The nature and extent of child care problems at the Department of Defence: Area Military Health Unit North West

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PREFACE

The article format utilised for this dissertation is in line with the Manual for Postgraduate Studies of the North-West University (2016), and the instructions of the Social Work/Maatskaplike Werk requirements with the intention of submitting the article to the journal (Social Work/Maatskaplike Werk).

ACKNOWLEDGMENTS

DECLARATION

SOLEMN DECLARATION BY STUDENT

I, Motlatsing Suzan Moreki, declare herewith that the dissertation entitled: ***The nature and extent of child care problems at the Department of Defence: Area Military Health Unit North West***, which I herewith submit to the North-West University, is in compliance/partial compliance with the requirements set for the degree. It is my own work, and has been text-edited in accordance with the requirements and has not already been submitted to any other university.

Signature: .... **Date:** ....

ABSTRACT

Military Social Work (MilSW) is occupational in nature and is aimed at providing social work services for soldiers and their families to help them deal with their psychosocial problems effectively. According to the statistics on various psychosocial problems addressed by Military Social Work Officers (MSWOs) at AMHU NW, child protection problems – referred to as child care issues – rated second highest on casework interventions for the year 2016. This increase in child care issues and their variety and complexities has left MSWOs overwhelmed with how best to address them under occupational social work as they seek to define their role in the field of child protection.

Purpose of the study: To explore the nature and extent of child care problems at the South African National Defence Force (SANDF) at Area Military Health Unit North West (AMHU NW).

Method: The study took on a *qualitative research approach* which is *explorative* and *descriptive* in nature. Two *focus groups* with a *semi-structured interview schedule* were the design employed to collect data. Participants from Social Work and Psychology Departments at AMHU NW took part in the study as professionals working closely with child care problems in that military unit. A *thematic analysis method* was applied to analyse data extracted from the focus groups.

Findings: The study revealed fragmentation of military families to be central to child care problems related to child abandonment where children are left with grandparents and nannies with little support from the parents. The other alarming concern is with the conception of children in deployment areas abandoned by fathers on their return after deployment periods. Issues of child maintenance and insufficient provision of basic needs for children abandoned appears to be related to parents' financial mismanagement, leading in turn to multiple deployments as a means to make extra finances which also end up misused in most instances.

Family dysfunctions marked with domestic violence, varied forms of child abuse, substance abuse, conflicts between maternal and paternal families, and delayed payments of pension and funeral policies for a deceased parent all pertain to child care issues affecting military children. And the protection of children against all forms of maltreatment through family support systems, solid marriages and responsible non-parent caregivers appear to require an acknowledgement of their vulnerability, and thus their empowerment on issues that affect them and proper application of their human rights.

There appears to be an increase in child care related issues at AMHU NW with referrals from parents and schools on behavioural problems, low academic performance, adjustment issues after relocation, drug use and experiment, delinquent behaviour, and mental health issues to mention a few. MSWOs and psychologists find themselves overwhelmed with these challenges – some of which require referrals to specialists and result in delayed responses or appointments set for later periods.

Interventions employed on child care issues by MSWOs are more restorative in nature through casework on referred children. On a preventative note, the department is also running a life-skills group work programme – #B-Yoself – which also extends to community work annually.

These means of intervention are helpful but limited by the lack of expertise on child related interventions for those with social problems for both the psychology and social work departments at AMHU NW.

Key words: Child Protection, Deployment, Developmental stages, Military Social Work, Parenting, Social Policy, Systems Theory.

ABBREVIATIONS

AMHU NW   Area Military Health Unit

DOD   Department of Defence

HCP   Health Care Practitioner

GEPF   Government Employee Pension Fund

ICD-10 codes   International Classification of Diseases, Tenth Revision

MilSW   Military Social Work

MSDS   Military Skills Development System

MSWO   Military Social Work Officer

OHC   Oral Health Care

SAMHS   South African Military Health Services

SANDF   South African National Defence Force

OPSOMMING

Militêre Maatskaplike Werk (MilSW) is van 'n beroepsaard en is gemik daarop om maatskaplike dienste aan soldate en hulle gesinne te bied om hulle te help om hulle psigososiale probleme effektief te hanteer. Volgens die statistieke oor verskeie psigososiale probleme wat deur Militêre Maatskaplike Werk Amptenare (MSWAs) geadresseer word by AMHU NW, word kinderbeskermingsprobleme – soos verwys as kindersorgprobleme – as die tweede hoogste gevallewerk intervensies vir die jaar 2016 gelys. Hierdie toename in kindersorgkwessies en die verskeidenheid kompleksiteite het MSWAs oorweldig gelaat met wat die beste manier is om dit aan te spreek onder beroepsmaatskaplike werk, soos hulle hul rol in die veld van kinderbeskerming probeer definieer.

Doel van die studie: Om die aard en omvang van kindersorgprobleme by die Suid-Afrikaanse Nasionale Verdedigingsfors (SANDF) by die Distrik Militêre Gesondheidseenheid in Noord-Wes (AMHU NW) te ondersoek.

Metode: Die studie het 'n kwalitatiewe navorsingsbenadering aangeneem wat ondersoekend en beskrywend van aard is. Twee fokusgroepe met 'n semi-gestruktureerde onderhoudskedule was die ontwerp wat gebruik is om data te versamel. Deelnemers vanaf die Maatskaplike Werk- en Sielkunde Departemente by AMHU NW het deelgeneem aan die studie as beroepsmense wat nou saamwerk met kindersorgprobleme in daardie militêre eenheid. 'n Tematiese analise metode is toegepas om data te analiseer wat vanuit die fokusgroepe onttrek is.

Bevindinge: Die studie het fragmentasie van militêre gesinne uitgewys as sentraal tot kindersorgprobleme wat verband hou met kinderverlating, waar kinders alleen gelaat word met grootouers en kinderoppassers en min ondersteuning vanaf die ouers. Die ander onrusbarende bekommernis is kinders wat verwerk was in ontplooiingsareas wat dan deur hulle vaders verwerp word as hulle terugkeer na die ontplooiingsperiodes. Kwessies van kindersorg en onvoldoende

voorsiening van basiese behoeftes vir agtergelate kinders blyk verband te hou met ouers se finansiële wanbestuur, wat op die beurt lei na veelvuldige ontplooiings om sodoende ekstra inkomste te verdien, wat ook weer misbruik word in meeste gevalle.

Gesinsdisfunksie wat met huishoudelike geweld gemerk is, asook verskeie vorme van kindermishandeling, dwelmmisbruik, konflik tussen moederlike en vaderlike families, en vertraagde uitbetalings van pensioen- en begrafnispolisse vir 'n afgestorwe ouer dra alles by tot kindersorgkwessies wat militêre kinders affekteer. En die beskerming van kinders teen alle vorme van mishandeling deur familie ondersteuningsisteme, soliede huwelike en verantwoordelike nie-ouer versorgers blyk 'n erkenning van hulle kwesbaarheid te wees, en dus hulle bemagtiging teen kwessies wat hulle affekteer en voldoende toepassing van hulle menseregte.

Daar blyk 'n toename in kindersorgverwante kwessies te wees by AMHU NW met verwysings vanaf ouers en skole oor gedragsprobleme, lae akademiese vordering, aanpassingskwessies na hervestiging, dwelmgebruik en –eksperimentering, misdadige gedrag, en geestesversteurings om 'n paar te noem. MSWAs en sielkundiges voel oorweldig met hierdie uitdagings – waarvan party verwysings na spesialiste vereis en lei tot vertraagde reaksies of afsprake wat vir later datums gemaak word.

Intervensies wat deur MSWAs op kindersorgkwessies toegepas word is meer herstellend in aard deur gevallewerk op verwysde kinders. Op 'n voorkomende noot hou die departement ook lewensvaardigheidswerkprogramme - #B-Yoself – wat ook jaarliks uitloop op gemeenskapswerk.

Hierdie metodes van intervensie is behulpsaam, maar beperk deur die tekort aan kundigheid oor intervensies wat verband hou met kinders vir dié met maatskaplike probleme, vir beide die sielkunde- en maatskaplike werkdepartemente by AMHU NW.

Sleutelwoorde: Kinderbeskerming, Ontplooiing, Ontwikkelingstadiums, Militêre Maatskaplike werk, Ouerskap, Maatskaplike Beleid, Sisteemteorie.

AFKORTINGS

AMHU NW	Distrik Militêre Gesondheidseenheid
DOD	Departement van Verdediging
HCP	Gesondheidsorgpraktisyn
GEPF	Regeringswerknemer Pensioenvonds
ICD-10 codes	Internasionale Klassifikasie van Siektes, Tiende Hersiening
MilSW	Militêre Maatskaplike Werk
MSDS	Militêre Vaardigheidsontwikkelingsisteem
MSWA	Militêre Maatskaplike Werk Amptenaar
OHC	Orale Gesondheidsorg
SAMHS	Suid-Afrikaanse Militêre Gesondheidsdienste
SANDF	Suid-Afrikaanse Nasionale Verdedigingsmag

EDITORIAL POLICY: SOCIAL WORK/MAATSKAPLIKE WERK

The Journal publishes articles, books reviews and commentary on articles already published from any field of social work. Contributions may be written on English or Afrikaans:

- All articles should include an abstract of not more than 100 words.

- All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee.

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- Manuscripts should be typed in 12 pt Times Roman double-spaced on A4 paper size.

- Use the Harvard system for references.

- 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).

- More details about sources referred to in the text should appear at the end of the manuscript under the caption "References".

- The sources must be arranged alphabetically according to the surnames of the authors.

(Social Work/Maatskaplike Werk, 2015)

OUTLINE OF SECTION DIVISION

SECTION A: The section is divided into two parts covering the following:

Part 1: Introduction to the research study, problem statement, definition of concepts, research methodology.

Part 2: Literature review.

SECTION B: Comprises of the Article which includes the following:

An abstract, key words, introduction and problem statement, aim of the research study, research methodology, research findings, conclusion and recommendations from the study.

SECTION C: Covers the research evaluation, limitations and recommendations for further research. It also refers to the research limitations and contribution of the study.

SECTION D: Consists of the consolidated references, annexures and the list of tables.

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PART 2: LITERATURE REVIEW

SECTION A (PART 1): INTRODUCTION TO THE RESEARCH STUDY

1.1   INTRODUCTION TO THE STUDY

This study is an exploration of child care problems experienced at Area Military Health Unit North West (AMHU NW) and was conducted to meet a need for Military Social Work Officers (MSWOs). The types of child care issues emerging and increasing within the military community in the North West Province instigated the request from the Social Work Department for assistance in understanding these problems and addressing them efficiently.

Although Military Social Work (MilSW) is supposedly occupational in nature, MSWOs have been witnessing a rise of generic related social problems from military families who come for consultation. MSWOs have been experiencing challenges in addressing the nature of the types of child care problems reported due to their scope of practice that is tailored for an occupational setting focused on combat readiness and work efficiency. Cases have been addressed remedially as they emerge and MSWOs struggle on the procedures to follow and how far to intervene – especially on problems that require specialised services even if they are social work related.

Psychological child care problems are internally referred to the Psychology Department which also struggles with a lack of specialised personnel on child related interventions such as a child psychologist.

Due to the fact that MSWOs and psychologists work with child care problems on a broad and extensive scale, participants were recruited from these departments for their professional viewpoints on the nature, impact and possible solutions for these problems.

Data was collected through focus group discussions and the use of a semi-structured interview schedule. The findings exposed the nature and extent of child care problems prevalent at AMHU

NW and suggestions on how to address child protection in the South African National Defence Force (SANDF) and possible interventions with the North West Province (military community) in the near future.

1.2 PROBLEM STATEMENT

Area Military Health Unit North West (AMHU NW) is a provincial division of South African Military Health Services (SAMHS) in the SANDF. SAMHS is one of the four Arms of Service focused mainly on offering medical support to military personnel (especially uniform members of the regular force) and their families (<u>SAMHS</u>).

AMHU NW as a military unit encompasses three areas, namely; Potchefstroom, Mahikeng and Zeerust (DOD, 2003:1-10). The unit offers health services ranging from medical, social and psychological issues and thus comprises of different related professionals who address them respectively. Although services are based on the three aforementioned areas, the clientele accessing them come from the province at large – even dependants of military personnel working in different provinces with their families residing in the North West Province (DOD, 2003:1-10).

The Social Work Department also provides services to military members and their dependants (families) as one of the sections in the unit, and has been experiencing a growing number of cases related to child care issues in recent years. According to the departmental statistics on casework; *child care problems* rate second to *spouse/life-partner relationship problems* for the year 2016 (Annexure A). These statistics are a culmination of different circumstances under those two ICD-10 codes (*child care problems & spouse/life-partner relationship problems*).

On child care problems the prevailing issues include the following:

- Child abuse (physical, emotional, psychological, sexual)

- Child maintenance

- Violation of the child's right to a relationship with a parent due to conflict between the parents

- Divorce

- Child being cared for by relatives because the parent(s) work in a different province and is unable to live with them due to residential restrictions in the military accommodation or cannot afford to rent/buy a place that will accommodate the child

- HIV/AIDS infection

- Domestic violence

- Substance abuse

- Disability and

- Mental health related issues – to mention a few.

The increasing number of child care problems is a concern to the department; proving to be a challenge as MSWOs find themselves without a relevant intervention strategy that is research based to address child care problems. It is for this reason that the Social Work Department manager requested the researcher to base her research study in addressing this challenge through her MA in Child Protection (Annexure A).

Although occupational social work is mainly focussed on employees and their empowerment and assistance in addressing social issues that impact on their productivity, it goes farther in the SANDF (Van Breda, 2007:3; Vn Breda, 2012:21). MilSW is occupational in nature but has evolved with time, and based on the needs of the users of the services provided, the spectrum has overlapped to some functions of generic social work. Focussing on employees in order to improve productivity has incorporated more of their families as one of the main areas that affect their social

health. It is the researcher's observation as a MSWO that this is one of the main contributing factors to the high volume of child care problems experienced by MSWOs who do not have guidelines on how to address such matters holistically.

According to the DOD policy on the *Process and Procedures for the Promotion of Military Community Wellness* (DOD, 2003), the human resource is regarded as the single most important component of the DOD that must be healthy to function optimally, effectively and efficiently (DOD, 2000:1). Health in this aspect is derived from the World Health Organisation (WHO) referring to the "state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" (WHO, 1984 as quoted by DOD, 2000:1). The Military Social Work Practice Model (SANDF, 1999:7) acknowledges that the military has unique demands on the members and their families, implying combat readiness to be a responsibility placed on both soldiers and their families.

Although Child Protection issues are diverse, having a policy aimed at upholding children's needs and rights even within the organisation will have an impact on this important resource to the DOD. The effect may be reciprocal to the combat readiness of the soldier when his/her children's psychosocial challenges are addressed effectively (DOD, 2003:10-2). The child care problems that are prevailing at AMHU NW as aforementioned can be understood to be child protection issues.

In the DOD policy on health care delivery, the part relevant to children refers to baby feeds being prescribed only for medical reasons requiring a MSWO's report in cases of malnutrition (DOD, 2003:9-7). On issues of family advocacy, the policy states that the Oral Health Care (OHC) personnel shall immediately notify the MSWO should they recognise or suspect child or spouse abuse, neglect or maltreatment (DOD, 2003:11-6).

These references are only paragraphs and not going in-depth, although they are related to child protection. It can also be noted that the MSWO's role is also identified via the provision of a report as motivation on a baby's malnutrition and address issues of child or spouse abuse, neglect and maltreatment. This is ideal and relevant to social work, but the very challenge of MilSW, because there is no policy with in the military on child protection to guide MSWOs on how to make this an optimal reality.

Hence, a policy on child protection in the DOD will be of great benefit to the organisation but needs to follow the necessary policy formulation steps. As noted by Weyers (2011:346) and Nicholas, Rautenbach, and Maistry (2010:48), policy – especially social policy, can be defined as a formal principle established to provide guidance to a process aimed at addressing a persistent social problem, meet human needs and promote the social well-being of the general population.

The formulation of a policy document is guided by the people's needs from the grassroots level through community organisations, interest groups, professional organisations and environmental groups (Nicholas, *et al.,* 2010:48; DuBois & Miley, 2010:258; De Oliveira Barra, *et al.*, 2016:841).

Formulating a policy is a process with different stages that take place gradually and at times simultaneously (Benoit, 2013:1; PAD 538, 2014:1; Child Matters: 2018:8). There are different models that can be applied and the one applicable for this study is the *Stages Model* which "makes it possible to present the complex process of public policy development in a relatively simple manner" (Benoit, 2013:1).

Table 1: Stages of Policy Formulation

Subroto (2011:4)	Benoit (2013:1)	PAD 5384 Civic groups & public policy (2014:1)
• Identifying issue stage • Policy analysis stage • Consultation and decision stage • Implementation stage • Evaluation stage • Conclusion and implication for further research	• Agenda setting • Policy formulation • Adoption (Or decision making) • Implementation • Evaluation	• Agenda setting • Formulation • Implementation • Evaluation

The first stage of the policy formulation process, as mentioned in congruence by the aforementioned authors, will be the focal point of this study as it focuses on learning the magnitude of child care problems experienced in the DOD (AMHU NW).

Subroto (2011:6) refers to it as the *initial stage* when an issue demands the attention of the authorities. Benoit (2013:4) attributes it to *problem structuring,* which involves identifying the problem and conducting research to determine its extent. In agreement, PAD 5384 Civic groups and public policy (2014:3) denote the agenda stage as the *recognition of the problem* stage which aims to examine the problem, its threat and the opportunity it presents to benefit the organisation, should it be resolved. It can thus be concluded that this first stage is primary as it enables the verification of a problem/issue through research to determine the necessity of the policy and the stages to follow.

The rise of child care issues in AMHU NW has raised a concern for the Social Work Department in that it is a problem especially because there are no guidelines on how to handle these issues with MilSW being occupational in nature. To determine if the concern is a problem; empirical evidence was gathered from relevant participants to identify the aspects of the problem and propose

solutions (Benoit, 2013:1). Hence, this study aimed to focus on the *agenda setting* to determine the extent and nature of child care problems in the SANDF (AMHU NW). As such, the study gathered information on the challenges experienced by relevant professionals on handling "child care" issues in their interventions and determine their understanding on child protection interventions.

Contribution of the Study

- The study will add to the knowledge base of research for MilSW that can in turn impact on practice through the improvement of services.

- The outcome of the study may also motivate more related research studies that can contribute to the formulation of a child protection policy in the DOD.

Research Question

What is the nature and extent of child care problems in the Department of Defence (AMHU NW)?

1.3   DEFINITION OF CONCEPTS

1.3.1   Child Protection

A system aimed at protecting children from any type of maltreatment, abuse, violence, or neglect and the provision of remedial interventions for those affected through services that acknowledge their vulnerability, human rights and need of care and protection (McCormick, 2013:5122).

1.3.2   Deployment

Deployment is understood as an assignment or military mission where military personnel are sent with their units or detached to another unit assigned to carry out a military duty in a location different from their mother unit, province or country. (Stafford & Grady, 2003:111; Booth, *et al*., 2007:33. as cited by Rubin *et al.,* 2013:318)/

1.3.3 Developmental Stages

Levels of physical, cognitive and emotional growth a human being goes through from conception to adulthood in his or her life span (Papalia, Olds & Feldman, 2009:270).

1.3.4 Military Social Work

Military social work is a specialised practice of occupational social work aimed at providing social work services to soldiers and their families; to help them deal with their psychosocial problems effectively (Wooten, 2015:8).

1.3.5 Parenting

Knowledge and skills provided by an adult caregiver or guardian to meet the needs of the child "with appropriate guidance and support" (Horwath, 2013:35).

1.3.6 Social Policy

A formal principle established to provide guidance to a process aimed at addressing a persistent social problem, meet human needs and promote the social well-being of the general population (Weyers, 2011:346; Nicholas, *et al.*, 2010:48.)

1.3.7 Systems Theory

According to the Systems Theory; the term '*system*' means "a set of objects that are interdependent and inter-related" and can function as a unit (Pierson & Thomas, 2010:513). This means that a system comprises of connected and reliant parts that carry out different yet necessary responsibilities that result in that system functioning as it should i.e. in accordance to its purpose (McCarroll, *et al*., 2017:1).

1.4 RESEARCH METHODOLOGY

1.4.1 Research Approach and Design

The study took on a ***qualitative research approach*** in its attempt to answer the research question. In correlation with Creswell's (2014**:**4) reference to qualitative research; this study was ***explorative*** and ***descriptive*** in nature – aiming to understand the meaning ascribed to the nature of child care issues in AMHU NW by MSWOs and Psychology counsellors as an identified social problem.

The *explorative descriptive design* allowed for an in-depth investigation of the phenomenon with data collected in the setting of participants and analysed for the interpretation of its meaning (Creswell, 2014:4; De Vos, *et al.,* 2011:96). Aspects of "*what*" the nature of child care issues entail were examined, "*how*" MSWOs and Psychology counsellors address them, as well as "*why*" they exist and their reasons for finding them to be a challenge (De Vos, *et al.,* 2011:96). Thus, aspects of both explorative and descriptive designs were blended to allow for an in-depth understanding of the phenomenon.

Participation was conducted with two ***focus groups*** with a ***semi-structured interview schedule*** within the military base. The research approach and design was suitable for the study because it allowed participants, who are professionals experiencing the challenges in handling child care issues, to elaborate on the exact nature of the challenges.

1.4.2 Population, Sampling and Participation

The general population of the study was the Social Work and Psychology Departments in the SANDF from different AMHUs. The study was however conducted with only those in the North

West region as the province that identified the rise of child care issues to be a problem warranting resolution.

A total of 13 participants were recruited and only 8 participated. The recruitment was a culmination of MSWOs (excluding the section head and the researcher) and psychology counsellors (excluding the section head). The total number of participants was determined by the structures of the departments. The *section heads* of both the departments were excluded from direct participation as they served as *mediators* in the study.

The non-probability – ***key informant sampling*** was applied as one that "relies on people in the community identified as experts in the particular field of interest…" (Strydom, 2011:234). The community in this case is the SANDF (AMHU NW) and the experts are MSWOs and psychologists as professionals that work with families in the DOD. MilSW addresses varied psychosocial problems experienced by members and their families, such as those related to child care, as one of the most prominent. The Psychology Department intervenes when therapeutic interventions are needed when a child is a client or when his/her parents make detrimental decisions that impact on that child (e.g. divorce) resulting in their struggling to cope. Both these departments were thus recruited to participate in this study.

1.4.3   Data Collection

A focus group refers to a gathering of research participants for a carefully planned interview aimed at obtaining their perceptions on a topic already prepared by the researcher (Greeff, 2011:361; Bless, *et al.,* 2013:200).

Two ***focus groups*** were employed and worked until saturation. A ***semi-structured focus group questionnaire*** was utilised where participants explored the phenomenon through discussions in

those groups. A tape recorder was also utilized simultaneously with a flipchart to record participants' responses.

1.4.4 Data Analysis

The tapes were transcribed into verbatim to enable the researcher to decode the data and explore the findings. A data analyst was employed for the task of transcribing and co-coding to assist the researcher with the themes.

1.4.5 Trustworthiness

The researcher is convinced that the data collection tool selected for this study was suitable to answer the research question – thus *convergence* was employed for guidance. The study's trustworthiness is dependent on the participants' responses and the meaning they hold on the matter(s) and thus guided the identification of prominent categories for data analysis (Marshall & Rossman, 2011:215). This implies that the researcher relied on data to lead to a conclusion and to remain objective.

The results of both focus groups constituted of the research data that lead to themes. Data was analysed separately by the researcher and the data analyst, and themes were constructed independently. A comparison and finalisation was made with the final themes constructed from the merge. In this manner, the study's trustworthiness was corroborated and elaborated to illuminate the true essence of the findings.

Trustworthiness criteria according to Bryman (2016:302) as applied in the study:

- Credibility: The researcher ensured that the research study was "carried out according to the principles of good practice" such as following the ethical code. The proposal of the study went

through research bodies to obtain confirmation. These procedures in turn confirm the credibility of the study.

- Transferability: The relevance of the study allows for the results to be utilised broadly in the social environment from which the research takes place. The information obtained can form a database for further research aimed at improving services on child protection by both the Social Work and Psychology departments in AMNU NW.

- Dependability: The researcher did not work in solidarity but with the guidance of her supervisor.

- Confirmability: The researcher ensured that the research study was conducted professionally. She did not allow for transference of personal opinions to influence the study; but formed conclusions based on what the results concluded and translated it is as such.

- Clarification of the bias by the researcher: The researcher hereby clarifies her bias as a MSWO in AMHU NW. It is for this reason that the research assistant was appointed and a data analyst with whom findings were compared and finalised with the researcher. The researcher avoided discussing the study with her colleagues for ethical etiquette and accountability.

1.4.6   Outline of the Ethical Aspects of the Study

- **Ethical Aspects on the Research Approach and Design**

Due to the fact that the approach was explorative in nature; self-expressive participants stood a chance of derailing the discussions from the questions. However, the nature of the questionnaire being semi-structured and guided the sessions since it was imperative for participants express themselves.

The research assistant who conducted the focus group sessions was competent in managing the dynamics of the group members such as different personalities to ensure that everyone got a chance to express their views.

- **Ethics on the Sample**

Experience of participants

The research assistant went through the consent form with them after they had received it prior to the sessions. They understood that their participation was voluntary and that they could opt out of the session whenever they felt the need.

Participants were qualified MSWOs and Psychologists who had to express their opinions on the topic. There were no discomforts expressed after the sessions. This can be attributed to the fact that they work with consulting clients on daily basis and could handle the demands of the sessions – hence the risk was minimal.

Risks and benefits

There were no risk factors anticipated except that of discomfort although none was reported. There were *no direct benefits* for participants in a form of remuneration of any kind.

The benefits were explained to be *indirect* since the study was conducted to address a challenge they faced in their practice on child care problems.

Vulnerable participants

None of the participants were vulnerable because they were trained and qualified in their respective professions.

Costs involved for participants

There were no costs involved for participants. The venues were arranged to be in the military base and the material needed for the sessions was provided from the research budget. The researcher ensured that the venues were confidential and without disturbance during the sessions by marking in the venue with a rope with notices of "Silence; research in process" for the first venue. The second venue was secluded and thus did not need to be marked-in.

- **Ethics on Recruitment**

Voluntary participation

It was made clear to participants that participation was completely voluntary at all times and that they could choose to discontinue if they felt like it.

Informed consent

Participants were provided with a consent form at least 5 days before data collection by the researcher through their section heads (it was placed in their pigeon-holes). They had the opportunity to go through it prior the session(s) and discuss it with the research assistant on the day of data collection before signing.

Goodwill permission/consent

The researcher requested permission from Area Military Health Unit Formation (AMHUF) for her study to be conducted and it was granted by the Officer Commanding.

Confidentiality, anonymity and privacy

The focus group interviews were recorded and transcribed into a verbatim. The transcripts and records will be stored at COMPRES Research Unit archive (NWU) for a period of 5 years.

Participants will be given numbers for identification in the transcripts. Although they wrote their details on the consent forms, their numbers are not indicated on the forms they signed. Their responses on the findings of the study were not indicated as coming from which participant – but that a response on the question was given.

Legal Authorization

<u>Faculty of Health Sciences Ethics Office for Research, Training and Support</u>: Granted permission for the study to be conducted as it met the required ethical standards (Annexure G: HREC Approval).

Permission from Area Military Health Unit Formation (AMHUF), Department of Defence, and AMHU NU also serves as legal authorisation (Annexure B, C, and D).

Research assistant:

The researcher recruited a research assistant to conduct the recruitment and focus group interviews with participants since she is their colleague. The research assistant (Ms Katlego M.P. Ratshidi) is a qualified social worker; trained in research interviews. She was trained on her role in the study by the researcher under supervision and orientated on what it entails.

- **Ethical Aspects on Procedures/Techniques/Methods**

The researcher constructed the research questionnaire under supervision to ensure that it was furnished to its optimum usefulness. Both the researcher and the supervisor received training in qualitative research (by Prof. Greeff – on ethics) for guidance and assurance of the quality of the questionnaire for focus groups.

<u>Partial Confidentiality</u>: The research assistant discussed the importance of confidentiality with participants. Taking into consideration the fact that it was partial as the group had discussions and

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individual participants heard and responded to one another. It was emphasised that they do not discuss the content of the discussions outside of the focus group sessions.

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SECTION A (PART 2): LITERATURE REVIEW

1.1   INTRODUCTION

This section focuses on child protection literature as a concept and a system that is also applicable to the services provided by the military to families – especially military children.

The following will be discussed: child protection as a concept and a system; child protection in the military; risk and protective factors for military children and conclusion.

1.2   CHILD PROTECTION AS A CONCEPT AND A SYSTEM

1.2.1   Child Protection as a Concept

Child protection as a concept has evolved throughout history as a result of social problems that affected children and necessitated their safeguarding and provision for their needs (Hämäläinen, 2016:735). Hämäläinen (2016:739) further affirms that humanity adopted the idea as a "special kind of human thinking" due to the negative effects of social change that affected children's living conditions.

Different countries and communities adopted different methods to address child protection issues varying in one way or the another in theory, practice and implicating measures that each implemented (Hämäläinen, 2016:739; Okem, 2017:189). The correlating factor, however, is that child protection has always been a "real social need" that prods the attention of authorities and humanitarian organisations (Hämäläinen, 2016:5122).

Moreover, this concept of child protection is embedded in the understanding of other concepts such as "care" and "child". Therefore, it is important to know what a 'child' is to be able to comprehend their need of 'care' and what it entails.

n legal terms, as adopted by both international and national authorities, a child is defined as any person under the age of 18 (Convention on the Rights of the Child, 1990:2; African Charter on the Rights and Welfare of the Child, 1990; Constitution of the Republic of South Africa, 1996:1255; Children's Act, 38 of 2005:3; Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007:6; Child Justice Act, 75 of 2008; Hendricks, 2014:550). Moyo (2012:159) and Hafen (2016:990) however, go further to define a child as someone "completely dependent" on parents or guardians for care and is an "integral component of a family" structure.

On the other hand, in accordance with the Children's Act (38 of 2005:18) the term "care" refers to providing a child with a conducive and safe home; meeting their needs that require financial means; promoting their well-being; providing protection from maltreatment, abuse, neglect, degradation, exploitation, emotional or moral harm or hazards; promoting their human rights; guiding their behaviour and informed decision-making; maintaining a sound relationship with them; and accommodating any of their special needs. In a more holistic manner; caring for a child means "ensuring that the best interests of the child is the paramount concern in all matters affecting the child" (Children's Act, 38 of 2005:18).

As acknowledged by Schäfer, (2011:v) and Mengtong and Ko Ling, (2016:46); children need care because they are one of the vulnerable groups of society and "lack the capacity and experience" that enables adults to fend for themselves in life. They need protection because they are also "smaller and frailer than adults", which make them more susceptible to abuse, neglect and exploitation (Schäfer, 2011:v; McCormick, 2013:5122; StatsSA, 2016:1). Thus, understanding child protection as a concept cannot be achieved without recognising its roots in the history of humanity and the understanding of fundamental terms such as "child" and "care".

For an even clearer grasp of the concept, child protection must also be understood as a *"system"* which aims to meet the needs of a "child", protect and promote their rights, as well as ensure that

they are "cared" for as their age and humanity appeal (UNICEF, 2018:57). Different and relevant parties must work together to ensure this, hence Child Protection is more than just a concept, but a system as well (UNICEF, 2018:57).

1.2.2 Child Protection as a System

According to the Systems Theory; the term '*system*' means "a set of objects that are interdependent and inter-related" and can function as a unit (Pierson & Thomas, 2010:513). This means that a system comprises of connected and reliant parts that carry out different yet necessary responsibilities that result in that system functioning as it should – in accordance to its purpose (McCarroll, *et al*., 2017:1).

Child protection as a system can be understood to incorporate different parts with differing functions and responsibilities – yet dependent on one another to be able to achieve the purpose of child protection. As alluded earlier under "Child Protection as a Concept", protecting children refers to multiple responsibilities, such as ensuring that their needs are met, rights are promoted, and that they are safe from any kind of harm that poses a threat.

For this full comprehension of protecting children to be achieved; different parts within the child protection system must work together. And this is because protecting children is the responsibility of all who live in their society as they impact on the fulfilment of their needs, protection of their rights and a fair chance to reach their full potential in life (Schäfer, 2011:213; Statistics South Africa, 2012:14; Ward, *et al.,* 2012:18; Hämäläinen, 2016:739).

This responsibility is not solely liable to the parents or guardians, but is embedded in all levels of human interaction and the esteem of human rights, as well as all the systems providing services to children (Fluke & Wulczyn, 2010:3; Green Paper on Families, 2011:55; Mathews, *et al.,* 2014:10; Smithson & Gibson, 2017:575).

Through bodies such as the United Nations, the international community has recognised human rights to be of paramount importance in all interactions of people and nations, and thus established regulations that hold individuals and nations responsible and accountable to uphold, protect, and observe them. Emphasis was made on children as one of the vulnerable groups of human societies who depend on others to safeguard their rights (Schäfer, 2011:v; McCormick, 2013:5122; Meintjes & Hall, 2013:90; Rubin, *et al.,* 2013:326; Hafen, 2016:990; Mengtong & Ko Ling, 2016:45; Osofsky & Chartrand, 2013:65).

The *United Nations Convention on the Rights of the Child* (UNCRC, 1990), for instance, outlines different articles that focus on various children's rights applicable to all children in the world (Convention on the Rights of the Child, 1990:2). Thus the *African Charter on the Rights and Welfare of Children* consequently focuses on the rights of all African children on a continental level (African Charter on the Rights and Welfare of the Child, 1990).

Section 28 of the Constitution of the Republic of South Africa (1996), the South African Schools Act (84 of 1996), the Children's Act (38 of 2005 as amended), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (32 of 2007), and the Child Justice Act (75 of 2008) are some of the main regulations that aim to safeguard the rights of South African children on a national level.

Governmental departments have specific primary roles to play in the field of child protection in and of themselves and secondarily work with one another and other organisations (McCormick, 2013:5122). These include the Department of Social Development, South African Police Services (SAPS), Department of Justice, Department of Home Affairs, Department of Health and the Department of Education, to mention a few.

There are other departments, which may not seem obviously relevant to child protection, but which interact with families and children through their employees. Decisions that are taken with regards to the type of work the employee does, where they will be placed and how much they will earn affect their families (Wessells, 2015:9).

The Department of Defence (DOD) is one of the most relevant "other" governmental department which play an imperative role in the protection of South African children (DOD, 2003:9-7). In and of itself, the DOD has a primary responsibility toward the wellbeing of military families and military children. This responsibility is acknowledged but needs to be refurbished to be able to meet the needs of military children more accurately through the services provided by the SAMHS as a support Arm of Service to the SANDF – that is; the DOD (DOD, 2003:9-7).

In order for child protection to function to its optimum purpose, all parts of the system need to work together. That begins with each realising its role and thus taking responsibility to carry out its function. The DOD, as part of the child protection system through SAMHS, is not excluded. It is important for the organisation to identify its role and extent of intervention to child protection services provided to military families. It is even imperative to understand the roles of other parts of the system and how to best work with them to the benefit of military families. With that said, the inevitable question is: what does child protection look like in the military?

1.3   CHILD PROTECTION IN THE MILITARY

The international community under the United Nations tends to focus research on child protection in the military on children in Armed Conflict, rather than military children of the soldiers (UN, 2010:5; Gade, 2011:326; Vaha, 2011:48; UN, 2015:4; Wyness, 2016:353; UN, 2018:6). However, a lot of research done on child protection in the military for different states – that is evident in literature – is mostly from developed countries such as the United States of America (USA) and

the United Kingdom (UK), which have helped to inspire and improve services provided by their defence force departments to military families (Lester, *et al.,* 2011:19; Lester, *et al.,* 2012:48; Kudler & Porter, 2013:163; McCarroll, *et al.,* 2017:1551).

Zeroing-in on the USA for instance; the DOD seem to work closely with the dependants of soldiers, and thus established preventative programmes and interventions targeted to military communities. Initiatives such as the following can be noted, just to mention a few:

- *FAP* (Family Advocacy Programme) was established for "spouse and child maltreatment in all military families and communities" apart from those provided for civilians (Taylor, *et al.,* 2016:153)

- *FOCUS* (Families OverComing Under Stress) was developed from research based on preventative interventions for military families (Lester, e*t al.,* 2011:24; Kudler & Porter, 2013:174). The programme provides skills training for military parents and children – even those who live far from the military base (Lester, e*t al.,* 2011:20). Local partners such as chaplains, medical and mental health providers and school staff are trained by FOCUS trainers (Lester, e*t al.,* 2011:20). To qualify to be a trainer, one must hold a masters or doctoral degree in a mental health field and have child and family clinical experience (Lester, e*t al.,* 2011:20). This shows the level of prestige the intervention is afforded and dedication to reaching military families according to their needs (Lester, e*t al.,* 2011:24; Paley, *et al.,* 2013:245).

- *Research* that guides family interventions in the military is of outmost importance, with the aim of prevention or reduction of problems experienced (Park, 2011:66; Appleton, *et al.,* 2015:1410). Park further states that monitoring and evaluation of the programmes are done and those that need further research are identified and explored (Park, 2011:65).

- Other initiatives include *review boards* and full *training of professionals* on any new child protection models – to mention but a few (Appleton, *et al.,* 2015:1410; McCarroll, *et al.,* 2017:1552). The DOD also designated the month of April as the *Month of the Military Child*; in recognition of their sacrifices for their country (Lavine, 2018:154).

All these initiatives on Child protection in the USA DOD are not without challenges or failures; but it is obvious that the organisation understands its role – specifically in the field of child protection – and is determined to adopt preventative and remedial measures aimed at benefiting military children within their unique context (Rubin, *et al.*, 2013:27; Hämäläinen, 2016:746; McCarroll, *et al.,* 2017:1552; Lavine, 2018:154).

In the South African context on child protection in the military, the success is not as overwhelming but can be recognised through psychosocial interventions with soldiers and their dependents. Based on the researcher's experience as a practicing MSWO at AMHU NW, social work services on *casework* interventions tend to be the *social work method* utilised most with military families. *Group work* and *community work* interventions are mostly targeted at military members in the place of work. Families are mostly excluded as they are not easily accessible. This is mainly due to the fact that most families are separated or fragmented with soldiers working far from home (Holm, 2010:3).

There are initiatives on group work through the *substance abuse therapeutic and support groups* held at AMHU NW which is open to both members and their adult dependants. Not many of the dependants attended the sessions. The other initiative aimed at families, and specifically children, is the #B-Yoself Children's Project focused on life-skills training for those 10 – 18 years old accessible participants. The total number of children is normally not more than 20 per session for group work, but can go over a hundred for community work initiatives. However, these initiatives are not strictly responsive to child protection issues prevailing at AMHU NW (as listed in the

problem statement), except through casework, which is remedial in nature and reliant on the consultations by the families.

Looking at the USA DOD's child protection related programmes in comparison to the SANDF, the following can be noted:

- *FAP*: The SANDF does not have a programme specifically aimed at spouses and children to help address issues of child maltreatment.

- *FOCUS*: Appears to be research-based, working in partnership with local role-players accessible to families, and training is done by professionals with post-graduation qualifications that are related to Child Protection. The field of child protection in the SANDF is not as specialised and this might be due to the fact that there is no specific indication on the organisation's role. This role can be made clear through a policy on child protection tailored specifically for the organisation, taking into consideration its context and the impact it has on military families.

- *Research*: There has been studies done by professionals such as MSWOs for their post-graduation degrees, but not a lot of them have completed their studies specifically in child protection. There is no pool on child protection studies that is being monitored to be able to give direction on how much more research is still needed and whether the studies result in improved services on child protection.

- *Other initiatives*: The SANDF has recently trained a number of MSWOs on child protection during a United Nations (UN) peace keeping mission. This training was earlier in 2018 and the MSWOs trained deploying solders to the Democratic Republic of Congo (DRC) to empower them on how to protect children during armed conflict. This initiative is in response to the UN's resolutions such as the MONUSCO Security Resolutions on protecting children (UN,

2017:18). However, it does not focus on how to best protect military children living in countries where there is no armed conflict with problems on child maltreatment still prevalent.

It is hereby notable that child protection measures in the military must be implemented not only during armed conflict circumstances in times of war, but also in everyday lives of military children as part of the larger society with child protection related problems. It is thus imperative to note the risk factors for military children and what literature acknowledges as counteractive protective factors.

1.4 RISK AND PROTECTIVE FACTORS FOR MILITARY CHILDREN

1.4.1 Risk Factors for Military Children

As noted by Rubin, Weiss and Coll, (2013:326), "[s]ome military children, like their civilian counterparts, are at-risk for child abuse" for reasons that may include demographic risk factors, lower ranks, multiple deployments and extended periods of single parenting, parents working in stressful positions, and those with little support systems to help with parenting.

Although military families are part of society, they are unique in that the impact of social problems is differently experienced because military families are also greatly influenced by the demands of the organisation on the family as a system (Rubin *et al.,* 2013:2). It is, however, undisputable that military parents are not exempted from their roles and responsibilities to their families (and especially children) irrespective of their work demands (Bell, 2011:69; Killen & Coplan, 2011:14; Schäfer, 2011:213; Maholmes, 2012:431).

Factors that may put military children at risk include the following:

- *Absent parents*: Majority of military parents are placed in areas far from their families or are separated from their children during periods of deployments, courses, and military exercises

and trainings. In her study on *The knowledge of parents in the military regarding child sexual abuse* conducted in the SANDF, Holm, (2010:vi) gives two main reasons that causes fragmentation.

The first is with regards to the soldier's decision not to relocate with the family when transferred to a different town/province due to cultural beliefs, a housing crisis, or other practical challenges. And the second reason is based on "soldiers being obliged to attend military course or to represent their country" through deployments to other countries. "These military obligations cause physical and emotional absence of the parental figure, which might leave a child in a vulnerable position to fall victim to child abuse" (Holm, 2010:vi).

The impact of deployments or separation from family for reasons already stipulated is intensely experienced by spouses and children (van Breda, 1998:2; Van Breda, 2001:248; Holm, 2010:3; Hart, 2010:4; Rubin, *et al.,* 2013:429; Mengtong and Ko Ling, 2016:53; Taylor, *et al.,* 2016:156). Park (2011:65) highlights a common saying in the United States military which is relevant for South African military as well: "when one person joins, the whole family serves". This ideology is also backed by Rowe *et al.* (2014:490) when stating: "one person joins but the whole family serves".

Park (2011:66) furthermore identifies challenges that military families experience during war or in peace – meaning whether a soldier is deployed or within the country's boundaries. The following challenges can be noted, especially for children: the child's school performance and mental health are negatively affected; worry over a deployed member is increased; children taking greater responsibilities for the household; and distress and loneliness is increased (Park, 2011:66; De Pedro, *et al.,* 2011:567; Rubin, *et al.*, 2013:430).

- *Developmental stage*: Maholmes (2012:432) has highlighted that the younger the child, the more negative the impact of the demands the military puts on the family system. Infants' and young children's development of secure attachments with their parents may be disrupted and may result in negative social relations and emotional regulations (Schäfer, 2011:371; Maholmes, 2012:431).

  On brain development; Ward *et al.* (2012:18) enlightens that the environment in which the first three years of a child's life occur "play a major role in shaping children's cognitive, socio-emotional and behavioural development".

  Young children's behaviour and mood changes are also influenced with the development of self-awareness and impulse control, which can result in poor management of feelings and emotions (Maholmes, 2012:432; Osofsky & Chartrand, 2013:62; Taylor, *et al.,* 2016:156).

  The child's needs are in accordance with their developmental stages: needs such as forming a bond with parents, training in independence, and guidance about life. The absence of parents due to military obligations can be a risk factor in having such needs properly met (Osofsky & Chartrand, 2013:62).

- *Parenting*: The processes involved in the caring of military children by their parents can have challenges which may be hazardous if suitable measures are not employed (Ward, *et al.,* 2012:63). On a more general note, parenting may have challenges that parents face and have to overcome as they carry out their roles (Papalia, *et al.,* 2009:270). Hayes and Watson (2013:629) call these challenges '*parenting stress*', which is "the experience of distress or discomfort that results from demands associated with the role of parenting". There may be varied demands associated with parenting, but in the case of military children, the nature of

the organisation has a big role in the parenting style their parents may execute (Rubin, *et al.*, 2013:21).

Parenting styles are "configurations of attitudes and behaviours of parents towards their child and create a context or a climate for the parent's behaviour and is displayed across many different situations" (Hoeve, *et al.*, 2009:751). Basically, parenting styles are parents' acts toward their children aimed at moulding their behaviours into socially acceptable behaviours which are meant to be carried out even into late adulthood. These acts are dependent on situations that families may find themselves in, especially those that impact on their children.

Different parenting styles with both negative and positive connotations have been identified through literature. As identified by Hoeve *et al.* (2009:751), Turner *et al.* (2009:337) and Papalia *et al.* (2009:272), the following corresponding parenting styles can thus be noted: *authoritarian*, *permissive* and *authoritative*. However, Hoeve *et al.* (2009:751) identified *neglect* as the forth parenting style – which is the most negative (low support and control) and related to child delinquent behaviour.

The other negative styles are authoritarian and permissive parenting styles; with the former referring to high control, restriction and unquestionable obedience, and the latter to high support, exhibiting uncontrolling behaviours that the child self-regulates (Hoeve, *et al.*, 2009:751; Turner, *et al.*, 2009:337; Papalia, *et al.*, 2009:272).

The most positive of the parenting styles identified is the *authoritative* style, which is more balanced with high levels of nurture, involvement and sensitivity, while the child's autonomy and individualism are encouraged with emphasis on social constraints (Hoeve, *et al.*, 2009:751; Turner, *et al.*, 2009:337; Papalia, *et al.*, 2009:272). Authoritative parents "direct the activities and decisions for their children through reasoning and discipline" so as to facilitate their child's

self-efficacy (Turner, *et al*., 2009:337). Papalia *et al*. (2009:30) defined self-efficacy as a "sense of one's capability to master challenges and achieve goals".

Parenting styles determine the family environment and influence the shaping of the child's cognitive, socio-emotional and behavioural development (Ward, *et al.*, 2012:18). It may be for such reasoning that military parents may need to ensure safe growing environments for their children, especially in their absence due to work related demands. Parents need to be empowered on a personal level as well to deal with the demands and stresses from their environment effectively to be able to relate with their children in a healthy and considerate manner.

Other important factors that may put military children at risk refer to the parent's mental health, low self-esteem, loneliness, beliefs about how to best discipline a child, poor parent-child relationship, care by a nonparent caregiver who may not identify with the child, socially dysfunctional families, and "inadequate knowledge about children's developmental levels" which can contribute to child abuse (DuBois & Miley, 2010:367; Ward, *et al.,* 2012:15; Rubin, *et al*., 2013:326; Appleton, *et al.,* 2015:1405; Wessells, 2015:9; Mengtong & Ko Ling, 2016:46; Taylor, *et al.,* 2016:157).

Although what is discussed herein on parenting is not limited to military parents, the reality is that the specific aforementioned factors may put military children at risk. In her findings, Holm (2010:38) was able to conclude that military parents were not equipped with enough knowledge on child sexual abuse and how to identify it, and thus recommended a need for the empowerment of parents in that regard.

- *Child protection structures not in place*: It is imperative to have preventative and responsive child protection programmes for emergencies, although this ideology is highly affected by

insufficient funding (Kudler & Porter, 2013:164; McCormick, 2013:5134). This is also the case in the SANDF with MSWOs who do not have a budget set aside for social work service projects for the military community.

Also, there is no structure in the DOD on how to respond to child protection related problems, which role players to liaise with and how far to intervene from the organisation's side. For example, MilSW does not handle statutory cases, but may have such a case referred to MSWOs as it may be social work related. A structure on how to best handle such a case, who to refer to and how; may be of aid to practitioners. Especially since it is the responsibility of professionals such as MSWOs, Psychologists, Medical Personnel and other professionals in the same field to protect children, report incidents of child protection, and ensure that relevant services are rendered adequately (Strydom, 2012:436; Hendricks, 2014:550).

- *Community environment*: Weyers (2011:408) defines a community as a social system which comes about when a population of individuals, living in a specific geographic area, establish structures and relationships to deal with social problems through a sense of community thinking, identity and activities. The military is also thought to be a community with its own culture influencing both the personnel and dependents living in the military base and serving in the DOD (Maholmes, 2012:434; Kudler & Porter, 2013:164; Rubin, *et al*., 2013:21; Rowe, *et al.,* 2014:494).

Although the military is set and established as a community in its own right; the system of child protection is not well established and structured. This undefined and unstructured system, that is a reality in each and every community where children are involved, incapacitates the community in taking preventative and even suitable restorative measures to fully protect children within the military base.

Military families that do not live in the military base are still part of the community as they also utilise the services provided for the benefit of soldiers and their dependents in their nearest military base. Such families live in civilian communities and may also be exposed to situations presented in those communities such as violence, crime and substance abuse (Hinsberger, *et al.,* 2016:2; Mengtong & Ko Ling, 2016:52; McCarroll, *et al.,* 2017:1554).

The farther the families are from military services due to their geographic demarcations may negatively affect access to medical services – especially for those living in deep rural areas (StatsSA, 2012:34; Mengtong & Ko Ling, 2016:52). This is especially the case with reserve force members and their families who "may not have ready access to military services or support" (Rowe, *et al.,* 2014:494).

1.4.2   Protective Factors for Military Children

Protective factors are "preventative in nature" and can help with vigilance against all kinds of child maltreatment through the understanding of conceivable risk factors that must be mitigated and where possible, overcome (De Pedro, *et al.,* 2011:593; Ward, *et al.,* 2012:63; Children's Bureau, 2014).

Factors that may serve as protective factors in child protection for military children may include the following:

- *Children*: One of the most important yet overlooked factors that can serve to protect children is involving them in issues that concern them (Bell, 2011:9). This notion can be understood as "participation", which refers to sharing information with children on matters that affect them, giving them an opportunity to engage in dialogue where their opinions are heard, respected and heeded in shaping the outcome of the decisions (Bell, 2011:5).

This notion of participation is also a need for military children who must be involved in the decisions taken such as the parent's deployment period. The child needs to be informed and a discussion needs to be had where they can express their concerns and have them addressed (Maholmes, 2012:432). Such decisions can vary from work related decisions that affect the military family, to the relationship between parents on issues such as divorce, separation or a parent starting a new relationship with someone other than the child's parent. When children know what is happening in their family system and how external issues can influence its homeostasis, they may be able to cope better with demands of that influence during deployments or placement of a military parent in a unit far from home.

It is also important to provide children with life skills that can help them cope under the pressure that the military as an organisation might be placing on the family. Skills such as constructive problem-solving processes, effective use of the support systems, intrapersonal development, and self-efficacy (Strydom, 2012:435; Hinsberger, *et al.,* 2016:7; McCarroll, *et al.,* 2017:1554).

Other protective factors for military children include the consideration of the best interest of the child principle, supportive family environments, role models and mentors, parent-child support programmes, strong social structures such as schools and religious centres, and the application of military values such as honour and a sense of purpose to help develop resilience (Park, 2011:67; Maholmes, 2012:432; Moyo, 2012:170; Ward, *et al.,* 2012:133; Rubin, *et al*., 2013:429; Rowe, *et al.,* 2014:491; McCarroll, *et al.,* 2017:1555).

- *Absent parents*: Military parents who are not living with their children need to work harder on their parent-child relationships to preserve the intimacy of the bond between them, invest on extra support for good education means, provide good and safe environments where they are left behind, and a good interactive communication to encourage them to report any kind of

maltreatment towards them (Holm, 2010:38; Rubin *et al.,* 2013:322; Mengtong & Ko Ling, 2016:46).

Other protective factors include empowerment initiatives such as parenting skills programmes for both present and absent parents, stress management and mental health preventative initiatives, continuous planning and preparation for deployment or returning to work after vacation leave, limited family relocations, refrain from multiple deployments within a short period of time, monitoring of school achievement and related tasks (Van Breda, 2001:262; De Pedro, *et al.,* 2011:568; Maholmes, 2012:432; Ward, *et al.,* 2012:15; Osofsky & Chartrand, 2013:62; Rowe, *et al.,* 2014:494; Mengtong & Ko Ling, 2016:46).

- *Developmental stages*: All initiatives aimed at protecting military children need to be aligned to their developmental stages so as to ensure that their needs are met adequately. Children's needs differ according to the developments that take place in each age. Infants may need more of their parent's presence for attachment, nourishment through breast-feeding, and care in general. Toddlers and young children may need more attention given to their school work, nurture and positive forming of social interactions. Teenagers may need more guidance on life issues as they wrestle to understand the world around them and how to be a part of it (Van Breda, 2001:248).

In all these stages, parents are needed and it is imperative for military parents to understand the needs of their children according to their developmental stages and put measures in place on how to ensure that the demands of the organisation does not negatively influence their commitment and responsibilities towards their children (Moyo, 2012:167; Appleton, *et al.,* 2015:1409).

Military parents need to be empowered on parenting while taking the nature of the organisation into perspective. This does not mean that military parents are not good at parenting, but

awareness can be raised through professionals working with families on issues affecting military children and help parents work out their role in mitigating those issues (DuBois & Miley, 2010:377; Maholmes, 2012:433).

- *Military community and child protection structures*: As alluded before in this paper that the military is a community in its own right, it is imperative to have the child protection structures made specific for the empowerment of the relevant service providers and users within the military community (Kudler & Porter, 2013:164; Appleton, *et al.,* 2015:1411).

When referring to deployment resilience, Van Breda (2001:266) emphasised on the need for collaborative partnerships between soldiers, military families and the military organisation. In corroboration, De Pedro *et al.* (2011:567), Appleton *et al.* (2015:1396) and Wessells (2015:9) note the importance of this collaboration for the child protection system as well – including those civilian stakeholders working with military families such as schools, religious leaders and communities where military families live.

Child protection measures in the military need to put military families in the centre and promote the participation of each role-player to ensure a balance on competing factors that affect children, such as placing a parent far from home and internal versus external deployments of parents (Moyo, 2012:142; Strydom, 2012:435; Rubin, *et al*., 2013:313).

As noted by Rubin *et al*. (2013:314), the USA Army and Air Force arms of service acknowledged this realisation through statements such as "*Recruit a soldier, retain a family*" and "W*hen we take care of Air Force families, Airmen are free from distractions and better able to focus on the mission*". The SANDF also acknowledged this realisation on the soldier's mission readiness and resilience by ensuring "an optimal health status" of the soldier and his/her dependents (DOD, 2003:1-2).

The "knowledge of and sensitivity to military life and culture is essential" in instigating child protection structures within the military community, with prevention as "the key to reducing all child maltreatment" (Maholmes, 2012:434; McCarroll, *et al.,* 2017:1556).

Kudler and Porter (2013:164) also refer to the importance of looking beyond the clinical interventions on military children and strengthen communities that care about them in order to be able to "define broader interactions that either promote or threaten their wellbeing" (Kudler & Porter, 2013:164). It is also acknowledged that such initiatives will not be easy and will require diligence, time and deliberate efforts from those working with military families (Kudler & Porter, 2013:182).

1.5   CONCLUSION

The literature review has revealed that child protection is a concept embedded in the understanding of primary concepts such as "child" and "care" to any attempts aimed at protecting children. The concept evolved throughout human history with the rise of social problems that affected children due to their vulnerabilities and need of protection.

The care and protection of children is however the responsibility of multiple sectors and not only primary caregivers such as parents or guardians. These sectors include the international community, the constitution and the international rights of children that has declared universal human rights for children and hold countries accountable for their promotion. In response to the international community, states to which children belong enforce legislature on the care and protection of children. Organisations, government departments, institutions and communities that work with children and provide services of any kind also have a role to execute. Thus child protection can also be understood to be a system involving different role-players that need to work together to be able to provide a holistic service to children.

Literature also points to child protection in the military as one of the role-players who must identify their role and align their services to military children in accordance to legislature and the recognition of children's rights. This is because military children are affected by issues that also affect civilian children, but have to bear the burden of the work demands that the military executes on military families. Child protection services should then be aligned with the risk and protective factors that acknowledge the uniqueness of the military children's needs of care and protection.

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SECTION B: ARTICLE: THE NATURE AND EXTENT OF CHILD CARE PROBLEMS AT THE DEPARTMENT OF DEFENCE: AREA MILITARY HEALTH UNIT NORTH WEST

ARTICLE: THE NATURE AND EXTENT OF CHILD CARE PROBLEMS AT THE DEPARTMENT OF DEFENCE: AREA MILITARY HEALTH UNIT NORTH WEST

Motlatsing Suzan Moreki

ABSTRACT

Child protection problems rated second highest at Area Military Health Unit North West in 2016; resulting in intervention strategy needs for Military Social Work Officers. Hence this study focused on exploring the nature and extent of these problems through a *qualitative research approach* that is *explorative* and *descriptive* in nature.

A *semi-structured interview schedule* was used with social work officers and psychologists through a focus group for data collection. And the results revealed fragmentation of military families to be central to child care problems including; child abandonment, poor child maintenance, behavioural problems and child maltreatment to mention a few.

KEY WORDS

Child Protection, Deployment, Developmental stages, Military Social Work, Parenting, Social Policy, Systems Theory

INTRODUCTION AND PROBLEM STATEMENT

Area Military Health Unit North West (AMHU NW) is a provincial division of South African Military Health Services (SAMHS) in the SANDF. SAMHS is one of the four Arms of Service focused mainly on offering medical support to military personnel (especially uniform members of the regular force) and their families (SAMHS).

AMHU NW as a military unit encompasses three areas, namely; Potchefstroom, Mahikeng and Zeerust (DOD, 2003:1-10). The unit offers health services ranging from medical, social and psychological issues and thus comprises of different related professionals who address them respectively. Although services are based on the three aforementioned areas, the clientele accessing them come from the province at large – even dependants of military personnel working in different provinces with their families residing in the North West Province (DOD, 2003:1-10).

The Social Work Department also provides services to military members and their dependants (families) as one of the sections in the unit, and has been experiencing a growing number of cases related to child care issues in recent years. According to the departmental statistics on casework; *child care problems* rate second to *spouse/life-partner relationship problems* for the year 2016 (Annexure A). These statistics are a culmination of different circumstances under those two ICD-10 codes (*child care problems & spouse/life-partner relationship problems*).

On child care problems the prevailing issues include the following:

- Child abuse (physical, emotional, psychological, sexual)

- Child maintenance

- Violation of the child's right to a relationship with a parent due to conflict between the parents

- Divorce

- Child being cared for by relatives because the parent(s) work in a different province and is unable to live with them due to residential restrictions in the military accommodation or cannot afford to rent/buy a place that will accommodate the child

- HIV/AIDS infection

- Domestic violence

- Substance abuse

- Disability and

- Mental health related issues – to mention a few.

The increasing number of child care problems is a concern to the department; proving to be a challenge as MSWOs find themselves without a relevant intervention strategy that is research based to address child care problems. It is for this reason that the Social Work Department manager requested the researcher to base her research study in addressing this challenge through her MA in Child Protection (Annexure A).

Although occupational social work is mainly focussed on employees and their empowerment and assistance in addressing social issues that impact on their productivity, it goes farther in the SANDF (Van Breda, 2007:3; Van Breda, 2012:21). MilSW is occupational in nature but has evolved with time, and based on the needs of the users of the services provided, the spectrum has overlapped to some functions of generic social work. Focussing on employees in order to improve productivity has incorporated more of their families as one of the main areas that affect their social health. It is the researcher's observation as a MSWO that this is one of the main contributing factors to the high volume of child care problems experienced by MSWOs who do not have guidelines on how to address such matters holistically.

According to the DOD policy on the *Process and Procedures for the Promotion of Military Community Wellness* (DOD, 2003), the human resource is regarded as the single most important component of the DOD that must be healthy to function optimally, effectively and efficiently (DOD, 2000:1). Health in this aspect is derived from the World Health Organisation (WHO) referring to the "state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" (WHO, 1984 as quoted by DOD, 2000:1). The Military Social

Work Practice Model (SANDF, 1999:7) acknowledges that the military has unique demands on the members and their families, implying combat readiness to be a responsibility placed on both soldiers and their families.

Although Child Protection issues are diverse, having a policy aimed at upholding children's needs and rights even within the organisation will have an impact on this important resource to the DOD. The effect may be reciprocal to the combat readiness of the soldier when his/her children's psychosocial challenges are addressed effectively (DOD, 2003:10-2). The child care problems that are prevailing at AMHU NW as aforementioned can be understood to be child protection issues.

In the DOD policy on health care delivery, the part relevant to children refers to baby feeds being prescribed only for medical reasons requiring a MSWO's report in cases of malnutrition (DOD, 2003:9-7). On issues of family advocacy, the policy states that the Oral Health Care (OHC) personnel shall immediately notify the MSWO should they recognise or suspect child or spouse abuse, neglect or maltreatment (DOD, 2003:11-6).

These references are only paragraphs and not going in-depth, although they are related to child protection. It can also be noted that the MSWO's role is also identified via the provision of a report as motivation on a baby's malnutrition and address issues of child or spouse abuse, neglect and maltreatment. This is ideal and relevant to social work, but the very challenge of MilSW, because there is no policy on child protection to guide MSWOs on how to make this an optimal reality.

Hence, a policy on child protection in the DOD will be of great benefit to the organisation but needs to follow the necessary policy formulation steps. As noted by Weyers (2011:346) and Nicholas, Rautenbach, and Maistry (2010:48), policy – especially social policy, can be defined as a formal principle established to provide guidance to a process aimed at addressing a persistent social problem, meet human needs and promote the social well-being of the general population.

The formulation of a policy document is guided by the people's needs from the grassroots level through community organisations, interest groups, professional organisations and environmental groups (Nicholas, *et al.,* 2010:48; DuBois & Miley, 2010:258; De Oliveira Barra, *et al.*, 2016:841).

Formulating a policy is a process with different stages that take place gradually and at times simultaneously (Benoit, 2013:1; PAD 538, 2014:1; Child Matters: 8). There are different models that can be applied and the one applicable for this study is the ***Stages Model*** which "makes it possible to present the complex process of public policy development in a relatively simple manner" (Benoit, 2013:1).

Table 2: Stages of Policy Formulation

Subroto (2011:4)	**Benoit (2013:1)**	**PAD 5384 Civic groups & public policy (2014:1)**
• Identifying issue stage • Policy analysis stage • Consultation and decision stage • Implementation stage • Evaluation stage • Conclusion and implication for further research	• Agenda setting • Policy formulation • Adoption (Or decision making) • Implementation • Evaluation	• Agenda setting • Formulation • Implementation • Evaluation

The first stage of the policy formulation process, as mentioned in congruence by the aforementioned authors, will be the focal point of this study as it focuses on learning the magnitude of child care problems experienced in the DOD (AMHU NW).

Subroto (2011:6) refers to it as the *initial stage* when an issue demands the attention of the authorities. Benoit (2013:4) attributes it to *problem structuring,* which involves identifying the problem and conducting research to determine its extent. In agreement, PAD 5384 Civic groups and public policy (2014:3) denote the agenda stage as the *recognition of the problem* stage which

aims to examine the problem, its threat and the opportunity it presents to benefit the organisation, should it be resolved. It can thus be concluded that this first stage is primary as it enables the verification of a problem/issue through research to determine the necessity of the policy and the stages to follow.

The rise of child care issues in AMHU NW has raised a concern for the Social Work Department in that it is a problem especially because there are no guidelines on how to handle these issues with MilSW being occupational in nature. To determine if the concern is a problem; empirical evidence was gathered from relevant participants to identify the aspects of the problem and propose solutions (Benoit, 2013:1). Hence, this study aimed to focus on the *agenda setting* to determine the extent and nature of child care problems in the SANDF (AMHU NW). As such, the study gathered information on the challenges experienced by relevant professionals on handling "child care" issues in their interventions and determine their understanding on child protection interventions.

AIM OF THE RESEARCH STUDY

This study aimed to determine the nature and extent of child care problems in the DOD (AMHU NW).

RESEARCH METHODOLOGY

Research Approach and Design

The study took on a ***qualitative research approach*** in its attempt to answer the research question. In correlation with Creswell's (2014**:**4) reference to qualitative research; this study was ***explorative*** and ***descriptive*** in nature – aiming to understand the meaning ascribed to the nature of child care issues in AMHU NW by MSWOs and Psychology counsellors as an identified social problem.

The *explorative descriptive design* allowed for an in-depth investigation of the phenomenon with data collected in the setting of participants and analysed for the interpretation of its meaning (Creswell, 2014:4; De Vos, *et al.,* 2011:96). Aspects of "*what*" the nature of child care issues entail were examined, "*how*" MSWOs and Psychology counsellors address them, as well as "*why*" they exist and their reasons for finding them to be a challenge (De Vos, *et al.,* 2011:96). Thus, aspects of both explorative and descriptive designs were blended to allow for an in-depth understanding of the phenomenon.

Participation was conducted with two **focus groups** with a **semi-structured interview schedule** within the military base. The research approach and design was suitable for the study because it allowed participants, who are professionals experiencing the challenges in handling child care issues, to elaborate on the exact nature of the challenges.

Population, Sampling and Participation

The general population of the study was the Social Work and Psychology Departments in the SANDF from different AMHUs. The study was however conducted with only those in the North West region as the province that identified the rise of child care issues to be a problem warranting resolution.

The recruitment was a culmination of MSWOs (excluding the section head and the researcher) and psychology counsellors (excluding the section head). The number of participants was determined by the structures of the departments. The *section heads* of both the departments were excluded from direct participation as they served as *mediators* in the study.

The non-probability – **key informant sampling** was applied as one that "relies on people in the community identified as experts in the particular field of interest…" (Strydom, 2011:234). The community in this case is the SANDF (AMHU NW) and the experts are MSWOs and

psychologists as professionals that work with families in the DOD. MilSW addresses varied psychosocial problems experienced by members and their families, such as those related to child care, as one of the most prominent. The Psychology Department intervenes when therapeutic interventions are needed when a child is a client or when his/her parents make detrimental decisions that impact on that child (e.g. divorce) resulting in their struggling to cope. Both these departments were thus recruited to participate in this study.

Data Collection

A focus group refers to a gathering of research participants for a carefully planned interview aimed at obtaining their perceptions on a topic already prepared by the researcher (Greeff, 2011:361; Bless, *et al.,* 2013:200).

Two ***focus groups*** were employed and worked until saturation. A ***semi-structured focus group questionnaire*** was utilised where participants explored the phenomenon through discussions in those groups. A tape recorder was also utilized simultaneously with a flipchart to record participants' responses.

Data Analysis

The tapes were transcribed into verbatim to enable the researcher to decode the data and explore the findings. A data analyst was employed for the task of transcribing and co-coding to assist the researcher with the themes.

Trustworthiness

The researcher is convinced that the data collection tool selected for this study was suitable to answer the research question – thus ***convergence*** was employed for guidance. The study's trustworthiness is dependent on the participants' responses and the meaning they hold on the matter(s) and thus guided the identification of prominent categories for data analysis (Marshall &

Rossman, 2011:215). This implies that the researcher relied on data to lead to a conclusion and to remain objective.

The results of both focus groups constituted of the research data that lead to themes. Data was analysed separately by the researcher and the data analyst, and themes were constructed independently. A comparison and finalisation was made with the final themes constructed from the merge. In this manner, the study's trustworthiness was corroborated and elaborated to illuminate the true essence of the findings.

RESEARCH FINDINGS

The outcome of the study, as conducted with two focus groups comprising of MSWOs and psychologists, produced the themes and subthemes displayed in Table 3.

Table 3: Final themes and sub-themes

THEME 1:	FRAGMENTED FAMILIES	
Subthemes:	1. Child Abandonment 2. Family Dysfunction	3. Parent's Military Duties 4. Financial Maintenance
THEME 2:	CHILD PROTECTION	
Subthemes:	1. Protecting Children 2. Supporting Children 3. Caring for Children	4. Empowering Children 5. Misuse Of Children's Rights
THEME 3:	INCREASE IN CHILD CARE ISSUES	
Subthemes:	1. Increasing Referrals	2. Managing Referral
THEME 4:	INTERVENTIONS ON CHILD CARE ISSUES	
Subthemes:	1. Current Interventions 2. Competency in Dealing with Child Care Issues	3. Scope of MSWOs and Psychologists
THEME 5:	SUGGESTIONS FOR MANAGING CHILD CARE ISSUES	
Subthemes:	1. Training 2. New Recruits 3. Planned Interventions	4. New Initiatives 5. Management Involvement

THEME 1: FRAGMENTED FAMILIES

Fragmented families refer to members of the family that are disintegrated from one another and thus living in different areas.

> *"… the father… who… uhm can be perceived as the custodian of disciplining the family… working away from home for more than 17 years… or in and some… even more than 20 years being away from home…"*

Subtheme 1: Child Abandonment

In instances where the military parent leaves the child or children with other people for care in order to report for his or her military duties in a different area, the feeling of abandonment was expressed by one of the participants:

> *" … I have made the conclusion in my mind that one of the issues would be… uhm… abandonment… uhm… now I am using the worst now… but children being left with… not the primary parent… because the parent must deploy for instance… at a very young age… we are talking 6 months…"*

> *"The responsibility for maintenance is thrown to the grandparents"*

In some instances the child is left in the care of a nanny:

> *"Children dying in the care of nannies… 8 months baby passed on… 4 months… That one… the parents did not make the right decision…"*

According to Daigle and Muftić (2016:200) abandonment is a form of neglect when "a person who has assumed responsibility to provide his or her care" toward a child deserts that responsibility. Horwath (2013:15) limited that care to parents who commit neglect when they fail to provide for the needs of their children.

Moreover, the definition of neglect can be vague, sometimes utilised more rigidly, demanding harsher punishment for perpetrators and at times applied in simple terms affecting the urgency of

interventions (Horwath, 2013:121). That could be the reason for participants' application of the term abandonment in both rigid and loose terms. The impact it has on children is however, still negative, whichever the form.

Another form of fragmented families with child abandonment was reported with children conceived between soldiers and civilians in areas of deployment, both internal deployments (within South African boarders) and external deployments (outside South African boarders, i.e. in a different country).

> *"... so you see this issue of deployment... I am working at the... deployment area... next to the board of Botswana... yes... it is also an issue because these guys they come from different provinces,... and they leave children there... and there is rural areas... people there are unemployed and they don't have means to survive... at some point... so the kids are the ones that are suffering... because now we have to trace who is who... what happened... that the children can at least have financial means to survive..."*

Sometimes, soldiers commit to the relationships with the civilians in deployment areas and are involved in the children's lives. Participants referred to the child who was conceived between a South African soldier and a Congolese woman brought to South Africa.

> *"... I have one child struggling with birth certificate... So, it is a problem because it is affecting the child at school..."*

> *"And can I elaborate... that child is a Congolese child... the mother is a Congolese woman.... so the soldier married Congolese woman there and he brought her here..."*

Deployment as means to earn more money resulting in child neglect:

> "... the parent was not concerned about leaving the child... it's more about getting the money from the deployment... and if it happens that they are gone at the same time... the child is just neglected like that..."

De Pedro *et al.* (2011:593) enlighten that children can experience "higher rates of anxiety and depression" when both parents are soldiers and spend more time deployed. It was also articulated from this research study that family *fragmentation/child abandonment* can have a negative impact on children.

Negative impact on the child's developmental stages:

> "... the other thing that comes to mind is the effects of the fragmentation on the development of children... I had a personal experience that I went on course... my child was 18 months... and she stopped speaking... like after that we had to deal with speeches and so on... so leaving children at such an age can limit developmental stages."

Negative impact on the attachment between parent(s) and child:

> "I think also... due to fragmentation of the family; children do not have both... their fathers or their mothers... you find that they are growing up on their own... there is no bonding... with young mothers like the MSDS [Military Skills Development System] that are coming in... as soon as they get a contract for 10 years they get [inaudible]... the children to the grandparents... so the child does not know the mother... know the father... because maybe the father does not want to take responsibilities... so you find that single parenting is very high."

> "... when the MSDS [Military Skills Development System] comes into the system... we tried the social workers to give them more insight... because as soon as they get the signature... they are pregnant."

The negative impact of poor attachment puts children at a greater risk of victimisation throughout their interactions within the society. This is because parent-child interactions "have an irrefutable

effect on developing children at every socio-economic level" (Compton & Shim, 2015:82; Daigle & Muftić, 2016:36)

Negative impact as observed in child behavioural problems:

Neglected children may experience feelings of rejection and no sense of belonging. This can result in negative behaviour traits that can be used as a means to get the parent(s) attention.

> *"... **children feel rejected**... because even like over weekends this parents are not visiting them... they remain with their extended family... they have issues at school... so they feel... **not a sense of belonging** and then they act out, sometimes they **become aggressive** or they become this **withdrawn** children..."*

Negative behaviour to get the parent's attention:

> *"And then they start to do stuff at school... that would make the parents to come to school... **attention seeking behaviour**..."*

> *"Like **drugs**..."*

> *"... obviously with drugs comes the issue of... **banking school**... **dropping grades**..."*

Other highlighted behavioural problems include:

> *"... so the children are **lashing out**... the children are acting out a lot more these days... the accepted behaviour these days... is... you know... **lacking of values**... and... children follow what they see... because there is a lack of leadership at home... so they follow all these things that they see... they follow friends here in the village... and the influences that these friends bring are not good... because there is that lack of parental involvement... the children fall by the ways... we have a lot of children with behavioural problems... **fighting**... those sorts of things..."*

> *"... and you find that they are also involved in like **criminal activities**... due to that **peer pressure**... "*

> *"… we had a child… a **conduct disorder** last week… **ADHD** is also one that is coming up a lot… the schools feel that the children need to be put on medication… but mainly it is just behavioural problems… and then the teachers… you know… feel that they need to put the children on ADHD medication just to calm them down… but… there's no medication for behavioural problems…"*

Similarly, to these aforementioned findings thus far, Compton and Shim (2015:81) highlight that when good role modelling lacks from parents and the child's peers, they can be negatively affected in ways that may result in smoking, use of drugs, unhealthy extramural activities in and outside the school, as well as negative adaptive strategies in life. Other consequences may be due to insecure emotional attachment resulting in lack of interest to go to school, low academic achievement, and behavioural problems (Compton & Shim, 2015:81).

Referring to Attention-Deficit/Hyperactivity Disorder (ADHD), the condition is a serious mental health issue which may require medication for treatment. However, as stated by Compton and Shim (2015:82:199), the condition can also be managed through an improvement of spaces where children spend most of their day time at places such as school and playgrounds.

Subtheme 2: Family Dysfunction

Family dysfunction refers to when there are social problems prevalent within the family system that influence it's functioning negatively – and subsequently, the children.

Domestic violence was one of the social problems reported on:

> *"… the children are affected by domestic violence… **because parents are fighting**… they are victims… and then they **start bullying other children** at school… it's a learned behaviour from home."*

> *"… domestic violence like when children are left in these different families with boyfriends and whoever, they are exposed to **sexual abuse** or **all the types of abuse**…""*

*"… the father was on rehab… and he used to **verbally**, **physically**, **sexually**, social **abuse** the mother… you know… so **the children have witnessed**… have witnessed it… it affected them a lot… whereby they couldn't even see the meaning of life…"*

*"… where there is **abuse of alcohol**… **any substance within the family system**… the **kids are always the ones to suffer the most**… so the kids you know obviously have that feeling of… rejection… that **feeling of rejection** comes up even in situations where the mother is being deployed… or the father is being deployed or being… displaced… and… the military is not a family friendly environment… so… it creates a lot of challenges for the children… trust issues… they **struggle to trust adults**… they struggle to… because the family that they have and the family that they you know… come to know… is not always there for them…"*

Alcohol abuse is associated with physical assault as a form of victimisation, which is also likely to lead to sexual abuse by alcohol abusing parents on children (Goodman, 2013:49; Daigle & Muftić, 2016:35). This kind of violence exposure during childhood may also result in children becoming perpetrators of violence themselves even through to adulthood (Compton & Shim, 2015:55). Domestic violence can become a learnt behaviour of interaction for families.

Domestic violence after the death of a parent is also reported to impact the lives of children negatively:

*"… if one parent passes on or something you know like children are exposed to be left with the step moms or new girlfriends and stuff… and children have **issues between the families**… I want to stay with… my maternal… or paternal… and they are fighting…there's that **fight in between for the moneys** and stuff… so it becomes some of an issue with kids."*

*"… the death of the biological parent… and then the… there's a **group life that pays out… like a policy** that all of us have… then the beneficiaries are normally … some of the family members… you've got one family… then an extended… you know… another family… at the end of the day… it happen that the **money that the children is supposed to get… actually does not reach the children**…"*

*"The other thing that is in the same... maybe the money is paid out and I am taking care of these kids... I have **decide to renovate my house** with the money... not channelling it to the kids... and when the money is finished I say you must go out now... I **chase them away**..."*

*"Sometime there is a **delay in the payment of benefits**, because the GEPF [Government Employee Pension Fund] for instance must **confirm all the kids** that was born out of wedlock's as well... they are cautious want to make sure they pay the benefits to the right people so they must be an **investigation so it takes longer** for the family... the beneficiaries to receive what is due to them..."*

The death of a parent or parents is a risk factor that may increase the chances of child maltreatment, because it brings about family disruptions with family structures altered to fit the circumstances (Bezuidenhout, 2013:31; Compton & Shim, 2015:121; Daigle & Muftić, 2016:36).

According to the World Health Organisation (WHO), child maltreatment; "includes all forms of physical, emotional ill treatment, sexual abuse, neglect and exploitation that results in actual potential harm to a child's health, development and dignity" (Bezuidenhout, 2013:45; Daigle & Muftić, 2016:332). The treatment is associated with domestic violence, mental health problems, as well as alcohol and drug misuse referred to by Horwath (2013:182) as the "toxic three".

Subtheme 3: Parent's Military Duties

Fragmented military families are also reposted as a result of deployments and courses that the military personnel attend.

"I actually want to say that we sit with a lot of fragmented families in our area and when parents deploy or go on courses... normally when there is three children... the oldest one must take responsibility over the family... and the children... Because courses can go on from 36 and up till a year...."

"Not only that... even senior courses are up to one year... there is always courses that you must do in the military."

Due to deployments, military children may experience a lot of social and emotional strain from long periods of parents' absence, resulting in "increased responsibilities at home" and reintegration adaptation problems (De Pedro, *et al.* 2011:568; Rubin, *et al.* 2013:314). These kinds of emotional and psychological pressures can impact negatively on the children's academic and social functioning (De Pedro, *et al.* 2011:568).

Subtheme 4: Financial Maintenance

Other family fragmentation issues impact on the parents' financial maintenance for the children left with other care-givers.

> *"It is possible parents that does not comply... to their parental responsibilities... for providing the basic care for... their children ..."*

> *"... like we've mentioned that the children are with grandparents... like the father is maybe here or the wife is that side... because of fragmentation... so he keeps the money here alone... And sometime they go through the process of maintenance..."*

The insufficient provision of financial maintenance is reportedly associated with the parents' mishandling of their salaries and the South African economic state:

> *"... a lot of our members don't know how to work with money... but now the children are living in poverty... you know they have lack of... basic necessities... and it is strange because you get soldiers who are earning R10 000 up..."*

> *"I think... also a contributing factor is the declining economy... the declining economy creates a lot more financial pressure... on the parents... they are not coming... you know... out of... they are not able to survive on what they had previously... therefore forcing them to take up deployment... and such things... even when their financial... their social situation is not fine... they want to try and salvage their financial situation."*

Other reasons for insufficient provision of financial maintenance are associated with the burden of having to pay multiple child maintenance and debt:

> "And sometimes it becomes two girlfriends in Limpopo and two in Potchefstroom ... so it is a lot of maintenance."

> "... issues of maintenance because now you find that these soldiers have a lot of families to support and they don't have the means to do that... you understand... so now you find someone coming from the community... saying... I have got this soldier... I've got two kids... not maintaining..."

> "... and sometimes... the reason is they are in debt... ne... they want to be out of that... the older generation take over... they will agree... the wife and the husband will go to deployment quickly... but because there is no discipline in terms of financial management... when the money comes... it is not managed properly... that is why they have frequent desire to deploy... because of financial..."

The parents' inefficiency to manage their finances impacts negatively on their responsibility to provide for their children's needs. Needs as basic as food can have detrimental effects on their academia, social and mental health, as well as bear symptoms of depression, anxiety, hyperactivity, inattention and behavioural problems (Compton & Shim, 2015:153).

THEME 2: CHILD PROTECTION

The following subthemes pertaining to child protection were identified: Protecting children, supporting children, caring for children, empowering children, and misuse of children's rights.

Subtheme 1: Protecting Children

Child Protection was defined by participants as follows:

> "Protection of children from abuse, neglect, exploitation... violence..."

"... child protection encompasses not just... the aftercare... its start with the preventative... it starts with the level of education and then... obviously leading up eventually all the way... towards your aftercare and restorative services..."

"Protecting the child..."

"You safeguard their wellbeing..."

"... trafficking... especially when our soldiers deploy... that is in our context now... that the soldiers don't exploit children in the mission area..."

Child protection is brought as a concept and encompasses aspects of protection from all sorts of maltreatment and the provision of care for children, including characteristics mentioned by participants such as protection from abuse, violence, trafficking, as well as safeguarding their wellbeing (Children's Act, 38 of 2005:18; Hendricks, 2014:551; Waterhouse & McGhee, 2015:51; Hämäläinen, 2016: 735).

Subtheme 2: Supporting Children

Supporting children was reported as an element of protecting children through solid marriages and the availability of support systems.

*"... my viewpoint is that the best protection for the child is a happy marriage... so if you really take it very broad... protecting children if there is **solid marriages**... that is the only place where children is protected... within a marriage..."*

*"... **family support systems**... even if I'm happily married; if I have to go somewhere and I don't have where I can leave my children... my husband is at work... there is no support system if I am not around..."*

*"Even the **caregiver**... at school and at home... that **nanny** should be a good support system... is the nanny taking care of my kid the way it should be... is she protected with my nanny... is she protected with... the after caregiver there at school... where my child is... those are the questions that we... when we think*

*child protection we need to think... is my child safe when she goes to the swimming with that **teacher** if I am not around."*

Supporting children requires different people and systems within their world working together for their best interest. It is not only the responsibility of parents – although they are primarily responsible (Schäfer, 2011:213; Ward, Brown & Westlake, 2012:18; Horwath, 2013:117; Daigle & Muftić, 2016:193).

Subtheme 3: Caring for Children

Caring for children was reported as an element of protecting children through the provision of necessary care and recognising their vulnerability.

"... without thinking about a textbook... it would be to provide the necessary care... from a parent... necessary care to a vulnerable human being..."

"Children are vulnerable... they need to be protected from... all the evils of the world... so if I see child protection I just see that a child could possibly be harmed by society."

Children are considered part of the vulnerable group of society due to their size, age, level of self-efficacy efficacy, and dependence on adults for their bio-psychosocial needs (Daigle & Muftić, 2016:193; Mengtong & Ko Ling, 2016:46). Although caregivers can love and care for them, there are others within societies that are bent on hurting them, viewing them as easy targets. That is why they need the protection of responsible adults (Waterhouse & McGhee, 2015:3).

Subtheme 4: Empowering Children

Empowering children was reported as an element of protecting children by helping them prepare for possible dangerous incidents that can happen to them, encouraging them to take self-defence classes, monitoring their cell-phones, providing for their financial and emotional needs, and being involved in their lives in general.

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*"What I can say in a case like that... your child is never safe if you are not with them... but as a parent it's from your side to empower them... to **make them ready** for wherever... so... we drop her off at the movies... when she is finished she phones us... we go and collect her..."*

*"... but something can happen in between when we talk about that safety... and that is where you as a parent need to take the next step... we are currently busy with **self-defence classes** for her... to make sure... she is empowered if something happens with her... so that is how I empower my children..."*

*"... my boy **goes on a lot of sport tournaments** where parents are not allowed... he must sleep with the boys in the... the thing... so bullying and sport has a lot of things as well... so as a parent I empower him to do a **self-defence course** now... so when he goes on his next trip... he knows how to defend himself now... so yes... parents cannot be 24 hours with their kids... but we as a parent need to take that extra step or measure to make them ready or feel empowered..."*

*"... let's just take the cell-phones... you know... as a parent I have learned to be so involved in that cell-phone... we have **limit times at home**... also with the cell-phone because you don't know with what they are engaging... **no codes on the cell-phones**... you know... so much danger when we think how can you protect your child... are they really safe..."*

*"... but that is a parent in our defence force... **our parents are not that involved**... and that is a big concern from my side... **they feel if they can bring the money home**... that is good... that is good... and it is not just about **financial need** it is also about an **emotional need** of your child."*

Empowerment refers to helping children increase personal, interpersonal and political power to be able to be involved in improving their life situation (DuBois & Miley, 2010:23). This enabling can be in a form of encouraging "protective behaviour", referred to as an investment on acts that can protect one from victimisation such as taking self-defence classes (Daigle & Muftić, 2016:337).

Monitoring the child's cell-phone and internet activity can also be seen as a form of protection due to possibilities of cyberbullying, peer pressure to commit suicide, recruitment for sexual exploitation and other kinds of threats, as well as harassment and humiliation that can be conducted through them (Bezuidenhout, 2013:225; Daigle & Muftić, 2016:333). Teaching them about the hazards that the internet and cell-phones can have on their wellbeing is a form of empowerment.

Subtheme 5: Misuse of Children's Rights

The misuse of children's rights was reported as an element interfering with the protection that adults can provide for children.

> *"I think child protection can also be about **protecting the child from the child herself**... by providing guidance..."*

> *"Also what comes to mind is what you mentioned... protecting a child against themselves... **also the system**... you know like... there is lot of children rights and things that are sold... you know like a child can go and do abortion alone at a certain age..."*

> *"Ja and 12... it's like... it's a baby... if you are not involved in your child's life... **your child can just go to the hospital and do abortion**... all the effects that you as a parent has to deal with such things... you know... things that are introduced by the system..."*

> *"also... those things are exposing our children... **the parents… or the teachers at school cannot speak to the child in a certain way**... I am not saying that the teacher should abuse the children... but when a teacher is saying no... don't do one, two and three... they say 'she abused me'... 'they are picking on me'... you know like... all those things... **everything's like too sensitive now**... to... raise our children... because there are lots of children's rights... and **that are abused**... that **our children are not equipped**... **the system also opens a loophole… for children to abuse themselves**... in a way..."*

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> *"Ja, because... **they have to handle things they should not be handling** at that time... they should be children... but now they have to... be on guard that people are going to abuse them... and sometimes it is not abuse when you are **given guidance**... but because "I know my rights" it is abuse now... so... **going to be a loose cannon**."*

Children's rights are universal and their employment has had challenges on when they are infringed and the extent thereof, based on different situations where something can be a promotion of a child right in one instance and in infringement in another (Daigle & Muftić, 2016:338). The differing circumstances include culture, socio-economic aspects, as well as the misuse of rights by children without the recognition of the responsibilities that go with them (Waterhouse & McGhee, 2015:49).

THEME 3: INCREASE IN CHILD CARE ISSUES

Participants communicated that there was an increase with the child care issues that they have to deal with as professionals.

> *"Ja, mainly... issues of maintenance..."*

> *"Weekly,... with parents... and then from the group maybe... you busy with... #Be-Yourself... then maybe we are tackling a certain issue... and a child will say 'You know what, I have been bullied... this thing has been happening with me'... **referrals** like **from schools** and maybe **parents** and then **from the group** we have like intakes from that..."*

The increase in child care issues was reported through the following identified subthemes: increasing referrals and managing referrals.

Subtheme 1: Increasing Referrals

The increase in referrals was attributed to referrals of children from parents, schools, children who just relocated, death of a biological parent, and children's use of drugs.

*"... we've been getting a lot of **referrals from school** or **even parents** coming in concurrently... particularly in my case load it's... from **school suspended**... **negative behaviour... children feeling rejected by parents**... the children are staying with grandparents... and there is lots of pressure on these kids... the parents when they come... they check the schools books... and it's **just an educational transaction**... not like how are you feeling... how are you doing... how have you been... and then now **the child started to speak back** to the parents... speaking to the parents is like disrespectful... the grandma picked that and reported that... **at school the children are getting into trouble**... and... are expelled... the parents now are starting to seek help... so we have an **increase in that currently**."*

*"Sometimes the increase in the number of cases can be attributed to the **death of biological parents**..."*

*"**Relocating**... I can connect it to someone who can take care of the **child after the death of parents**... the person is here in Potchefstroom who can take care of the children... so children has to adapt every time... like I'm taking **children of RSM's and OC's**... like have to move around."*

*"As well their **drug abuse... that is where it comes in**... because start finding love and attention somewhere else... they get involved in drugs and negative relationships and stuff like that."*

There also seems to be an increase of internal referrals and challenges experienced with outsourcing:

"And I also got lots of referrals like particularly from Major here like all the marital problems; she picks something... and then with... substance abuse... children are definitely affected... because... the money is not channelled properly... then there is no food..."

*"I currently have a case that involves children... so the **psychologist is not there**... I referred... I think it is been about month... or two... since I referred the case... and its... its... getting out of hand... it is getting worse... so... so far it's a*

*bit difficult to refer because the psychologist in this side... **our psychologist is on course**... so **the reaction time is a bit slow**... currently."*

*"Now also with the **change in command**... the... **protocol has changed** so now **I can't refer to private organizations anymore**... everything has to go to 1 Military Hospital in Pretoria... so that is a bit of a... a challenge for us..."*

*"Because... to get to speak to... a speech therapist at 1 Military Hospital... where do you start... you understand... **it's a bit difficult**... you are right in terms of this **command that has changed**... previously we used to acquire authorities for people... to go outside and... get **services outsourced**... but now... it is a bit difficult..."*

*"... also... because 1 Mil is so far... you have to **arrange transport for this child to get there with the parent**... and the parent will tell you that "on that time I am not available"... or something like that and then 1 Mil will tell you that "we can only see you... **the next open slot is in three months**"... but the problem is now... so we do have challenges there... yes."*

Subtheme 2: Managing Referrals

Participants indicated their professional interventions, as well as internal and external referrals, as the manner in which they manage referrals to do their best to assist children with problems.

"… the psychologists they said… they don't deal with issues of… school performances and stuff like… so far I am not sure… what in such cases… but mainly what you do is… **is to refer**… but **issues of behaviour we have sessions**… behavioural modification…"

*"... so most of the time when I have cases of financial maintenance towards the children... **I refer to maintenance court**... I had at some point the child that... was under-performing at school... I have tried my best... now the... department of education... have insisted that the child must go to... special school..."*

Unavailability of services in the area also poses to be a challenge to refer, because services are not handled internally.

> "Children being naughty... that sort of thing... we can deal with them... or at least there is means to deal with them... but what we cannot do and we have no services for... in Potchefstroom is for **children on drugs… there is nothing for them***…"*

> *"… so with Potch... I think... it's better... or it was better... than you can think of* **Mafikeng… is totally nothing… in terms of… rehabilitation***… there is no rehab centre... there is no places like Khulisa... there's nothing... we are basically dependent on... the family advocates office... and social development... drugs is a challenge... mental health... it's a challenge but we immediately refer that one too... also the provincial hospital... we also refer… but that one is a bit difficult because we have to have authority from this side... it might take some time…"*

> "Khulisa is closed."

The referral system was utilised by participants both internally and externally on child care issues that they felt incompetent to deal with – or those on which they were limited to address by their expertise and profession. The eternal referrals are now prohibited due to new unit management protocol with the recent Officer Commanding, resulting in other challenges for participants. They already experienced challenges with internal referrals that were not attended to on time, due to staff shortages of psychology personnel.

External referrals are also affected by the unavailability of relevant civilian organisations that specialise in child care issues outside of the participants' scope, due to areas were the military base is situated. Khulisa Social Solutions closing down in Potchefstroom seem to have impacted on those referrals as well as the unavailability of such services in Mahikeng.

Khulisa Social Solutions is an organisation that provided accredited diversion services and diversion programmes to the Potchefstroom community (Department of Social Development, 2015:8).

THEME 4: INTERVENTIONS ON CHILD CARE ISSUES

Subtheme 1: Current Interventions

Participants referred to preventative interventions through group work and community work, and casework for restorative interventions, as current interventions in addressing child care problems.

> *"For us we... do **group work**... and mainly the group work at the moment is focused on **preventative**... with the more extreme behavioural problems we have to do it through **case work**... mainly... and then... the intervention of the **psychologist** and **Witrand** is also here... we also have assistance from outside organization... SAVF..."*

> *"The **#Be-Yourself** project."*

> *"Community work... the **camp**..."*

Subtheme 2: Competency in Dealing with Child Care Issues

There are child care issues that the participants believed themselves to be equipped to address, as well as those they found to be out of their scope of practice or expertise.

Participants indicated that they believed to be more competent to deal with behavioural challenges and interventions that are more preventative in nature.

> *... The preventative... the life skills... just... the group work"*

> *"I can handle **behavioural challenges**... **discipline** and stuff we are able to at least handle the cases..."*

*"Children being **naughty**... that sort of thing... we can deal with them... we can try to deal with them... or at least **there is means to deal with them**..."*

The child care issues they felt incompetent of dealing with included abuse, sexual abuse, bereavement over a parent, statutory related work, assessment of an abused child, children on drugs, those with mental health problems, those with developmental problems, those with suicidal thoughts, and relating or communicating with children for therapeutic interventions in general.

*"I think one thing that we are also not well equipped with... well equipped for... is **child sexual exploitation**... sexual exploitation and that thing in the workplace... we have all the policies and you know present on it... but like when it comes to children and sexual exploitation... like if a client has to comes in and say that my child has been raped... we have to now refer the child to Potchefstroom hospital...".*

*"... also to have the **child assessed**... you know the **statutory things** takes its course... when it comes to **child abuse** and **child sexual exploitation**... we are not equipped for that..."*

*"... **drugs** is a challenge... **mental health**... it's a challenge but we immediately refer that one..."*

*"... but what we cannot do and we have no services for... in Potchefstroom is for **children on drugs**... there is nothing for them..."*

*"We used to refer them to outside... for psychology... because mainly when they get to us... either there is a **developmental issue** with the child... or the child... is now a teenager and they are smart enough to start planning their own ways of **killing themselves**... so... we will deal with that part... and we would normally refer... because for us we cannot play around there unless you are a **child psychologist**... that was one intervention... but that is now... I think 1 Mil... we send to 1 Mil..."*

*"I am struggling... yes... struggling and sometimes because we... **never dealt with children**... so we need... training... to be able to deal with them... **so you have to***

go and read... *so what I see that we need it's like **therapeutic work with the kids**... both individual cases and group work..."*

*"For me the kids... I am struggling... uhm... it is different from adults... **I am used to speaking to adults**... you know... uhm... **trying to relate to kids**... I remember one day I had a six year old in my office... Was it six or four... small ne... I could not get a word out... I was so frustrated... okay... and then the other one was 11/12... was just closed (clap hands) at some stage... I called (name of researcher)... I said: 'how do I get through a child... she said 'no man just chill... don't ask the questions that are related to the problem... just play games... laugh' I said okay I must remember to play now... so with kids... **particularly the children that are a little bit smaller**... **and then the youth** when they're experiencing the stage... just to brake that... I think just by grace... I am growing a little bit into that... but you know like it's a type of a prayer in the wind thing... something like that... so not sure at some stage what to do..."*

*"What's makes it also difficult is definitely **communication with case work**... **specifically in cases like where parent die**... passes on... **to debrief them**... they are also not open to communicate... We also deal with **children that leave suicide notes**... you don't know how or why... **communication is a problem again**... and even **sexual abuse**... so it's very sensitive things that we are dealing with these children that needs special attention... **specialized services**... so it's sensitive issues that we are dealing with these children... **that we are not coping with**... we don't know how to deal with it."*

*"Maybe it's implicated there but I just want to clarify... a child where there is suspected... **sexual abuse**... I don't dare to... involve myself... so normally I phone psychology... and... that route just becomes longer."*

Waterhouse and McGhee (2015:27) acknowledge that dealing with issues of child maltreatment can be challenging – even though professionals may be competent enough to recognise the symptoms. The incompetency comes when they are unable to convert that into an intervention that can treat or help change those circumstances.

Other challenges in competency can be in dealing with issues of developmental disability, a "serious, chronic impairment of major activities such as self-care, language, learning, mobility, and capacity for independent living (Daigle & Muftić, 2016:333). Such cases are best addressed by specialists – those who are experts in the matter which illuminates the reasons participants may feel incompetent in this regard.

Communication and relating with children can be difficult for counsellors who are not equipped with specialised skills on how to get through to them in accordance with their developmental stages, whilst taking into account the impact of the psychosocial problem that got them referred for help (De Pedro, *et al.,* 2011:593; Bezuidenhout, 2013:224).

Subtheme 3: Scope of MSWOs and Psychologists

The scope of practice for MSWOs and Psychology is reported to be regulated through the professional bodies such as the HPCSA as well as the nature or type of their practice – e.g. occupational social work which limit the extent to which they can intervene and specialise.

> *"I also just want to say from psychology perspective... we have all been **taught how to deal with all sorts of emergencies**... but... our scope of practice... our **code of conduct**... not the military one... I am talking from the **HPCSA**... so if you dare to step outside your scope... you are already in trouble... so even though we know how we can assist this child until we get it to the **specialist**... because... once something goes wrong... you will be the only person under the bus... they won't say 'ag shame... you were trying to assist'... they won't... you will definitely... **get arrested** and you can even **lose your registration**... **your license**... so... we don't do that... we... as you know... psychologist... so many psychologists... so the **child psychologist** can do that... **currently we don't have**..."*

> *"That here we practice occupational social work, but not statutory work..."*

> *"… just to add… the **fear** that… I'm a military social worker and I am focusing on… uhm… what's the term we use..." "We focus on mission readiness, productivity and you know to get the employee ready for the work… so it's production versus impairment." "Ja, so it's **not my expertise** and if I miss something there and they take me to court…"*

Waterhouse and McGhee (2015:142) further acknowledge that child protection practitioners themselves bear an enormous burden of responsibility and at times live with worry because of the tough decisions they have to take on child protection related problems. They enlighten to the need for support from the organisations to which these practitioners to be able to enable them to maintain professional confidence to the benefit of their service users – especially children (Waterhouse & McGhee, 2015:142).

The scope of the professionals' work limits how far they can intervene on problems as equipped by their profession. Going over the scope and expertise is not only detrimental for the individuals, but for their organisations as well (Waterhouse & McGhee, 2015:57).

THEME 5: SUGGESTIONS FOR MANAGING CHILD CARE ISSUES

The suggestions on managing child care issues reported through subthemes, focusing on training, hiring of new recruits, planned initiatives, and the involvement of DOD management.

Subtheme 1: Training

The training of HCPs is recommended in the Children's Act (38 of 2005), trauma counselling, and play therapy.

> *"I think if we as social workers in the military could get training… or even psychologist could **get training in the Children's Act**… that would be a start."*

*"… it would be good to have these things… but it will equip us… and also like **training in… trauma**…. Trauma… debriefing… that sort of thing… how to… deal with that."*

*"And then maybe **play therapy** as well… a course in play therapy… to be able to communicate with the children better… on their level… because the only form of play therapy I had done was in my second year when we played with puppets in class… that is as far as it went… and to get training like that… you have to pay a lot of money… the only training that the military is willing to pay for is the ones they are hosting themselves… we have to develop as professionals… if there is a **training opportunity on the outside**… if **the military could make funds available**… that we can go…"*

*"HCP's, yes, **so that everybody is quipped** to do the basic at that moment…"*

Subtheme 2: New Recruits

Hiring of new recruits suggestions included specialists, more psychologists, the increase of resources and an efficient short process of the recruitment process.

*"I think also you know… the **psychology department here needs a boost**… more people… there are too few to do such a big job… because if you look at Gauteng they are 9 psychologists… if you look at Eastern Cape there is also a lot… Western Cape a lot…"*

*"It's not enough… and then **they don't have the resources to do everything**… psychology really needs assistance because it also limits us from working in partnership with them… **because they are so caught up just doing all the case work**… they **can't go outside of that you know and try and expand**… their involvement in some things… Psychology and social work, work well together… but they are very caught up now at the moment… just **trying to survive**… so that is one challenge… that makes also referrals difficult… because they are just putting out fires… do what they can… they only have so much hands… so I feel for them…"*

*"… and then also the defence force needs to **hire specialists**… **child psychologist**…"*

*"No… the **recruitment process** to get a professional in the defence force is so long… it is ridiculous… people even forget they applied… And they are called… two years later."*

*"and we already have someone that has been asking… a specialist in children… who wants to come here… they will bring in a lot of **politics with this recruitment**… **you have to be a certain colour, a certain gender, know a certain language**… even when the person meets all the criteria, it is still a problem… but ja… don't lose hope…"*

*"… focusing on our recruitment… **making it more efficient**… you **might tackle some of these issues quicker**… if I think of the therapeutic groups that you want to do next year… a child psychologist can have a very big impact in that… it can work so well…"*

Subtheme 3: Planned Interventions

The planned intervention on child care issues reported by participants included a therapeutic group for troubled children on diversion, planned for next year.

*"We… haven't started with the **therapeutic group**… so we will see next year… it will be a **new territory** because we will be dealing with children with problems"*

*"… for the therapeutic side… for the children who are a bit down the stream already… you know… already shown later signs or presented later… symptoms of delinquency… we are **going to start group work** for them… **therapeutic**… and the **restorative** part of it… so at the moment we have the way of dealing with them is one on one… but because the cases are increasing we have to start doing group work."*

*"… and it is going to focus on diversion as well… because there is nothing in terms on **diversion** happening in Potch anymore"*

Protecting children also includes "interventions in the lives of families by professionals" from all levels of society, including the state, local interventions and individual patterns of human relations (Waterhouse & McGhee, 2015:9). Diversion services with children are also a means of child protection services to help those in trouble with the law or other incriminating and risky lifestyles change their harmful ways to socially acceptable and self-fulfilling lifestyles (Daigle & Muftić, 2016:334).

Subtheme 4: New Initiatives

Suggestions on new initiatives included the application of the child protection training for deploying members for daily interaction with children, road-shows to equip soldiers on child protection, MSDS programme on child bearing, and parental guidance group.

> *"... **child protection** but **in the mission area**... like when you deploy to the DRC [Democratic Republic of Congo]... how to interact and approach those children... what to look out for... what to avoid... so it mainly covers the... mission area... but there are a lot of **aspects that you can pick up from that training** that you can apply in your day to day interaction with children."*

Sharing the same sentiments on social workers applying child protection related initiatives for children in armed conflicts on everyday interactions, Waterhouse and McGhee (2015:51) refer to the importance of making the threats that are evident during political violence a part of a wide spectrum of protection concerns for children.

Suggestions on initiatives aimed at parents:

> *"I think we can also in the defence do **road-shows**... annually... if not every six months... on this **equipping our soldiers** on how to just ensure and actually be sensitized on exactly what a **child needs**... because I think the parents themselves don't understand that well... that you cannot leave a baby that is two months...*

with a stranger... or an extended family who also have their own problems and think that everything is okay because you need to go now to deploy..."

*"No like... preparing them... like when they come in as a **MSDS** [Military Skills Development System] we should have a **programme** saying... like lots of decisions that you make... has consequences... so we need to practically include like **child bearing**..."*

*"So we are still on the solutions, ne... I was considering... the same that we did with the substances... to have a parental group... so if the child is in your therapy group we need to mandate... and say but when your child appears with problems A, B, C, D and E at school... the child belongs in your group... and the parent... you will come to this **parental guidance group**... it just make sense to me that **if we work with the child... we can't leave the parents alone**... parents needs to be... educated on being a parent"*

It is imperative for professionals to develop intervention frameworks aimed at improving the lives of neglected children without disregarding the need to support parents to make relevant changes that meet children's needs (Horwath, 2013:117).

Subtheme 5: Management Involvement

Suggestions on managing child care issues are reported as needing multi-faceted interventions – including involving DOD management, monitoring of deployments, and involving relevant stakeholders.

*"We need to **have all your role-players**... anybody who can assist you... you need to have them on board... it's for **multi-faceted interventions**..."*

Monitoring of deployments on child protection related issues was also suggested as a solution:

*"You know... there is no **monitoring** of it... so maybe we can start there... monitor and also you know... educate our people on... just caring... when you are bringing someone so small in the world..."*

It was also seen as imperative to involve other stakeholders within and outside of the DOD:

> *"... maybe just a suggestion... you know when it comes to child protection... I understand that we the professionals... it's a good place to start... but to get a general feel of maybe other **stakeholders involved with the military** as well... because... **we are not an island**... so maybe to get their involvement would also be... good... because we refer cases to Witrand... **we refer cases outside**... all the stakeholders involved..."*

> *"... because there are organizations surrounding us that are doing this type of work every day... I think we can learn from these organizations"*

> *"I believe there is... I also think... there is... is it a policy... that after one year's deployment you need to wait for three years again... we need to make our clients aware and parents... because within the next year they want to go again on deployment... we also need to educate them on that... policies and things"*

Suggestion on policy focusing on addressing child care issues for DOD members and involving all relevant stakeholders:

> *"I think it would have also been nice to have a **question focusing on the defence force**... uhm... you know current... efforts... I don't know how we would approach something like that... but... not beating around the bush... **let's look at policies that the defence force... is trying to enforce** on people like this... is there something... I don't know... **I've never seen one**... you know... because as much we... this is great... but I just fear it again another great topic and great solutions and we try our level best on the ground to do as much as possible... but the defence force doesn't really support the professional... and then... how do I put this... **make it into a policy that must be followed**..."*

> *"Maybe... it will be ideal if the results could be shared with... the decision makers..."*

*"… we need the **relevant decision makers**... that one that is made generals... and Colonels... and SSO's up there... but they don't emphasize this... not at all... **maybe we can start correcting the error** to the problem..."*

"And also not just sharing but they must also take ownerships... I don't think they do that... there is not an ownerships from the defence force to enforce these things..."

*"… making sure these things are taken seriously... and done annually... you know the **defence force can be as serious as... you know with HIV, 16 days**... if we do the same thing... and we take some of these issues and **make them part of our yearly things** that everybody knows you cannot escape it..."*

The formulation of a child protection policy in the DOD requires social workers and other HCPs to have a binocular vision, focusing on work directed to the welfare of children in crisis as well as negotiations that promote "a shared understanding of the required resources" (Goodman, 2013:8; Compton & Shim, 2015:243; Waterhouse & McGhee, 2015:31).

Involving relevant decision makers from within the organisation can help encourage ownership of child protection related concerns within the military (Compton & Shim, 2015:225). Suitable measures can thus be implemented to monitor initiatives and counteract threats from work related duties without proper arrangements for children (Compton & Shim, 2015:225).

Partnerships with civilian sectors that specialise and offer child protection services to the general populations such as "health, education, legislative, and judicial sectors"; are just as vital for a holistic approach (Appleton, *et al.* 2015:1409; Compton & Shim, 2015:70).

CONCLUSION

Fragmented families within the military are marked with social problems related to child abandonment where children are left with grandparents and nannies with little support from the parents. The other alarming concern is also with the conception of children in deployment areas abandoned by fathers on their return after deployment periods. Issues of child maintenance and insufficient provision of basic needs for abandoned children appears to be related to parents' financial mismanagement, which in turn leads to multiple deployments as a means to make extra finances. In most cases the extra money is misused.

Family dysfunctions marked with domestic violence, varied forms of child abuse, substance abuse, conflicts between maternal and paternal families, and delayed payments of pension and funeral policies for a deceased parent; all pertain to child care issues affecting military children. The protection of children against all forms of maltreatment through family support systems, solid marriages and responsible non-parent caregivers appears to require an acknowledgement of their vulnerability, and thus their empowerment and proper application of their human rights.

There appears to be an increase in child care related issues at AMHU NW with referrals from parents and schools on behavioural problems, low academic performance, adjustment issues after relocation, drug experimentation, delinquent behaviour, and mental health issues, to mention a few. MSWOs and psychologists find themselves overwhelmed with these challenges – some of which require referrals to specialists. Referrals are done internally between Psychology and Social Work Departments with 1 Military Hospital (1 Mil) for specialised services. There are restrictions for external referrals with the change of command at AMHU NW and this increased the burden of managing escalating child care issues. Other challenges with regards to internal referrals pertain to delayed responses for cases referred, appointments for intervention set for a later period by 1

Mil, and shortages of specialists such as a child psychologist and more clinical psychologists at AMHU NW.

Interventions employed on child care issues by MSWOs are more restorative in nature through casework on referred children. On a preventative note, the department is also running a life-skills group work programme – #B-Yoself – which also extends to annual community work for a camp or a localised project for children on a larger scale.

These means of intervention are helpful but limited by the lack of expertise on child related interventions for those with social problems, both for the psychology and social work departments at AMHU NW.

RECOMMENDATIONS

The research study derived the following recommendations:

- The training of HCPs on the Children's Act (38 of 2005), trauma counselling, and play therapy.

- Hiring new recruits (especially psychologists) and specialists on children.

- Increment of resources and an efficient short recruitment process.

- Application of the child protection training for deploying members on daily interaction with children.

- Road-shows to equip soldiers on child protection.

- MSDS programme on child bearing.

- Parental guidance group.

- Formulation of a child protection policy for the DOD.

- Recruitment of DOD management and decision-makers for their role in child protection in the organisation.

- Monitoring of deployments on child protection to the benefit of children.

- Formulation of partnerships with civilian sectors that specialise and offer child protection services for benchmarking and collaborations on initiatives.

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SECTION C: RESEARCH   EVALUATION,   LIMITATIONS   AND RECOMMENDATIONS

SECTION C: RESEARCH EVALUATION, LIMITATIONS AND RECOMMENDATIONS

1.1   INTRODUCTION

The research study set out to explore the nature and extent of child care problems in the Department of Defence at AMHU NW from the feedback of MSWOs and psychologists working with military families. A pool of data illuminating these problems gives awareness on not only the kinds of problems military children experience; but also the challenges that go with interventions aimed at addressing them from the professionals' vintage point and scope of practice within a military setting.

Different themes were derived and presented as findings in the last chapter. An evaluation of the research study, the limitations thereof and recommendations for further research are hereby covered in this chapter.

1.2   RESEARCH EVALUATION

The study is evaluated based on the research question it anticipated to answer, and the two objectives of what it aimed to contribute.

1.2.1   Research Question

Pertaining to the research question: *What is the nature and extent of child care problems in the Department of Defence (AMHU NW)?* The themes allude to the answers of both the nature (kinds) of child care problems, as well as their extent.

1.2.1.1 Nature of child care problems at AMHU NW

Theme 1: Fragmented Families

A lot of military families are disintegrated, living in different areas due to work commitments and their decision-making to not move with the family wherever they are placed within the country's borders, or leaving the children in civilian areas of deployments.

Children are abandoned physically, emotionally and financially at times, being left with grandparents or other care givers with little support from the parents. This alludes to the kinds of problems they experience when they feel rejected, when their developmental stages are affected negatively by the absence of the parent(s), when parent-child relationships are affected, and when negative behavioural issues emerge as they try to cope and handle their life situations.

With fragmented families, child care problems emerge where there is domestic violence, family conflicts and child maltreatment. These are displayed in the kinds of problems children experience such as exposure to family violence, abuse of all kinds by care-givers, substance abuse and poverty. They may present with behavioural problems, schooling related problems, bullying as either the victim or the perpetrator, negative peer-pressure related problems, mental health problems such as suicide, and drug abuse.

Theme 2: Child Protection

The understanding of the term and what it entails reveals the nature of child care problems when the elements of child protection are the specific areas affecting military children, contributing to the kinds of problems aforementioned in Theme 1.

Participants alluded to these elements presented as subthemes: *supporting* children, *caring* for them, *empowering* them and children's *rights*.

For the care and support of military children, family fragmentations and child abandonment affects the manner and level of support that military parents can give. It affects their involvement in the academic and social life of their children. They miss out on the contributions they can make for cognitive and emotional development in accordance to the children's age or developmental stages.

We learn from the findings that the empowerment and rights of military children relate to the involvement of parents in helping them prepare for life through guidance and deliberate physical means of equipping them, such as self-defence classes and monitoring of their cell-phones and use of internet. When children are not supported and cared for, and are not empowered on what dangers put them at risk of child maltreatment and how they can be protected, the kinds of child care problems highlighted in Theme 1 can emerge.

Although the misapplication of children's rights can affect the protection parents can give to their children, so too can the lack of knowledge on the exact rights children have. For those neglected in the civilian areas of deployment, their right to a relationship with their parent(s) is infringed. All the other rights pertaining to care, as stipulated in the Children's Act (38 of 2005:18), are also infringed.

Empowerment also involves parents educating children about healthy ways of applying the children's rights. Parents should teach them about their rights, the responsibilities of both the parent and the child, as well as how each can negatively impact on the ability of the other to carry those responsibilities.

1.2.1.2 Extent of child care issues at AMHU NW

Theme 3: Increase in Child Care Issues

The increase in the kinds of child care issues evident in the referrals that MSWOs and psychologists receive alludes to the extent of the problems. The more referrals received with

regards to behavioural problems, drug use, and mental health problems for instance, indicate that the problems are not only existent but prevailing as more and more children present with them.

The unavailability of services and expertise in the Potchefstroom and Mahikeng to be able to refer the children also allude to the extent of the problems. The challenges experienced by MSWOs and psychologists in addressing those issues, as well as the limited referral opportunities they experience, may be extrapolated as contributing factors to the prevalence of these problems.

Theme 4: Interventions on Child Care Issues

The manner in which the MSWOs and psychologists manage child care problems and plan interventions is another indication of the extent of these problems. They reported casework for remedial interventions for cases of child protection and referral when limited by their scope of practice or expertise. These interventions on behavioural problems and the planning of those that are preventative in nature (life-skills group) seem to be what they are most competent with managing.

They are not competent to deal with a lot of other problems that require expert interventions such as mental health problems, developmental problems, and addiction or use of drugs, to mention but a few.

The competency or incompetency of MSWOs and psychologists, as well as the limitations of their scope of practice in addressing child care problems, also point to their prevalence.

1.2.2   Contribution of the Study

The following two objectives of the study's contributions were anticipated to be realized through the findings of the study:

- **The study will add to the knowledge base of research for MilSW that can in turn impact on practice through the improvement of services.**

Social research proves itself to be what helps to establish relevant interventions when the social problems affecting people are understood through study. It is one of the attributing factors to the progress that the USA has made in child protection initiatives for its military children, as is also evident in literature. Its economic standing as a developed country versus South Africa – a developing country – cannot be ignored. The USA has a lot of research published on child protection for military children and thus has a pool of findings to help guide interventions.

For a developing country such as South Africa, there seems to be a shortage of published research work on child protection for military children. The request by the social work department (AMHU NW) for a study of this nature (Annexure 1) indicates the value of the outcomes in helping practitioners understand the problems in their varied forms to be able to establish productive means of intervention.

As alluded in the findings, the types of child care problems are now clearly stipulated with the frustrations experienced in addressing them stated, as well as suggested solutions for a way forward. This is the first achievement of the study.

- **The outcome of the study may also motivate more related research studies that can contribute to the formulation of a child protection policy in the DOD.**

It can be noted that this objective is partially achieved with data pointing to the need of a child protection policy in the DOD. Policy formulations will require the repetition of the study as well as more research studies with other relevant stakeholders, such as military families and DOD management from different levels. This study is however, a very good start toward laying a foundation for a child protection policy in the SANDF.

Theme 5: suggestions for managing child care issues supports the partiality of this achievement referring to the need to establish the policy with the involvement of the DOD's decision-makers and the buy-in of the management to invest in child protection related initiatives.

1.3 RESEARCH STUDY LIMITATIONS

The subsequent *limitations to the study* were identified, but did not impact negatively on the credibility and/or finding of the study:

- The study revealed the nature and extent of child care problems limited to AMHU NW and cannot be generalised to the entire DOD.

- Participants were from a psychosocial background (MSWOs and psychologists) and excluded other medical professionals (doctors and nurses) who also offer services to military families. This exclusion does not discredit the findings of the study but stands as an opportunity for further research.

- Unavailability of some recruits:

  - Out of the four psychologists who were potential recruits, only one participated in the study. One was on leave, the other on a military course and the last one was committed to work.

  - Out of the nine potential social work recruits, two were booked-off sick on the days of data collection and could not participate.

The subsequent *limitations of the research methodology* were identified, but did not impact negatively on the credibility and/or findings of the study:

A focus group can have both limitations in that some members may be more expressive than the others, and positives in that; responses can stimulate more discussions and result in other members

sharing more. This could have been a hindrance but was more of a benefit due to the type of participants involved – professionals who are well versed in making their viewpoints known.

The interview schedule was semi-structured and thus guided the session(s). This may have limited participants to an extent – but played an important role in keeping to the boundaries of the research question. In this regard; participants got a chance to express themselves without limitations – within the scope of the question.

1.4 RESEARCH RECOMMENDATIONS

The study illuminated the following recommendations for further research:

- The study revealed the nature and extent of child care problems limited to AMHU NW and cannot be generalised to the entire DOD. The value of the results is perceived to be of benefit to AMHU NW. This indicates how it could be best to repeat the studies with other AMHU provinces and compare the results to be able to generalise the findings.

- Generalisations of the nature and extent of child care problems in the SANDF can thus guide policy formulation.

- Other research studies need to focus on the inputs and perceptions of other relevant stakeholders such as military families, DOD management from different levels, other medical professionals (nurses and doctors), Military Police and the legal division.

1.5   CONCLUSION

The purpose of the study was to explore the nature and extent of child care problems at the South African National Defence Force (SANDF): Area Military Health Unit North West (AMHU NW) – as observed by MSWOs and psychologists working with military families.

The research findings identified multiple child care problems such as fragmented families, child abandonment or neglect, poor financial child maintenance, domestic violence, varied forms of child abuse (including sexual abuse), substance abuse, conflicts between maternal and paternal families, delayed payments of pension and funeral policies for a deceased parent; child behavioural problems, low academic performance, adjustment issues after relocation, drug use and experimentation, delinquent behaviour, and mental health issues.

Some of the problems are of a dire nature requiring referrals to specialists which are forwarded to 1 Military Hospital in Pretoria due to budget constraints. The referrals pose challenges for MSWOs and psychologists when there are delayed responses to the cases referred or when appointments are set for future periods. Of the problems identified, MSWOs and psychologists are most confident to deal with those that are preventative in nature, and those that do not go beyond their scope of practice and expertise.

The need for relevant training on child protection related interventions was expressed as part of the feasible solutions in helping MSWOs and psychologists address the prevalent child care problems efficiently. Other suggested solutions included the establishment of a child protection policy tailored for the SANDF, involvement of the organisation's decision makers, parenting interventions, and funding for all child protection initiatives.

Moreover, the literature visited in this document established that the military is also an integral part of the child protection system. The role of the defence force however, goes beyond the

responsibilities to protect children during Armed Conflict. The heed of care and protection for military children is also needed. This responsibility is especially imperative because the military demands on families affect both serving members and their dependants.

The SANDF also provides medical services to military families focusing on all areas of health; including the psychosocial aspects. The recognition of chid protection as a matter of medical and psychosocial aspects of health is necessary to help the military community identify its role beyond militant protection for children. This role clarification and identification proves to be urgent and necessary as per the findings.

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SECTION D: **CONSOLIDATED REFERENCES, ANNEXURES, AND TABLES**

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1.1   CONSOLIDATED REFERENCES

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ANNEXURE A: ENABLING MILITARY SOCIAL WORK OFFICERS TO IMPROVE SERVICE DELIVERY REGARDING THE MAJOR PSYCHOSOCIAL CHALLENGES AFFECTING CHILD PROTECTION

AMHU NW/R/104

Extension:	018 289 1312
Fax:	018 289 1312
Enquiries:	Lt Col H.S. Coetzee

Social Work Service
Area Military Health Unit North West
Private Bag X 2011
Potchefstroom
Noordbrug
2522
7 August 2017

ENABELING MILITARY SOCIAL WORK OFFICERS TO IMPROVE SERVICE DELIVERY REGARDING THE MAJOR PSYCHOSOCIAL CHALLENGES AFFECTING CHILD PROTECTION

1.   The 2016 yearly Social Work Management Information Statistical reflection for the North West Region in the South African National Defence Force (SANDF) were compiled during January 2017. The eleven Military Social Work Officers related to Area Military Health Unit North West (AMHU NW) presented their casework ICD 10 codes on monthly basis for processing into the statistical results.

2.   The statistical results for the year 2016 reflected the following two major psychosocial challenges:

    a.   Relational challenges involving the spouse or life-partner.

    b.   Child care problems.

3.   Lieutenant M.S. Moreki is currently conducting her Masters Degree studies in Child Protection. It will be to the benefit of the Social Work Department AMHU NW if the Military Social Work Officers can be enabled to deal with these major social work challenges in the future.

4.   It is anticipated that the outcome of Lieutenant Moreki's studies will contribute in creating a platform for the field of child protection in the SANDF.

(H.S. COETZEE)
SO1 SOCIAL WORK AREA MILITARY HEALTH UNIT NW: LIEUTENANT COLONEL

DISTR

For Action

OC AMHU NW

(Att: Lt M.S. Moreki)

ANNEXURE B: REQUEST TO CONDUCT SOCIAL WORK RESEARCH AT AREA MILITARY HEALTH UNIT NORTH WEST

AMHUNW/R/104/12/4

Extension. 018 289 4413
Fax: 018 289 1312
Enquiries: Lt M.S. Moreki

Social Work Service
AMHU NW
Private Bag X2011
Potchefstroom
Noordbrug
2522
04 January 2018

REQUEST TO CONDUCT SOCAL WORK RESEARCH AT AREA MILITARY HEALTH UNIT NORTH WEST

1.   I, 04054144MC Lt M.S. Moreki am currently a 2nd year Social Work Master of Arts degree (MA) student in Child Protection at the North West University (NWU) Potchefstroom campus.

2.   Since it is my aspiration to embark on a research study that will positively contribute towards the service delivery of Military Social Work Officers (MSWO) in AMHU NW, I have deliberated to complete my MA studies in Child Protection.

3   AMHU NW Social Work Department presents with high volumes of casework interventions related to child care and spouse/partner relationship challenges. These two challenges reflected the highest and second highest tendencies during the 2016 Social Work Management Information evaluation.

4.   The challenges on dealing effectively with child care issues was discussed with AMHU NW Social Work SO1 (Lt Col H.S. Coetzee) who acknowledged the limitation and endorses a research study to the benefit of AMHU NW and subsequently the whole Social Work Directorate.

5.   Permission is requested to conduct the research study involving the Social Work and Psychology Departments (Psychosocial) at AMHU NW. These departments often functions in coalition when dealing with child care issues.

6.   Your positive response will be highly appreciated.

7.   Thanking you in advance.
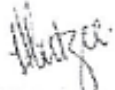
(M.S. MOREKI)
SOCIAL WORK OFFICER AMHU NW: LT

Remarks by SO1 Social Work _Research regarding ways in dealing with child care challenges in the (1 Dep) will contribute to such positive service delivery. It is strongly recommended._

REQUEST TO CONDUCT SOCAL WORK RESEARCH AT AREA MILITARY HEALTH UNIT NORTH WEST

(H.S. COETZEE)
SO1 SOCIAL WORK AMHU NW: LT COL

Remarks by the Officer Commanding AMHU NW

Approved

(M.T.K. SIKHUPHELA)
OFFICER COMMANDING AMHU NW: COL

Remarks by SO1 AMHF *Approved.*

(G.M. MOLEMA)
SO1 SOCIAL WORK AREA MILITARY HEALTH FORMATION: LT COL

Remarks by Social Work Directorate *Ethical considerations should be strictly adhered to. Approved!*

(E.C. MOREMI) (COL)
SOCIAL WORK DIRECTOR: BRIG GEN

ANNEXURE C: APPROVAL FROM THE DEPARTMENT OF DEFENCE

Defence intelligence
Department:
Defence
REPUBLIC OF SOUTH AFRICA

DI/DDS/R/202/3/7

Telephone: (012) 315-0216
Fax: (012) 326-3246
Enquiries: Brig Gen T.G. Baloyi

Defence Intelligence
Private Bag X367
Pretoria
0001
July 2018

AUTHORISATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF DEFENCE (DOD): LT M.S. MOREKI

1. Receipt of a request letter AMHUNW/R/104/12/4 dd 04 January 2018 to conduct research in the DOD, as well as a Research Proposal attached is acknowledged.

2. Permission is hereby granted from a security perspective to Lt M.S. Moreki to conduct research in the DOD on the topic entitled **"The Nature and Extent of Child Care Problems at the Department of Defence (DOD): Area Military Health Unit (AMHU) North West,"** as a prerequisite for an attainment of a Masters Degree in Social Work under the auspices of the North West University (NWU) Potchefstroom as requested.

3. After the completion of the research, the final research product must be forwarded to Defence Intelligence (DI), Sub-Division Counter Intelligence (SDCI) for a final authorisation before it may be published or distributed to any entity outside the DOD.

4. Approval is however granted on condition that there is compliance with inter alia Section 104 of the Defence Act (Act 42 of 2002) pertaining to Protection of DOD Classified Information and the consequences of non-adherence.

5. For your attention.

(G.S. SIZANI)
CHIEF DIRECTOR COUNTER INTELLIGENCE: MAJ GEN
KS/KS (Lt M.S. Moreki)

DISTR

For Action

OC AMHU North West   (Attention: Lt M.S. Moreki)

Internal

File: DI/DDS/R/202/3/7

ANNEXURE D: REQUEST TO IMPLEMENT A MASTERS SOCIAL WORK RESEARCH AT AMHU NW

REQUEST TO IMPLEMENT A MASTERS SOCIAL WORK RESEARCH STUDY AT AMHU NW

REMARKS BY SO1 SOCIAL WORK DEPARTMENT

This research will contribute positively towards the identification of specific child care challenges in the DoD in order to improve social work service delivery in identified areas.

(signature)

(H.S. COETZEE)
SO1 SOCIAL WORK OFFICER AMHU NW: LT COL

REMARKS BY SO1 PSYCHOLOGY DEPARTMENT

Psychology members may participate in focus groups to discuss child care issues (without identifying any specific patient) in support of this research.

(signature)

(M.M STRYDOM)
SO1 PSYCHOLOGY DEPARTMENT AMHU NW: LT COL

REMARKS BY OFFICER COMMANDING AMHU NW

The academic research will contribute immensely in the DoD and the entire community will benefit. The office will make it and military population will be of the most beneficial. Strongly recommended!

(signature)

(K.G. KEGAKILWE)
OFFICER COMMANDING AMHU NW: COL

DISTR

Internal for Action

OC AMHU NW   (Col K.G. Kegakilwe)

Social Work Department AMHU NW   (Lt Col H.S. Coetzee)

Psychology Department AMHU NW   (Lt Col M.M. Strydom)

Health Warriors Serving the Brave
RESTRICTED

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AMHUNW/R/104/12/1/4

Extension: 018 289 4413
Fax: 018 289 1312
Cellphone No.: 073 284 3422
Enquiries: Lt M.S. Moreki

Social Work Service
AMHU NW
Private Bag X2011
Potchefstroom
Noordbrug
2522
August 2018

REQUEST TO IMPLEMENT A MASTERS SOCIAL WORK RESEARCH STUDY AT AMHU NW

1.   This letter serves as a request to the Officer Commanding (AMHU NW) to implement the research study titled: *The nature and extent of child care problems at the Department of Defense: Area Military Health Unit North West.*

2.   It is with great delight to inform the Officer Commanding that my MA research study proposal has been finally approved by the North-West University, Potchefstroom campus (Addendum A).

3.   The study was inspired by the Military Social Work Officers' (MSWO) need to improve services offered to military families – specifically children on Child Protection related matters (Annexure B).

4.   Reference to the preceding letters requesting permission from the unit level and AMHF can be noted as attached for a detailed understanding of the study and limitations:

   a.   Enabling Military Social Work Officers to improve service delivery regarding the major psychosocial challenges affecting Child Protection – dd 7 August 2017 (Annexure B).

   b.   Request to conduct Social Work research at Area Military Unit North West – dd 04 January 2018 (Annexure C).

   c.   Appreciation letter for the permission granted to conduct Social Work research at Area Military Health Unit North West – dd 07 May 2018 (Annexure D).

   d.   Letter from Defense Intelligence dd July 2018: Authorisation to conduct research in the Department of Defence (DOD): Lt M.S. Moreki

5.   I look forward with gratitude to implementing the study and thus generating the means to can help my colleagues from Social Work and Psychology Departments at AMHU NW improve on Child Protection related service delivery.

6.   The study will be conducted with the permission of the OC and the recommendation of the section heads of these departments.

7.   In reference to the aforementioned: I 04054144MC Lt M.S. Moreki hereby request permission to implement the approved research study at AMHU NW.

8.   Thank you.

(M.S. MOREKI)
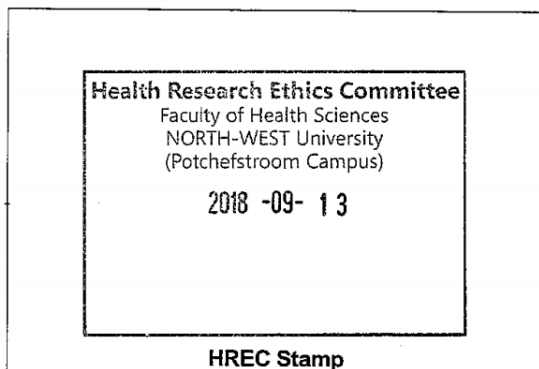SOCIAL WORK OFFICER AMHU NW: LT

Health Warriors Serving the Brave

ANNEXURE E: SEMI-STRUCTURED INTERVIEW SCHEDULE

Topic: The nature and extent of child care problems at the Department of Defence: Area Military Health Unit North West.

- What proportion of your daily work do you have to spend on child care issues?

- Do you feel that there is an increase in such cases and what can this be attributed to?

- Please give examples on how you are dealing with these cases at present.

- Do you perceive the caseload on child care issues to be a concern – please elaborate?

- Do you think that you are well equipped to deal with the child care issues that arise? If so; which ones and why?

- Which ones do you feel **you are not** well equipped to deal with and why?

- What do you understand by the term Child Protection?

- What solutions do you think can be applied to the challenges you experience as a professional in addressing child care issues?

- Is there any other point you would like to make, or question to ask pertaining to today's discussions?

ANNEXURE F: INFORMED CONCENT FORM

WRITTEN CONSENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Health Research Ethics Committee
Faculty of Health Sciences
NORTH-WEST University
(Potchefstroom Campus)

2018 -09- 1 3

HREC Stamp
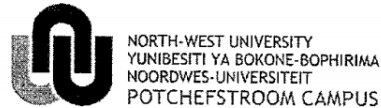
PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR AREA MILITARY HEALTH UNIT NORTH WEST SOCIAL WORK AND PSYCHOLOGY DEPARTMENT PARTICIPANTS INVITED TO PARTICIPATE IN THIS RESEARCH STUDY.

TITLE OF THE RESEARCH PROJECT: The nature and extent of child care problems at the Department of Defence (Area Military Health Unit North West).

REFERENCE NUMBERS: NWU-00039-18-S1

PRINCIPAL INVESTIGATOR: Motlatsing Suzan Moreki

ADDRESS: a
North-West University
Faculty of Health Sciences
Private Bag X6001
2522
A Protection. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied, you clearly understand what this research entails, and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. 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-00039-18-S1)** 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

1

might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?
➢   *This study will be at* Shamrock Mess *(Potchefstroom Military Base) and will involve a semi-structured interview schedule (focus group) with experienced health researchers trained in research interviewing. 13 participants will be included in this study.*

➢   *The objective of this research is to determine the nature and extent of child care issues in the DOD (AMHU NW)*

Why have you been invited to participate?
➢   *You have been invited to participate because* you are a professional with the expertise and relevant information that can assist the researcher get to the conclusion of the problem to be explored.

➢   *You have also complied with the following inclusion criteria:* Only MSWOs and Psychologists/psychology counsellors at AMHU NW will be included as key informants for the study. None of the other characteristics are of a concern such as their age or gender because they will not be a limitation to the study.

➢   *You will be excluded if:* you are not a MSWO or Psychologist/counsellor at AMHU NW. Other AMHU provinces will be excluded simply because of distance and ensuring that the study will not be too big for a MA study. The study can be repeated in other provinces in the future for a broader generalisation by comparing results – but not in this current study.

What will your responsibilities be?
➢   *You will be expected to:* give your inputs in a group discussion that will unfold according to the questions that will be provided for the duration of about an hour. The duration can be exceeded should there be more information to be shared and all parties involved give consent.

The research will take place as a once-off intervention to collect data. However, during data analysis; you will be consulted again to confirm if you agree with the results (group contact session). This means that there will be two occasions where contact will be made with you.

Will you benefit from taking part in this research?
➢   *The direct benefits for you as a participant:* There are no direct benefits for you as remuneration but there will be refreshments provided as courtesy to accommodate you during your participation in the study.

➢   *The in-direct benefits for you as a participant:* The results of the study may share light in the issues facing children and that may assist you to have informed interventions as a counsellor (social work & psychology).

The results may also help other researchers in the future for further studies aimed at improving service delivery at AMHU NW and the organization as a whole.

Are there risks involved in your taking part in this research?
➢   *The risks in this study:* There are no direct risks anticipated except that the questions or the feedback of other people in the group might make you uncomfortable. Should this be the case, please inform the person collecting data for a way forward. The benefits, however, outweighs the risk.

2

➤   Partial Confidentiality: Taking into consideration the fact that different viewpoints will be shared by members during the focus group discussions, it is thus ethically emphasised that participants keeps the content of the discussions confidential by not discussing them outside of the focus group session.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?
➤   *Should you have the need for further discussions after the discomfort:* an opportunity will be arranged for you to be referred to a psychologist for counselling or to the research supervisor to state your concern.

Who will have access to the data?
➤   *Anonymity* will be partial in that your inputs can only be linked with you from a group setting but the information will not refer specifically to you both during data collection and analysis.

➤   *Confidentiality* will be ensured by giving participants numbers for reference purposes where necessary and your information will not be linked to your personal details.

➤   *Reporting of findings* will be anonymous only the researcher and her supervisor will have access to data and feedback from participants will be referenced with their number as opposed to personal details. 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. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored 5 years.

What will happen with the data/samples?
➤   *This is a once off collection and data will be analysed in South Africa, Potchefstroom.*
➤   Data will also be used for future research studies.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but refreshments will be provided.

Travel expenses will be paid for those participants who have to travel to the site. 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 Motlatsing Suzan Moreki at 073 284 3422 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 research article will be utilised as a tool to present the findings of the study. A copy of the mini-dissertation will be provided to your department for your access.

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DECLARATION BY PARTICIPANT

By signing below, I .... agree to take part in a research study titled: *The nature and extent of child care problems at the Department of Defence (Area Military Health Unit North West).*

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 to both the person obtaining consent, as well as the researcher 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.
- I understand that I am expected to keep the content of the focus group discussions confidential and not discuss them outside of the session. I understand that it is for ethical purposes aimed at not harming participants in the study; including myself.
- I understand that the data collected will be utilised for both the purposes of this study and for future research studies.

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

....
Signature of participant   **Signature of witness**

Declaration by person obtaining consent

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.

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

....
Signature of person obtaining consent   **Signature of witness**

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/did not use a interpreter.

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

....
Signature of researcher   **Signature of witness**

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ANNEXURE G: HREC APPROVAL

NWU®
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE-BOPHIRIMA

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

Health Sciences Ethics Office for Research, Training and Support

Health Research Ethics Committee (HREC)
Tel: 018-285 2291
Email: Wayne.Towers@nwu.ac.za

Dr M Ubbink
Social Work
COMPRES

13 September 2018

Dear Dr Ubbink

APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00039-18-S1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC) secretariat.

Study title: The nature and extent of child care problems at the Department of Defence: Area Military Health Unit North West

Study leader: Dr M Ubbink

Student: MS Moreki-21913838

Application type: Single study

Risk level: Minimal (monitoring report required annually)

Expiry date: 30 September 2018 (monitoring report is due at the end of September annually until completion)

You are kindly informed that after review by the HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 13/09/2018. It, however, requires the following further conditions specific to *the progress* of the study:

a.   Please provide the HREC with copies of the goodwill permission letters from the different social work and psychology departments within the different Area Military Health Units (AMHU) themselves, granting access to their facilities and staff as required by the study.

As the study progresses the aforementioned conditions should be submitted to Ethics-HRECProcess@nwu.ac.za with a cover letter with a specific subject title indicating "Outstanding documents for approval: NWU-XXXXX-XX-XX." The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the HREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. "Outstanding documents for approval: NWU-XXXXX-XX-XX". The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

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. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be

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provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECMonitoring@nwu.ac.za. Annually, a number of studies may be randomly selected for an internal audit.

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to Ethics-HRECApply@nwu.ac.za with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in <mark>yellow highlight</mark> in the amended documents. The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating that it is an amendment request e.g. "Amendment request: NWU-XXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to Ethics-HRECIncident-SAE@nwu.ac.za. The *e-mail*, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXXXX-XX-XX". Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
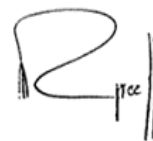
The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApply@nwu.ac.za.

Yours sincerely

Prof Wayne Towers
HREC Chairperson

Prof Minrie Greeff
Ethics Office Head

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5 Ethics\NWU-00039-18-S1\9.1.5.4.1_AL_NWU-00039-18-S1_13-09-2018.docm
13 September 2018

File reference: 9.1.5.4.1

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ANNEXURE H: DECLARATION BY LANGUAGE EDITOR

This certificate declares that the dissertation **The nature and extent of child care problems at the Department of Defence: Area Military Health Unit North West** by Motlatsing Suzan Moreki was edited by:

Ann-Lize Grewar

BA Language and Literature Studies

BA Hons Translation Studies

SATI-membership number 1002647

SATI Accreditation: APSInterp Afr-Eng

Professional Editor's Guild membership number BOS008

Language Director at Language Matters PTY(Ltd)

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Signed on 23/11/2018

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