external system, determines parents’ involvement in family reunification as well as how parents experience the reunification services they receive (Corwin, 2012:9).

The social worker specializing in play therapy can however assist the family when they need an advocate and work jointly towards family reunification. Parents can be involved in filial therapy and work on their service plan goals for the child to return to their care. These service plan goals can include: parenting skills; anger management; substance abuse program etc. (Lewis, 2011:348). Filial therapy refers to therapy that involves the parent as agents of therapeutic change and is based on building healthy attachments, allowing children to work through their problems and providing families with tools to have a positive family environment (Kolos, 2009:236; Rye, 2008:1).

Subtheme 1.1: Parental experience of communication when it comes to family reunification

When the topic of communication came out during the interviews, parents identified that there was a lack of communication between themselves, their child, the designated social worker and the residential staff. Parents identified that they expected more communication between the different stakeholders. Participants identified physical challenges when it came to communication which made it difficult to make contact, for example: “daar is nie
“behoorlike werkendetelefone nie” [The telephones are not functioning] and mentioned that they would prefer to communicate more.

The lack of communication also caused frustration amongst parents, for example one parent said, “I was angry, because I said you know what, I don’t understand, they don’t call me. I do not know what is going on with my son”.

Parents also felt that important information that involved their child was not communicated with them, “Nobody told me that he stopped the medication. Nobody told me any information which at times I get angry”. Other parents also mentioned that they did not receive feedback on how their child was doing. They normally had to ask administration staff or supportive staff like drivers for feedback or information, instead of professional staff that worked directly with their child. Parents require more open communication as a lack of communication affects their involvement in the process to be reunified with the child. The implications for the lack of communication, could lead to a parent experiencing a sense of being excluded from their child and not receiving proper communication regarding their child, resulting in them feeling more inadequate (Eugster, s.a.:1).

Open communication with the designated social worker can help parents overcome challenges and also provides a platform for parents to offload their frustrations and stressful experiences during family reunification (Balsells, Pastor, Amarós, Mateos, Ponce & Navjas, 2014:818; Sandoval, 2010:19). Open and honest communication between the designated social worker and the parent is essential for effective reunification and parents demand improvement in the communication (Balsells et al., 2014:818; Child Welfare Information Gateway, 2011:7). The social worker specializing in play therapy can assist with better communication by firstly creating a platform for the parents and the child to communicate freely with one another and secondly to assist parents to respond better to the needs of their children (South China morning post, 2015). At the same time, the social worker specializing in play therapy can advocate for the child and the parents and during play therapy, they can be empowered on how to communicate effectively (Kolos, 2009:232). In the end, it is also ideal for the social worker specializing in play therapy to form part of the multi-disciplinary team and encourage communication between the parents, the child and relevant stakeholders.
Theme 2: Parental involvement while their child is in care of CYCC

Geurts, Noom and Knorth (2011:1) demonstrated that the active involvement of parents while their child was in care could be helpful, as it could ensure that parents stay responsible raising their child and making decisions. Programmes which included parental involvement are associated with positive results of family reunification compared to those programs that exclude the involvement of parents while their child is in care (Geurts et al., 2011:2). Research also indicated that 58% of children in care whose parents were involved, improved their problem behaviour, while only 32% of the children whose parents were not involved showed improvement (Scholte & Van der Ploeg, 2000).

Subtheme 2.1: Link between uninformed parent and uninvolved parent

When the participants discussed their experience with regard to decision making, they mainly referred to schooling and medical factors. Participants mentioned during the interview that they were not informed about certain things that involved their child.

“Nobody told me any information which at times I get angry that you know, you cannot just give a child a disprine while you don’t know what is going on, you know. As a parent I must know, okay he took that disprine because of a headache, then I know. That worries me a lot.”

The results indicated that parents tended to be judged by professionals because they were not involved, but parents were not actively involved because they were not informed, for example one participant explained that his child got hurt once but he was never informed about the incident. According to him, if he had known, he would’ve come through to assure that his child was doing okay and at the same time, showed that he cared. A link exists between an uninformed parent and an uninvolved parent as seen with this participant who would have been involved to comfort his child in a time of need if he had been informed about it.

Another participant had a similar experience and mentioned that her child overdosed on medication and she only found out about the incident two days after it had happened. As a result of not being informed about what her child had done, it appeared as if the parents no longer wanted to be involved in family reunification. As a consequence, the experience affected the relationship between the child and the parent. Some participants felt that their children were placed on medication without their knowledge and they were not even
informed of the type of medication or the reason for the medication, “Lately I was surprised that my son is taking medication”. Two parents mentioned that it was important for them to also be informed and involved when it came to a factor like medication so that they could also monitor the child when he or she came home.

Parents also said that they wanted to be involved when it came to clinic appointments, to hear for themselves what was going on with their child and what certain medication was for. Effective family reunification involves engaging the parents in the planning process of family reunification as well as when it comes to decision making regarding the child (Child Information Gateway, 2011:4). One parent expressed his concern where he felt ignored when it came to decision making regarding his child’s schooling. He asked for his child to be in a technical school, but his wishes were not followed through:

“hulle luister nie. Net so min soos wat ek luister, luister hulle en ek voel dit is verkeerd want juis hulle is veronderstel om die professionele mense te wees wat ouers probleme aanhoor en aanspreek”. [They are not listening, just as much as I am not listening, they are also not listening and they are supposed to be the professional people who listens to other’s problems].

The participants’ experiences indicated that they wanted to be more involved when it came to their child in care and even Geurts et al. (2011:3) believe that parental involvement is a strong component to reunify the child with the parents as family functioning was better. Through the process of getting the parents involved in the therapeutic process of the child, the social worker specializing in play therapy can create a platform for parents to be more involved in the lives of their child and as a result of this, be informed about what is happening in the child’s `here-and-now` (Van Zijl, 2008:34).

**Theme 3: Contact between the child in the CYCC and their biological parent**

While the child is in the care of Girls and Boys Town it is expected that they will continue to have contact with their parents. By maintaining contact with the child, the likelihood of family reunification will increase as contact will keep parents informed (Barnados, 2013:1). Regular and consistent contact is therefore an important aspect in family reunification (Karam, 2014; 58).
Subtheme 3.1: Experiencing challenges when making contact

During the interviews, parents expressed their frustration when it came to the logistical challenges they experienced when they tried to have contact with their child. Some of these challenges included no proper telephones, parents struggling to get hold of children and the child and parents feeling unsure when they were allowed to phone. The first challenge mentioned referred to limited resources of the welfare agency to promote contact between the parent and the child. Despite this, a participant also mentioned that the benefits, referring to the outings the children received at Girls and Boys Town, affected their contact: “he will just say he does not want to come home because maybe they are going somewhere, an outing or something, and then he knows that he is going to be left out when he comes home”. Financially, not all parents can afford to take their child on outings and this can be seen as a challenge as parents feel that they cannot provide the same as the CYCC. Children in CYCC are encouraged to visit their parents over weekends and school holidays, but when the CYCC plans fun activities during this time, children choose not to go home and this can negatively affect the parent-child contact aimed at promoting successful reunification. Using the Biocultural Systems Theory, it is important to understand and be aware of factors that affect parenting positively and negatively (Rasaili & Titus, 2007:18). In the case of this participant, the outings of the CYCC were identified as the factor that affected the development of the parent-child relationship negatively as the child did not want to go home.

Another challenge experienced was regarding having private conversations with the child “They want to know what he is telling me; what he is not telling me and I do not like that”.

Mostly, the parent and child will communicate through WhatsApp, instead of telephone calls, due to a concern for privacy and also due to the physical challenges the organisation experienced with the phones. Instead of struggling to get through, they would rather find alternative ways to make contact with their child.

Above all the challenges of making contact, it became very obvious that parents were uncertain about the rules when it came to making contact with their child. Some of their responses included:

“As ek vir (residential) sê hoor hierso, kan ek nie net vir (youth’s name) dis nou skool vakansie, ek sal hom 8uur die oggend optel en 4uur die middag terugbring, daar is nie oorslaap of niks nie, nee dit is teen die reëls.” [If I ask residential if youth can visit
me, I will pick him up at 8am and bring him back at 4pm they will just say no it is against the rules].

“Lately when I called him, they are going to tell me you must book for talking to your son. You must not just call and want to speak to your son. I said oh I did not know but nobody told me that, you know. I used to talk to him almost every day but nobody told me I must book the day before maybe to talk with him.”

These quotes reflect the inconsistent rules when parents want to make contact with their children. The lack of consistency may affect parents’ commitment to continue making contact with their child. The influence of one system (the CYCC) affects interactions between other systems (the parent and the child) and in the broader context, also affects successful family reunification.

It is beneficial for parents to maintain contact as it increases the likelihood of family reunification to take place (Barnados, 2013:1). However, if parents are not encouraged to maintain contact, family reunification could be affected: “relations tussen my en my seun het geweldig agteruit gegaan” [relations between me and my child decreased]. From this quote, it is clear that the participant experienced deterioration in the relationship between himself and his child as the parent-child relationship was affected by the limited contact. However, this parent-child relationship can be dealt with during play therapy. Play therapy can help children in different ways, one of which is around enabling the child to communicate problems and concerns to others (Eugster, 2007:1). Play therapy with the child can therefore focus on communication skills and assist the child to improve the communication when they make contact with their parents.

**Theme 4: Including the parent in play therapy during family reunification**

Play therapy is especially valuable for children who are placed in statutory care because children are able to act out their experiences of loss, attachment and trauma which they might have been subjected too before being placed at a child and youth care centre (Crenshaw & Stewart, 2015: 221).

Removing the child can be traumatic for the child as well as the parents, as change in one part of the system will affect other systems as well (Rasaili & Titus, 2007:17). Further interventions like play therapy are then needed to restore and maintain the relationship even after removal (Childress, 2014:2). According to Eugster (s.a.:1), a registered clinical
counsellor and certified play therapist, it had been a concern in the past that therapists who worked only with children would exclude the parents from the therapeutic process, thus causing the parents to feel even more inadequate. Confirming how parents felt excluded, one participant stated: “I will go there but they will not tell me what happened during play therapy. I do not understand what it does the child and if it works, why I am not involved”.

The role of the parents is crucial when it comes to play therapy, for without the involvement of the parent, the work can become an attempt to fix the child, without considering the context in which the child lives (Rye, 2010). Including the parent in the therapeutic process results into parents being more co-operative and supportive during the therapeutic process (Bornsheuer & Watts, 2012:4). By having regular consultations with the parents around the progress made by the child, can help parents feel included (Bornsheuer & Watts, 2012:3). However, the parents in this study indicated that they were not even sure whether their child was receiving any therapeutic intervention, for example one participant felt that she was left in the dark: “sometimes I wonder why should I be shut out of the consultation when the child behind the door is my child”.

This comment by the participant indicated that parents experienced frustration when they were left out during interventions like therapy that involved their child. The impact of excluding parents from therapeutic interventions could lead to the parents isolating themselves from the rest of the family reunification interventions. They could furthermore feel hopeless and powerless (Papageorgiou, s.a.:3). This affects the parent-child relationship as the child may view the parent as uninvolved. Gestalt Play Therapy Theory believes that parents should be involved as much as possible and secondly, an individual should not be viewed in isolation, but within the context they live in (Oaklander, 2001; Rasaili & Titus, 2007:17). In order to minimise those harms, children should be reunified with their parents as soon as possible and parental involvement and co-operation during reunification are essential. Support for the parents can be beneficial when it comes to family reunification.

**Theme 5: The experience of support when it comes to family reunification**

Support refers to the assistance that is available to one person from another and can be the key to emotional or informational resources emerging from different social relations between individuals or groups (Balsells, Pastor, Molina, Fuentes-Pelaez & Vázquez, 2016:3; Spilsbury & Korbin, 2013:9). Support can be formal, which can involve professional people like social workers, psychologists and doctors as well as informal, which can include friends,
neighbours and relatives (Balsells et al., 2016:4). Support can come in different forms like emotional support, physical support, material support and psychological support and a combination of different types of support can help families to cope in difficult situations (Balsells et al., 2016:3). The same authors value the importance of having support and emphasise the importance of visible support, especially when the child returns home (Balsells et al., 2016:3). Support can assist with emotional, informational and instrumental resources to maintain well-being or adapting to difficult situations (Balsells et al., 2016:3) While conducting the interviews, participants mentioned how support from friends or relatives helped them in the process of family reunification.

Subtheme 5.1: Support VS lack of support.

The existence of support can reduce the rate of depression and relief those who experience distress (Lietz, Lacasse & Cacciatore, 2011:4). The same authors believe that formal as well as informal support is important in social functioning as it could provide emotional support when the family is experiencing a crisis (Lietz et al., 2011:5). Families whose children were removed, can experience of sense of trauma, but with the necessary support, they can overcome that difficult situation causing so much distress. This relates to the influence that supportive services in the environment can have on the individual system. Support to work through the trauma of the removal is required for both the parents and the child so that the process of family reunification can be possible (Miller, 2007:40; Papageorgiou, s.a:9). If the family lacks support, the designated social worker should identify supportive systems for the parents to facilitate their experiences of successful and sustainable family reunification (Papageorgiou, s.a:2). One participant stated: “if it wasn’t for my friend, I would not have been empowered to be there for my child.” Parents rely on the support of friends and families to encourage them to continue building a relationship with their child in the CYCC. Like the example of the participant mentioned above, his friend helped him with housing, to move closer to his child so that he could see his child more often, allowing him to maintain contact which was a protective factor for successful family reunification (Child protection best practices bulletin, s.a.:3).

Other participants reported that their support systems linked them with resources, helped them to obtain material resources like housing or clothes and also encouraged them to understand their child better. These support systems helped parents to create stability by providing emotional, material and financial support which was important when it came to
family reunification. When family reunification is considered, the stability of the parent’s circumstances are kept in mind (Sauls & Esau, 2015:6; Talbot, 2006:105). It was important for families to bring their supportive systems in during the interview because having those supportive systems was like a stress relief for them. Support made the experience of having a child in care more bearable as they knew they were not alone. Balsells et al. (2016:3) believe that a risk factor for failed reunification could be demonstrated by a lack of support. Consulting the parents can have maximized beneficial outcomes and the social worker specializing in play therapy can support the parents in understanding the purpose of the therapy; how therapeutic intervention will be beneficial for their child and lastly understanding their child better (Post, 2014:1).

The results indicated that, when parents experienced a lack of support, it could also hinder their ability to care for their children (Lin, 2014:37). The isolation of the parent from social networks and the lack of support could be related to inadequate parenting as this isolation reduces the availability of resources (Rodrigo, Martin, Máiquez & Rodríguez, 2007:330). One participant mentioned how his friend linked him with other resources to assist him in the process so that his child could return home.

Another participant indicated that she lacked the support she needed, mainly because she felt that those around her did not understand what she was going through. “I don’t want to tell you lie, but I don’t have that (support). My family is very few. My friends, you know you cannot just tell your friends everything. Some friends, they are not going to take you seriously because they’ve never gone through that.”

This particular participant felt that no one would understand what she went through and at the same time, demotivated herself when it came to family reunification as she felt that she was facing the challenges alone, “that kills me very much because I do not get any support”. The removal of the child can make parents experience loss as well as a need for support (Balsells et al., 2016: 8). This participant described how overwhelmed she felt and desired the need to have some form of support, to assist her when her child was there.

The participant also mentioned how it would’ve been helpful to have some form of support and she gave examples of how the presence of having support, could help her during this difficult time with her child in care:
“For instance if it is now, the school is closing so I know that okay I’ve got a relative somewhere, maybe if (youth’s name) comes I can say go and visit there, so that I am stress free.”

Parents that are not used to have the child in their care after a long period feel that they doubt themselves and they can experience a sense of anxiety (Balsells et al., 2016:8).

Having some support could relieve stress and help the particular participant to feel stress free as she would have other support to help with the responsibilities and caring of the child when he was home. To experience stress when the child visits, can be addressed through the use of play therapy with both the child and the parents. One of the aims of play therapy is to facilitate healing from stressful experiences (Eugster, 2007).

During play therapy, the child and parent can re-connect their relationship and the parents can learn certain parenting skills when it comes to working with the child (Childress, 2014:2). As mentioned before, in order for the child to go home, the behaviour of the child must improve and the circumstances of the parents must be stable. According to the parents who participated in this study, having some form of support helped them to become stable by either providing emotional support, material support or financial support. Support can be provided in different settings and each type of support assists the parents in a unique way which they find helpful when it comes to family reunification. This reflects the Bio-ecological System Theory and the gestalt play therapy where individuals are influenced by those around them (Bronfenbrenner, 1979:21; Johnson, 2008:2; Rosa & Tudge, 2013:244; Yontef, 1993:287). The influence of the environmental systems was both described as positive and negative by the participants. Some of the parents felt that, without their support networks, they would not have been able to cope with their difficult circumstances. Despite having informal support like friends, family and colleagues, some parents mentioned the availability of professional support.

Subtheme 5.2: Availability of professional support.

In the context of this study, professional support refers to lawyers, medical staff and family workers. A participant mentioned that he had a lawyer that linked him to other resources and he also gave an example of how those resources gave him information that he never had before. This resource helped him to understand the placement of his child better and also gave him advice to reconnect with his child so that they could be reunified.
Some participants mentioned the services they received from the family service department of Girls and Boys Town. These services were rendered by social workers and auxiliary social workers employed by Girls and Boys Town to strengthen families while their child was in care. Parents described their experiences with professionals who were supportive in the following way:

“Ek voel baie goed as sy elke maand kom en vir my interview” [I feel good if she comes to interview me once a month].

“Quite nice guy who made me understand what I am going through and what my son is going through”

Some participants felt that the involvement of the family worker helped them to learn certain skills, for example anger management and keeping calm which could help them cope better with their children when they displayed negative behaviour like being disrespectful or aggressive. By acquiring anger management skills and calming down, a parent was able to see the improvement when dealing with the child: “I achieved so many skills because sometimes I use to have that anger and being impatient. Since he told me what I must do I am achieving a lot you know because even on my side the way he used to tell me how I must treat my son and I am trying to do those things that he told me as a parent to do. I am quite happy about it because I can see that I am improving.”

Acquiring some form of skill, was helpful to the parents when children visited them over weekends and holidays. Parents need information to help them understand the kind of behaviour they may see once children come home as well as skills for helping children control behaviour (Children’s service practice notes, 2013:1). These skills also allow the parents to prepare for the child’s return and at the same time help parents feel equipped to deal with their child after family reunification has occurred. During family reunification, play therapy will be valuable for parents, as it can help them learn and use effective parenting skills. Using parenting skills effectively, can contribute to family reunification (Child Welfare Information Gateway, 2011:11). Working through the findings of the study, the researcher could make a conclusion and suggest recommendations.

The social worker specializing in play therapy should maintain a strong supportive therapist-parent relationship by acknowledging their experiences when parenting their child as well as the struggles they face as parents and respond with empathy and care (Post, 2014:1).
IMPLICATIONS FOR PLAY THERAPY

Gestalt therapy is based on a holistic and phenomenological approach which empathizes awareness in the here and the now (Blom, 2004:4; Oaklander, 2003:143). The focus is therefore on the healthy functioning of the organism as a whole, including senses, body, emotions and intellect (Oaklander, 2000:28). Gestalt Play therapy is based on the idea that an individual should be understood in their ongoing relationship with their environment (Corey, 2001:195). Keeping this in mind, parents’ experience of family reunification should not only be based on their relationship with the designated social worker rendering reunification services, but also other relationships inside the environment of the parents which also affect their experience. The designated social worker rendering family reunification services should not only look at the parent and the child but rather at the context they find themselves in. Furthermore, ‘awareness’ is viewed as one of the Gestalt therapy interventions and through exploring parents’ experience of family reunification, parents themselves can become more aware of what they are feeling and experiencing in the here-and-now (Van Zijl, 2008:34). The implication therefore is that parents can be more aware of their world and the influences their environment can have on them which leads to ownership of the self and the choices they make in their lives.

Gestalt play therapy can create an opportunity for the parent and child to describe their feelings, emotions and experiences verbally or non-verbally and as a result strengthen the sense of the self (Van Zijl, 2008:35). One of the themes identified during this research was “Parental involvement while their child is in care of CYCC”. Here the participants expressed that they were not informed about certain decisions made regarding their child and that them not being informed had a negative effect on their involvement. This had major implications as the parent or child cannot be viewed in isolation, but should rather be considered in the whole environmental context and be involved and informed because the parent forms part of the child’s field during Gestalt Play therapy.

Gestalt Play therapy also views the type of support the child and parent can provide for themselves and at the same time the support they received from the environmental context (Oaklander, 2001). During this study, the experience of support when it came to family reunification was discussed as a theme as parents felt that support played a big role when it came to receiving reunification services and dealing with the removal of their child. Gestalt
therapy aims to see how the parents, the child and everyone in their environment engage with them in a supportive way.

**CONCLUSIONS AND RECOMMENDATIONS**

Reunification cannot take place successfully unless the parents are collaborators during family reunification and they can only be full collaborators if they are included in family reunification. This study explored parents’ experience of family reunification and the implication thereof for play therapy. Based on the findings of the empirical research, parents experienced challenges when it came to availability and accessibility of the designated social worker, being uninformed and uninvolved as well as a lack of communication and challenges when making contact. However, the experience of support plays a big role when it comes to family reunification. Play therapy is a valuable intervention for both the parents and the child during family reunification, however, parents were not consulted during this intervention. The implication of involving both the child and parent during play therapy in the process of family reunification, is to assist parents in understanding their child better and form attachments. However, by not involving parents during play therapy, parents can question themselves and feel more inadequate.

The positive aspects with regard to support from friends and relatives must be highlighted and strengthened, but the negative aspects such as judgement from the community or designated social worker must also be viewed in a holistic way to address specific issues. These issues can include for example improving communication between the designated social worker and the parents, keeping parents informed around the decisions regarding their child, involving parents when it comes to therapeutic interventions and also to be accessible for parents during family reunification.

The designated social worker should encourage communication and involve the parents in the reunification process as the involvement of the parent is linked with successful family reunification. Furthermore, parents should feel respected and valued during this process and be able to experience a sense of availability from the designated social worker. The play therapist should consult with the parents and encourage them to become part of the reunification process and also build on parent-child attachments. Parental involvement during family reunification does not only contribute to parent-child attachments, but can also contribute to effective transitioning for statutory care to family care. The recommendation is
therefore for social workers specializing in play therapy to consult with the parents, to involve them in the process and to avoid isolation that can affect family reunification.
REFERENCES


CHILDREN’S ACT 38 of 2005 see South Africa.


SAULS, H. & ESAU, F. 2015. 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.


Date of access: 10 June 2015.


SECTION C

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. Introduction

Section A gave an orientation of the research which included a discussion of the problem statement as well as a literature review. In section B, the results of this study were discussed in article format. In section C, a summarised overview of the research problem, the methodology that was used during this study, a conclusion as well as recommendations based of section B of this study, are provided. Lastly, the limitations as well as the implications of this study are discussed.

2. Summary of the research problem

Family reunification entails services that are provided to return the child to the care of the parents after removal by a designated social worker (Carnochan, Rizik-Baer & Austin, 2013:179; Children’s Act, 38 of 2005; Miller, 2004:10). During family reunification, parents should receive support from the designated social worker, monitoring the progress of the parents and also encouraging them to work towards family reunification (Children’s Act, 38 of 2005). According to Talbot (2006:105), every child has the right to be part of a family and reunifying a child with family is the main goal of welfare organizations.

During family reunification, the designated social worker should engage with both the child and the parents and strive towards successful family reunification (White Paper on Families in South Africa, 2013:34). Even though reunification is the goal of welfare organisations and every child’s right, parents often feel neglected when it comes to family reunification as their needs are not heard during family reunification (Alpert, 2005:363; Schofield, Moldestad, Höjer, Ward, Skilbred, Young & Havik, 2011:75; Talbot, 2006:105). A risk factor for family reunification is that parental needs are not being addressed during family reunification and as a result, parents withdraw from the commitment to work with the designated social worker towards family reunification (Harper, 2012:28). Incorporating parents’ input during family reunification is crucial so that the relationship between the parent and the designated social worker can improve and so that they can, at the end, work towards a common goal (Alpert, 2005:363; Bronson, Saunders, Holt & Beck, 2008:75; Monroe & Harris, 2013:2). Part of reunification, is for the child to receive interventions like play therapy and life skills (Crenshaw & Stewart, 2015: 221).
Removing the child could be traumatising and harmful towards their development, causing emotional and behavioural difficulties, therefore providing play therapy intervention to the child could be helpful for the child to deal with that traumatic experience (Doyle, 2007:5; Eugster, 2007; Lawrence, Carlson & Egeland, 2006:58). According to Lampert (2003) a gestalt play therapist, working and supporting parents is an essential part of therapeutic intervention with the child. Within play therapy, the child and their parents are clients. In gestalt play therapy as well as Client Cantered play therapy, parents and caregivers form part of the therapeutic team and parents need to be listened to, supported and empathised with (Lampert, 2003; Skottlekorb, Swan & Ogawa, 2015). They believe that parents need to be respected and are viewed as the experts of their own child. Previously, parents were excluded from the therapeutic process (Eugster, s.a.:1), but when a child receive play therapy, the parents play an important role in supporting the individual intervention.

The aim of this study was to explore parents’ experience of family reunification and the implications thereof for play therapy. The research question that the empirical study answered was the following: What are parents’ experiences of family reunification in the context of a child and youth care centre and its implications for play therapy?

The context of this study was Girls and Boys Town, a child and youth care centre in the Gauteng province. Parents were involved in this study to gain an understanding of their experience of family reunification.

3. Summary of the methodology

The empirical investigation appeared to be successful as the specific aim of the research was achieved. The findings did reflect parents’ experience of family reunification and the implications thereof for play therapy. A qualitative approach, followed by a descriptive design was utilised. Participants were identified according to the non-probability sample technique of purposive sampling as described by Babbie (2014:200).

The participants included parents of children in the care of Girls and Boys Town, who received reunification services from a designated social worker who gave consent to participate in the study. Participants were requested to make a communication map, a participatory learning action (PLA) technique used to guide the semi-structured interview. Where participants agreed, the semi-structured interviews were recorded and the data was transcribed by the researcher herself. One participant did not give consent for the recording,
but still took part in the interview, the researcher made field notes of what the participant shared. The researcher used thematic analysis as described by Clarke and Braun (2013:4) to analyse the data of the semi-structured interviews.

The Bio-ecological Systems Theory as well as the Gestalt Play Therapy Theory provided insight of the influence other systems like the neighbourhood, designated social worker, friends and the CYCC had on the parents and the child. There should be a joint partnership between the parent, child, designated social worker and the CYCC. Therefore, the parent cannot be worked with in isolation, but environmental influences should also be considered.

4. Conclusions

The focus of this study was to explore and describe parents’ experiences of family reunification and the implications thereof for play therapy. The information provided an understanding of parental views when it came to family reunification and how they experienced this intervention. By understanding parents’ experience of family reunification, social workers can render effective reunification services and they will get more motivation and commitment from parents to work with them (Child Welfare Information Gateway, 2012:1). The Children’s Act (38 of 2005) as amended, requires that efforts should be made to reunify children with parents, but from a parental perspective, participants in this study did not feel included in this process, which makes family reunification difficult. Parents felt ignored by the designated social worker and did not experience them as available to assist them. Services that may be included to support reunification, is play therapy. Play therapy can be beneficial during family reunification as this therapeutic intervention can build on the parent-child relationship as well as their attachment. However, parents did not form part of the therapeutic interventions which made them feel inadequate.

5. Recommendations

In light of the above conclusions, the following recommendations with regard to the designated social worker, the biological parents and for further research can be made.

5.1. Recommendations for designated social workers

- The designated social worker should have open and honest communication with the parents as this type of communication is needed to keep parents committed to be part of reunification services.
• Building a professional but respectful relationship with parents will enhance the willingness of the parents to work with the designated social worker.

• The availability of the designated social worker was a challenge for most of the parents and this affected parental involvement, therefore, being more accessible for parents and to assist could be beneficial in the therapeutic process. Availability could be based on being supportive towards the parents, making contact with the parents and also strengthening the parents.

• Implementing reunification services that consider the needs of the parents so that both the designated social worker and the parents can work towards a common goal.

5.2. Recommendations for biological parents of children in CYCC’s

• Having some form of informal or formal support can be beneficial during family reunification as support can assist with resources to maintain the well-being of the parents during difficult situations.

• Having a support group for parents experiencing the same challenges could be helpful as those who go through the same challenges, will understand one’s situation better.

• Staying committed and involved, even if the child is in care, can lead to successful reunification as well as build on the parent-child relationship to make transition from residential care to parental care easier.

5.3. Recommendations for social workers rendering play therapy

• When rendering play therapy services to the child, the inclusion of the parents could be beneficial as it builds on attachments and restoring relationships between the child and the family. This can contribute to effective transitioning.

• Involve parents with therapeutic interventions as it could be a protective factor towards successful family reunification. Parents will be more committed to work in collaboration with other stakeholders to achieve successful family reunification.

• The social worker specializing in play therapy can fulfil the role of an advocate for the child as well as the parents and work jointly so that the parents can meet their service plan goals. This service plan goals entail building healthy attachments between the parent and the child, allowing the child to work through problems and providing families with skills to create a positive family environment (Kolos, 2009:236; Rye, 2008:1).
To create a platform where the child and the parent can communicate freely in a safe environment.

To empower the child and the parent to communicate effectively.

To form part of the multi-disciplinary team and encourage communication between the parents, the child and relevant stakeholders.

To support the parents in understanding the purpose of the therapy, how therapeutic intervention will be beneficial for their child and lastly understanding their child better (Post, 2014:1).

5.4. Recommendations for child and youth care centres

- Encouraging contact between the parent and the child is very important for successful family reunification. It would be recommended that the CYCC has the necessary resources available to encourage contact to occur on a regular basis.
- Being an informed parent results in being an involved parent. For CYCC’s to experience more commitment and involvement from parents, the CYCC should take the responsibility to involve parents and share important information which involves the child.
- Some participants mentioned that they did not receive feedback regarding their child and if they did receive feedback, it came from the support staff or administrative staff of the CYCC and not the residential staff. The recommendation therefore is that feedback should be given to parents by residential staff who interacts directly with the child.

5.5. Recommendations for further research

- To include more CYCC’s around South Africa to broaden the sample of the study.
- To include all care givers who receive reunification and not only biological parents. Most parents were not included because they were not the biological parents, but the legal guardian of the child concerned. This included other relatives.
- To combine parental experiences during family reunification with a study of social workers’ experience of family reunification and to compare the results.

6. Limitations of the research

- Sample size:
The sample consisted out of ten participants, which was limited. Within a larger sample, different findings and results might have emerged. Only ten participants gave consent to participate.

- **Language**

Even though the interviews were conducted in English as well as Afrikaans, the researcher acknowledges that the participants might have expressed themselves better in their home language.

- **Facility used for the study**

The researcher chose to use the boardroom of Girls and Boys Town and arranged that the participants be picked up and dropped off. A few participants could not participate in the study due to traveling issues as some of them had health problems. For this reason, they did not give consent.

**7. Implications of the findings**

From the findings, it was clear that the parents experienced family reunification differently, but expressed their concern regarding the availability and accessibility of the designated social worker. The social worker’s unavailability affected parental involvement during family reunification and the implication thereof was excluding parents from therapeutic interventions which made them feel inadequate. Play therapy is very valuable for children staying in CYCC’s as they could express their feelings, but on the other side, the inclusion of parents during therapeutic interventions could also be helpful during the transitioning of the child. The findings of the parents’ experience could provide social workers with a parental view on how parents experience family reunification and their need to be included during therapeutic interventions. Also, recommendations were made for the parents, the designated social worker, the play therapist as well as the CYCC to improve the current reunification services. Considering parental views, social workers can adapt their current reunification programme that would consider the parents’ experience as well.
REFERENCES


Children’s Act 38 of 2005 see South Africa.


SECTION D

ANNEXURES

ANNEXURE 1: ETHICAL APPROVAL

ETHICAL APPROVAL CERTIFICATE OF STUDY

Based on approval by Health Research Ethics Committee (HREC) on 30/09/2016 after being reviewed at the meeting held on 11/08/2016, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IREC) hereby approves your study as indicated below. This implies that the NWU-IREC grants its permission that provided the special conditions specified below are met and pending any other authorization that may be necessary, the study may be initiated, using the ethics number below.

Study title: Parents’ experiences of family reunification: implications for play therapy

Study Leader/Supervisor: Dr S Hoosain
Student: A Polgieter

Ethics number: NWU-0000090-16-A1

Application Type: Single study

Commencement date: 2016-09-30

Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation up to a maximum period of three years.

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC.

Ethics approval is required BEFORE approval can be obtained from those authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The study leader (principal investigator) must report the prescribed format to the NWU-IREC via HREC.
  - annually for an adult research project or
  - monitoring of the study, and upon completion of the study
  - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study;

- Annually a number of studies may be randomly selected for an external audit.
- The approval applies strictly to the proposal as stipulated in the application form. Any changes to the proposal must be made by the study leader to the study approval.
- During the course of the study, the study leader must apply for approval of those amendments at the HREC prior to implementation. Any amendments that are approved by the NWU-IREC will be issued as part of the study.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-IREC and HREC retains the right to:
  - request access to any information or data at any time during the course or after completion of the study; (or Primary Investigator)
  - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
    - any unethical principle or practices of the study are revealed or suspected.
    - any research information was withheld from the HREC or that information has been false or misrepresented;
    - the required amendments, annual (or otherwise stipulated) report and reporting of adverse events or incidents was not done in a timely manner and accurately.
- New institutional rules, national legislation or international conventions deem it necessary.
- HREC can be contacted for further information or any report templates via ethics@nwu.ac.za or 018 299 1206.

The IRREC would like to remain at your service as a scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the IRREC or HREC for any further enquiries or requests for assistance.

Yours sincerely,

Prof LA Du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IREC)
ANNEXURE 2: SIGNED FORM REQUIRED BY ORGANIZATION TO USE THEM AS A RESEARCH FIELD

COMPRES Research Application

Western Cape Regional Office: 8 Lonsdale Park, Lonsdale way,
Finlands, Cape Town.
P.O. Box 91661, Auckland Park, 2006
Tel: 021 200 1922 Fax: 021 531 6146

ETHICAL PROCEDURES FOR CONDUCTING RESEARCH AT GIRLS AND BOYS TOWN

The purpose of this document is to stipulate the procedures for the ethical review of applications to conduct research at Girls and Boys Town. GBT has established its own Ethics Committee to ensure that research conducted at the organisation is rigorous and of a certain standard. The primary role of the GBT Ethics Committee in reviewing research is to contribute to safeguarding the dignity, rights, safety and well-being of GBT youth.

The Girls and Boys Town Research Ethics Committee consists of the following members:

Peter Marx: Head, Evaluation and Research Division at GBT (Chair of the Ethics Committee)
Adrian van Breda: Head of Department, Social Work at University of Johannesburg
Lisa Dickens: Senior Researcher, Evaluation and Research Division at GBT
Kashiefa Kader: Researcher, Evaluation and Research Division at GBT

Key Definitions:

External research: Refers to research undertaken by researchers outside of the organisation, e.g. other NGOs, governmental organisations or postgraduate students.

Internal research: Refers to a research study undertaken by the organisation either within the Evaluation and Research Division (e.g. the Growth Beyond the Town Longitudinal Study initiated by the EBD) or conducted by GBT staff (e.g. staff doing post-graduate studies or staff who simply wish to do research to address personal or organisational research questions).

Ethical Governance:

All research conducted at GBT, whether internal or external, must undergo review by an academic ethics committee. The Girls and Boys Town Research Ethics Committee does not replace, but...

Finalized: 14 April 2015. Next Revision Date: 31 August 2015 (Final Protocol Version 3) on page 51
supplements these academic ethics committees. In the case of internal or external post-graduate students requesting to do research at GBT, the permission of their university ethics committee must be obtained prior to applying to GBT. In the case of research that does not fall under a university (e.g. research by the ERD or other NGOs or Government bodies) GBT will request the Faculty of Humanities Academic Ethics Committee at the University of Johannesburg to conduct an ethical review of the proposal. The decision of these academic ethics committees is a necessary but not sufficient condition for approving research at GBT.

The following steps should be undertaken when a request to do research at GBT is received:

1. Potential researchers are given a letter entitled ‘Researcher letter re procedure for research applications’. This letter outlines what is required from the researcher and how the GBT Ethics Committee operates. We request the following from all prospective researchers (unless otherwise indicated):
   - Letter from the academic supervisor (in the case of postgraduate students): Confirming that they are a registered student.
   - Letter from an academic ethics committee (in the case of postgraduate students): Confirming that the study has been approved.
   - Introduction: Including the topic area, research question, aim and objectives.
   - Methodology: A written description of the specific actions, plan or strategy they will take to answer the research questions. Information about research participants, design, instruments and procedure to be included.
   - Potential outcomes and the importance of these: An explanation of current expectations for the outcome of the study, in terms of insights, knowledge, debates and policy/practice implications.
   - Ethical considerations: A discussion on the confidentiality, anonymity and protection of participants and use of consent forms (bearing in mind that if participants are under 18 years old, parental/guardian consent is also required). Youth need to be given clarity about the intention of the study and any potential risks. Youth can also refuse to participate if they wish. If there is potential for reciprocity (for example, feedback of results to participants), this should be included as well.

2. The formal research proposal and above mentioned documentation are submitted by the research applicant to any member of the Ethics Committee, who then distributes it (by email) to Peter Marx, Prof van Breda, Lisa Dickens and Kashiefa Kader.

3. The Ethics Committee critically assesses the proposal. Any concerns and questions raised by the Committee must be adequately answered by the researcher.

4. In instances where the applicant does not fall under an academic institution (whether an internal or external researcher), the proposal will be submitted via Prof van Breda to the Faculty of Humanities Academic Ethics Committee at the University of Johannesburg. The University of Johannesburg's Faculty of Humanities' Academic Ethics Committee has its own process requirements for applications, on which Prof van Breda will advise on a case-by-case basis.

5. The Ethics Committee makes a decision on whether or not to recommend the study. At least sixty per cent (60%) of the members should participate to constitute a quorum. Decision-making is based primarily on the principle of consensus and/or sufficient consensus when applicable. If consensus cannot be reached, a principle/motion is put to the vote and it is carried if two thirds majority has been obtained.

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6. The Ethics Committee refers their recommendation to Lee Loynes, who gives final approval for all research projects.

7. If the research is approved, Peter Marx or Lisa Dickens will monitor the research and its following of their proposal and the agreement. They will also follow up to ensure that a copy (paper or digital) of the research report is archived at GBT.

8. We agree to give the applicant feedback on their proposal within 10 days working days of them submitting all the required information.

Signed and accepted by Lee Loynes (CEO)

06/10/2016
ANNEXURE 3: ASSENT FORM FROM YOUTH

PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM FOR YOUTH

TITLE OF THE RESEARCH PROJECT: Parents’ experiences of family reunification: Implications for play therapy

REFERENCE NUMBERS: NWU-00090-16-A1

PRINCIPAL INVESTIGATOR: ANESTA POTGIETER

ADDRESS: BELLA DONNA 54

CONTACT NUMBER: 073 309 0045

I hereby want to ask your permission to make contact with your parents and to invite them to take part in my research study. Please read this form carefully and ask the person who handed the form to you any questions if there is something you do not understand. It is very important that you feel comfortable to sign this and that no one can force you to give permission if you do not want to. You will also not be affected negatively if you decided not to give your permission.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU.............) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records. This means that the researcher will be ethical in the way she treats you and that there are certain rules that will protect you.

What is this research study all about?

- This study will be conducted at Girls and Boys Town Magaliesburg.
- Your parent who receives reunification services will be involved
- An interview will be held with your parent/s with the main focus on their experience of the reunification process and the implications that might have on play therapy
Why have you been invited to participate?
You will not be part of the interviews of this study. This study only involves your parents and their experiences around reunification services.

What will your responsibilities be?
Your only responsibility will be to agree that the researcher can make contact with your parents and include them in this study.

Will you benefit from taking part in this research?
There will be no direct benefits for you if you agree that your parents can be part of the study.

Are there risks involved in your taking part in this research?
There will be no risk involved if you decide not to sign this form. You will also not be in trouble or influenced in a bad way if you do not want to sign this form.

What will happen in the unlikely event of some harm/form of discomfort occurring as a direct result of your taking part in this research study?
You are not the participant, you only need to give permission, and therefore no harm or discomfort can occur.

Who will have access to the data?
- Anonymity will be applied by using the letters of the alphabet on the results in the report, instead of your parents’ full names and surnames to assure that everyone stays anonymous. In this way, you as well as your parents will not be linked to the results of this study. Only the researcher will be able to identify the participants with their full names, but it will not be mentioned during this study. When doing the interview, it would be in a private office with no other personnel in the room who might identify your parent/s with the study. The door will be closed with a sign “do not disturb” to assure no staff will interrupt the process.

- Confidentiality will be ensured by keeping the data in a safe and only the researcher will have access to the full data. Reporting of findings will be anonymous. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher’s office and for electronic data it will be password protected. Data will be stored for 5 years.

What will happen with the data/samples?
This is a once off collection and the data will be used as a once of study and once all the data is transcribed and analysed, it will be destroyed. The analysing will take place in South Africa, in a
private room where no one will be able to have access to your identical information or link you or your parents/s to the study.

**Will you be paid to take part in this study and are there any costs involved?**
There will be no costs involved for your parents to be part of this research. The researcher will assist them with transport and provide them with snacks during the interview.

**Is there anything else that you should know or do?**
- You can contact Anesta Potgieter at 073 309 0045 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

**How will you know about the findings?**
The researcher will share the results with your parents at the end of the study; they can decide to share the results with you when they receive it themselves.

**Declaration by youth**

By signing below, I ……………………………………………..…………. agree to take part in a research study entitled:
Parents’ experiences of family reunification: Implications for play therapy

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at *(place)* .................................................. on *(date)* ........................................ 20....
Declaration by investigator

I (name) ............................................................... declare that:

- I explained the information in this document to ..........................................
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (place) ................................. on (date) .................. 20....

...............................................................  ...............................................................  
Signature of investigator Signature of witness
ANNEXURE 4: CONSENT FORM OF PARENTS

INFORMED CONSENT DOCUMENTATION FOR WHOSE CHILDREN ARE PLACED IN A CHILD AND YOUTH CARE CENTRE

TITLE OF THE RESEARCH PROJECT: Parents’ experiences of family reunification: Implications for play therapy

REFERENCE NUMBERS: NWU-00090-16-A1

PRINCIPAL INVESTIGATOR: ANESTA POTGIETER

ADDRESS: BELLA DONNA 54

CONTACT NUMBER: 073 309 0045

You are being invited to take part in a research project that forms part of my Master’s Degree in Play Therapy. Please take some time to read the information presented here, or ask someone to read it to you. This form will explain to you what we want to do and what we expect of you. Please ask the person who gave you the form if there is something you do not understand. Please take the form with you, so that you can have time to think about it and after two days the same person will collect it from you. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and it is your decision if you want to participate or not. If you say no, this will not affect you negatively in any way whatsoever. You will also not be treated differently if you did not agree to take part. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU.............) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records. This means that the researcher will be ethical in the way she treats you and that there are certain rules that will protect you.

What is this research study all about?

- This study will be conducted at Girls and Boys Town Magaliesbrug.
- You, as a parent who receives reunification services, will be involved.
- A minimum of 15 participants will be asked to participate in this research project.
An interview will be held with you, where we would mainly focus on the reunification services you receive and your involvement in this process. You will have the opportunity to share your thoughts and experiences around the reunification services. At the same time, you will also be asked to draw a communication map. The map will be around your relationship with your child and the designated social worker; contact that exists between you and the designated social worker, as well as between you and your child and other relevant support networks in your environment. The researcher will help you through the process of creating the community map. The interview will thus be focused on the current reunification services you receive as well as to understand from your point of view what social workers can do differently to help you during this process so that recommendations after this study can be given to them.

Why have you been invited to participate?

➤ You have been invited to participate because you meet the required criteria for this study and were approved by the campus manager as a suitable candidate.

➤ You also:

  o Are the biological parent/s of a child who is staying in Girls and Boys Town Gauteng Region;
  o Have received reunification services for a minimum of 6 months;
  o Currently receive reunification services from the designated social worker
  o Represent a single-parent household (being a single parent) or both parents. If both parents are involved, both of you can take part in the research and share your experience, or you can decide which one of you can be part of the research;

➤ Unfortunately you cannot take part if:

You were a client of the researcher in the past, to avoid role confusion

What will be expected of you?

➤ If you agree to participate your responsibilities include: To agree for Girls and Boys Town to have access to your file; To come to Girls and Boys Town (petrol money will be provided); to take part in an interview; to draw a communication map (the researcher will explain this to you during the interview); to share your experience about family reunification and your involvement in the reunification process. You will only be expected to come to the organization once and the interview will be about 60-90 minutes.

Will you gain anything from taking part in this research?

Potential indirect benefits of this study are as follows

➤ You will have the chance to speak up on how you experience family reunification

➤ The unique contribution that this study could make is that it may provide you with an opportunity to contribute to research on reunification services which directly affect you, and provides social workers with parental experiences of reunification services.
Are there risks involved in you taking part in this research and what will be done to prevent them?

- The possibility of experiencing the interview questions as offensive. The research will avoid this risk by preparing the interview questions properly before the interview takes place.
- You might feel anxious for sharing and may experience some form of social discomfort, so in the beginning of the interview, the researcher will inform you that there will be no right or wrong answer and that you will not be judged by the answers you give or the drawings you make on your communication map.
- Other possible feelings from your side is that you could feel vulnerable because your child/ren had been removed;
- You might feel overwhelmed when thinking and talking about your involvement in the reunification process.
- If you experience any of the above mentioned, the researcher will link you with counselling services to help reduce all possible risks and negative experiences. This counselling service will be free of charge for you.

How will we protect your confidentiality and who will see your findings?

- Anonymity means that no one will be able to link your name and identical information to the data gathered during the process. This will be done by using the letters of the alphabet on the results in the report, instead of your full name and surname to assure that everyone stays anonymous. Only the researcher will be able to identify you with your full names, but it will not be mentioned during this study. When doing the interview, it would be in a private office with no other personnel in the room who might identify you with the study. The door will be closed with a sign on the outside stating “do not disturb”.
- Confidentiality will be ensured by keeping the data in a safe and only the researcher will have access to the full data. Reporting of findings will be anonymous. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher’s office and for electronic data it will be password protected. Data will be stored for 5 years.

What will happen with the findings or samples?

- This is a once off collection and the data will be used as a once of study and once all the data is transcribed and analysed, it will be destroyed. The analysing will take place in South Africa, in a private room where no one will be able to have access to your identical information or link you to the study.

How will you know about the results of this research?

- The findings of the research will be shared with you. A written report will be posted to you. The overall results will be shared with you as well as the recommendations suggested after research was conducted. The findings will involve an overall view of the results of all the participants who participated, without sharing any identity information
Will you be paid to take part in this study and are there any costs for you?

- No, you will not be paid to take part in the study but refreshments will be provided during the interview.
- The researcher will provide something to drink for you during the interview.
- Transport can be arranged to come to the organisation. There will thus be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

- You can contact Anesta Potgieter at 073 309 0045 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I …………………………………..…….. agree to take part in the research study titled: Parents’ experiences of family reunification: Implications for play therapy

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (place) ....................................................... on (date) ............................... 20....
Declaration by person obtaining consent

I (name) ............................................................... declare that:

- I clearly and in detail explained the information in this document to

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (place) ................................................. on (date) ............................ 20...

Declaration by researcher

I (name) ............................................................... declare that:

- I explained the information in this document to ..............................................
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.
• The informed consent was obtained by an independent person.
• I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (place) ................................................. on (date) ................................. 20....

....................................................................................................................
Signature of researcher  Signature of witness
ANNEXURE 5: INTERVIEW SCHEDULE

Questions to ask parent/s as participants during semi-structured interview:

- Can you tell me more about your experience when you received reunification services for the first time? Programmes not addressing parent/s needs can lead to failure of reunification (ACS-NYU Children`s Trauma Institute, 2012:1, Thoburn, 2009:30).
- Describe your involvement as parent during the reunification process and when making decisions;
- How often do you visit your child, or have telephonic contact with your child? Regular visitations and contact promotes the reunification process (Bronson et al., 2008:75; Monroe et al., 2013:2)
- What would you say is holding you back to be reunited with your child?
- What type of external support do you have on which you can rely on? Having some sort of support can help promote reunification (Bronson et al., 2008:75; Monroe et al., 2013:2)
- What can social workers do, to help you as a parent?
- What can social workers do to improve the reunification services they render to you?
ANNEXURE 6: EXAMPLE OF COMMUNICATION MAP
**ANNEXURE 7: EXAMPLE OF INTERVIEW TRANSCRIPT**

**Participant G**

<table>
<thead>
<tr>
<th>R</th>
<th>G, I am part of the family services department but I am also doing my masters in play therapy so my main goal today is to get your experience of reunification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Oh okay</td>
</tr>
<tr>
<td>R</td>
<td>So today we will talk about the social worker that side, the services here from Girls and Boys Town and about contact. So if for example I ask you a question and you do not feel comfortable you can just tell me that you are not okay with that and we can either stop or skip the question.</td>
</tr>
<tr>
<td>G</td>
<td>Okay</td>
</tr>
<tr>
<td>R</td>
<td>At the end of the day I am going to put in all the results of the parents I interviewed but I am not going to say G said this about her social worker”, I will for example talk about participant A and this is the experience of participants A.</td>
</tr>
<tr>
<td>G</td>
<td>Okay</td>
</tr>
<tr>
<td>R</td>
<td>Okay so we are first going to start with a sketch. This is an example to show you. It is called a communication map. So we are going to use this white board and inside I want you to draw yourself, there will be no judgement and in the open areas all the people you are communicating with – support systems; external social workers and everyone else you communicate with. By using lines, 1 2 3, 1 line meaning absolutely no communication or contact to 3 is on a daily basis or a lot of contact. You can use this (showing crayons) or you can use pencils.</td>
</tr>
<tr>
<td>G</td>
<td>Oh should I use this and write my name</td>
</tr>
<tr>
<td>R</td>
<td>Yes and we will discuss it afterwards</td>
</tr>
<tr>
<td>G</td>
<td>(Participant started with her drawing; also on the map, she wrote what they would talk about if they communicate with these people – making some comments out loud while she is doing her communication map).</td>
</tr>
<tr>
<td>R</td>
<td>Okay, let’s look at your picture, you wrote Girls and Boys Town personnel, what do you normally talk about?</td>
</tr>
<tr>
<td>G</td>
<td>We normally talk about enquiries, I would enquire; I would report. With colleagues I talk about the ups and downs with (youth’s name) – as well as with the church people. Associates, I normally talk very general topics. With friends I speak about ups and downs. And these will be general.</td>
</tr>
<tr>
<td>R</td>
<td>Good. Now if we look at the external social worker...</td>
</tr>
<tr>
<td>G</td>
<td>The external social worker, I still have challenges in terms of communication. I can also put there, the hospital. I had a very sad experience with the hospital and at the hospital it was mainly the social worker. And the other experience was the ward sister when (youth’s name) were admitted. And the other experience at the hospital that I had was with the head of the psychiatry unit. The SAPD, they lack the knowledge to assist especially with troubled children. Here I’ve got a problem with confidentiality – it is a challenge. The hospital again, the general doctor but it is in emergency cases, also not equip. They should be equip because these children tend to spark. Neighbours, they are like horror movies because of lack of education in mental health. Okay, can I talk about myself as well?</td>
</tr>
<tr>
<td>R</td>
<td>You can</td>
</tr>
<tr>
<td>G</td>
<td>I am 101% concerned about our government ignorance of mental health. It should be given the same treatment as HIV; all the cancers as well as safety.</td>
</tr>
</tbody>
</table>
R: Good. Are you happy with your picture?

G: Yes, I think I am.

R: Yes, you’ve said a lot of information here. Okay can we sit down and maybe talk about some of the information. Can we maybe start with this one (pointing at external social worker). You said you are having challenges when it comes to communication. Would you like to tell me more about that?

G: Yes, I am going to weave this. It all started when [youth’s name] was three. I started seeing some behavior, weird behavior, but I rubbed it off as she was a hyper-active child. That was before I understood the intensity of what you mean by a hyper-active child. At the age of three she started having little tantrums and her taking things so I took it as normal child behavior, but I noticed that she was also struggling to see to watch TV, so when she went to school, fortunately the teachers – it was a white school, so I was very blessed to have the teachers and staff that had the child’s best interest at heart so that is when she started to use spectacles. She lied to me, she lied to the teacher and when the teacher and the parent worked together she got so frustrated that she had a temper and wanted to attack both of us and the second incident was when she lost money and she lied to me. She lost her school fees because I was trying to give her responsibility – this is your school fees, you need to take it to the office but that day that money went missing. What she will do, she used transport and when she got into the transport she said to everyone “I’ve got money” and then they stole the money so she lied to the teacher and she lied to me. Fortunately the driver was so intelligent and found the child who stole the money. The school played a very important role. They had a psychologist and they had a psychiatrist so they met around [youth’s name] and one day a special appointment was made and I was told that [youth’s name] is suffering from ADD. But being a parent and having that shock they said we are giving you the option to go for a second opinion and they did refer me to a certain doctor that they loved in Pretoria but they said what is the point. I went to the local social worker and I got to the social worker. She sat back and she sort of told me of God that I know and quote the Bible, which I am not a fan of the Bible, but I had a problem I did not want anybody to tell me about God because the situation was slowly exhibiting and I walked out of the social worker’s office. From time to time I was called to school stating the youth did this and that to some point where I decided because the social worker did not want to hear me out, she was telling me about God and how I should pray about God which I know, but there was more. This child needed help so I went to the social worker’s office and persisted by luck there was an intern, I forgot his name but every time I think of him I want to say thank you. I said listen I know it is not your area of jurisdiction but this is a matter of life or death. All I want you to do is to phone Baragwanna Hospital, as a social worker and refer my child that is all I want from you. He tried to say to me that it is not his area of jurisdiction with this big term; I said I know but I wanted action. Indeed, the receiving sister at Baragwanna Hospital, I forgot her name also, but I loved that women. That woman unpacked the whole process that was to follow. She said mam, we are going to look you child and we are going to take your child for evaluation, but we need some information from school and from yourself and then your child will be taken to a psychiatrist and the psychiatrist will do whatever and we will take it from there. I was called there by the same sister, very nice and very welcoming. Baragwanna Hospital is a provincial hospital, it is an academic hospital. When you go there you must understand, you must know your story – I am going there for help, I must be prepared to wait. Met up with the psychiatrist and having to meet up with the psychiatrist lots of questions were asked and I was asked to excuse myself and [youth’s name] were spoken to. They again proved beyond reasonable doubt that [youth’s name] had ADHD. I had to ask them what is it and they had to really explain it in detail to me. I was told I have to follow a program to help my child. They put her on medication and this is the type of medication and your child will have to attend psychotherapy which is every week. I said no, we cannot have it every week, rather every second week. When she went and met up...
with the psychologist the psychologist was very confidential, you know, don`t tell your mother and my child will always say it is confidential and not say whatever was discussed with the psychologist. I know that one day she came out the session, giggling, because she had beaten the psychologist in chess and I discovered that she is a good chess player but she has a tendency of cheating. You know things were happening and I am good at listening and sometimes if I do not understand I pose a question. Little did I know at that time, that the hospital, that there is also a social worker. So (youth`s name) went for psychotherapy every second week. I could not go every time so my boyfriend then would take her for psychotherapy and then for every evaluation or psychiatric appointment, I will personally be there. One day out of the blue moon I got a phone call from a social worker. I remember the hospital mentioning parental care, that I would have to undergo a form of parental care. I think it was sometime in January, when I went into that social worker`s office, I was told the doctors and psychologists have reported me to have, what do you call it, I`ve been defaulting. I said excuse me...Me, default? So ja and you know she was this type of person who has the attitude of you are speaking to a social worker. I said listen mam there is not a single session that I have missed with my child. If ever I missed a session, the only thing I had a problem with was the fact that (youth`s name) was to attend psychotherapy every week and I said can we cut it down to twice a month. As for parental involvement, it was not told to me explicitly that this is what is expected of you. I said no mam you need to go back to the board and find out what exactly was said. So things were complicated, (youth`s name) were getting worse. The psychologist told me that she has Defiant Disorder towards me and they were asking me questions. I was in post-natal depression with (youth`s name). I was on medication but I had to wing myself of from the medication because I was very vulnerable. With the depression, you have suicidal tendencies so I had so many suicidal tendencies and all that suicide attempts failed. When I tell some associates I once bought a 1kg gas cylinder and that night I put my dogs in the same room, my eldest daughter in the same room and (youth`s name) in the same room. I made sure I seal the windows and closed the doors. To my surprize we were all alive the following morning. Before my children could see what is happening. I said to myself why couldn`t we die. With (youth`s name) I also suffered antenatal depression, there were so many times where I wanted to kill myself and all those attempts failed and I was very much alone. Sometimes I will speak to the doctors and they would say do not do this, life line will talk to you etc. Anyway I had to catch up myself and the sad part is (youth`s name) sister, she was not of 100% health. I had to do this all alone. Sometimes when (youth`s name) would steal from her and I would get the blame so that also put a lot of strain in my relationship with my daughter but anyway I had this child to help.

The school, also, the school where I work, there was strain with my immediate supervisor or manager because she started taking it personally, you are forever not at school and sometimes when I go to the hospital with sessions for (youth`s name) I would find her waiting for me. That was not good because it was very personal. Anyway I had to stand my ground and say to her listen, it is not about me it is about my child and if it is a problem, well too bad, but I will try and do this. I`ve never stayed off work to go for a session. I will go for a session and whatever time I was relieved from the session, I will go straight to work and sometimes I will work my hours in. Try to catch up. I am very productive.

(Youth`s name) at some stage were admitted where she stole a R100 from the purse and I got the blame. I demanded to go to the psychiatrist and I said please can you admit this child otherwise I am going to kill her. So (youth`s name) was admitted and I was not talking to my eldest daughter. So she find out on her own way where (youth`s name) is and visit her at the hospital.

When she was there, there was a professor who interviewed me and (youth`s name) in front of all professionals and the outcome was that (youth`s name) was not safe with me. From the onset I told them I am going down, can you please help because I am not coping and then they
will say to me oh this child just wants to be loved so I said I do love the child, but I am frustrated and I seem to be losing it now. It was so bad that after that, that professor they said they are going to look for a place of safety for (youth’s name), yet I was looking forward to my child’s home coming from the hospital which I thought worked out but we had to fight. To a point where we had to steal her from the hospital, we had to fight. We really had to fight and phone bills were high.

The other bad thing, (youth’s name) was never given a pass out while she was in the hospital because they feared for her safety. Anyway, the social worker, when I said to her could you help placing this child, she gave me big English words, the scope of work etc. but to my surprise one day, she sent me back to that social worker that quote me with the Bible. When I got there the social worker said oh there is a letter for me; oh I was not aware; there was no electricity; oh let me just read it so she read it and this was saying to her she must search for a place of safety and she started referring back to the Gospel. I said sorry mam, let’s pretend I was not here and I took those papers and I threw them up.

I thought to myself okay, there are 3 tyres of government, this is now local level. I went straight to provincial and by luck I met up with a white doctor who now is a psychologist at UNISA and this woman said to me she knows it is frustrating. She said to me you have to fight for your child. From there, from her I got contacts and hell came down from provincial level because I said to myself now, if I go to provincial level they will make phone calls to me – mam we are on our way to your child’s school do you give us permission to interview your child etc. and it was like things were happening. They started treating us like human beings because most of them treated us like statistics I suppose. They wrote a letter and send us to the mental health department. There the social worker treated us very good as we got there and the next thing, in no time the social worker said mam, I am knocking on every door please pray for me because I can understand your frustration. The first place (youth’s name) got was in Abraham Kriel, Langlaagte. We went there, they were nice but the lack was her educational skill. And then (youth’s name) also was looking forwards to go to another place because both of us, we are like water and paraffin. Abraham Kriel failed and the social worker phoned and said guess what, I have knocked and do you know Boys Town, I said yes, so she told me that it has changed to Girls and Boys Town and if (youth’s name) goes in there, she will be amongst the first one that is open to girls. Indeed we came in for an A & R or something like that and it was like promising unfortunately the court order, I had to wait until mid-February and then I asked for the magistrate’s telephone number. I told them it is about the life of a child, they tried to tell me that the magistrate has a lot of files but I said to them give my file to the magistrate, it is a matter of life and death. And indeed the 16th of February (youth’s name) was brought to Girls and Boys Town. School, I work in a school situation and belief me, the skills of my child, I try to apply it to my school, it is a primary school and there are many challenged children. With the work place, at least I go to understand some of our rights and I managed to distinguish between a right and a privilege. It is because of (youth’s name) that I have quite a number of knowledge and I am glad to hear that of all the leave we are getting, we are no getting special leave for parents with challenged children.

The hospital, it is a pity that we’ve got people like doctors that someway, like a psychiatrists, she started treating your child and 6 months along the way we must find another doctor. If you would for example interview me and (youth’s name), there is a lot of things she knows for example her medication and the amount it is. I am on depression medication right now but I me what I know, the only one I know about is one of the, but the rest I do not know. I am tired, I wish I could be reborn, I am so tired - I would rather leave you with my burden, that is how far I can go.

R I was just wondering, if we get back to the external social worker, she was not helpful before and how is she now?

G Now…that is another one. When I was referred to mental health, (social worker) was the one
taking the case and (social worker) was the one who got (youth`s name) here. Unfortunately she left and the new one was also walking the walk with me. Fortunately for her, she got a promotion. Then I got a call from (new social worker) Hallo mam my name is so and so, I am a new social worker, but she does not interact with me because my worry is, there was a time where we had physical fights with (youth`s name) and it was really bad. That woman has never been here. The only time I saw her for the first time was when we had to go to court for (youth`s name) court order. So I have a challenge with her she does not communicate with me and in terms of whether (youth`s name) is going to stay at GBT or the court order be extended or not, she does not say and hope that if (youth`s name) comes home she must recommend the best school because I have got a challenge with (youth`s name) not taking well to authority, she had so many fights with school authority so my concern is we cannot have a situation where we have (youth`s name) handcuffed and taken to prison. If she could be placed in the relevant institution where they will understand. There is no communication.

R So the previous social worker before this one, did she communicate with you?

G (social worker), you know what, when (youth`s name) was taken into GBT – so the one who took over from her we communicated a lot and when (youth`s name) settled in I even phoned but this one, no.

R Okay. We can maybe move to that side (pointing towards next group mentioned on communication map).

G Right, you know in our black culture you belief more in the neighbour than in your family. If anything happens right now, the first person to know will be my neighbour. I am this type of a person, I always strive to find a balance. I also communicate with my aunts. They will understand as they were also professionals. They will phone to say how is the pola bear and things like that. With neighbours – experience is a good teacher – I have discovered that neighbours can be good and they can be bad. Sometimes because of lack of knowledge, they will make you do wrong things. For example people will tell me your child is bewitched and that is a very bad term. Neighbours also discuss other neighbours, sometimes with the children and they with tell (youth`s name) that she is mad and she is taking medication and laugh. I am trying to be very careful for example I will just say I know (youth`s name) is at the boarding school and then they see the car so then I said no it is the social worker and now I am seen as a person that deals with the social workers. My concern is not many of us listen to the news objectively, we are selective. I listen to 702 – I know that they are talking about mental health, I know that they are talking about social work. I wish neighbours would be educated about things that affect us. Some of us with resources, like GBT could say you know what, let`s take woman`s day and let`s talk because this is our children. Let me go to the hospital, the hospital…I get a very funny feeling sometimes that the professionals want to have their ego and take us for their case study and after that, they dump you – go and write an exam and that is it. It will be so nice, you know, a special child is a special child and will never be the same as another child. This child will look back and say this is where I come from and if this child happens to be a normal child one day, it will be so nice from the hospital one day to phone and say how are you coping; can you come over; let us have a cup of tea and (youth`s name), what would you like us to do. Children with mental disabilities are very intelligent children and you can get something out of them. (Mom explained incident that happened at school regarding stealing with one of the other youth) – The thing that was learned there was self-reporting (skills she learn from GBT and apply in her life).

The other thing, the psychologist during play therapy – (youth`s name) will go, but they will not tell me what happened during play therapy. But I really do not understand why play therapy, what it does to a child and if it works, why am I also not involved. Sometimes I wonder why should I be shut out of the consultation when the child behind the door is my child and my child was brought be me. I feel I want to know that because for example (youth`s
name) get very annoyed, she says I speak about her. So somewhere along the line the hospital is leaving me in the dark. SAPS – when your child is in trouble the first thing you call is SAPS. The poor people, I think there should be another department in the police. When on the phone they can maybe ask mam what is it you want us to help you with, no my child is this; okay is your child on medical treatment, yes she is on medical treatment; what type of treatment, this and this and this; then they send just like for instance send someone that can do something – understand the circumstances.

R So basically for SAPS to be more understandable

G More understandable and we should have the right people and the right institutions. In the police force, they are the first people we call upon, all of them should be equipped. I think the police play a vital role in humanity if I might say so.

R I was wondering, you said that (youth’s name) was involved in play therapy and you were not involved in what way would you like to be involved when she sees the play therapist?

G For example, if they are playing just go there as a spectator or also as a team. Because there was one where I was in Braamfontein, it was a nice thing. We played together and after the game we were given questions – what did we find and what we discussed etc. So the play therapy now, the file goes in, the psychologist comes out, sees (youth’s name) and she comes out and say oh by the way it is confidential. This is my child, I have got her interest at heart and not only is she my child, she is the community’s child. Back to the neighbours, let us educate those people, so that they don’t call my child names etc.

R You said now let us educate the people, the SAPD; hospital and neighbours so who do you think we can use to educate those people to understand where (youth’s name) come from and children like (youth’s name) come from?

G I want to say we all are sick and we are sick in many different ways. We are emotionally sick, we are physically sick – let us bring this under the hospital and the hospital has got different experts and they can educate. You guys have equipped me and there is intervention amongst the community members.

R You said now Girls and Boys Town also equipped you to deal with a certain situation, in what way did they equip you?

G (youth’s name) come home, I do not see eye to eye with my sister and there used to be so many , I do not see eye to eye with my sister and there used to be so many confrontations and sometimes when (youth’s name) adrenalin goes up there was giggle in the house. So Maureen said mamma don’t raise your voice and ignore, what will you lose if you ignore and sometime they want to psycho-analyse. Maureen for example, when she comes home se will ask how often do you give (youth’s name) incentives and doesn’t need to be materials. How often did you praise her? For having done good in A B C D and then I try to do that. When she came out I said you are so beautiful my baby, those little things. Also using self-reporting skills in my own environment, my school

R Also in a way the skill you learn here you can apply in your environment. Let’s look a bit at the last part you wrote. The taxi drivers you already talked about, and your friends?

G Friends I got a lot. We will talk about (youth’s name) because they knew her before she came here. When I was told about (youth’s name) mental health I said guys there are more to it. This is the situation and believe me they will take (youth’s name) as their own child and ask how she is doing and they will take well to the situation. No meeting goes past without them enquiring about (youth’s name) and how she is doing and if I will be late for the meeting because of (youth’s name) they will understand. They are very welcoming. They are concerned to say if (youth’s name) comes home, what then: how are you going to deal with it you know.
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<tr>
<td>R</td>
<td>So in a way would they assist you when (youth’s name) is home?</td>
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<td>G</td>
<td>I would like to believe so as I was saying (youth’s name) sister is not involved and we had a wedding so one of my friends phoned and said don’t worry about transport and in deed she was there. But where was her sister, she was doing her own things – she was not there but my friends were there.</td>
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<td>R</td>
<td>The church people, you also spoke about them in the sense that judgment can .....</td>
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<td>G</td>
<td>Yes judgment, I am very selective. The priest, when I told him about (youth’s name) condition I told him in confidence. So you don’t put me and (youth’s name) on the same level. To have hyper active child is no child’s play, do not say I am a hyper active as well because it is an insult to me.</td>
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<td>R</td>
<td>And then, the Girls and Boys town personal who does that include?</td>
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<td>G</td>
<td>It is Maureen and the youth care workers. I have most of their numbers. For example Thembi in a meeting, then (youth’s name) said that she met up with Thembi yesterday at Bossa and how I am. Mathlodi have left Girls and Boys town a long time ago, because of the harm I know (youth’s name) did to Mathlodi, I check on Mathlodi – there were a fire extinguisher and it resulted with an infection. With Jacqui we chat but I actually speak to everybody at GBT.</td>
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<td>R</td>
<td>Have you made contact with Mary yet?</td>
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<td>G</td>
<td>I did not have her cell phone number but we speak for example when I want (youth’s name) home I speak with Mary</td>
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<td>R</td>
<td>And if there is any feedback of (youth’s name) and her behaviour who informs you about that?</td>
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<td>G</td>
<td>That is where GBT lacks. For example, I know she got the tendency of taking stuff. I will phone and ask to please check on this on her side. I will not get feedback. The last episode when she had stolen my watch, I phoned up until Maureen came in and said that ... because Maureen came and I said you know I am not happy. So Maureen phoned and unfortunately for Maureen she was not aware that sometimes you can hear a conversation, so when whoever she spoke to said no we got the watch with us. Maureen did not realise that I could hear that.</td>
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<td>R</td>
<td>So you need more feedback from the campus?</td>
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<td>G</td>
<td>Yes. I understand that sometimes that they don’t want to agitate us. For example, when (youth’s name) was suspended from school. I don’t understand why I was not told that (youth’s name) was suspended and things like this and when they went to the other school – I should be told that we got a new school for (youth’s name) etc. I had to phone Justice and say what type of school is (youth’s name) in, it is a matter of being part of you guys. Like I said (youth’s name) knows too much, so you guys equip them but I lack light.</td>
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<td>R</td>
<td>Is that something you would have liked to be part of where (youth’s name) is going to school.</td>
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<tr>
<td>G</td>
<td>No, as long as you let me know. I don’t want to interfere with your work. Just as a matter information to say this is what happened when they went for a hearing last year. I had to ..... I understand that they do not what to stress me but at the end of the day I must know. For example, a created a friendship with my GP. I just go in there and say Dr. I need to talk, I need to offload this is not a consultation if you have the time and really if he has the time he will talk. Because you have to have place where you could poor out.</td>
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<tr>
<td>R</td>
<td>Let’s talk about the contact that you have with (youth’s name). How often do you have telephone contact with her.</td>
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| G | She can be naughty sometime, phone me every second day which I don’t like – it is a telephone bill that needs to be paid. Our contact now is more regular because she has not anger me that much. The last time she came I lent her my phone and without my consent she took my charger away. I then said I am going to phone GBT then I’ll ask for my thing. When you get to GBT I will get my charger. She brought the charger and I did not make noise. So we do have contact it is not as bad as before. So I think after the watch incident maybe you guys must have spoken to her because I said to her I can get you arrested for theft but it is not a guaranteed. She has her ins and ups. With the skills of Maureen I now I can be quite because sometimes we fight, and then she
Maureen equipped you to be calm

Absolutely. *(Relieved)*

How often do you see her face to face?

If she comes for example, Mary will call and ask if (youth’s name) can come home this weekend. Then I will say yes or no. But like this weekend was a surprise.

Was this weekend that was a surprise?

No it was not. She will just pitch up.

My last question to you, we talked about a lot of stuff and it was very fruitful. What do you think the external social worker can do to help you with the process of getting (youth’s name) back *(reunification)* what can she do?

She must tell me about the court order, I need to know more about that. I understand it must be extended. I wish she would have more visits to see the strengths and when (youth’s name) is home she must come and have talks. I would wish that phone calls could be made. If the neighbours were equipped, maybe the social worker can give a call to the neighbour and ask how the neighbour sees us. The social worker is trained and should really make follow ups. The social worker should be visible, she must be able to come and call us and give a true report of what she sees and if there are corrections she must be able to sit us down to say this is what I discovered and is not expectable. If the social worker, even if she doesn’t do it herself just make a social call she can pick up from my speech that I am fine or not fine and make sure she brings me and *(youth’s name)* together. Like an intervention.

And GBT what can GBT do to help you better?

I would not like our relationship to end. If perhaps there is a holiday job *(youth’s name)* must be called to ask if she is available for this. If there is any opportunity available for example new intakes and *(youth’s name)* must be called in as a child of GBT. I would like *(youth’s name)* to impact. Support groups among parents will be helpful as we are a GBT family.

So G that is the end of our interview. What is going to happen now is I am still going to interview other parents as well and when I am done with everyone I will share the results with you personally. I will phone you and send a letter stating this was the experience, outcome and recommendations. Thank you for your time.
## ANNEXURE 8: EXAMPLE OF CODING

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<tr>
<th>Question</th>
<th>Responses</th>
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| 1. Can you tell me more about your experience of family reunification?   | • Kom ek dit so stel, My eerste kommentaar oor presies dit, jy praat van **kommunikasie** – as dit die `centre of your study` is dan dink ek jy moet ophou `because you studying something that does not exist`.  
• **Daar is `n enorme gaping** (regarding communication)  
• Werklike tegniese probleme - Hulle het `n fisies probleem met die kommunikasie want daar is nie behoorlike werkende telefone nie; Dit is die eerste obstacle`. Maar die tweede obstacle` is beslis die feit dat hulle antwoord nie hulle telefone nie.  
• **Hulle luister nie.** Net so min soos wat ek luister, luister hulle en ek voel dit is verkeerd want juis hulle is veronderstel om die professionele mense te wees wat ouers probleme aanhoor en aanspreek, maar my kommunikasie met my seun is amper minder as wat dit was toe hy nog by my eks was.  
• Ek het daar in daai mense se kantoor gaan sit vir ure. Op die ou end met iemand gepraat en `n vorm ingevul “we will phone you and make an appointment” – ek wag nogsteeds vir daardie persoon.  
• ‘they are under paid, over worked’  
• So om iemand daar te kry is half onmoontlik  
• Luister selfs net om `n kontak telefoon nommer of fax nommer te kry was `n probleem””.  
• **Dis al hoe jy dit doen ‘by being in somebody’s face’**.  
• Dit is nie so maklik soos net oornag jy gaan kry nie. As ek vir jou sê hoeveel emails en hoeveel oproepe ek en my prokureer nog gemaak het om iemand te kry om dit te doen.  
• My ouers is die enigste plek waar ek                                                                                                                                                                                                                   | Communication            |
|                                                                          | Social workers not accessible  
                                                                          | Parent’s does not feel heard / listened to / ignored  
                                                                          | Skills  
                                                                          | Limited time / High caseloads  
                                                                          | Positive experience  
                                                                          | **Other professional support**                                                                                           |
op die oomblik wettiglik my seun mag vat. Ons het een besoek by hulle gehad, ek kan nou nie onthou watter lang naweek nie, maar dt was een van die tweede of derde naweek terug wat ons daar na hulle toe was want hulle man wat langs hulle bly is ’n sielkundige en hy is blybaar groot pelle met die social worker daar in Nylstroom, so dit was drie dae toe het ons toestemming om…maar ons het nie dieselfde ondervinding gekry in Portshepstone nie en ook nie hier nie;

• ‘I think she is bias’;
• She doesn’t know because she does not care
• Ek voel baie goed, as sy so elke maand kom en vir my ‘interview’ en dan gee sy vir my altyd positiewe mmm sy vra my vrae dan antwoord ek vir haar (external professional support)
• Calm down en ‘consequencing behaviour’. Dit is wat sy my nou geleer het - ook om nie so te skree en ek moet my altyd ‘calm down’ en dit het gewerk regtig.
• So ver voel ek goed en ek stress nie
• Everything is good. When I have a problem, I do call
• Social worker does not visit but will phone when something is wrong
• Happy
• Pleased
• Satisfied
• No all I know, I don’t know whether she still comes to visit. But what I know she was involved, it is just me because I feel like I am bothering her. She said when I wanted to come for a visit, I can call her to arrange during the week so that maybe she can arrange for us, to pick us and come this side. It is just for me, I feel no she is busy so I do not want to take her out of her job
• She does encourage. When I say
encourage she really wanted him to come home and (youth’s name) changed his mind due to you know…but they were coming this side. But even at court she still said “no there will be classes that I might need to take about parental skills and we will see from there if he can come back home.

- Quite nice guy who made me understand what I am going through and what my son is going through
- Up to now I communicate very well with him and he is the guy that I actually can speak to with a lot of things
- Skills I achieved so much because sometimes I use to have that anger and ‘mispatient’ and he told me “you know what, let’s do this. I want you to try and do this and see how are we going to help you” and yes, since he told me what I must do I am achieving a lot you know because even on my side the way he used to tell me how I must treat my son and I am trying to do those things that he told me as a parent to do. I am quite happy about it because I can see that I am improving.
- Very supportive, but at sometimes you know, I will know what is going on but like, we do have misunderstandings some way some how but at the end we reconnect and apologize
- Lately I was angry, because I said you know what, I don’t understand, they don’t call me. I do not know what is going on with my son; I don’t know what medication is that my son is taking; they are no longer telling me the dates and everything
- Nobody told me that he stopped the medication
- Nobody told me any information which at times I get angry
- The other thing is like, a month ago they were expelling him, not telling
They only told the social worker from that side that (youth’s name) is coming home, they don’t need him anymore. In the middle of the day I was relaxing and I hear the knock from the social worker from that side: “(Participant D), they don’t need your son anymore. You need to come to the meeting tomorrow, we are meeting with them tomorrow.” I said okay, I did not know, but I think they should call me and tell me that we are having a meeting but anyway they called you so I will come.

- They said “he is absconding at school; he is doing a lot of things, he is absconding from campus; at the middle of the night he is not at campus and we worry because we are responsible for him and if anything happens to him, we are the ones to blame; he does not want to interact with the key workers; he is so cheeky and whatever”. I said okay, I understand that, but you did not address that with me;

- You know my situation, if you expel him, there is no local English and Afrikaans school here, he must travel to wherever to get a school but now it is late

- They did not tell me that (youth’s name) is coming home - That makes me very angry because nobody communicated with me that they are bringing him on Tuesday and what was happening. I do not get any explanation

- A bit of a lack of communication.

- They say you know what you must relax; you must not ask us this and that. I said to them you know what the reason is, is because you are not giving me feedback. I want feedback but you do not give it to me. That is why I always call you and ask you this and that. But I think there is a lack of communication, it is not good
anymore you know.
• She does not do anything. Since she just dropped (youth’s name) here, she never get to interact with me and talk about what is going on and everything, till we met that day. We were having a meeting, they were bringing (youth’s name) that side that was the only day I saw her. Never again
• I do not even bother myself to go to her
• No, it is not my job anymore, it is Boys Town’s responsibility”
• He just wanted to get rid of this case
• He was called here and certain questions were asked to him but he could not justify that
• I always needed to go to him to report incidents
ANNEXURE 9: CO-CODER CONFIDENTIALITY FORM

CONFIDENTIALITY UNDERTAKING
entered into between:

I, the undersigned
Prof / Dr / Mr / Ms, E. Smie

Identity Number: 5106286140088
Address: 126 Ocean Street, WC 6001

hereby undertake in favor of the NORTH-WEST UNIVERSITY, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(hereinafter the "NWU")

1. Interpretation and definitions
1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited to research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.
2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking, I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to the undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.
7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 31 OCCBER 2015

Witnesses:

1

2

(Signatures of witnesses)

(Signature)
ANNEXTURE 10: SOP STORAGE GUIDELINES

PURPOSE OF SOP

The purpose of this SOP is to clearly describe how data of students and staff should be treated upon completion of their studies and research projects. It will be described how data will be stored at the office of the Centre for Child, Youth and Family studies (CCYF) in Wellington, who will accept responsibility therefor, and how and when the data will be destroyed.

The storage and destroying of files after completion of studies form part of the wider task of data management. Mrs. Melanie Hanekom (administrative officer) will distribute this SOP to all new students to enable them to adhere to the system of data submission after completion of studies.

DEFINITION OF TERMINOLOGY

Data: Data is collected by students and staff during the research process and is captured in various manners:

- Audio tapes
- Videos on CD/DVD
- Field notes
- Transcriptions of interviews
- Drawings
- Photos
- Other visual data

Destruction of data: Hard copies of visual data, transcriptions, field notes, drawings and photos will be shredded. Electronic data on CD/DVD and audio tapes will be destroyed by scratching and breaking the CD/DVD and by breaking audio tapes.

REASON FOR PRESERVATION

- Legally compelled by legislation (NHREC, 2014), as well as professional Boards.
- Examiners may, during and after the examination, have questions about the data and request to peruse the data.
• There may be negative consequences for participants resulting from their involvement in the research which may necessitate re-evaluation of the data.
• It serves as proof that research findings have not been fabricated or manipulated.
• There may be legal and/or disciplinary procedures by statutory boards which may necessitate the re-evaluation of data.

PROCESS FOR HANDLING OF RESEARCH DATA

• Study supervisors are responsible to collect all data, described above, from students after completion of examinations and up until ten days before the graduation ceremony. Students can forward data via registered mail or personally deliver it to the supervisor.
• Study supervisors will hand over the data to the relevant administrative officer.
• Staff will hand over all data to the administrative officer upon completion of research projects.
• The administrative officer will document details of the data in a record-book and store the data in a safe.

PLACE AND MANNER OF PRESERVATION

• Safe in Annex of CCYF in Malherbe Street, Wellington. The walk-in safe is spacious. The office is secured by safety gates and an alarm system.
• The data will be stored in large envelopes.
• The data will be filed alphabetically, according to year and the name of the student or staff member. A sticker on the envelope will indicate the student’s name, graduation date, title of study and name of supervisor.
• The receptionist of CCYF will keep the key to the safe and only she and the administrative officer will have access to the safe. The receptionist will not hand over the key to any staff member.

DESTRUCTION

• Mrs. Melanie Hanekom (administrative officer) will keep a record book with the dates for destruction of data. This will be a date five years after a student’s graduation ceremony.
• Possibilities will be explored for implementation of electronic reminders relating to destruction by e.g. Groupwise.
- Written data will be shredded by the technical officer under supervision of the line manager.
- CD’s/DVD’s and audio tapes will be destroyed by the technical officer under supervision of the line manager. These CD’s/DVD’s will be scratched and broken.
- A note will be added to the record book reflecting the exact date of destruction and the name of the person who destroyed it.

**RESPONSIBILITY**

**Administrative**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Manager</td>
<td>Mrs. Melanie Hanekom (Administrative officer)</td>
</tr>
<tr>
<td>Technical Officer</td>
<td>Mrs. Marie Janse van Vuuren</td>
</tr>
<tr>
<td>Receptionist</td>
<td>Mrs. Louise van Wyk</td>
</tr>
</tbody>
</table>

**Academic**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic staff responsible for supervision of studies</td>
<td>Dr. Shanaaz Hoosain</td>
</tr>
<tr>
<td>All post-graduate students of CCYF</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE 11: JOURNAL PUBLICATION GUIDELINES

Author Guidelines

Authors need to register with the journal prior to submitting or, if already registered, can simply send the Word document to hsu@sun.ac.za.

- **PLEASE DO NOT SUBMIT ARTICLES DIRECTLY TO THE JOURNAL.**

The Journal publishes articles, book reviews and commentary on articles already published from any field of social work.

1. Contributions may be written in English or Afrikaans.
2. All articles should include an abstract in English of not more than 100 words.
3. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee.
4. All refereeing is strictly confidential (double blind peer-review).
5. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice.
6. Articles of fewer than 2,000 words or more than 10,000 words are normally not considered for publication.
7. Manuscripts should be typed in 12 pt Times Roman single-spaced on A4 paper size.
8. Use the Harvard system for references.
9. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "..." (Berger, 1967:12).
10. More details about sources referred to in the text should appear at the end of the manuscript under the caption "References".
11. The sources must be arranged alphabetically according to the surnames of the authors.
12. Note the use of capitals and punctuation marks in the following examples.


THESIS: EHLERS, D.M.M. 1987. Die gebruik van statistiese tegnieke vir die ontleding van
gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis)

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White
Government Printer.

NEWSPAPER REPORT: MBEKI, T. 1998. Fiddling while the AIDS crisis gets out of
control. Sunday Times, 8 March, 18.

organising the Web [on line]. Rev. 18 June. Available:
http://www.public.iastate.edu/CYBERSTACKS/CTW.htm

*In terms of SANSO-014 our journal is classified as an approved research journal for the
purpose of subsidy by the State. The Editorial Board has therefore decided that an
amount of R200.00 (two hundred Rand) per page is to be paid for published articles by
authors who are lecturing or doing research at Universities in the RSA.*

**Submission Preparation Checklist**

As part of the submission process, authors are required to check off their submission's
compliance with all of the following items, and submissions may be returned to authors that
do not adhere to these guidelines.

1. The submission has not been previously published, nor is it before another journal for
consideration (or an explanation has been provided in Comments to the Editor).
2. The submission file is in OpenOffice, Microsoft Word, RTF, or WordPerfect
document file format.
3. Where available, URLs for the references have been provided.
4. The text is single-spaced; uses a 12-point font; employs Times Roman, rather than
underlining (except with URL addresses); and all illustrations, figures, and tables are
placed within the text at the appropriate points, rather than at the end.
5. The text adheres to the stylistic and bibliographic requirements outlined in the Author
Guidelines, which is found in About the Journal.

If submitting to a peer-reviewed section of the journal, the instructions in Ensuring a
Blind Review have been followed