Social workers' views on the feasibility of using the ECO-MACH in adoption services

Y Künz-Steyn

orcid.org / 0000-0002-9463-6848

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Supervisor: Ms FI Mmusi

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Student number: 28076206
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Firstly, I want to thank my Heavenly Father for the courage, strength and wisdom during this journey, especially during the times when I felt that it was too difficult.

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To me, for never giving up.
DECLARATION OF RESEARCHER

I, Yoranda Künz-Steyn, hereby declare that the manuscript titled: “Social workers’ views on the feasibility of using ECO-MACH in adoption services”, is my own work. All references quoted and used were acknowledged by citing in text and referenced in the bibliography. I further declare, that I have not previously in its entirety, or in part, submitted the said manuscript at any other university to obtain a degree.

Y. Künz-Steyn

January 2019
DECLARATION OF THE TEXT EDITOR

Monday, January 07, 2019

To whom it may Concern

THESIS

I hereby declare that I have proofread and edit the thesis of:

Yoranda Künz-Steyn

Student No.: 2807266

And the thesis is ready to be handed in.

Kind regards

Miss. Hannelie Pretorius
hannelie.pretorius@gmail.com
SAP031988
ABSTRACT

**Title:** Social workers’ views on the feasibility of using ECO-MACH in adoption services.

In South Africa there is limited research and guidance on adoption and the impact thereof on the child during adolescence; especially on placement stability and of risk behaviour. The ECO-MACH protocol is a guideline, designed to holistically and systematically assesses and manage adolescents with mental health issues in child and youth care centres (CYCC). This study focused on exploring participants’ views on the feasibility of using ECO-MACH protocol within adoption services, specifically in assessing adopted adolescents. The findings of the study indicated guidance for future studies; and that the ECO-MACH protocol could be adaptable universally in the field of adoption.
KEYWORDS

Adolescent, adoption, risk behaviour, post-adoption services, ECO-MACH protocol, adoption disruption
Table below reflects on the themes and subthemes developed from the collected data during focus group discussion.

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Aanneming as ’n permanente plasingsopsie, het ’n impak op die kind se binding met sy aanneemouers, wat ook dan die waarskynlikheid van risiko gedrag kan verhoog, meer so tydens adolessensie. Daar is beperkte navorsing oor die hantering van aangenome adolessente wat risiko gedrag toon en dit het ’n aansienlike impak op aannemingsplasings in gevalle waar gedrag as ’n risiko geïdentifiseer word. Dit sal waarskynlik die plasingsstabiliteit in gevaar stel.

Allers en Roestenburg (2017) het ’n praktykraamwerk en protokol ontwikkeld om holisties en sistematies, assessering en bestuur van adolessente met geestesgesondheidskwessies te kan verbeter. Hierdie raamwerk en protokol is egter spesifiek ontwikkeld vir adolessente wat in kinder- en jeugsorgsentrails (CYCC) geplaas word. In Suid-Afrika is daar tans geen bestaande protokol wat maatskaplike werkers kan gebruik om adolessente wat risiko gedrag toon, te assesseer nie.

Hierdie studie beoog om maatskaplike werkers, geakkrediteer om in aannemings te werk, se sienings oor die uitvoerbaarheid van die gebruik van ECO-MACH binne aannemingsdienste te verken. Deelnemers aan die studie bestaan uit maatskaplike werkers wat gewerf is van aangewese welsynsorganisasies en privaatpraktyke en geregistreer is om aannemingsdienste te lewer. Hierdie studie het ’n kwalitatiewe benadering aangeneem met beide eksploratiewe en beskrywende ontwerpe, aangesien dit poog om insig te verkry in die deelnemers se sienings en begrip van risiko gedrag asook hul perspektiewe op die moontlikhede van die bestaande ECO-MACH protokol om oorgedra of aangepas te word in ’n poging om op die behoeftes van aangenome adolessente wat risiko gedrag toon, te fokus. Die data wat uit hierdie studie
ingesamel is, kan leiding gee vir toekomstige studies om die behoefte in literatuur en praktiek aan te spreek, om ’n protokol te ontwikkel met spesifieke klem op hoe aannemende ouers gehelp kan word met leiding om die risiko gedrag van hul adolessente beter te bestuur.
FOREWORD

This article is in line with the requirements set out in the journal: *Social Work / Maatskaplike Werk* as well as with the Regulation A.7.2.3 for the Degree M in Social Work.
INSTRUCTIONS TO THE AUTHORS

For the submission of an article to the journal Social Work / Maatskaplike Werk (2014:1), there are certain set guidelines:

Manuscripts can be written in either English or Afrikaans and should include an abstract that does not exceed hundred (100) words. The contributions will be reviewed by at least two (2) external moderators whose advice will be accepted or rejected by the editorial committee - this is considered a confidential process.

Manuscripts will be returned to the authors where it is not in line with minimum requirements set out by standard journal practice. It is expected of manuscripts to be typed in double space, 12 pt Times Roman, on an A4 size paper, also that the Harvard system is used for referencing. Furthermore, to the standard requirements for journal practice, where articles are less than 2,000 but more than 10 000 are generally not considered for ideal for publication.

In the case where word-for-word quotations, facts and other arguments from other sources are cited in text, the surname(s), of the author(s), year of publication and page number(s) should appear in parenthesis e.g.: “. . . (Berger, 1967:12). Following the in-text referencing, more details with regards to the sources should be included at the end of the section, under the heading “References”. This list of references should be arranged in alphabetical order according to the surnames of the authors.
DEFINITIONS OF TERMS

Adolescent
A child in the adolescent developmental transition phase between the age of eleven (11) and nineteen (19), which can be characterised by the transition between childhood and adulthood (Papalia, Olds & Feldman, 2011:419).

Adoption
Legal process in which all rights and responsibilities are given to adoptive parents, where a child is fully taken care of by non-biological parents (Adoption Training Manual, 2016:15).

Risk behaviour
Behaviour that could pose physical risk to the individual e.g. disruptive relationships, absconding and drug abuse (White, 2015:61).

Post-adoption services
Supportive services needed by the adoptive family upon the finalisation of legal adoption process (Children’s Act and Regulation 3, National Norms and Standards for Child Protection Act, 38 of 2005:43).

ECO-MACH protocol

Adoption disruption
When the adoptive family is no longer in a position to live in harmony together and the child is moved from the family (Jones, 2010:14).
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TITLE: SOCIAL WORKERS’ VIEWS ON THE FEASIBILITY OF USING ECO-MACH IN ADOPTION SERVICES.

KEYWORDS:

Adolescents, adoption, risk behaviour, post adoption services, ECO-MACH protocol, adoption disruption.

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

1. CONTEXTUALISATION AND PROBLEM STATEMENT.

In South Africa as documented in the Children’s Act and Regulation 3, National Norms and Standard for Child Protection Act (38 of 2005:43) after care services is identified as one of the most significant services that needs to be rendered to the adoptive families. The emphasis is that post-adoption services should focus on on-going support and communication around available services, specific challenges, addresses developmental needs and skills development (Hartinger-Saunders, Trouteaud & Johnson, 2013:257, Liao & Testa, 2014:9). The assumption is that post-adoption services might assist parents in understanding children’s needs and linking resources to address it (Liao & Testa, 2014:9). This in turn is likely to prevent removal of children and enhance parents’ feelings of accomplishment and the quality of life increase whilst challenges (risk behaviour) are being addressed. Thus, risk behaviour is likely to compromise adoption (Thomas, 2013:52).
Currently, in South Africa there are no specific guidelines or assessment protocols available to provide guidance. Social workers are expected to use their own discretion in helping adoptive parents manage adolescents presenting with risk behaviours. Coupled to this, there is very limited research conducted on the issue of adoption and as a result, the aspect of post adoption is often neglected or given limited attention if any (Mokomane, Rochat and the Directorate, 2012:356).

The researcher was previously employed at Girls and Boys Town South Africa (GBTSA) as a social worker and her role was to render therapeutic services to families of adolescents presenting with risk behaviours. Such risk behaviours are in line with what is identified to be present with the five (5) mental health disorders as identified by Heyns (2015:27-60). This includes; distractible, impulsivity / risk taking, not following through on instructions, fail to respond to discipline, poor significant relationships, destruction of property, aggression, lying / stealing, absconding, poor boundaries, self-harm, suicidal activities, substance abuse, promiscuous behaviour and disturbance of perceptions.

This study focussed on exploring adoptive social workers’ view on how the ECO-MACH protocol can be adapted and utilised to assess the needs of adopted adolescents presenting with risk behaviours. By conducting a study of this nature, it created an opportunity for the researcher to gain input from social workers directly involved with adoption and issues pertaining to it. Being experts in the field, these social workers provided insight to ascertain as to what extend the existing ECO-MACH protocol can be adapted or adjusted to meet the needs of those adopted adolescents presenting with risk behaviours.

Assessment plays an important role in the social work profession in terms of effective service delivery especially where risk can identified and longstanding trusting relationships present; and thus the outcome of this study was to assist adoptive social workers to develop a systematic
framework and protocol that is responsive to the needs of adoptive children presenting with risk behaviours and their families (Krist, Phillips, Sabo, Balasubramanian, Heurtin-Robers, Ory, Johnson, Sheinfeld-Gorin, Estabrooks, Ritzwoller & Glasgow, 2014:525). According to Svard (2014:509) a contextualised assessment needs to be done to ensure that a holistic view is formed when looking at a child’s current circumstances. Aspects to consider during an assessment includes: the child’s developmental phase (e.g. health, emotional and behavioural development, and self-care skills), parenting capacity (e.g. basic care, available resources, guidance and boundaries and stability) and family- and environmental factors (e.g. family history and functioning, wider family, housing, employment, income, family social integration and community resources).

The data gathered from this study aimed at providing guidance for future studies to address the gap in literature and practice, to develop a protocol with specific focus on how adoptive parents could be assisted in managing their children presenting with risk behaviour.

2. RESEARCH AIM

The aim of this study was to explore adoptive social worker’s views on the feasibility of using the ECO-MACH protocol in adoption services.

3. RESEARCH QUESTION

How feasible is the ECO-MACH protocol, in terms of the utilization within the field of adoption where risk behaviour of adopted youth is present?

4. RESEARCH OBJECTIVE

To explore the views of adoptive social workers who completed the ECO-MACH training on the utilisation thereof in adoption services.
5. LITERATURE REVIEW

The aim of reviewing literature is to get insight on past studies, especially in terms of obtaining an understanding of what is already known and where the gaps are (Fouché & Delport, 2013:109). In summary, the researcher reviewed different sources related to the topics of adoption, post adoption services, adoption disruption, the adolescent and risk behaviour and the eco-systems and ECO-MACH protocol; in an attempt obtain an understanding of attempts previously made in the field of adoption specifically with regards to the aspects pertaining to adopted adolescents. This in turn assisted the researcher to gain insight into the subject matter as well as what is available and where the gap exists. The review of literature is discussed in more detail under Section A, part two (2) of this mini dissertation.

6. RESEARCH METHODOLOGY

6.1 Approach

For the purpose of this study, data was collected with the use of a qualitative approach. Creswell (2013:45) points out that in a qualitative study; data is collected in a natural setting, which creates an opportunity for the researcher to obtain the richness of participants’ experiences. The researcher captured verbal and written communication by means of data gathering methods, to obtain in depth and descriptive data (Howitt, 2010). With the use of this approach, the researcher explored adoption social workers’ views on how an existing ECO-MACH protocol could be adjusted to respond to the needs of adopted adolescents presenting with risk behaviours.

6.2 Design

This study adopted an explorative approach as it seeks to explore and gain insight into adoption social workers’ views on how adaptable the existing ECO-MACH protocol could be to be utilised to assess the needs of the adopted adolescent presenting with risk behaviour.
Data was collected with the use of an explorative design in a form of a focus group discussion. The explorative design was deemed appropriate for this study, as it was helpful in obtaining information that is crucial in addressing the existing gap in literature and where a study could be the initial stage of more studies on the specific topic (Fouché & De Vos, 2011:95).

7 POPULATION

The term population refers to a group of people with specific characteristics who would be able to assist in answering a research question (Strydom, 2011:223). This study utilized social workers, accredited to render adoption services, currently providing adoption related services either in an accredited adoption agency or in private practice, and who have received training on the ECO-MACH protocol. The identified population was included regardless of the age, gender, employment affiliation, years of experience in the field of adoption or area of residence.

7.1 Sampling

The researcher made use of homogeneous purposive sampling as the sample was selected based on the fact that the participants all received training on how to utilise the ECO-MACH framework. Strydom (2011:232) points out that purposive sampling is a representative of a larger population with similar characteristics of the population that will be relevant in answering the research question. For the purpose of this study, participants were selected on the basis that they are adoption social workers and have received training on the ECO-MACH protocol. The researcher is of the opinion that having received ECO-MACH training had put those social workers in a better position to provide insight on how the tool can be used in other alternative care setting such as adoption. The predetermined selection criteria were used as a basis for sampling process (Babbie, 2014:200). For the purpose of this study, even though the researcher recruited most of the participants who received training on the ECO-MACH protocol however, only three (3) participants formed part of the focus discussion group. The process of sampling
was based on convenience sampling and only those participants who were available on the day of the focus group discussion, participated. Convenience sampling which is a method of non-probability sampling was incorporated as it refers to a milieu where participants are included based on the fact that they were in the right place at the right time (De Vos et al., 2011:224 & Burns & Grove, 2007:337). The pool of social workers that have received the ECO-MACH training was limited and sampling was based on availability of participants and their relevance to the study.

7.2 The participants and the recruitment process

The researcher had a formal discussion with Ms. Heyns who developed and provides training on the ECO-MACH framework and protocol to manage children with mental issues in alternative care to investigate the feasibility of the study. Upon this discussion, Ms. Heyns expressed her willingness to assist where necessary. Participants were recruited from Gauteng and North-West Province. Recruitment was done based on the feedback received from Ms. Heyns, the trainer indicating that most adoption social workers who received training derived from aforementioned provinces. The intention to use participants from two provinces was to create an opportunity for diverse views as participants are situated from two (2) provinces that are geographically apart in an attempt to allow variation in inputs and thus increase the reliability of the study findings.

The developer and trainer of the ECO-MACH protocol, Ms. Heyns acted as gatekeeper and provided a list of the adoption social workers who completed ECO-MACH training. To be in line with The Protection of Personal Information (POPI) act, Ms. Heyns sent out an advertisement for the project via her email list server, requesting whether the potential participants would be interested in the project, thereafter, the contact details were provided to
Ms. Potgieter who acted as the independent person. Ms. Potgieter, who is a registered social worker and independent from the study and the field of adoption, acted as a go between participants and the researcher. Ms. Potgieter was orientated by the researcher on the nature of the study, its purpose and her role as an independent person. The researcher further provided Ms. Potgieter with the final proposal approved by North-West University HREC committee to work through, in order for her to obtain better insight on what the study entails. The researcher had follow up meetings with Ms. Potgieter to provide clarity on any uncertainties or questions so as to prepare her for the process of recruiting potential participants.

Ms. Potgieter was requested to approach potential participants with regards to the aim and nature of the study. Participants were given detailed background information on the purpose of the study as well as what is expected from them should they wish to participate as well as whom to contact for any further clarity. This enabled potential participants to make an informed decision. The independent person further explained to participants that they had a maximum of five (5) days to decide on their willingness to participate. They then had to approach Ms. Potgieter to indicate their interest in participating in the study. The independent person obtained geographical details and preferences upon confirmation of willingness to participate.

8. Data collection

Qualitative research enabled the researcher to collect data from various participants who encouraged a greater depth of insight into the effectiveness of the ECO-MACH framework and protocol. The researcher made use of a focus group method to collect data. A focus group can be described as a form of interview, in group context, on a specific topic (Greeff, 2011:360). Accredited adoption social workers were recruited to form part of the focus group as a sense of homogeneity was expected to be experienced, which in turn impacted on participants to discuss
the topic at hand in a more focussed manner given that they all have something in common i.e. the experience of working with adoptive parents (Greeff, 2011:365-366). A focus group created the opportunity to consider several perspectives on the issue of adoptive adolescents presenting with risk behaviour, which ensured good quality data as different individuals had different experiences (Greeff, 2011:361). Greeff (2011:360) is of the opinion that by using focus groups, it creates a non-threatening environment where participants are able to share their expertise and recommendations without experiencing pressure to reach a specific conclusion during at the end of the interaction.

Greeff (2011:366) suggests that a focus group include six (6) to ten (10) participants and the interview schedule was formulated in such a way that the experiences of the participants as well as possible practice guidelines for future research could be explored. The fact that the focus group was limited to a small amount of people, provided for open and free flowing communication. Effective composition of the focus group is of importance as it impacts on how freely and focussed the conversation flows (Greeff, 2011:365). The researcher had the opportunity to gain insight into the experiences of the participants by means of open communication channels (Greeff, 2011:361).

The researcher made use of an interview schedule, consisting of open-ended and semi-structured questions, which served as a guide for the flow of communication. The interview schedule consisted of a pre-selected number of questions, which were used to engage participants in a discussion to explore those questions further. The researcher encouraged participation and made use of probing to ensure that discussions are aimed at answering the research question (Greeff, 2011:368). The questions were formulated in a way that it is clear, easy to interpret and in a language that participants could understand easily (Greeff, 2011:369). The initial plan was for the researcher to facilitate two (2) separate focus group discussions in Gauteng and in North-
West. The reason for this was for the researcher to obtain different views of participants practising adoption services in different geographical settings. However, due to unforeseen circumstances that led to some participants’ unavailability only one focus group discussion was facilitated. All the participants were from Gauteng. The researcher requested permission from her current employer (based in Illovo, Sandton) to utilise one of the board rooms to facilitate a focus group discussion. The venue had all the necessary equipment and was conducive and user friendly for a focus group interaction. The venue consisted of a round table and chairs with enough ventilation and privacy (Greeff, 2011:370). As pointed out by Greeff, (2011:367). Data saturation determined the number of focus group sessions, and this was explored at the end of the first focus group discussion.

9. Data analysis

Data analysis is about summarizing the data collected to be able to project on core ideas (thus the results of the study), in a structured manner to confirm evidence-based conclusions (Schurink, Fouché & De Vos, 2011:397). Tesch (in Creswell) (2009) identified eight steps in which data is analysed and the researcher used this as guideline:

The focus group verbatim discussions were recorded and transcribed by the researcher. The verbatim data was read through by the researcher to get an overall understanding of what emerged during the sessions. During this stage the researcher noted emerging ideas. The researcher started from the top, the first interview, to get an understanding of what emerged from the focus group discussion. The researcher looked at several of these interviews. The researcher made a list of the emerged topics (based on the participants’ experiences) and grouped the similar participants’ responses together. These topics were grouped as major topics, in columns, and what was left over, as sub-topics. The identified themes were linked with appropriate
abbreviations. The most descriptive wording was identified for the themes which were then processed into categories themes. The researcher finalized the abbreviations for the themes / topics and alphabetical the codes.

The researcher made use of an independent person as a co-coder. Open coding was used as it is focussed on identifying and categorizing emerging themes (Schurink, Fouché & De Vos, 2011:412). The researcher made use of cut and paste to assemble the data belonging to the different category / theme. A preliminary data analysis was then conducted. The existing data was being recorded and the researcher started reporting on the findings of the study.

9.1 Storage and archiving of data

The raw data in hard copy format will be archived at the COMPRES office for five (5) years; electronic copies will be stored on a password protected computer in the supervisor’s office and will be sent to COMPRES where it will be archived for five (5) years.

10. Trustworthiness

In qualitative research, trustworthiness is about assessing different aspects to determine the quality of the research (Schurink, Fouché & De Vos, 2011:419). According to Guba and Lincoln as cited in Kumar (2011:171) trustworthiness is determined by four indicators: credibility, transferability, dependability and conformability. The researcher ensured trustworthiness by implementing the follow for facets: credibility, transferability, dependability and conformability which will now be described in more detail below.

Credibility, which refers to if the findings of the research, could be confirmed as a true reflection, by the participant in the research (Trochim & Donnelly, 2007:149, as cited in Kumar, 2011:172). The researcher gathered data herself, and ensured that the participants’ experiences were understood correctly and the interpretation thereof to ensure that findings are a true
reflection of the research. The researcher throughout, consulted other theories on the topic and study leader for guidance.

**Transferability**, that could be described by Thomas and Magilby (2011:153) as: the extent to which the findings of the research could be universally generalized. Based on the qualitative nature of the study, the findings were supported by the actual experiences and feedback of the participants. To ensure that transferability is implemented, the researcher utilised data in her findings, based on how applicable it is relation to the research topic. Kumar (2011:172) recognized that it could be challenging to achieve total transferability and therefore in ensuring that this is achieved, the researcher documented the research process. The documented research process was guided by methodology which creates the opportunity for future research to be conducted on the same topic. This will create an opportunity for other researchers to replicate, follow up or further explore on the study and make appropriate recommendations where necessary, which in turn might create opportunity for future research to develop a protocol, based on the ECO-MACH to assist adoptive parents in managing their children, displaying risk behaviour.

**Dependability**, Thomas and Magilby (2011:153) refers to the concept of dependability as; if the same concept is being studied twice, it is likely to produce similar results. These authors again identified this as a challenging aspect to achieve and therefore the researcher followed and noted the steps and process of the research done in order for other researchers to replicate the study. The research study was conducted under supervision to ensure that the researcher complied with that proposed process.

**Confirmability** refers to ensuring that the results could be confirmed by other people within the field of practice (Thomas and Magilby 2011:154). The researcher gathered as much literature background on the subject matter and used the outcome of the study to build on that. While
interviews were recorded, the researcher also took field notes to compensate recorded data. Non-verbal observable communication behaviour that she believed would make a contribution of significance to the study’ outcomes were noted and explored upon further during the interviews. In an attempt to reduce bias during data analysis process, the researcher appointed an independent co-coder which in turn enhanced the reliability of findings.

11. Ethical implications and research procedures

Strydom (2011) points out that the researcher, in a scientific study should familiarise themselves in terms of what expected and proper conduct during the research. The participants were informed in advance that taking part in the study is voluntary as well as how participating in the study might have affected them. The researcher approached the whole process with sensitivity.

This study was guided by the professional values and guidelines set out by SACSSP, for practicing social workers, which guided the researcher to follow proper and objective means while conducting the research study. Ethical clearance to conduct the study was obtained from the Health Science Ethical Committee of the North-West University on 08/10/2018.

12. Informed consent and voluntary participation

Written consent was obtained from the participants, by means of the following process: an independent person made contact with participants per email or telephonically and the aim of the study was explained to them. In the case where the participant verbally agreed, the independent person emailed them more detailed information around the study. The independent person then contacted those participants that indicate a willingness to take part in the study to schedule the date and venue for focus group discussions. Upon arrival for the focus group discussion, the independent person first had a discussion with the participant, in a private space, where the informed consent form was signed in the presence of the independent person. For the purpose of
this study the researcher aimed to include six (6) - ten (10) participants (based on the inclusion - and exclusion criteria) in a focus group discussion. At least six (6) potential participants indicated a willingness to engage in the session, however only three (3) participants arrived. Upon further exploration, it was indicated that the participants could not attend due to unforeseen circumstances. This sample size enabled the researcher to facilitate a group discussion effectively and explore the views of participants in relation to answering the research question (De Vos et al., 2011:362-366 & Greeff, 2011:366). Having to facilitate a small group of participants enabled the participants to freely and actively engage in the interaction. The included participants seemed to have extensive experience in the field, related to the topic and could brainstorm effectively.

Strydom (2011:115) points out that it is of priority that participants in research studies, should be at lowest possible risk. It is of priority for the researcher to keep the risk level of the study, as low as possible by preventing harm to the participants (Strydom, 2011:115). Participants were informed beforehand, who were participating in the focus group discussion, to give the participant the choice to decide whether they wanted to participate in the study.

13. Avoidance of harm

Where a person is involved in a research study, the individual should be at lowest possible risk of harm. It was of priority for the researcher to keep the risk level of the study, as low as possible by preventing harm to the participants (Strydom, 2011:115). Some of the practical measures that the researcher put in place, included: participants being informed beforehand, who participated in the focus group discussions, so that the participant had the choice to decide whether they wanted to participate in the study. The researcher informed the participants how the confidentiality principle was implemented throughout the study, that their identity will not be made known, and even the limits thereof (Strydom, 2011:119). The researcher treated all shared
information as confidential which protected the participants’ identities. The participants were reminded of voluntary participation and ensured that the physical environment was conducive (thus not harming) and private.

14. Benefits and risks

The proposed study was of low risk as the participants only reflected on their experiences as third parties and all the participants are trained social work professionals. There was no direct benefit for participants.

Participants’ input has the potential to contribute significantly through providing guidance on what should be the content of a framework and protocol aimed to manage adoptive adolescents presenting with risk behaviour. The overall benefits would outweigh the risks.

15. Debriefing of the participants

The researcher realised that due to the fact that the participants are trained professionals, reflecting on experiences as third parties, the need for debriefing could possibly be low, however, she did at the end of each focus group reflect on with the focus group participants in terms of their debriefing needs.

16. Deception of the participants

The participants were provided with detailed background information on the purpose of the study as well as what was expected from them should they wish to participate as well as whom to contact for any further clarity. This enabled potential participants to make an informed decision around participating in the study.

Strydom (2011) points out that the researcher, in a scientific study should familiarize themselves in terms of what expected and proper conduct during the research. The participants were
informed in advance that taking part in the study is voluntary as well as how participating in the study might affect them. The researcher approached the entire process with sensitivity.

17. Confidentiality and anonymity

Babbie as cited in De Vos et al., (2011:120) acknowledges that: “Confidentiality implies that only the researcher and possibly a few members of his or her staff should be aware of the identity of participants”. Confidentiality refers to not exposing others, and although confidentiality in terms of reporting the findings can be ensured, it cannot be ensured in terms of participating in a focus group. With qualitative studies, it might be more challenging to not ‘expose’ an individual as one is studying the experiences of a person on a deeper level, but for the purpose of this study the participants reflected on the deeper experiences (challenges and needs of the adoptive parents) as a third person. The researcher facilitated individualisation throughout the study, as different individuals had different experiences on the same topic (Rubin & Babbie, 2013).

The researcher informed the participants how the confidentiality principle will be implemented throughout the study, that their identity will not be made known, and even the limits thereof (Strydom, 2011:119). The researcher treated shared information as confidential which protected the participants’ identities, reminded participants of voluntary participation and ensured that the physical environment was conducive (thus not harming) and private. However, the researcher also took into consideration that, confidentiality in focus groups can be at risk as total confidentiality could not be guaranteed. Babbie (2014:68) is of the opinion that by using focus groups for data collection, confidentiality cannot be guaranteed as the participant is exposed in terms of other participants. Participants were requested to sign a confidentiality agreement
whereby they committed not to disclose information shared in the focus group outside of the group.

During the data analysis, the researcher replaced the name of the participants with alphabets to protect their identity during the reporting of the study findings. Following analysis of collected data, the findings of the study was documented and the participants were informed of such findings through either email or post communication. The findings included only information pertaining to the outcome of the study with no information that could be directly liked to individual participants.

18. Competence of the researcher

The researcher was employed as a Social worker at GBTSA for a period of two years where she rendered therapeutic interventions to adolescents in child and youth care centre (CYCC) presenting with risk behaviours. Such experience played a significant role in providing the researcher with insight into the study subject matter. The researcher gained insight of the field of specialised intervention in terms of adolescents presenting with risk behaviours through GBTSA intervention model in addressing risk behaviours presented by adolescents. The researcher is registered with the South African Council for Social Service Professions (SACSSP), with the registration number 10-35518. The researcher is enrolled for a Master’s degree in child protection, social work division and has successfully completed all the required course work modules. The researcher has successfully completed the online ethics training (Trree-training) to enhance her knowledge and skills with regards to ethical conduct pertaining to research with human participants. The researcher has further received guidance and support from the North-West University appointed supervisor who also have insight into the subject matter.
19. Incentive and remuneration of the participants

Participants were not remunerated for taking part in the study; however, each participant received R200 as a contribution towards their travelling expenses for the research purpose. Following completion of a focus group discussion participants were issued with a small token of appreciation amounting to R50 for their time, effort and recognising the importance of this study.

CHAPTER DIVISION


Section A (Part 2): Literature review.

Section B: Journal article to be sent to the *Maatskaplike Werk / Social Work Journal*.

Section C: Overall summary of research, including the conclusion and limitation.

Section D: Addendums.
REFERENCES


SECTION A:

PART 2: LITERATURE REVIEW

1. Introduction

Globally, children become in need of care and protection as a result of several variables which includes children exposed to: abandonment, neglect, maltreatment and orphanage. When a child is exposed to factors mentioned above, the individual is considered needing care and protection and the permanent placement option of adoption could be considered. Adoption is considered one of the most effective methods of providing the child with permanent safety and a sense of belonging and in general adoption can assist to improve the child’s attachment and sense of belonging which in turn is crucial of a child development and future wellbeing. Even though there has been a substantial amount of work done on adoption, little is known around the circumstances of adopted adolescents and less so on those who are reported to be presenting with risk behaviour. Social workers working in the field of adoption are not always equipped with skills on how to facilitate the assessment process and this is likely to result in assessments that solemnly relied upon social workers discretions.

Adoption is a legal process and the adoption services include a range of services as stated in the Practice guidelines on National Adoption. Adoptive family life can help foster developmental recovery for most emotionally and psychologically wounded adolescents (Selwyn, Wijedasa & Meakings, 2014:3). According to (Carter & van Breda, 2015:219), an assessment tool refers to: a guideline that assists the professional entity to consider understand all the available information to have a clearer picture of the current circumstances in order to compile an effective treatment plan. A protocol is needed when placing an adolescent for adoption as it outlines logical steps and tasks for professional role players to address a situation and challenge, which assists in a
structured way of working (Heyns & Roestenburg, 2017: 23). As previously mentioned, in South Africa there are no specific guidelines or assessment protocols available to provide social workers with guidance on how to best support adoption parents when faced with an adopted adolescent, presenting with risk behaviours.

The researcher did a literature review, in order to obtain insight around the research topic, what has been done in the past and where gaps are present for future studies on the same topic (Fouché & Delport, 2013:109). The literature review was based on different angels to the impact on the adopted adolescent. Firstly, the focus was on the adoption (available aftercare, the needs of adoptive parents, what impacts on adoption disruption and lastly the impact of the age of the adopted adolescent and his or her attachment. Thereafter, the researcher explored on the adopted adolescent more specifically where risk behaviour is present and lastly an exploration of the ECHO-MACH protocol that serves as a theoretical and practical guideline to systematically and actively manage an adolescent that presents with risk behaviour.

2. Adoption

Adoption as alternative care option is significantly relevant as it creates a healthy alternative for a young person in need of care and protection, whom forms part of the vulnerable population in society. According to the Adoption Training Manual (2016:6), the Children’s Act and National Adoption Strategy encourage the consideration of adoption as alternative placement option as the number of vulnerable children (and adolescents) who requires alternative care is on the increase. Of the 18.5 million children in South Africa, 60% live in poverty, 4.5 million live with neither parent and during 2010, an estimate of 3,500 abandonments took place in the streets of South Africa (Adoption Training Manual, 2016:6). In contrast with the high number of vulnerable young persons in South Africa, it was reported that there was a decline in adoptions in South
Considering the contrast between vulnerability and adoption as a placement option, it raises concern to child protection agencies in South Africa and emphasize the importance of research and creating awareness on the research topic.

Adoption as a service has however, changed tremendously in recent years, mostly due to the characteristics of the population of available adolescents for adoption as well as other resource related challenges related to: social culture, resource allocation and service providers (The Adoption Training Manual, 2016:9). The Adoption Training Manual (2016:6) indicated that 3.54 million children in South Africa is orphaned, which is an indication of a 30% increase over the last decade. Due to the limited number of young children available for adoption, leads to parents adopting older children (Thomas, 2013:66). In contemporary society there is an increase with adoptive parents experiencing difficulties coping with adolescent’s risk behaviour and they also communicate their preference to adopt younger children (Selwyn, Wijedasa and Meakings 2014:199 & Mokomane, Rochat and the directorate, 2012:352). This contribute the societal dilemma where there is an increased total of vulnerable children, yet little concrete solutions to address the challenge.

In recent years, in South Africa, there are few studies conducted on the issue of adoption and even less with a focus on the adolescent as adoptive population (Mokomane, Rochat & the directorate, 2012:356).

As pointed out in the argument above, there is a need to address challenging issues that is found in adoption placements such as risk behaviour presented by the adolescent due to the fact that if not addressed it can have a ripple effect not only on the adolescent’s emotional wellbeing and developmental functioning but also on their family functioning and the broader society.
2.1 Post adoption services

In the adoption process, the finalization of adoption is only part of a child’s journey as the needs in the family will change as the child goes through the different developmental stages and should not be seen as the end of the process (Sànchez-Sandoval & Palacios, 2012:1284). After the Children’s court granted the adoption, the adoptive child and - family might have specific needs related to the adaptation. Farnfield, Hautamaki, Norbech and Sahlar (2010:313) points out that psychological, social and emotional difficulty results in the child presenting with risk behaviour that he brings along to the adoption placement and can pose challenges to adoptive parents. Bonin, Beecham, Dance and Farmer (2014:1524) argues that supporting adoptive parents results in long term benefits as the adopted child functions more optimally thus the family as a unit function more optimally.

Within the South African context, as documented in the Children’s Act and Regulation 3, National Norms and Standard for Child Protection Act (38 of 2005:43) after care services specifically, is identified as one of the most significant services that needs to be rendered to the adoptive families. Currently there are no specific guidelines or programmes available in the South African context and organisations have to use their own discretion in helping adoptive parents with adolescents including those presenting with risk behaviours. This study holds a notion that having standardised framework in place to guide assessment in the child protection setting, this will in turn improve the nature of services rendered to adolescents and their families. This will in turn ensure that services rendered are more effective and responsive to the needs of these adolescents.

The emphasis is that post adoption services should focus on on-going support and communication around available services, specific challenges, addresses developmental needs
and skills development (Hartinger-Saunders, Trouteaud & Johnson, 2013:257, Liao & Testa, 2014:9). It is believed that post-adoption services might assist parents in understanding adolescent’s needs and linking resources to address it (Liao & Testa, 2014:9). Risk-behaviour presented by adopted adolescents is likely to compromise adoption placement (Thomas, 2013:52). Thus understanding circumstances surrounding adopted adolescents is critical as it is likely to enhance parents’ ability to be more sensitive and responsive when dealing with difficulties as experienced by their adoptive adolescents. This will in turn play a significant role in assuring adolescents sense of emotional safety and security which is not only necessary for their adjustment but also for the adoptive family total functioning. It is of much importance that adoptive parents feel empowered and competent in order for them to deal with the emotional difficulties that leads to their adopted adolescents presenting with risk behaviour.

2.2 Adoptive parents’ needs

Liao and Testa (2014:9) are of the opinion that through gaining insight into the needs of adoptive parents, it will play a significant role in helping parents respond positively to the needs of their adolescents. Adoptive parents will experience a sense of understanding which promotes empathy in their significant relationships, also with their adolescent child. It is further argued that when adoptive parents’ needs are attended to this is likely to make them feel accomplished and see a need to improve on their parenting skills and understanding their adopted adolescents, specifically with regards to managing risk behaviour (Merrit & Festinger, 2013:1914 & White, 2015:130).

Mooradian et al., (2011:390) conducted a study where the needs of adoptive families were compared to that of other families and it was found that adoptive parents are more likely to find that they are caring for adolescents who displays risk behaviour. Thomas (2013:52) however
concludes that parents need specialized support services to help them cope and to help them, guide their adolescents through the challenges they experience. It is the opinion of the researcher that an adoptive family should be assisted individually as separate individuals and as a unit, as needs and coping skills may differ from family to family also to deal with challenges such as the adolescent child presenting with risk behaviour. Risk behaviour was found to be one of the contributing factors that have significant effects on the functioning of adoptive families (White, 2015:60). Jones (2010:14) identified adolescents displaying risk behaviour as one of the indicators of disruption of the adoption placement.

Although it is found that many adoptive families don’t access post adoption services, it could be beneficial however unfortunately, the majority of adoptive families who report needing services for themselves or the child never access those services as they are either unaware of how and where to access the necessary services or the services do not exist (Hartinger-Saunders, 2013). As part of the initial services to the adoptive family, post adoption services should be introduced, in order for follow up after the finalisation (as part of post-adoption service delivery), follow through with a practical guideline or plan could potentially be more effective. Likewise, there is a scarcity of adoption competent mental health professionals who understand the issues prevalent among adolescents adopted from the child welfare system (Smith, 2010).

Many adoptive parents do not communicate a need for services due to reasons such as fear of failure as parents and feelings of being not being able to cope (Selwyn, Wijedasa & Meakings, 2014:196). In a study conducted by Selwyn, Wijedasa and Meakings (2014:199) findings shows that adoptive parents felt unattended to in terms of the services they require and expressed that when the situations become unbearable, adoptive parents find themselves having few options. The researcher is of the opinion that, from experience, the process of obtaining alternative care
for an adolescent presenting with risk behaviour could be time consuming specifically as there are limited resources assisting with risk behaviour specifically. Intervention services needs to focus on adoptive parents’ parental coping skills which in turn will allow them an opportunity to identify their own needs and help identify areas in which they require further support (Thomas, 2013:55).

According to Mokomane, Rochat and the Directorate (2012:347) there is a need for research on the drivers behind adoption services. Currently there is substantial literature available on adoption aspect however, very little on effective service delivery within adoption placements and almost none in adoption placement where risk behaviour is experienced. A lot more work still needs to be done with the focus on ensuring that effective services is rendered to support adolescent adoption placements. There is a need for a more holistic approach and the focus should be directed on capacity building of adopted families (Adoption Fact Book, 2011 & Adoption training manual, 2016:41).

Given the afore-mentioned arguments, this study takes a stance that there is a need for social workers rendering adoption services to provide a systematic structures and standardised framework to help with assessment of children prior being placed or made available for adoption. This will in turn prepare parents psychologically and emotionally to better understand on what is likely to be the difficulties that the child may experience as they develop. In so doing necessary services, support and skills can be identified and be used as a plan of intervention for future support.
2.3 Adoption disruption

Disruption in relation to adoption basically refers to when adoption does not work, and the child is moved from the adoptive family’s care (typically at the request of the adoptive parents).

National council for adoption (2011:163) points out that, parents are most influential when it comes to the development and growth of their adolescents and therefore the significance for the environment to be conducive. The higher the level of risk behaviour displayed by the adolescent, the higher the probability for adoptive parents, experiencing the need for child to be removed from their care and family, thus risk behaviour should be addressed to keep the family together (White, 2015:2015). Thomas (2013:52) points out that if risk behaviour are not addressed this might impact on family functioning and cohesion (White, 2015:60). Merz and McCall (2010:1) conducted a study on the probability of adopted adolescents displaying risk behaviour later in life. The outcome indicates that, adolescents who are exposed to environmental stressors are more likely to develop risk behaviour and adoptive parents has to manage adolescents with risk behaviour which pose challenges for most adoptive parents as they do not have skills to deal with such behaviours. Thus risk behaviour is likely to compromise adoption (Thomas, 2013:52).

2.3.1 Age of adoption

It can be argued that in the majority of cases, older adolescents placed in adoption have generally suffered pre-adoption history of abuse, neglect or rejection. All these have implications on the adolescent’s behavioural, mental and emotional well-being and could possibly lead to poor or insecure attachments relationship with their adoptive parents (NYS Citizens’ Coalition for Children 2010:2, Child Welfare Information Gateway, 2012:3).

Quiroga and Hamilton-Giachritsis (2015:650) argue that the age of the adolescent during the adoption placement impacts on attachment with the caregiver as these adolescents could have special needs, which include behavioural, mental and emotional needs.
In most instances adolescents adopted at older ages do not have age appropriate coping mechanisms to help regulate their emotions and this may lead to risk behavioural problems. Furthermore, the age of the child during the process of placement impacts on attachment with the caregiver (Quirogaand & Hamilton-Giachritsis, 2015:650). Older children, especially ones who have been neglected, rejected and abused, distance themselves from others and become unapproachable. According to the study, the older the child, the more likely the adoption to fail.

2.3.2. Attachment

Escobar and Santelices (2012:491) highlights that 52% of adopted adolescents presents with insecure attachment, and that affects stable relationships with significant others (Escobar & Santelice, 2012:488). Attachment can be described as a sense of identification of the child, with his parent. Adequate attachment speaks directly to the child’s sense of security and trust. Secure attachment has other long term benefits: child’s resilience, functioning in social settings and problem solving skills (Van der Dries et al., 2009:20 & National council for adoption, 2016:100). It is therefore of importance to take into account the fact that most adopted adolescents derived from backgrounds that did not provide them with secure attachment. Their inability to receive secure attachment from their primary care givers could be one of the contributing factors towards them presenting with risk behaviour. Thus adopted adolescents’ experiences challenges in terms of their identity development in social contexts, which places them at risk (Neil, 2011:415).

3. The adopted adolescent

It is of importance to take cognisance of the issues inherited during childhood that may surface when the child reaches adolescence. Erickson, 1950 (as cited in Papalia, Olds & Feldman, 2011:419) points out that when a developing person reaches the adolescence stage, their focus
and thoughts are pre-occupied with discovering who they are as well as the meaning attached to their sense of existence. Most adopted adolescents have experienced some form of trauma, abuse, neglect, abandonment and rejection in their lives. Unresolved traumatic events within adolescents have the potential to lead to distractions that may result in an adolescent presenting with risk behaviours at a later stage in life (Freud as cited in Zastrow & Kirst-Ashman, 2016:116). Jones (2010:4) points out that disruption of adoption with adolescents is on the increase which leads to adoptive parents experiencing difficulties in coping risk behaviours presented by their adopted adolescents’ behaviour.

4. Risk behaviour

Escobar and Santelices (2012:488) points out that unlike other adolescents in general, young persons in any form of alternative care appears to be more insecure and experience lack or distorted attachment, which is likely to result in an adolescent presenting with risk behaviour. Risk behaviour includes: disruptive parent-child relationships, adolescent placing themselves in societal risk (e.g. drug abuse and absconding), aggressive behaviour and hyper activity (White, 2015:61). Escobar and Santelices (2012:488) points out those adolescents specifically displays increased risk behaviour due to poor attachment. It is further argued that increased severity of risk behaviour is lined to a decrease in parental satisfaction as parents continue to find it difficult to cope with problems presented by their adopted adolescents. The adolescent’s risk behaviour should be viewed in line with the adoptive parents’ needs and abilities in terms of coping skills and resources as it would indicate the gap in service delivery. According to the Adoption Institute, in their 2004 research review, “Adoption Stability & Termination”, adoptions disrupt when adolescents present with risk behavioural and emotional problems that overwhelm parents and when appropriate supports and services are not accessible. There are specific indicators of an adoption that runs a higher risk of failure, such as those in which adolescents have been in foster
care for more than three (3) years, have experienced sexual abuse, arrive in a sibling group or have had prenatal drug or alcohol exposure. Being able to deal with risk behaviour requires special skills and in most instances adoptive parents do not have such a skill (Thomas, 2013:52). A lack in special skills referred afore, should not be seen as an obstacle to successful placement, however rather as an opportunity to develop parents to excel in their roles.

Due to the limited number of young children available for adoption, this leads to parents adopting older children (Thomas, 2013:66). In contemporary society there is an increase with adoptive parents experiencing difficulties coping with adolescent’s risk behaviour and they also communicate their preference to adopt younger children (Selwyn, Wijedasa & Meakings 2014:199 & Mokomane, Rochat & the Directorate, 2012:352).

Studies which includes; White (2015:59-6) and Jones (2010:14) found that risk behaviour is one of the contributing factors on adoption failure and disruptions. White (2015:61) argues that increased severity of risk behaviour in adopted adolescents can be associated with decreased adoptive parental satisfaction. Jones (2010:4) further points out that disruption of adolescent adoption placements is on the increase, which indicates parents experiencing difficulties coping with their adoptive adolescents’ risks behaviour.

Risk behaviour displayed by the adopted adolescents, impacts on the adaption of the child in the adoptive family and leads to disruption of the placement. Sànchez-Sandoval and Palacios (2012:1238) points out that adoptive parents not feeling equipped in terms of their abilities and skills, might actually impact their ability to manage their adolescent’s risk behaviour. The higher the level of risk behaviour displayed by the adolescent, the higher the probability for adoptive parents, experiencing the need for the child to be removed from their care and family, thus in an
attempt to keep the family together there is a need for means to be made to address risk behaviour (White :2015).

In order to address the challenges experienced by the adopted adolescent, more focus should be placed in psychosocial services, on managing and promoting the mental wellbeing of the individual adolescent. Good mental health is described by Greenspan, 2009, as cited in Heyns and Roestenburg (2017:5) “as the ability to establish and maintain secure and satisfying relationships in different life stages, as well as being successful in dealing with general life challenges, if these are not present it will thus indicate significant risk behaviour in an attempt to make sense and cope with the reality of significance”. It can therefore be argued that poor mental health is likely to contribute to risk behaviour. As pointed out by Heyns and Roestenburg (2017:1) there is a significant chance that adolescents who are positively diagnosed with mental health challenges, also present with discipline, disruptive and sexualised behavioural challenges. Should one problem area such as the adoptive adolescent’s mental health be adequately addressed, it could positively impact on the individual’s other challenges and risk behaviour.

Adopted adolescents are more at risk of being emotionally challenged by unresolved trauma and attachment difficulties. These are some of the aspects that are likely to negatively impact an adolescent to function optimally and experience a sense of belonging with their adoptive parents. Furthermore, the developmental phase of adolescence itself is considered a sensitive phase which includes the individual to explore identity. This natural identity development phase could be experienced as more complex for adopted adolescents having unresolved trauma and attachment difficulties (Papalia, Olds & Feldman,2011:469).
5. **ECO-MACH framework and protocol**

Adolescents in alternative care irrespective of being in a CYCC or adoption have been removed from primary caretakers, for several reasons which include neglect and abuse (Heyns, 2015:18). Within the South African context, there is limited information on managing the needs of adolescents with mental health issues in alternative care placement such as adoption. Heyns and Roestenburg (2017) developed a practice framework and protocol to holistically and systemically manage the difficulties experienced by these adolescents with specific focus on the CYCC’s settings. The ECO-MACH framework utilizes an existing multi-disciplinary ecological perspective in social work that focuses on assessing the needs of adolescents presenting with mental health and behavioural difficulties in the CYCC’s. The ECO-MACH protocol indicates an algorithmic pathway and options for intervention, tailored for the management of five (5) types of mental health issues. The purpose is to effectively manage adolescents’ functioning at different ecological levels within the care setting. The main purpose of ECO-MACH is to appropriately compile an evidence-based individual development plan (IDP) that could be evaluated bi-annually (Heyns & Roestenburg, 2017:1).

Assessment is of significance in professional service delivery as it has the potential to influence and determine the adolescent’s outcome within and after the adoption placement. The outcome of this study has significant implications as it can provide adoption social workers with guidance and insight on a need to develop a systematic framework that may be responsive to the needs of adoptive adolescents presenting with risk behaviours and their families (Kirst et al., 2014:525).
5.1 Theoretical framework of the study: Eco-systemic perspective

The ECO-MACH protocol is based on the ecological perspective theory which was developed by Bronfenbrenner (1979). A theoretical perspective is used to support and structure literature in a research study and assists in providing clarity on certain phenomenon for an individual to predict and understand and to challenge literature (Lau & Ng, 2014:425).

The eco-systemic perspective is described as a holistic approach to understand the different interactions and relationships of the environment, on the individual (Zastrow & Kirst-Ashman, 2010:51). The researcher deemed ecosystems theory to be significant as the focus of this study was to explore the link between the adolescents presenting with risk behaviour and how the different systems impacts their response.

The eco-systemic perspective consists of different systems, namely:

**The micro level** refers to the immediate interpersonal relationships experienced by the individual (Bronfenbrenner, 1979:22; Molepo, 2015:51). Some of these role-players within the micro-level refer to the role-players whom the individual has close and regular contact with such as: family, caregivers and siblings, peers, school and church (Heyns, 2015:20).

**The meso level** refers to the relationship between different structures of the individual’s micro systems (Bronfenbrenner, 1979:25). Some of the role-players on this level of functioning include professional practitioners such as social workers, educators and therapists (Heyns, 2015:20).
The exo-level refers to at least one ecological environment where the individual is not actively participating but which has an impact on his functioning (Bronfenbrenner, 1979:25). This refers to professional activities guided by appropriate law and government policies such as the broader community, municipality and the media (Molepo, 2015:54; Heyns, 2015:20).

The macro level refers to the all-inclusive social system structure (Heyns, 2015:20). This refers holistically to the social, political and economic conditions and policies which impact the individual’s access to resources and general quality of life (Zastrow & Kirst-Ashman, 2010:31).

5.2 ECO-systemic perspective and mental health disorders

Heyns (2015:19) points out that the composition of a child’s reality has an impact on his or her mental development and functioning. The different eco-systemic levels impact the individual child’s reality, directly or indirectly and could impact on the adolescent’s behaviour (Heyns, 2015:20; Zastrow & Kirst-Ashman, 2010:51).

Heyns (2015) identified five most observed mental health challenges in adolescents placed in CYCC’s. This includes: characteristics related to the different disorders, individual needs, therapeutic needs, disciplinary needs, training needs, educational needs and medicinal needs. The frequently observed disorders were identified to be attention deficit disorders, conduct and oppositional defiance disorders, depression, sexual behaviour problems and / or disorders and psychosis (Heyns, 2015:29 - 56).

Based on Heyns’ (2015:29-56) findings, the different mental health disorders could be described as, and included characteristics such as:
Attention deficit disorders

Most commonly seen disorder under children where the child is described as challenging to manage at school and cannot concentrate for longer periods. Other characteristics includes: impulsivity, inability to follow instructions and respond to discipline, irritability, described as demanding, sleep difficulty, unorganised, learning difficulty and poor peer relationships.

Conduct and oppositional defiance disorders

Children presenting with mental health disorders in this category presents with behaviour that is not in line with what could be expected of a child in the same development phase and often against what is expected of society. Some of these behaviours includes: destruction of property, aggression, little boundaries, absconding, intimidation, lying and stealing.

Depression

Where a child is functioning with a lowered emotional state and mood which is longer term and more than what could be called ‘sad’. A child in this category often presents with characteristics such as: disturbed social relationships, substance abuse, self-harming, regressive developmental behaviour and changed eating patterns.

Sexual disorders

A child could present with a sexual disorder where his or her behaviour is sexually focussed and inappropriate. Children in this category often presents with behaviour which includes: promiscuous acts, risk taking, limited boundaries, attention seeking behaviour and initiation of inappropriate sexual acts.
**Psychosis**

Children in this category often present with symptoms of schizophrenia which refers to a distortion from reality in which the child is functioning. Some characteristics with this mental health disorder includes: poor grooming and hygiene, loss of interest in activities and schoolwork, disorganised communication and behaviour, inability to control emotions and hearing/seeing what other people cannot.

Adolescents often present with risk behaviours mentioned above and should they not be properly assessed, and a diagnosis be made in terms of a specific mental health disorder (where it is applicable), it could put them in life threatening risk and pose immense challenges to the adoptive parents to manage. In essence, all of the involved parties are not informed and educated on the reason behind the observable risk behaviour and can therefore not be adequately addressed.

5.3 **Eco-systemic assessment protocol**

Heyns (2015:63) explored how the needs of a child with a specific mental health problem, correlated with available and/or possible interventions and how different role-players (in the ecosystem of the child) could play a role in addressing the related behaviour. This exploration inspired the ECO-MACH protocol to be established in order to consider the different significant relationships in the adolescent’s experiential world and to incorporate assessments by different role players in the different ecological levels of functioning to the adolescent.
Heyns (2015:73) described the process of utilisation of the ECO-MACH protocol in five (5) chronological and structured steps:

5.2.3.1 Step 1 - Initial mental health screening;
5.2.3.2 Step 2 - Specialized 360-degree eco-systemic assessment;
5.2.3.3 Step 3 - Data collection;
5.2.3.4 Step 4 - Intervention selection; and
5.2.3.5 Step 5 - Evaluation and follow up.

In their study, Heyns and Roestenburg (2017:31) summarized the assessment process in a diagram as presented below.

Step 1 of the screening process focus on the assessment of an adolescent presenting with mental difficulties and should be implemented accordingly. Step 2, 360-degree assessment focus of the adolescent including role players such as health practitioner, educational and psychiatric or psychological practitioners. During step three, the social worker collaborate the data obtained in the assessments during the afore-mentioned steps. Guided by all the above identified steps, should a mental health challenge be identified, a specific guideline (from the five mental health disorders) is chosen that will serve as bases of the individual treatment plan. The final action of the process will then focus on the monitoring and evaluation of the chosen treatment plan.
Table 1: ECO-MACH Assessment protocol for managing children with mental health challenges
5.4 Development of individual care and development plan

The results of the assessments completed during step two (2) are then processed and holistically reflected by the social worker, in one document. Individual guidelines for the different disorders were compiled in terms of different components which can easily be ticked on a form: characteristics and needs: individual, therapeutic, disciplinary, training, medicinal and educational) Heyns (2015:74).
Below is an adapted diagram of an individual care and development plan (Heyns and Roestenburg, 2017:33):

**Table 2: Specific guideline for the management of children displaying oppositional behaviour.**

<table>
<thead>
<tr>
<th>Need</th>
<th>Guidelines</th>
<th>Implement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Acceptance: unconditional</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Love: unconditional</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Patience &amp; tolerance: from the caregiver towards the child and his/her behavior</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Attachment &amp; belonging: between child and caregivers</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Individual attention</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Quality time</td>
<td>X</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>Trauma counselling: to deal with negative childhood experiences</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>CBT</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Anger management</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Breathing, relaxation and grounding techniques</td>
<td>X</td>
</tr>
<tr>
<td>Disciplinary</td>
<td>Structured &amp; routine environment: to assist with predictability</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Rules &amp; consequences: for inappropriate behavior</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Strong authority figure: to implement discipline</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Positive reinforcement: to encourage good behavior</td>
<td>X</td>
</tr>
<tr>
<td>Training</td>
<td>Psycho-education: on conduct &amp; oppositional defiance disorders</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>General life skills &amp; values: especially with regard to empathy</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Social skills training: to assist in interpersonal difficulties</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Problem solving skills: to handle problems effectively on his/her own</td>
<td>X</td>
</tr>
<tr>
<td>Medicinal</td>
<td>Neuroleptics</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Lithium</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Anticonvulsants</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Stimulants</td>
<td>X</td>
</tr>
<tr>
<td>Educational</td>
<td>Individual</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Specialized: to assist with especially reading problems and learning difficulties</td>
<td>X</td>
</tr>
</tbody>
</table>
5.5 Intervention and evaluation

This refers to the implementation of the individual care and development plan. Assessment tools are used to evaluate the implementation of the requirements as set out in the individual care and development plan. The multi-disciplinary team provides feedback on the progress of the adolescent. ECO-MACH protocol is followed every six (6) months to establish if the symptoms / characteristics that the child displayed, have decreased. This would enable you to see if the interventions were successful or not Heyns (2015:74).
REFERENCES


NYS Citizens’ Coalition for Adolescents. 2010. Date of access: 17 February 2017


https://www.researchgate.net/publication/288251614_Attachment_Styles_in_Children_Living_in_Alternative_Care_A_Systematic_Review_of_the_Literature Date of access: 3 May 2017.


White, K. R. 2015. An examination of post-permanency adjustment and discontinuity for older foster youth in adoptive and guardianship homes.

SECTION B: ARTICLE: SOCIAL WORKERS’ VIEWS ON THE FEASIBILITY OF USING ECO-MACH IN ADOPTION SERVICES

Abstract

The study explored on how the existing ECO-MACH protocol can be utilised in the field of adoption. The ECO-MACH protocol was designed to systematically and holistically assess and children in Child and Youth Care Centres (CYCC), reported to be presenting with mental health challenges. The ECO-MACH was found to be valuable in assessing the mental well-being of adolescents placed in CYCC. The use of ECO-MACH is reported to have provided social workers with insight around the difficulties experienced by the child. This assisted social workers to develop individual developmental plans that is appropriate and in line with the child’s needs.
SOCIAL WORKERS’ VIEWS ON THE FEASIBILITY OF USING ECO-MACH IN ADOPTION SERVICES

Yoranda Künz-Steyn*, Fatima Mmusi

* Master student, North-West University of Potchefstroom, Department of Social Work, 11 Hoffman St. Potchefstroom 2531, South Africa. Email: randikunz@live.com

INTRODUCTION AND BACKGROUND

Nationally and globally, children and adolescents are found to be a vulnerable group and are often exposed to some kind of neglect and trauma that contributes to placing them at risk and in need of care and protection. Adoption can be considered an appropriate permanent placement option for such a child as it could encourage positive and secure future and family life (Adoption Training Manual, 2016:6). Research indicates that children as a vulnerable group is on the increase and prospective adoptive parents tend to adopt older children and often adolescents (Thomas, 2013:66). It was found that prospective adoptive parents prefer to adopt younger children due to the developmental stage of adolescents comes with its own challenges which includes risk behaviour (Selwyn, Wijedasa and Meakings, 2014:99 & Mokomane, Rochat and the Directorate, 2012:325). The reality however, presents a different picture as most children currently available for adoption are already in their adolescence stage.

The adolescence developmental stage could be characterised by the young person going through an emotional journey whereby personal identity and relationship to the world is explored (Papalia, Olds and Feldman, 2011:419). When a child is exposed to neglect, abandonment, maltreatment and trauma and it is not adequately addressed and managed, it could possibly re-surface during the adolescence developmental stage and present in terms of risk behaviour (Zastrow &Kirst-Ashman, 2016:116).
Escobar and Santelices (2012:488) argues that as a result of unmet needs and prior care trauma adolescents in any form of alternative care has less secure attachment and if not appropriately addressed could lead to adolescents’ inability to regulate their emotions accordingly and begin to display risk behaviour. White (2015:61) identified risk behaviour as behaviours which includes societal risk behaviour (e.g. absconding and substance abuse), significant relationship disruption and other aggressive behaviours. Research found a significant link between adopted adolescents presenting with risk behaviour and adoption disruption (White, 2015:59 & Jones, 2010:14). Increased risk behaviour displayed by the adolescent impacts on the adoptive parents’ feeling of accomplishment as parents (White, 2015:61). Adoptive parents who finds themselves having to deal with risk behaviour presented by their adolescents require support which includes parental skills, knowledge and understanding of risk behaviour as well as training on how to deal and cope with risk behaviour as they experience it (Mooradian et al., 2011:390).

One of the most significant ways of providing the needed support, is by means of supportive services upon the finalisation of the adoption process as set out in the Children’s Act and Regulation 3, National Norms and Standards for Child Protection Act (38 of 2005:43). Such post-adoption services could have a supportive and educational focus whereby adoptive parents are equipped to manage and understand their adoptive child through difference developmental stages, including that of adolescents (Hartinger-Saunders, Trouteaud & Johnson, 2013:257, Liao & Testa, 2014:9).

As previously highlighted in this study, there is currently limited, especially updated literature on the issue of adoption in South Africa. Furthermore, the adoption process is regarded as a specialised area however, social workers are expected to use their own discretion in dealing with
adoptions. There is no standardised assessment framework and guidelines to assist adoption social workers on how to assess the presence of behavioural difficulties in adolescents as well as how to provide support to adoptive parents on how to manage risk behaviours presented by adolescents in their care (Mokomane, Rochat and the Directorate, 2012:356).

Adolescents in alternative care such as adoptive families, have over the years been removed from care as care givers were faced with difficulties to manage these youth presenting with risk behaviour (Heyns, 2015:18). In response to the dire need and limited resources available on the aspect of adoption as well as guidance on how to manage adolescents presenting with risk behaviours, Heyns and Roestenburg (2017) developed a systematic protocol that focussed on children in Child and Youth Care Centres (CYCCS). The ECO-MACH framework is established based on the ecological perspective where a multi-disciplinary approach is utilised to best address the child’s individual needs in his immediate environment by means of compiling an individual development plan (IDP) that could be followed, evaluated and adapted accordingly as the child develops; and family circumstances and needs change (Heyns & Roestenburg, 2017:1).

THEORETICAL FRAMEWORK

A theoretical framework is utilised to assist in providing structure to literature used in a research study as it could improve clarity on understanding and predicting literature. The study was based on the ecological perspective, developed by Bronfenbrenner (1979). This perspective was found to be appropriate as is provides clarity and understanding of the individual’s significant relationships, present in his environment (Zastrow & Kirst-Ashman, 2010:51). The ecological perspective provided to explore the dynamics between the adolescent as individual and the result of the risk behaviour on his environments. It provided to look how the individual spent time in
his significant relationships in the same setting (Rosa & Tudge, 2013:244). The impact of other systems outside of that of the adoptive family, such as other support or the school, impacts on the adolescent’s experience of support related to identity development. To be able to manage an adolescent that presents with risk behaviour, one cannot look at the individual and his past, in isolation as his circumstance are impacted by other systems such as health care and his peers. This study was interested in obtaining an understanding on important aspects to look into, in an attempt for social workers to develop individual development plan that holistically look into circumstances surrounding the adolescent as a unique individual with unique needs.

The influence of the different systems is divided into different spheres of focus, on different levels of functioning of the adolescent: immediate interpersonal relationships, interconnected micro-systems of two or more ecological environments, the presence of at least one ecological environment where the individual’s functioning is impacted although he is not actively involved and the last refers to the all-inclusive social system structure. The different systems constantly impact on each other and forms part of the adolescent’s support context in which he lives and by exploring the reality by means of the ECO-MACH protocol, will create clarity on how these systems impact on the adolescent’s reality.

**RESEARCH QUESTION AND OBJECTIVE**

The objective of the current study was to explore the views of accredited adoption social workers who attended the ECO-MACH protocol training, on the utilisation of the protocol in the field of adoption. The research question aimed to answer the question: How feasible is the ECO-MACH protocol in terms of the utilisation within the field of adoption where risk behaviour of adopted adolescents are present?
RESEARCH METHODOLOGY AND ETHICAL CONSIDERATIONS

A qualitative approach was used to gather data in a natural setting which assisted the researcher to obtain information around accredited adoption social workers’ experiences of the use of the ECO-MACH protocol (Creswell, 2013:45). The research design was explorative in nature which assisted to obtain a more in-depth understanding of the adopt social workers’ views on the utilisation of the ECO-MACH protocol in assisting adolescents presenting with risk behaviour, thus the gap in literature between what is known and presented through the ECO-MACH protocol and the focus of further studies (Fouché & De Vos, 2013:95).

The population of this study refers to the individuals with similar characteristics who would be best able to answer the research question (Strydom, 2013:223). The researcher was able to identify such a population based on the inclusion and exclusion criteria of the study. The study could possibly include accredited adoption social workers that are practising in the field of social work through an adoption agency or in private practice who have received the ECO-MACH protocol training; irrespective of affiliation, race, gender, age or area of residence.

Pre-determined selection criteria formed the bases of the purposive sampling in an attempt to access potential participants that could represent the experiences of the larger group of the accredited adoption social workers (Babbie, 2014:200 & Strydom, 2011:232). As part of the recruitment process, the developer and trainer of the ECO-MACH protocol, Ms Heyns assisted by providing a list of adoption social workers that attended the training and would possibly be able to contribute to the study. An advertisement was sent to the potential participants whereby they could indicate an interest in participating in the research study. An independent person assisted in liaising with potential participants to explain the aim of the research and to email
them with more information to be able to make an informed decision in taking part in the process.

Where trained adoption social workers indicated an interest in participating in the study, they were invited to attend scheduled focus group discussions. Upon the arrival to the discussions, the independent person had a separate discussion with the individuals where they signed an informed consent document. For the purpose of the study, the researcher aimed at including six (6) – ten (10) participants in the focus group discussions, based on the inclusion and exclusion criteria. Although at least six (6) adoption social workers indicated an interest to participate in the study, however only three (3) individuals arrived due to unforeseen circumstances. Considering the richness of experience of the participants in the field of adoption and the small group of participants, the researcher was able to facilitate a process in which they were able to communicate and share freely and in more depth (De Vos et al., 2011:362-366 & Greeff, 2011:366).

The researcher aimed at providing the participants with emotional security as risk to harm should be kept as low as possible for the individual (Strydom, 2011:115). The researcher was guided by what is expected by the professional values and guidelines as set out by the SACSSP. The researcher worked under supervision of a study leader and familiarised herself around what is expected as proper conduct during research studies (Strydom, 2011). In this study, the risk of harm was considered to be low as individuals reflected on their experiences as third parties; however the research provided an opportunity to debrief at the end of the focus group discussions. Furthermore, the researcher aimed at implanting practical measures such as ensuring the physical environment is not harming and communicating to participants that
participation in the process is voluntary and that their identities will be kept confidential (Strydom, 2011:119).

The researcher collected data during focus group discussions whereby it is considered to be an interview, in a group setting (Greeff, 2011:360). The topic of discussion took place in a focussed manner as the participants were knowledgeable on the topic, based on their professional experience. The opportunity created a platform where different aspects of the topic could be explored and unpacked to reach structured and professional conclusions and recommendations which could be utilised in future studies by means of a data-analysis process (Schurink, Fouché & De Vos, 2011:397). The researcher facilitated the data-analysis process by using eight steps as a guideline (Tesch in Cresswell, 2009). These steps included transcribing the recorded focus group discussions, reading through the verbatim information to obtain an understanding of what was communicated. The research made a list of emerged topics and sub-topics and grouped similar topics together which were grouped into categories. An independent co-coder was utilised to confirm theme-based findings.

The researcher ensured that the quality of the study is of high standards by implementing trustworthiness: credibility, transferability, dependability and confirmability (Schurink, Fouché & De Vos, 2011:419).
DISCUSSION OF FINDINGS

1. Theme 1: Social workers’ experience of risk behaviour displayed by adopted adolescents and the link thereof on their mental health.

Based on their practical experiences and interaction with adoptive parents and adolescents, participants identified risk behaviour as stealing, disruptive behaviours in general, specifically with such behaviours directed to the adolescents’ parents. White (2015:61) classify risk behaviours as disruptive parent-child relationships, adolescent placing themselves in societal risk (e.g. drug abuse and absconding), aggressive behaviour and hyper activity. During the focus group discussion, it became apparent that one is able to observe certain risk behaviours due to its visibility however, it might be possible that the behaviour is much more severe than what is already visible. It is some of these aspects that are likely to complicate the issue of behavioural problems further. In some instances, adoptive parents might be aware of the problematic outcomes their adopted adolescents are likely to suffer due to risk behaviour they engage in however, due to the parents’ financial constraints ad limited access to resources might prohibit the possibility of having adolescents assessed, diagnosed or treated for mental health difficulties.

All participants agreed to what is indicated by Participant C: “...you might think that there is a mental health issues but it is not necessarily diagnosed”.

1.1 Subtheme 1: Aspects that plays a role in adoptive children’s behaviour and mental health

In the participants’ experiences, concept of vulnerability of the adopted adolescent (in terms of challenging background etc.) plays an integral part in emotional wellbeing and could impact on their mental health. Literature highlights that where a child is maltreated, the adolescent is 2.5
times more likely to present with mental health challenges (Hanson, Self-Brown, Rostad & Jackson (2016:53). A child being adopted could be seen as vulnerable from the onset and therefore the importance of observation and exploration of the adolescent’s experiences, especially when it comes to the presentation of risk behaviour; as unexplored challenges could lead to risk behaviour which could in turn impact on the mental health of the adolescent.

Participant B: “a child that is adopted, generally, there is a lot that the child is going through and obviously if that is not checked or assessed, you will realize that it get to be too much for the child and you will observe that the behaviour that the child is displaying is designed to be some of the mental challenges”. Furthermore, it was indicated that: “. . . somehow an adopted child is the child that is unstable and instability causes mental health challenges”.

### 1.2 Subtheme 2: The importance of assessments during the adoption process

Assessment plays a significant part in the individual development plan as it assists in making sense of all the different aspects of the reality of the current situation, specifically experienced challenges (Kirst, 2014: 525). Specifically, to determine if observable risk behaviour is just that or related to mental health. Furthermore, it was indicated that the accredited adoption social worker should screen and assess the prospective adoption family; however, where there is a need for specialist assessments to determine diagnosis, the adoptive parents should be linked with external resources. The importance of screening and assessment was highlighted as it assists in considering the background of the family, holistically and enabling the act in the best interest of the adolescent and plan support to the family more appropriately (Carter & van Breda, 2015:210).
Participant A: “assessment by the relevant people to determine whether this is really a mental issue or the child is just going through challenges and they are struggling to deal with what they are going through”.

Participant C: “where the status of the child is known as a bipolar or a schizophrenic or whatever the case may be, to have the parents informed about the necessary psychologist or psychiatrist that they can take the child to”.

2. Theme 2: Adoptive parents’ responses to risk behaviour and professional services and support to the family.

One of the important aspects that came out during the focus group discussion is that, participants shared experiences pertaining to their observations in the field. They reported that based on their views, in some instances adoptive parents’ responses to their adolescent’s risk behaviour are mainly impacted by their own mental wellness and health. In this regard participants raised a need for prospective mental health to be explored prior finalization of adoption. This is likely to create the opportunity to help parents deal with their own mental challenges. Carter and van Breda (2015:210) support this by emphasising that the state of adoptive parents’ mental health is likely to impact on their parenting abilities and can have a significant impact on how adoptive parents view and interpret the adolescents’ behaviourally related problems.

Participant B: “meaning that on the book-level, the eco-map can be linked to checking the mental readiness of the parent before the child getting adopted”.
Participant A: “And I think that also assist the parents to deal with their own mental issues if ever they may have been having, because through that process, they get to identify, as Participant B said, their readiness”.

2.1 Subtheme 1: Adoptive parents’ responses to the risk behaviour

Jones (2010:4) points out that disruption of adoption placement with adolescents is on the increase which leads to adoptive parents experiencing difficulties coping with their children’s risks behaviour. In most instances, adoptive parents are often driven by the desire to take care of their adoptive child and do want to keep the family together, irrespective of behavioural difficulties presented by their adoptive adolescents. However, in some instances, the adoption parents experience a sense of helplessness as a result of inability to manage risk behaviours presented by their adolescents. In most instances adoptive parents may lack the skills, knowledge and insight on how to deal with such behaviours and this can become quite an overwhelming experience leaving them helpless and with not much options. As Thomas (2013:52) points out being able to deal with risk behaviour requires special skills and, in most instances, adoptive parents do not have such a skill.

Participant C: “. . . adoptive parent will be willing and able to take care of a child, regardless of what might happen”, however at times they are not adequately equipped with the necessary parenting skills, which in turn would impact on the placement stability”.

Participant B: “but later on things begin to change and parents are not prepared to face the child going on the street”.

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2.2 **Subtheme 2: Professional services and support**

As service providers in the field of adoption, the participants were able to make valuable contributions to the topic of service delivery and support needs of adoptive parents.

2.2.1 **Preparation and training:**

A number of researchers which includes; Liao and Testa (2014:9), Merrit and Festinger (2013:1914) and White 2015:130) are of the view that through gaining insight into the needs of adoptive parents, this will play a significant role in helping parents respond positively to the needs of their children. These studies emphasise that when adoptive parents’ needs are attended to this is likely to make them feel accomplished and see a need to improve on their parenting skills and understanding their adopted children, specifically with regards to managing risk behaviour. The aspect of prospective adoptive parents’ preparation came out during the focus group discussion as an important integral part of adoption as it is the foundation of the child’s journey towards permanent placement. In so doing participants placed a lot more emphasis on a need to conduct proper screening of adoptive parents as well as make means to ensure that adoptive parents are adequately trained to help prepare them for a task ahead of adoption.

*Participant B:* “So I think it is very good that parents get to be guided before any adoption”.

*Participant A:* “also assist the parents to deal with their own mental issues . . .” “So I think that the process of screening is important also.”

*Participant C:* “irrespective if there is behaviour or not, but to have them prepared for something that might happen”.

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From experience, participants indicated adoptive parents need information and training related to
the developmental phase of the child. Adoptive parent reported this to beneficial, to know what
could be expected of a child in a certain developmental phase, especially in terms of behaviour
and communication. The success of training for adoptive parents is many times linked to the type
of information provided during the training, in relation to the developmental phase and
functioning of the child. Furthermore, it was communicated that several topics should be covered
during the preparation such as dealing with risk behaviour and the vulnerability of the adopted
child and his or her background. It is significant to incorporate these topics as part of the
preparation phase as psychological, social and emotional difficulty the child brings along to the
adoption placement can pose challenges to adoptive parents (Farnfield et al., 2010:313).

Participant B: “And preparation will be based on the stages. You know, the stages of growth and
development of children” and that preparation should be done in terms of any other challenges
that might occur in further: “. . . you would not know how the child will react but understanding
this from the background even if the child is still young, it can make the parent feel ready for
facing all this risk behaviours that may come in”.

Participant C: “in preparing is to prepare the parents, especially with mental health”.

2.2.2 Post adoption services:

With regards to the finalisation of adoption, it appears that there is a need for updated and
ongoing information by the adoptive parents as shared by participants during focus group
discussion. This is in line with Sachez-Sandoval and Palacios, 2012:1284) views that in the
adoption process, the finalisation of adoption is only part of the adolescent’s journey as the needs
in the family will change more so as the child goes through different developmental stages. The
lack of post adoption services delivered by social workers and the lack of regular follow ups was indicated as a challenge for adoptive parents as they experienced little support in the practical application of training and preparation. In a study conducted by Selwyn, Wijedasa and Meakings (2014:199) findings show that adoptive parents felt unattended to in terms of the services offered to them. In contrast, Participant C is of the opinion that due to the social workers’ high case load and other professional circumstances, it is also the responsibility of the parent to request assistance. However, unfortunately, the majority of adoptive families who report needing services for themselves or the child never access those services as they are either unaware of how and where to access the necessary services or the services do not exist (Hartinger-Saunders, 2015). In contrast, Selwyn, Wijedasa & Meakings (2014:196) argues that many adoptive parents do not communicate a need for services due to reasons such as fear of failure as parents and feelings of being not being able to cope.

Participant B: “called me after they were done with their protocols so they wanted me to just give her extra guide in terms of social behaviours and challenges that she may encounter”.

Participant C: “But I think that is going to be the responsibility of the parent to come back”.

Bonin, Beecham, Dance and Farmer (2014:1524) argues that supporting adoptive parents results in long term benefits as the adopted child functions more optimally thus the family as a unit functions best. Based on their practical experiences, participants expressed a need for a timeous and thorough assessment process prior to the finalization of the adoption. One of the reasons for this is that even though it is well documented that social workers rendering adoption should provide post adoption services, there is limited capacity to render needed post adoption services. Some of the contributing factors includes social workers’ caseload, resources such as functional
mode of transport and in some instances adoptive parents changing address or contacts detail without social workers having knowledge of such changes. All the can make it difficult or almost impossible for the social workers to render effective intervention. Participants however, are in support of Bonin, et al., (2014:1524) views that it would in fact be beneficial to have post adoption services delivered to families as it creates the opportunity to observe on whether the nature of training received is in line with adoptive family’s needs.

Participant C: “That’s why it takes so long, is to do that thorough investigation as to determine whether a recommendation can be made . . .” for the reason that: “. . . after that adoption was done, you don’t have follow up unless there’s a post”.

Participant B: “when I go to re-visit, I can at least be able to pick up the gaps and try to do extra training for this particular parent”.

The afore-mentioned responses from participants suggest that good preparation and interaction with adoptive parents has the potential to positively impact on the family’s functioning and the parents’ coping capacity.

3. Theme 3: Social workers’ interpretation of the ECO-MACH protocol

In general, the participants communicated that they experienced the ECO-MACH protocol to be focused in action and addresses important aspects of service delivery when it comes to the adopted adolescent. Participants are of the views that the ECO-MACH protocol seems practical as it addresses the fundamental topics of the developmental phase of the child and their attachment in terms of significant relationships. The topic of attachment seems to be of significance as Escobar and Santelices (2012:488) points out, adolescents specifically displays
increased risk behaviour due to poor attachment. Furthermore, it was indicated that it is explorative in nature and that it assists in getting a holistic understanding of the situation and of the adolescent’s behaviour, with specific focus on the mental health of the adolescent, which they would not have focussed on before (Webber, McCree & Angeli, 2013, as cited in Heyns & Roestenburg, 2017:23).

Participant B: “the development of a child from onsets, going forward. It has highlighted the bond with the parents”.

The afore-mentioned responses suggests that the use of ECO-MACH protocol may be helpful more so as it focuses not only on the mental health aspects of an adolescent but also treating on the symptoms likely to lead to an adolescent presenting with risk behaviours. It creates clarity on the challenging situation and assists in the preparation of all role-players involved in the individual treatment plan (e.g. parents, health services and social services). Furthermore, it will assist in improving the interpersonal relationships between the different role-players (Heyns & Roestenburg, 2017:23). This approach where a variety of stakeholders are considered and recognized in literature as a practice principle when doing assessments (Buckley, Horwath & Whelan, 2006:45). One of the assessment activities was identified to be collaboration which speaks to a multi-disciplinary approach (Buckley et al., 2006:16).

Participant B: “So in essence, it has that mentality aspect and behaviour challenges and the risk of having this particular child around you”.

Participant C: “And I think it can also clarify some details for the social worker as well that can be used to help the preparation process and all of that”.
Participants expressions suggests that the ECO-MACH protocol can be of significance as it focuses on also assisting professionals involved with adoptive adolescents and their families to identify where a gap is in the developmental functioning of the adolescent. It assists the professional to be able to identify gaps which will in turn play a significant role in planning and adapting the treatment plan (Heyns & Roestenburg, 2017:23). This increases the effectiveness of the implementation of the treatment plan as it is directly related to the needs of the adolescent and the adoptive family. Furthermore, the ECO-MACH protocol assists the professional in working more focused by using the eco-systemic approach which is experienced as significantly helpful in service delivery. Participant C described the protocol as: “a step by step explanation of what you can do”.

Participant A: “. . . I feel it talks about the systems that are involved in assisting the child. Because it’s like the eco-systemic approach,” and “. . . I think it’s just the systems that are involved in trying to assist the child”.

4. **Theme 4: The utilization of the eco-systemic assessment tool in addressing the needs and challenges of the adopted adolescent.**

The use of the eco-systemic perspective as basis of the ECO-MACH protocol in service delivery to the adopted adolescent was explored with the participants. The utilisation of the perspective is significant as it is about obtaining an understanding of the behaviour and adaption of the individual to the environment which is directly linked to the needs and challenges of the adolescent (Zastrow & Kirst-Ashman, 2010:20, Molepo, 2015:39).
Molepo (2015:56) argues that although one should obtain an understanding of how the different systemic levels impacts on the adolescent, one should manage it by creating the most conducive environment possible for change to take place. Furthermore, it assists in getting an understanding of the adolescent’s experimental reality and how it impacts on the functioning and behaviour of the individual. During focus group discussion the afore-mentioned was substantiated by participants that the eco-systematic approach during assessment is crucial in ensuring effective service delivery. Apart from accountability it also assists in helping social workers obtain a better picture and understanding of the dynamics facing the adolescents which includes the significance of their current relationships with their adoptive parents.

Participant A: “It will help you understand the background where the child comes from”.

5. **Theme 5: Possible alternative role-players on micro- and meso level to assist in the assessment of the functioning of the adolescent.**

In general, it was mentioned that the aforementioned role-players as set out by the ECO-MACH protocol, is considered comprehensive. In addition, participants engaged in brainstorming the integral part that they are of the view that different role players can be guided by the eco-logical environment and the needs of an adolescent. The reason for this is that even though adolescents may present with similar risk behaviour their needs may be unique depending on their experiences, emotional and mental maturity and aspects surrounding their current circumstances.

5.1 **Subtheme 1: Role-players**

In most school settings in South Africa, social workers form part of the team. In this regard social workers needs to be seen as key role players in ensuring that a true reflection of assessment pertaining to adolescent functioning is obtained. This is more so as the school setting
can be viewed as a setting where adolescents’ secondary socialization takes place. Adolescents spends most of their time in a school environment and where interaction takes place between the adolescents, teacher and their peers (Molepo, 2015:52)

Participant B: “The integral role that the Department of Social Development could play in providing the social workers and teachers in schools with support and training on workable protocols. The child is also mostly at school, like school based programs. The department of social development has that directorate of school intervention whereby they are having social workers that clearly work with school issues”.

Participant C: “they wing it in a certain sense because either there is something happening with children in a school or there’s not”.

5.2 Subtheme 2: Collaboration of the multidisciplinary team

There was an emphasis on the importance of sharing information amongst the role players on the different eco-systems and to ensure that all the role-players be informed of the individual treatment plan a goal thereof. The participants’ experience is in line with literature that indicates that there is a need for a more holistic approach and the focus should be directed on capacity building of adopted families (National council for adoption, 2011 & Adoption training manual, 2016:41). Heyns and Roestenburg (2017:23) highlight the importance of different role-players making use of a protocol as it encourages universal implementation by means of having a universal understanding of the situation and the treatment plan. School social workers and be actively involved in the implementation of the ECO-Mach protocol as part of school based programmes.
Participant C: “I do agree that these systems need to be made known to these other role players as well”.

Participant B: “social workers doing school intervention, can work hand-in-hand with the social workers and the teachers to say we are maybe here to teach you about some signs of disorders which are clearly highlighted from that book”.

Participants suggested that parents should be incorporated in the process by means of including them in the working agreement; however some participants indicated that from experience, parents are not reliable in terms of active participation and co-operation.

Participant C: “I don’t know the feasibility, to inform your parents about this.”

Participant B: “in terms of parents, it cannot be a success because they are working, some got piece jobs so your sessions may not be effective”.

A need for social workers especially those practising in hospital settings to receive specialised training was emphasised during the focus group discussion. The emphasis was placed on the fact that such social workers are often exposed to case where mental health aspects are present. In this regard participants are of the view that often social workers in hospital settings tend to have little knowledge on issues pertaining to mental health difficulties coupled with limited resources to provide adequate services to adolescents and their adoptive families. In this regard one participant expressed that being in the field of working in a hospital setting, she felt under equipped to deliver services as her knowledge was limited to the available policies and procedures to her access. Should she have earlier in her career obtained knowledge on the use of
ECO-MACH, the participant expressed that she would have been in a better position to adequately provide more appropriate and responsive intervention to clients.

Participant C: “. . . I have had phone calls from a hospital social worker asking me for institution numbers for mental health”.

Participant B: “I have to just affiliate myself with the system in place that I can utilize”.

Carter and van Breda (2015:211) points out that effective assessment is crucial and due to the process being a legal mandate for professionals proper assessment is needed, it assists in increasing placement stability, being an ethical obligation, as social workers should be guided by the Department of Social Development’s values meaning that a child to be linked to a nurturing environment (this is a right) and to determine if prospective adoption parents are suitable to cope with the increased parental demands. Based on participants’ experiences in the field of adoption, it is often a lack of knowledge and training that negatively impacts service delivery and there is a need to extend the ECO-MACH protocol to other fields of social work practice.

Participant B: “I can just see this child is a hyper child, very hyper. I ignore it because I was not trained” and “So if school social workers are informed about the characteristics of the disorders as mentioned in this ECO-MACH. It would help them to be able to help this children at school, when they are doing school based programs” and “I think the hospital is facing a lot of challenges, mentally, disability and all those so it can assist if the hospital can train those social workers, social auxiliary workers”.

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Participant C: “I think your hospital social workers might benefit from this as well”.

6. **Theme 6: The relationship between risk behaviour and mental health challenges.**

Heyns and Roestenburg (2017:21) argue that with the occurrence of adolescents presenting with mental health challenges, risk behaviour can often be noticed. Some of the reported behaviour includes: lack of discipline, disruptive or sexualised behaviour.

During the focus group discussion there was shared sentiments that there is a link between the risk-behaviour and mental difficulties.

For instance, participants’ C expressed the following: there might be a possible link should the risk behaviour be addressed, and the symptoms of decreased mental wellness persist, it could lead to mental health challenges. Furthermore, guided by participants clinical experiences it was highlighted that, the relationship between the two (2) concepts depends on “if it’s a diagnosable mental health issue or if it’s something that can be addressed”. Given the afore-mentioned it was highlighted that sometimes the observable behaviour is a response to the presenting mental health challenge.

Participant B: indicated that because of the vulnerability of the adopted adolescent also, the lower mental wellness - the more prone the individual is to presenting with risk behaviour.

*Participant B: “the child that is mentally challenged will be burdened by the risk behaviour and they are reacting to what they are feeling at the stage”.*
7. Theme 7: ECO-MACH protocol: assessment and the individual treatment plan (IDP).

The IDP is important as it: “facilitates the formation of a team approach to intervention selection” (Heyns & Roestenburg (2017:34). Putting an IDP in place is about having a plan of action strategy in place which incorporates specific time frames, treatment goals and role-players whom are responsible for specific tasks in an attempted to assist the individual adolescent and his family with their specific needs and challenges.

7.1 Subtheme 1: The workability of the protocol

In general participants experienced ECO-MACH as a practical framework that is likely to provide adoption social workers with guidance as well as more insight on potential difficulties the child may encounter. This can play a significant role in helping direct social workers on what kind of intervention they child may require in future. The implementation of the ECO-MACH protocol in general provides clear guidance in a structured manner and by using a step-by-step approach.

*Participant C:* “Because it is set out in the steps”.

*Participant B:* “It will be so much do-able if you are talking to this structure here”.

The ECO-MACH protocol was experienced as helpful in the data gathering phase of investigation and service delivery. Participant A believed that the service delivery more effective as the child’s environment and relationships is included in the treatment plan. This aspect was
experienced as a benefit of the utilization of the ECO-MACH protocol as it creates the opportunity for the utilization of the maximum amount of resources.

Participant C: “the gathering of that information made it possible for the social worker to compile an IDP”.

Participant B: “looking at this given protocol, you will always get more than what you are looking for”.

Participant A: “So you get information from all the other role players so you get to assist this child, looking at everything that is around that child”.

The ECO-MACH protocol was experienced as helpful as it further assists with follow up and evaluation. Lack of follow up with adoptive families was identified as one of the practical challenges as well as policies in currently in place pertaining to adoption. Currently there are no specific guidelines or programmes available in the South African context as a result different organisations have to use their own discretion in helping adoptive parents with children including those presenting with risk behaviours. From experience in the field, it was communicated that upon the finalization of the adoption, it might be needed to check in to provide post adoption support.

Participant B: “post adoption support is about to re-look whether what we have communicated in those sessions, is seriously implemented, and you took the sessions seriously”.
Participants further stated that progress can be better observed, especially to also determine the needs of the adolescents and it provides guidelines on the treatment plan.

Participant B: “But understanding that after hand over, this child is safe. I felt a serious gap on that”.

Participant B: “Because that’s where you are going to be able to see if you, medicinally, this child was attended to”.

Participant C: “. . . this will be a good guideline for what your plan forward is.”

(Participant A non-verbally mostly, indicated agreement to what is communicated by the other participants).

7.2 Subtheme 2: The practicality of the implementation of the individual treatment plan

By means of a case study, the participants explored the possibility of practically implementing an individual treatment plan by making use of the ECO-MACH assessment and protocol:

Participant C: “The child has been in foster care, he has now recently from the beginning of this year displayed disruptive behaviour by stealing at school, doesn’t want to listen, shows no remorse for what he had done wrong, he can’t be disciplined”.

Participants pointed out that the process starts off with obtaining assessments from different role players and from there determine which guideline for an individual treatment plan to use.
attempt to make sense of this it was agreed that a case study that focuses on attention deficits disorder (ADD) be used in a focus group discussion. This created an opportunity to explore and identify different tasks that are of necessity to carry out and the responsible role players.

Participant C suggested that: “you can actually add a column there to say: responsible person”.

Participant C: “But if I look at the guidelines: attention and love, showing unconditional love by providing the child with individual attention.”

Participant C: “I think will good here because you will be able to depict who is responsible for certain tasks that need to be completed”.

Participant C further suggested that one add a time frame to the treatment goals as it will assist in more effective assessment, evaluation and planning.

Participant C: ‘you can take all the headings: individual, therapeutic and maybe make a plan of action on each of those to say this is what I want to reach in three months’ time or six months’ time or within a week or whatever the case may be. That you have a set out plan for this concerned child and with the necessary monitoring processes as well to say that I need to refer back or I need to monitor or get information back from this and this and this person”.

(Participant A and participant B: non-verbally mostly, indicating agreement to what is said and the researcher encouraged engagement by short phrases like ‘mmmm’or ‘yes’).
The afore-mentioned suggests that through successfully creating and implementing an individual treatment plan, would assist in tracking progress and planning on going forward.

8. Theme 8: Social workers’ opinion on the adaptability of the ECO-MACH protocol in service deliver with adopted adolescents presenting with risk behaviour

In general, based on participant’s responses and discussion it appears that they experienced the ECO-MACH protocol as practical and logical.

8.1 Subtheme 1: The feasibility and helpfulness of the protocol

Participants are of the opinion that it will be more effective if all the other role players are also trained on the ECO-MACH so as to help them with understanding on how the ECO-MACH protocol should be implemented. The ECO-MACH protocol was experienced as sufficient; however, the trained individual should make an effort to practice the implementation of the ECO-MACH protocol.

*Participant C: “It is just going to depend on the worker or the implementer to use this tool”.*

*Participant A: “I think it will be more effective if all the other role players are also trained on this so when they implement, they implement with understanding”.*

*Participant B (nods in agreement).*
Data obtained from the current study indicate that the ECO-MACH protocol may be a helpful tool in the preparation process to the adoptive parents, also that the benefit of utilizing the ECO-MACH protocol is that the adoptive parents are prepared before the behaviour is observed. Participants were of the opinion that this ECO-MACH protocol could be significantly helpful with parental guidance and awareness creation of attachment. Specifically, when it comes to an adolescent presenting with mental health challenges and risk behaviour.

Participant C: “I think a protocol like this would be very helpful in preparing the prospective adoptive parents”.

Participant B: “it is a good protocol to say that these are the underlying challenges that one may encounter as an adoptive parent . . .” and “. . . you would not know how the child will react but understanding this from the background even if the child is still young, it can make the parent feel ready for facing all this risk behaviours that may come in”.

The ECO-MACH protocol is considered helpful as it creates an understanding of the all the aspects of the presented risk behaviour, especially when working with children. It assists in creating awareness of the symptoms of mental disorders.

Participant B: “I am working very closely with kids that have disorders that display disorders but I cannot entertain it as the signs may not be like visible to me”.
Participant C: “We can’t diagnose but at least there is some issues that you can look out for to see, you know, this is symptoms of conduct or bipolar or whatever the case may be, which might assist them there”.

8.2 Subtheme 2: Adaptability

The participants were of the opinion that the ECO-MACH protocol is in fact adaptable as the inclusion of the different role-players ensures the process to be rich in resources and therefore more effective service delivery in adoption services.

If the implementation of the ECO-MACH protocol is done correctly, the participants felt that it could be very helpful and used on an ongoing basis.

Participant C: “. . . I think if we can do that correctly, it can be a helpful tool for the process forward”.

Participant C was of the opinion that the ECO-MACH protocol would be adaptable and practical: “on intake level because then you know exactly what you are dealing with”.

Furthermore, participants were of the opinion that the ECO-MACH protocol is in fact adaptable to be used in services with regards to the adopted adolescent, presenting with risk behaviour as the information gathered from other role-players stays the same. A participant was of the opinion that this ECO-MACH protocol is adaptable in any space where a plan is needed, irrespective of the presence of mental health or not.
Participant C: “Your information is going to stay the same”.

Participant B: “It can be workable anyway, not even in a mentally or that child and youth care center or facilities. It can be applicable to any space”.

CONCLUSIONS AND RECOMMENDATIONS

Considering the limited availability of literature on adoption services and guidelines on how best to manage adopted adolescents presenting with risk behaviour, the outcome of this research study indicates the that ECO-MACH protocol could be adapted and utilise in the field of adoption services. The ECO-MACH protocol allows to consider the individual adolescent’s situation and challenges to effectively compile an effective treatment plan where goals and responsibilities of a multi-disciplinary team is clearly indicated. Participating accredited adoption social worker indicated a challenge to follow up on the treatment plan once implemented, due to time constraints.

Based on the adoption social workers, participating in the research study, it was recommended that staff in the broader welfare service setting be trained on the importance of effective assessment of adopted adolescents as it would assist in identifying the individual needs and effective treatment plan. Furthermore, service providers in the broader professional system such as school- and hospital social workers should be trained on the ECO-MACH protocol as if could strengthen multi-disciplinary teamwork.
The outcome of the research study indicated that future search could focus on the input of adoptive parents on the feasibility of the ECO-MACH protocol to assist them to manage their adopted adolescent presenting with risk behaviour. The exploration of a feasible plan to assist treating adoption social workers to better manage appropriate follow up is recommended. Finally it is recommended that the ECO-MACH protocol be actively implemented where it is needed in adoption families where the adolescent presents with risk behaviour.
REFERENCES


SECTION C: CRITICAL EVALUATION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

1. INTRODUCTION

This section reflects on the research project as a whole with specific focus on the evaluation of the research question, aims and objectives. The aim is to reflect on the experiences of the researcher during the study. The research goal, research methodology and the results are discussed in order to be able to make recommendations in the field of literature related to the topic. Furthermore, this section focuses on the limitations and conclusions of the study that provide guidance for recommendations and future studies.

2. CRITICAL REFLECTION

The aim of the study was to explore the view of adoption social workers who completed the ECO-MACH protocol training, and the utilization thereof on adoption services. The research question was to explore the feasibility of the ECO-MACH protocol, in terms of its utilization within the adoption practice, where risk behaviour of adopted youth is present?

Upon exploring the above mentioned aim and research questions, the following themes emerged:

2.1 Theme 1: Social workers’ experience of risk behaviour displayed by adopted adolescents and the link thereof on their mental health

Based on what the social workers communicated, one can conclude that as a professional working with the adoption family and even the adoption parent, the risk behaviour presented by the adolescent can be clearly observed. However, many times if there is a mental health challenge, it is not yet diagnosed and rather experienced as “naughty behaviour” as parents
sometimes has limited knowledge and would experience their own constraints (e.g. limited financial means), which leads to the adolescent not being diagnosed. Participants of the study indicated the presence of certain aspects which impacts the adopted adolescent’s behaviour and mental health e.g. vulnerability. The aspect of proper assessment was highlighted as it will assist in making sense of what is experienced by the adoption parents and treating professional.

2.2 Theme 2: Adoptive parents’ responses to risk behaviour and professional services; and the support to the family

Interestingly, some of the participants were of the views that the adoptive parents’ response to the experienced risk behaviour seems to be impacted by their own mental health. It was suggested that the parents’ mental health be explored and assessed before the finalization of the adoption as it creates the opportunity for them to also deal with their own challenges should there be. It was expressed that although adoption parents have good intentions to be consistent in a harmonious family experience, they do experience challenges dealing with the adoptive adolescent’s presenting of risk behaviour due to not having extensive parenting skills. This is likely to leave them feeling incompetent and emotionally helpless. The participants are of the opinion that the more thorough the parent is assessed and prepared, the more likely the outcome of the adoption placement, is positive.

Based on participants’ professional experiences, aspect of professional services and support and mentioned prospective adoption parents expressed a need to be supported and trained as this is likely to prepare them should they encounter risk behaviours presented by their adoptive adolescents. Understanding phases that adolescents go through as they develop is of significance as it will help them gain knowledge on certain behaviours to look out for and be prepared on how to deal with such. It is important that adoptive parents gain this knowledge prior to the
finalization of the adoption process. Participants are of the view that when the adoptive parents’ needs are met and they experience a feeling of accomplishment, they would feel more equipped to positively respond to the needs of their adopted adolescent.

Lack of regular follow up and post adoption services were identified as one of the difficulties experienced in the field. This in turn leaves adoptive parents with the responsibility to seek further assistance should they feel a need to. Participants however, are of the views that regular follow up creates the opportunity to explore on the training needs of the adoption parent.

2.3 Theme 3: Social workers’ interpretation of the ECO-MACH protocol

The participants of this study communicated their understanding of the ECO-MACH protocol as explorative in nature, more so as it strives to obtain a holistic understanding of all the different significant aspects present in the adopted adolescents’ lives. Participants further elaborated that with the use of ECO-MACH protocol important aspects such as the importance of attachment in the life of the adolescent are explored. Participants expressed that they experience the protocol as action-focused as it focuses on the mental health challenge but also the symptoms of the challenge that leads to adolescents presenting risk behaviour. In addition, participants indicated that the ECO-MACH is helpful as it encourages working relationships between different role players and it assist in guiding professionals involved on how to identify a gap in the adopted adolescent and the parents’ needs and therefore be able to adjust the treatment plan accordingly.
2.4 Theme 4: The utilization of the eco-systemic assessment tool in addressing the needs and challenges of the adopted adolescent

Participants experience the use of the eco-systemic assessment tool as appropriate seeing that it is helpful in obtaining holistic understanding of the reality of adolescents and how it impacts on the general functioning and behaviour; which correlates with the needs of the adolescent.

2.5 Theme 5: Possible alternative role-players on micro- and meso level to assist the assessment of the functioning of the adolescent

Participants are of the opinion that the identified role-players were sufficient, however that the role-players will depend on the physical and emotional environment. They pointed out that that in addition to the mentioned role-players, it will be significantly helpful to have working partnerships with social workers in school- and hospital settings and the Department of Social Development (DSD).

The concept of assessment was highlighted during a focus group discussion. Participant viewed assessment as also ensuring that appropriate work ethics and purposefully working towards reaching treatment and intervention goals are realised.

2.6 Theme 6: The behaviour between risk behaviour and mental health challenges

Information received from the current study, it was expressed a general experience that there is a definite link between risk behaviour and mental health challenges. It was mentioned that the relationship between the two (2) concepts depends on if the symptoms can be addressed more superficially or is the symptoms diagnosable as a mental health challenge. Participants indicated that often, the risk behaviour observed by others is merely the result of the mental health challenges. The aspect of vulnerability came into context through exploring the link between the
two (2) facets as it was mentioned that in the participants’ experience, the bigger impact of the mental health challenges, the more one can expect to observe risk behaviour.

2.7 Theme 7: ECO-MACH protocol: assessment and the individual treatment plan (IDP)

The aspects of IDP came out very strongly during the focus group discussion. Of most importantly participants expressed that they find IDP to be of much value in adoption service delivery as it can play a significant role in ensuring that a holistic approach is adopted in ensuring that the adolescent receives adequate intervention they require. It was further emphasised that assessment is more helpful as it also creates structure, provide guidance more so during the initial phase of adoption process. This information is of significance as it can be seen as a foundation for the adolescents’ journey and if laid properly has the potential to contribute positively in helping adolescents through their developmental process.

A case study was provided by participants to use it as an example on how to practically complete an adolescents IDP. In addition, recommendations on how to improve the completion of IDP were explored.

2.8 Theme 8: Social workers’ opinions on the adaptability of the ECO-MACH protocol in service delivery with adopted adolescents presenting with risk behaviour

In general, the findings of the study suggest that there is a universal agreement amongst participants that the ECO-MACH protocol is found to be practical, logical and structured and that it can be helpful in service delivery provided that there is an effort by the trained individual or implement the ECO-MACH protocol. The participants reported that it is a helpful tool in the
preparation process of adoption parents and may assists in parental guidance and creating awareness on attachment and symptoms of mental challenges.

In general participants were of the view that the ECO-MACH protocol is adaptable more so due to its effort to incorporate different role players. In so doing this will ensure significance and richness in resources. In addition, participants concluded that the ECO-MACH protocol is adaptable in different spaces where intervention is needed.

3. LIMITATIONS OF THE STUDY

Participants were carefully recruited and selected based on the inclusion and exclusion criteria for the study. The inclusion criterion was put together in order for the research question to be answered best, with the knowledge and experience of the participants. In terms of the type of participants, the inclusion criteria were proposed as follows: accredited adoption social workers who received the ECO-MACH training, who has experience in working in the field of adoption and is currently rendering adoption related services.

Upon recruiting participants whom complies with the requirements mentioned above it became apparent that many of the potential participants who attended the training, had some knowledge on the field of adoption however did not actively practice in the field. This is one of the limitations of the study as the knowledge they provided could lack evidence-based insight. The researcher was of the opinion that it is more valuable for the included participants to have had training on the ECO-MACH protocol and some knowledge on the topic of adoption, as they were able to comment and give input on how the ECO-MACH could be incorporated in practice pertaining to adoption.
The availability of the participants, who agreed to engage in the focus group sessions, became significantly limited towards the actual focus group discussions as some of the participants could not attend due to unforeseen urgent work commitments and other personal challenges. This had an impact in obtaining more diverse views on the subject matter. Lastly, although appropriate for the purpose of this study due to the qualitative and explorative nature, one of the limitations of the study was that the findings cannot be generalized to the entire adoption social work population due to the limited sample.

4. RECOMMENDATIONS

4.1 Recommendations for social work practice

The ECO-MACH protocol could be valuable as it incorporates theoretical knowledge in the action plan which in turn contributes to the accountability and thoroughness of service delivery. When it comes to the adoption of new protocols, it could be extremely worthy as it protects the client/child as well as the role players or stake holders.

It is recommended that staff in welfare setting received training on aspects pertaining to the importance of adequate and systematic assessment of adolescents who requires alternative care placement such as adoption.

There is a need for social workers in the school and hospital setting is trained on an assessment tool such as the ECO-MACH protocol as they could be valuable stake holders in the process of rendering services.
4.2 Recommendations for future research

The researcher is of the opinion that future research should focus on developing means to support both the adoption parents and adolescents in addressing and dealing with risk behaviour presented by the adopted adolescents. It is recommended that further studies be conducted to practically test the feasibility of using the ECO-MACH is in the field of adoption with a large number of participants in different geographical settings.

This study only focused on the views of social workers, it is suggested that studies should be conducted with adoptive parents to gain their views on the use of ECO-MACH during assessment of adolescents to be placed in adoption.

Further studies need to focus on exploring workable measures and means on how social workers can be empowered to do follow ups more regularly, post the finalization of the adoption.

5. CONCLUSION

By considering available literature and the experiences of social workers, the hypothesis of the study seems to be correct. The results of the research study indicated that the ECO-MACH protocol could be utilized in the field of adoption, especially where the adopted adolescent presents with risk behaviour. Results indicated that the ECO-MACH protocol is experienced and significantly adaptable and universally applicable due to the goals being clearly set out and appropriate in terms of the presented risk behaviour. Furthermore, it allows for different role players being involved in a multidisciplinary approach to the intervention related to the adopted adolescent presenting with risk behaviour. The ECO-MACH protocol assists with accountability of role players in relation to treatment tasks and timeous output thereof.
SECTION D: ANNEXURES

ANNEXURE 1: ADVERTISEMENT

Adoption makes family

RESEARCH TITLE: SOCIAL WORKERS’ VIEWS ON THE FEASIBILITY OF USING THE ECO-MACH IN ADOPTION SERVICES

Please take some time to read the information presented on this note to help provide you with guidance regarding the intended study. It is very important that you are very satisfied that you understand what this study entails and how you could be involved. Kindly note that your participation is entirely voluntary and you are free to choose not to participate.

Are you an accredited adoption social worker either in private practice or employed within an organization? Please join us as we would like to hear from you.

What is the study about?

- The aim of the study is to explore your views on the feasibility of using ECHO-MACH protocol in rendering adoption services.

Guided by your professional expertise we would like to explore whether and to what extent it can be transferred to the field of adoption services.

You are approached to take part in this study because you are:

- An accredited adoption social worker who received a 2 day training on the use of ECO-MACH framework and protocol and have the necessary experience in adoption as well as the ability to reflect on the content of ECHO-MACH training received.
An accredited adoption social worker currently rendering adoption-related services (irrespective of affiliation - organisational or private practice).

An accredited adoption social worker willing to give consent to participate in a focus group discussion and be audio recorded.

Willing to voluntarily participate in the study.

What is expected of me?

You will be expected to participate in a focus group discussion with other accredited adoption social workers and share your views and experience on the feasibility of using ECHOMACH within adoption services.

Will I be paid to take part in the study?

You will not be paid to take part in the study

For your inconvenience you will be provided with travelling fees and a meal

Where will this study take place?

If you reside in the North-west Province a focus will take place at a venue at North- West University, Potchefstroom Campus

If you reside in Johannesburg a focus group discussion will take place in Johannesburg at a neutral venue and details pertaining to the venue will be communicated to you prior the inception of the study

How do I get involved?

Please contact the researcher Ms. Randi Kunz-Steyn on 079 945 2286, email: randikunz@live.com or alternatively you can contact the study leader Ms. Fatima Mmusi on (018) 299 1677 or email: Fatima. Mmusi@nwu.ac.za
ANNEXURE 2: FOCUS GROUP SCHEDULE

FOCUS GROUP QUESTION SCHEDULE

Title of the study: Social worker’s views on the feasibility of using the ECO-MACH in adoption services

The layout below will be used as a guideline during the process of facilitating the focus group:

Introduction

The purpose of the focus group interaction is to create opportunity to explore the views of social workers, around how the ECO-MACH protocol can be adapted and utilised to assess the needs of adopted adolescents presenting with risk behaviours as well as the social workers’ recommendations with regards to the above mentioned. The discussion will be conducted in English.

Focus group discussion

What is a focus group discussion?

A focus group discussion is an organised discussion in a group, with a focus on a specific topic. The discussion has an interaction flow whereby different experiences, perceptions and recommendations are shared.

Why this focus group discussion?

During this group discussion, the focus will be on how the ECO-MACH protocol can be adapted and utilised to assess the needs of adopted adolescents presenting with risk behaviours. To ensure that this research is evidence-based, it is of significance to explore the opinions of the participants with the expertise of working in the field of adoption.

What is expected of the participant?

The participation in the research study is voluntary - if the participant is not comfortable to answer a question, the individual would have the choice not to. The focus group discussion will include participants with different experiences and therefore, the opinions of others should be respected.
Experiences and perceptions could be personal and private to the individual and therefore it should be dealt with in a confidential manner.

The focus group discussion could be valuable to all individuals due to the diversity of backgrounds, experiences and perceptions and therefore it is important that the communication is honest and genuine and that there is a willingness to share and interact.

Do you have any questions?

Focus group topics:

• In your experience, what kind risk behaviours are displayed by adopted adolescents and how does that link with their mental health?

• Describe the support that you have provided in terms of assisting in addressing the risk behaviours displayed by the adopted adolescent.

Based on the ECO-MACH training:

a). Describe your understanding of the ECO-MACH protocol

a) How adaptable would the eco-systemic assessment tools be in assessing the needs of adopted adolescents presenting with risk- behaviours

b) Which other role players (on micro- and meso level) would you be able to work with to obtain assessments in other areas of functioning of the adolescents presenting with risk behaviours?

c) Give a practical example of how the individual treatment plan could be implemented and evaluated by making use of the assessments as part of the ECO-MACH protocol.

d). What is your opinion regarding the feasibility of using the ECO-MACH to assess the needs of the adopted adolescent presenting with risk behaviour.

Thank you
ANNEXURE 3: CONFIRMATION OF ASSISTANCE WITH RECRUITMENT FROM MS HEYNS

Yolande Heyns
Private social worker dedicated to
Managing children with mental health issues
in alternative care facilities

Contact number: 082 007 2212
E-mail: yolandeallers@gmail.com

To: Yoranda Kunz-Steyn

Hereewith I, Yolande Heyns, confirm that I will assist Yoranda Kunz-Steyn with recruiting participants for her research study by providing her with the names and contact details of persons that were trained in the ECO-MACH protocol.

Regards,
Yolande Heyns
ANNEXURE 4: GOODWILL PERMISSION LETTER FROM MS HEYNS

Yolande Heyns
Private social worker dedicated to
Managing children with mental health issues
in alternative care facilities

Contact number: 082 907 2212
E-mail: yolandaleens@gmail.com

To: Tatjana Kunu-Steyn

The aforesaid confirms receipt of your request for permission to utilise the content of the ECO-MAQH assessment and intervention protocol in a research study.

Hereewith I furnish you with permission to use the content of the mentioned protocol in your master’s research study.

Regards,
Yolande Heyns
ANNEXURE 5: EXAMPLE OF CODING

Researcher: Would you say that there is a relationship between risk behavior and the five mental health challenges?

Participant C: I think so. I am asking now of very little knowledge of, give me a minute, I want to think this through. I'm going to say, I think there might be because risk behavior might be something, please correct me if I am wrong. It might be something that can be dealt with just by normal acting out behavior, a naughty child or whatever the case may be, or, it might persist to a mental health issue. Such as schizophrenia, depression or whatever that might be. But yes, to some extent, a relation depending on if it's a diagnosable mental health issue or if it's something that can be addressed by just being a child that's being naughty or whatever the case may be. That will be my answer.

Researcher: Okay.

(Silence)

Researcher: Okay, are you in agreement? Do you think there might be a relation between?

Participant A: There might be. Because I think in most cases children do act out in a risky situation. Because their, I don't know how to put this word. I can't say they are influenced but it is because they are reacting to what they are feeling at the stage. And what they are feeling might be the challenge of that mental challenge that they are experiencing at that stage. So they might be acting out, riskily so, because of what they are experiencing. So I think that there might be a link.

Researcher: So you are saying that it might not be a direct cause of the mental health but more because of the emotions experienced by the mental health challenge, they are acting out.

Participant B: And the combination of the risk behavior and mental challenges. Once a child is exposed to risky behaviors, and on the other hand the child is mentally challenged. That is obviously something big that would obviously need attention. Unlike if the child is just being exposed to risk behaviors without being mentally challenged. If you look at a child that is mentally challenged, now exposed to some risk. A child becomes more vulnerable to be emotionally drained and seriously, I think there is an impact in the risk behavior that the child can be exposed to for the mentally disabled child, yes. So there is a very real link. You can not be comparing a child that is just exposed to a risk behavior with a child that is mentally challenged. Obviously the child that is mentally challenged, will be burdened by the risk behavior. That's why they need so much care. Yet, this book is also addressing the issue of
INFORMED CONSENT DOCUMENTATION FOR ADOPTION SOCIAL WORKERS PARTICIPATING IN A RESEARCH STUDY

TITLE OF THE RESEARCH STUDY: Assessing the utilization of the ECO-MACH protocol in adoption services - social worker's views on the feasibility of using the ECO-MACH in adoption services.

ETHICS REFERENCE NUMBERS: NWU 00076-18-S1

PRINCIPAL INVESTIGATOR: Fatima Mmusi

POST GRADUATE STUDENT: Yoranda Künnz-Steyn

ADDRESS: 21 Chaplin Road, Oxford Manor, Illovo, Sandton
Email: randikunz2live.com

CONTACT NUMBER: 0799545286

You are being invited to take part in a research study that forms part of my Master’s degree. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is entirely voluntary and you are free to say no 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 now.
This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU NWU00076-18-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DQH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

**What is this research study all about?**

- The study will be conducted with accredited adoption social workers who have completed the ECO-MACH training. It will involve focus groups which will include 6 – 10 participants.
- The aim of the research is to explore the views of adoption social workers on the feasibility of using ECO-MACH in adoption services.
- We are interested in looking at what are the social workers’ views on the feasibility of using the ECO-MACH in adoption services.
- By looking at an existent program (ECO-MACH) we would like to explore whether and to what extent it can be transferred to the field of adoption services. By sharing your views, it will become clear whether this could in fact be possible.

**Why have you been invited to participate?**

You would be able to contribute to the study because you are:

- An accredited adoption social worker who have completed the 2 day ECO-MACH training.
- An accredited adoption social worker who is currently rendering adoption-related services at either an organisational or private practice.
- Willing to give consent to voluntarily participate in a focus group and be audio recorded.

**What will be expected of you?**

You will be expected to attend and share your views and insight during a focus group discussions pertaining to the feasibility of using ECO-MACH in adoption services.

**Will you gain anything from taking part in this research?**

The gains for you if you take part in this study does not have direct benefits for you such as money or any material gain, you taking part in a study would create the opportunity to share your views on the feasibility of the ECO-MACH protocol.

The bigger benefit will be to be part of forming possible recommendations for practice guidelines in the field of adoption.
Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risk to you in this study is minimum. Interview schedules will be used as an instrument to guide the focus group discussion and you are only expected to share what you feel comfortable with. The focus group discussion will not focus on any personal matters and the discussions will remain strictly professional.

- The risk involved will mainly be due to partial loss of anonymity due to the focus group process and communicating in front of others. To minimise this, group rules will be agreed upon to ensure that trust is earned and all participants feel safe and free to share their experiences without fear of their anonymity being compromised.

- The researcher will also make use of her professional expertise in ensuring that group facilitation is smooth and focused.

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

Anonymity will be partial due to focus groups however, the joint agreed upon implementation of group rules will help create a structure, highlight expectations as well as protection of participants right to group privacy. Data obtained during focus group discussions will be coded and where necessary pseudo names will be used to reflect on participants direct quotes. Only the researchers and the professional transcribe will have access to the data. A confidentiality agreement will be signed with the transcribe prior doing the transcriptions. Data will be kept safe and secure by locking hard copies in locked cupboards. Reporting of findings will be anonymous.

What will happen with the findings or samples?

The findings will only be used for this study. Any future use of information collected for the purpose of this study or the outcomes will require approval from the North West University ethics committee that will stand on your behalf to protect your rights.

How will you know about the results of this research?

The researcher’s will provide you with a written summary on the findings of the study. You will be notified through by email.

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

You will not be paid for taking part in this study. However, participating in this study will inconvenience you in terms of time and effort. You will receive a small token of appreciation for taking their time and recognising the importance of this study. Provided that you might need to travel to the site where the focus groups will be conducted, you will be given reimbursement for travelling expenses.
Is there anything else that you should know or do?

- You can contact Randi Kunz-Steyn at 079 945 2285 if you have any further questions or have any problems.

- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

- You will receive a copy of this information and consent form for your own purposes.
Declaration by participant

By signing below, I, ........................................................., agree to take part in the research study titled: Assessing the utilization of the ECO-MACH protocol in adoption services - social worker's views on the feasibility of using the ECO-MACH in adoption services.

I declare that:

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

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

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

Declaration by person obtaining consent

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

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

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

..........................................................
Signature of person obtaining consent
Declaration by researcher

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

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

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

...........................................................
Signature of researcher

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\9.1.5.6_HREC_ICF_Template_Apr2018.docm
25 April 2018
File reference: 9.1.5.6
ANNEXURE 7: ETHICAL APPROVAL

Dear Ms F Mmusi

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

Ethics number: NWU-00076-13-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: Social worker’s views on the feasibility of using the ECO-MACH in adoption services

Study leader: Ms F Mmusi

Student: R Kunz-Steyn-28076205

Application type: Single study

Risk level: Minimal (monitoring report required annually)

Expiry date: 31 October 2019 (monitoring report is due at the end of October 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 fulfill all requirements for approval. Your study is approved for a year and may commence from 08/10/2018. 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 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-XXXXXX-XX-XX”. The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendments 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 yellow highlight 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-XXXXXX-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-XXXXXX-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 81 (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 Minnie Groeff
Ethics Office Head