

Rapid review of clinical reunification intervention to families

SP Mathebula

 **[orcid.org/ 0000-0002-2205-0223](https://orcid.org/0000-0002-2205-0223)**

Mini-dissertation submitted in partial fulfilment of the
requirements for the degree Master of Social Work in Child
protection at the North-West University

Supervisor: Dr H Malan

Co-Supervisor: Dr F Mmusi

Examination: October 2020

Student number: 29467500

SOLEMN DECLARATION



NWU Higher Degrees Administration

SOLEMN DECLARATION AND PERMISSION TO SUBMIT

1. Solemn declaration by student

I, **Shongile Portia Mathebula**

declare herewith that the thesis/dissertation/mini-dissertation/article entitled (exactly as registered/approved title),

Rapid review of clinical reunification intervention to families.

which I herewith submit to the North-West University is in compliance/partial compliance with the requirements set for the degree:

Master of Social Work in Child protection

is my own work, has been text-edited in accordance with the requirements and has not already been submitted to any other university.

LATE SUBMISSION: If a thesis/dissertation/mini-dissertation/article of a student is submitted after the deadline for submission, the period available for examination is limited. No guarantee can therefore be given that (should the examiner reports be positive) the degree will be conferred at the next applicable graduation ceremony. It may also imply that the student would have to re-register for the following academic year.

Ethics number:

00522-19-A1

ORCID:

0 0 0 0 - 0 0 0 2 - 2 2 0 5 - 0 2 2 3

Signature of Student

University Number

2 9 4 6 7 5 0 0

Signed on this 30 day of October of 2020

2. Permission to submit and solemn declaration by supervisor/promoter

The undersigned declares that the thesis/dissertation/mini-dissertation/article:

- ☒ complies with the A-rules and the technical requirements provided for in the Manual for Master's and Doctoral studies and in faculty rules;
- ☒ has been checked by me for plagiarism (by making use of TurnItIn software for example) and a satisfactory report has been obtained;
- ☒ and that the work was language edited before submission for examination.

Faculty specific requirements as per A-rules: 1.3.2, 4.3.3, 4.2.4, 4.10.4, 5.3.2

- ☒ complies with regards to faculty rules on submission or acceptance by an accredited scientific journal;
- ☒ complies with regards to faculty rules on peer reviewed conference proceedings;
- ☒ the student is hereby granted permission to submit his/her article/mini-dissertation/ dissertation/thesis for examination.

Signatures of supervisor(s) and Promoter(s): (only compulsory in cases where there are co- or assistant- supervisor(s/promoters))

Hanelie
Malan

Digitally signed by Hanelie Malan
Date: 2020.10.09
09:56:27 +02'00'

Dr Fatima
Mmusi

Digitally signed by Dr Fatima Mmusi
Date: 2020.10.12
12:09:58 +02'00'

Assistant-Supervisor
Assistant-Promoter

PREFACE

This dissertation is submitted in partial fulfilment of the requirements for the degree Master's in Social Work in Child Protection. The Social Work Child Protection curriculum consists of a total of 180 credits. Of these credits, the research dissertation, accounts for 90 of these credits (180 credits).

This dissertation is presented in article format in line with the general academic rules of the North-West University (NWU, 2019).

The mini-dissertation is presented as a scientific unit consisting of four chapters, with Chapter 1 that gives an overall problem statement and overview of the study, Chapter 2 that focuses on a literature overview, Chapter 3 contains an article and, lastly, Chapter 4 that consists of a summative discussion to conclude the research document. Each chapter has a reference list according to the general instructions and guidelines for evaluations of theses/dissertations /mini-dissertations. Note that the reference list of Chapter 3 is set out in accordance with the specifications of the journal that the research attends to publish in. For the purpose of clarity, the instruction to authors for the relevant journals are included next.

INSTRUCTIONS TO THE AUTHORS

Author guideline: Humanities and social sciences reviews

Humanities & Social Sciences Reviews [eISSN 2395-6518] is a double-blind peer-reviewed, open access, research journal. HSSR *aims to publish* interdisciplinary research with a primary focus on original research or reviews in various disciplines of humanities and social sciences.

Types of papers

Articles are welcome in the following seven sections: *Education and Assessment, English Language & Literature, Media & Journalism, Politics & Governance, Psychology, Sociology, and Economics & Commerce*. Journal audiences are learned readers and researchers from Universities and higher educational institutions, policymakers, administrators.

Manuscript Preparation Guidelines

Authors are STRONGLY advised to prepare the manuscript as per the following guidelines otherwise it will delay the publication and possible rejection as well.

Submit two files during submission. (1) Main article text where all author details are removed. Also, remove the section of the author's contribution in this main text file. (2) Author Details file that contains full names (remove prefixes like Dr, Prof, Mr, Miss) of all co-authors, affiliation with country, and email of all co-authors. Add the author's contribution to this file.

Various headings and subheadings of the study MAY be decided by authors. Here we present one sample style. Your headings MAY be different depending on the nature of the study.

As per new guidelines in **APA 7th edition** writing Language should be inclusive and bias-free such as gender, age, disability, racial and ethnic identity, and sexual orientation, as well as being sensitive to labels and describing individuals at the appropriate level of specificity.

Title:

Title of the study should be written in 15 to 20 words. A title should be short, simple, easy to understand, and should be commonly searchable in Google. Do not use a title that never comes in the mind of a reader.

Word Limit:

5000 words and/or above, excluding references.

Authors:

Not more than five authors. All authors have to mention the clear-cut contribution in the article.

Abstract:

It should be strictly written within 300 words under the following subheadings. So that article can be easily followed by readers. If abstract quality not satisfactory, it will be returned for revision at the first stage only.

i. Purpose of the study: In simple words tell readers about the aim of this study. No discussion, no story only the aim of this study [50-60 words]

ii. Methodology: Give name, brand, type of tools, methods, software, review, and survey that has been used to do this study. No discussion or explanation. [50-60 words]

iii. Main Findings: Write only the main results in few words. No discussion or explanation. [50-60 words]

iv. Applications of this study: where this study can be useful, give the name of area, disciplines etc. [50-60 words]

v. Novelty/Originality of this study: what is new in this study that may benefit readers or how it is advancing the existing knowledge or creating new knowledge in this subject. [50-60 words]

Keywords:

5 to 6 very specific keywords should be given. Avoid big phrases. Google will never find your article. Take 2 or 3 keywords from the title. Keywords should be commonly Google searchable terms.

Introduction [500-1000 words]:

This section should provide the background of the study in easy words. In this section, the author should discuss the research problem in very clear words. Also, discuss the motivation of the study. Provide in-text citations in APA 7th style for all the facts that are presented here.

Literature Review [1000-1500 words]:

Review of literature can be written as per the requirement of your study i.e. argumentative or systematic or methodological related to the work of previous researchers should be presented. For help see the link – <https://libguides.usc.edu/writingguide/literaturereview>

Minimum 20 good and recent works (the year 2010 onwards) should be presented. This section can be merged with the introduction section as well. Here the author can discuss the research gap that this study is going or willing to cover. Provide in-text citation in APA style as follows:

- An earlier study in which X and Y were compared revealed that ... (Smith, 2017).
- Smith (2017) shows how, in the past, research into X was mainly concerned with ...
- In 2017, research was conducted by Smith that indicated that

You can follow this link for free citation – https://www.scribbr.com/apa-citation-generator/?scr_source=Apa+Generator+cta&scr_medium=Scribbr+services+cta&scr_campaign=Knowledgebase+sidebar&frm=#/

Methodology [500-1000 words]:

For the quantitative study: Present the materials, methods, survey, questionnaire, etc. used for the study. The author should explain whether this study is experimental, or review study, or simulation-based, or survey-based. Discuss software, the hardware used during the study with their brand names. Mention all research conditions, assumptions, theories followed. This section should be easy enough for any reader to repeat the study under similar conditions.

For the qualitative study: Include methodological orientation [grounded theory, discourse analysis, ethnography, phenomenology, content analysis] Sampling [number of participants, Method of approach, where the data was collected] Data collection [interview, Audio-visuals, field notes] and data analysis [number of data coders, software, etc.]

Helpful links - <https://academic.oup.com/intqhc/article/19/6/349/1791966>, <https://libguides.usc.edu/writingguide/qualitative>

For the Systematic Review Literature: Clear questions, method of collecting secondary data, nature of review [qualitative, Overviews of Systematic Reviews (OoRs)] and review tool.

Results [500-1000 words]:

Presents the data, the facts – what you found, calculated, discovered, observed.

Use good quality image and give caption below the image Fig 1:

The caption for the table should be above the table. Table 1:

[Different table and figure cannot be used parallel in MS word page; they must be sequential with proper table/figure name and number]

Discussion [1000-1500 words]:

Provide logical, and scientific analysis of findings of the study. Present evidence to support your analysis by citing the work of earlier researchers or existing theories. [How your results agree or disagree with previous studies, and why]. 10 to 15 good citations should be given to support arguments.

Limitations and study forward:

No study covers all aspects of the research problem. The author should discuss the limitations or gaps of this study. And also, present future scope, or plan of the study.

Acknowledgement:

The author should present a list of acknowledgements at the end. Any financial or non-financial support for the study should be acknowledged.

Co-authors contribution:

To avoid the possibility of ghost-writing, we suggest all co-authors should clearly mention their sizeable contribution to the article. Simply saying all authors contribute equally will not be accepted.

References:

All references should be cited inside the body and hyperlinked with corresponding in-text citations.

1. Minimum 50 good quality references (which are cited inside the main body of the article) required with Crossref DOI.
2. Website, newspaper references, should be limited to 5-10.
3. All references and in-text citations should be in APA 7th edition and present inside the main body of the article. Do not put extra references which are not cited.
4. All references should be cited inside the article at the proper place in APA 7th style. [Visit here](#) to learn about [hyperlinking citations with references](#).

5. You are free to add a list of further readings and put add extra references, websites, books etc. in that section.

Samples for APA 7th edition referencing. (Detail at <http://owl.massey.ac.nz/referencing/apa-6th-vs-7th-edition.php>)

ACKNOWLEDGEMENTS

I would like to take this opportunity to thank my study leader and core researcher, Dr Hanelie Malan. I appreciate your patience, guidance, and encouragement throughout the project. It makes me emotional every time I think of the tireless effort you made to ensure that I became a competent researcher. I am wholeheartedly grateful for having you as my study leader and supervisor.

I am thankful to you for igniting my love for social work, specifically child protection. I will forever remember how important assessment is when working with children in need of care and protection. I now have a fuller grasp of how impactful I am as a social worker to advocate for the children's rights in South Africa and my role in the coordinating the systems of child protection.

I would like to thank my co-supervisor, Dr Fatima Mmusi, for your warmth, motivation, guidance, and expertise knowledge. I appreciate your effort in helping me.

To my loving mother, Mrs Maria Mathebula I am grateful for you having been my pillar of strength, for strongly believing in me, and encouraging me to never give up. To my brothers, Oscar, Duncan, and Happiness thank you for the support.

I am thankful to my precious kids, Nkoka, Hlayisano, Leswinene, and Xilaveko for your patience and understanding when I had to be away from you because of my studies.

To the Gauteng Department of Social Development for having financially afforded me the opportunity for personal development.

To the North-West University, thank you for opening your doors to me and providing me with quality education and personal development.

I would like to give thanks to God Almighty for giving me the strength to pull through my research project.

EXECUTIVE SUMMARY

Family reunification intervention is globally considered to be at the centre of meaningful child welfare practice. If a child has been removed from the care of his/her birth parents, safe and timely family reunification should be the main goal. The purpose of this type of intervention is to restore the well-being of disrupted families to assist them to regain self-reliance and optimal social functioning. Reunification interventions, when applied accurately, have the potential to prevent an increase in and reduce the number of children remaining in alternative care until they age out of care. In achieving such a goal, the Children's Act 38 of 2005 requires the designated social workers to render therapeutic services that are clinical in nature. However, the Act does not stipulate how such services should be provided or what their content should be.

In light of this, this research aims to firstly conduct a rapid review of literature about what is known about the clinical content of reunification intervention rendered to families, and, secondly, to make recommendations to the academic community and the child welfare system regarding the enhancement of programmes and policies to address the clinical content of family reunification interventions.

Study design and method: A rapid review was the method used to obtain knowledge in a shorter period than what is normally required for a systematic review. The study used the steps described by Dobbins (2017).

Results and discussion: While a review of the literature indicated that the exact nature of the clinical content of reunification intervention rendered to families is not clear, the empirical evidence suggests that the clinical content of reunification intervention provided to families comprises of engagement, parental visiting and contact, parenting capacity building, and support groups. In addition, supporting birth parents with concrete resources like transportation and stable housing was found to be an extra intervention that supports successful reunification.

Key words: Family reunification, families, child maltreatment, clinical intervention, attachment, parental training, emotional well-being

TABLE OF CONTENTS

SOLEMN DECLARATION	2
PREFACE	I
ACKNOWLEDGEMENTS	VII
EXECUTIVE SUMMARY	VIII
TABLE OF CONTENTS	IX
CHAPTER 1: ORIENTATION TO THE STUDY	1
1.1 Contextualisation and problem statement.....	1
1.2 Review question	4
1.3 Review aim	4
1.4 Review approach	4
1.5 Ethical aspects	8
1.6 Definitions of key words	9
1.7 Rationale of the study	11
1.8 Choice and structure of the report	11
1.9 Conclusion.....	12
1.10 REFERENCES	13
CHAPTER 2: LITERATURE OVERVIEW	17
2.1 Introduction	17
2.2 Theoretical framework in family reunification	19
2.3 Assessment of children and families at risk.....	21
2.4 Family and child factors influencing alternative care and family reunification.....	23

2.5	Common characteristics of intervention that help reunify families when child maltreatment has been identified.....	25
2.6	Clinical reunification intervention	27
2.7	Conclusion.....	28
2.8	REFERENCES	30
CHAPTER 3: ARTICLE		36
CHAPTER 4: REFLECTIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION		78
4.1	Introduction	78
4.2	Reflection on the research question	78
4.3	Reflection on the research method	79
4.4	Reflection on the findings.....	79
4.5	Limitations of the review.....	80
4.6	Implication for research	80
4.7	Implication for practice	80
4.8	Recommendations.....	81
4.9	Conclusion.....	81
4.10	REFERENCES	83
ANNEXURE A: CASP TOOL.....		84
ANNEXURE B: EPHPP QUALITY ASSESSMENT TOOL		90
ANNEXURE C: AACODS CHECKLIST		94
ANNEXURE D: ETHICAL APPROVAL		96
ANNEXURE E: DECLARATION LANGUAGE EDITOR		2

LIST OF TABLES

Table 1-1:	Search Strategy	5
------------	-----------------------	---

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Contextualisation and problem statement

While the definition of a family can be viewed as the foundation of society and institution that provides its members with positive attributes, including security, a sense of belonging, sense of identity, socialisation, stability and a secured environment (among all other aspects) (Berk, 2009; Department of Social Development, 2013; Kunz, 2013), contemporary family life has become increasingly diverse and complex and may likely leave its members vulnerable to different forms of stressors. Stressors are negative attributes such as substance abuse, domestic violence, mental illness, child abuse and neglect that are likely to compromise families' relationships and ongoing existence and put them at risk of further disintegration (Gray & Lombard, 2008). Furthermore, since they play a large role in determining whether an intervention is necessary, these stressors may result in a child being placed in alternative care while the family of origin receives reunification services. The United Nation's guideline for the alternative care of children (2010) emphasises that the removal of a child from the family of origin should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. During this period, the key role of a designated social worker is to provide a reunification intervention to the affected family. This is to ensure that children are returned to a stable family setting that is able to have a positive effect on the cognitive, behavioural, and health outcomes of both the child as well as his/her family (Child Welfare Information Gateway, 2017).

However, research by De Villiers (2008) indicates that reunification often occurs without resolving the problems that necessitated the removal in the first place. While circumstances may call for a child to be removed from an immediate risk of maltreatment, it is important to keep in mind that such an intervention, when implemented in isolation, does little to change the habitability of a home, improve parenting skills, or encourage parents to be more responsive. Research indicate that birth parents have to be taught new skills that make them more effective in order to ensure that the child's return is successful. Although Lietz and Strength (2011) identified three key areas in which adequate measurable change should occur during the reunification process, which are identified as follows: (a) the family context, social support received, and environmental factors; (b) parental competence in providing adequately for the child's needs; and, lastly, (c) the improved quality of life and child welfare+. A study conducted by Balsells et al., (2014) revealed that birth parents tend to place more emphasis on material needs, an inclination which, in turn, leads to designated social workers spending most of their (professional) time with the family addressing the physical and financial capacity of the family unit, while neglecting the therapeutic or clinical aim of reunification. Furthermore, Rasaili and Titus (2007) emphasise that the reunification

intervention should aim to re-establish a healthy interaction between birth parents and the child. Moreover, not only should it aspire to develop and encourage a healthy attachment and seek to readdress any emotional anxiety in that the relevant parties may experience, but it should also attempt to make up for time lost during their separation. The ability to develop a supportive relationship with birth parents and engage them in therapeutic intervention have the potential to increase intervention effectiveness (Pecora & Maluccio, 2000).

At its core, family reunification aims to adequately address the emotional and intellectual needs of families. In order to ensure a positive outcome, certain skills are critical to the process, and include anger management, conflict resolution, parenting skills, and knowledge of child development and attachment issues. When these skills are adequately taught and applied in interventions, they will ensure that children will be safe upon their return to their birth parents' care. These above-mentioned, clinical services are rendered according to different theoretical frameworks. Consequently, the reunification process requires a designated social worker to provide a therapeutic intervention that will assist both the child and the birth parent to change their feelings of attachment. It is clear that clinical interventions do not involve the provision of tangible assistance and are, instead, aimed at directly improving the emotional, psychological, and personal functioning of all parties. As these aspects improve, they may enhance the coping and interpersonal skills of both the birth parent and child. As a result, birth parents may feel empowered and develop the responsive parenting skills that are necessary for their children's development and well-being (Ryan & Schuerman, 2004).

A family reunification intervention is made up of specific approaches which take into consideration factors such as the cognitive behaviour, parental behaviour, attitude, child's developmental needs, attachment, as well as a family system approach. The latter is necessary in order to identify the more effective intervention for families (Child Welfare Information Gateway, 2017). The Boysville of Michigan (1991) family reunification project used a homebuilder's model that provided up to eight weeks of services; namely, three to five weeks of family preservation services and after reunification, respectively. Since the goal of this model is to achieve a successful reunification, designated social workers were assigned a caseload of no more than two families and used cognitive and behavioural approaches when working with the families. This was done to ensure both soft and hard services, with workers relying on behaviourally specific goals (Bronson et al., 2008).

The behavioural, person-centred, and cognitive approaches were found to be significant when incorporated into the clinical reunification intervention. Roger's theory, in particular, emphasised the attitudes and personal characteristics of the therapist and the quality of the client-therapist relationship as the prime determinant of the outcome of the therapeutic process (Corey, 2013).

This means that the designated social worker's first task is to establish rapport with the client before attempting to commence the process of assistance. In addition, the cognitive-behavioural theory aims to increase people's skills and help them rearrange their own thoughts to enable them to respond to challenging circumstances in a positive manner. Moreover, it is an action-oriented and educational approach, during which clients learn new and adaptive behaviours to replace old, maladaptive behaviours (Corey, 2013). The diverse approaches incorporated into this theoretical model include teaching clients' mood and self-management skills to relieve anxiety, control anger, improve self-esteem, and lessen depression. Furthermore, parenting training approaches are also used to improve the clients' communication and child management skills (Bronson et al., 2008).

Given the aforementioned, it is apparent that the clinical services in family reunification intervention also play a crucial role in assessing whether adequate change has been obtained during the intervention with families in terms of aspects such as parental competencies, responsive parenting behaviour, and improving the child-parent relationship (Balsells et al., 2014). Moreover, it may assist in the gathering and analysis of the information on both the risk and protective factors that relate to the child if he/she were to return home, as well as to each birth parent's capacity to change.

In an exploratory study conducted by De Villiers (2008) in South Africa, various non-governmental organisation (NGOs) that provide child protection services were studied. The findings of this study suggest that while designated social workers were providing reunification services to birth parents, they were unable to expand the content of those services due to various reasons. Furthermore, the participants reported that they often use their own discretion, depending on the birth parent's circumstances and needs. The study also found that there was no structured programme or any other guidance in place to inform designated social workers' interventions. Later research by Sauls and Esau (2015) indicates that even though it is necessary for parents' skills to be developed, a programme that focused solely on this aspect has only limited potential to address emotional and behavioural difficulties associated with the trauma experienced by children, both prior to and after their removal from their birth parents.

Based on the aforementioned contextualisation, the researcher's observations, and previous engagement with designated social workers rendering such interventions, it can be argued that current reunification interventions, specifically in South Africa, does not adequately address the clinical needs of children and their birth parents. In fact, they ignore the most important aspects of re-negotiating the child's sense of belonging and attachment needs crucial for the child's development and total functioning. Therefore, it is important to remember that most of these children have already experienced broken or distracted attachment patterns and relationships

with their primary caregivers, resulting in their removal and that the removal itself may have damaged these patterns and relationships even further. Consequently, this study intends to conduct a rapid review of the known content of clinical intervention services provided to families during the process of reunification with their children in out-of-home care. The findings obtained from the study provides insight into which aspects are regarded as important and must form part of a content of clinical reunification intervention.

1.2 Review question

What is known about the clinical content of reunification intervention rendered to families?

1.3 Review aim

This review aims to investigate literature on the clinical content pertaining to reunification interventions social workers render to families.

1.4 Review approach

This study made use of a rapid review; a method used to obtain knowledge in a shorter period of time than required for a systematic review (Harker & Kleijnen, 2012). The Canadian Centre on Substance Abuse (2014) describes a rapid review as a strict scientific method that aims to sum up a certain topic to provide a factual baseline for answering paramount questions in a short amount of time (Siriwardhana et al., 2014). The study used the steps described by Dobbins (2017) that correspond with the steps of a systematic review (Dundar & Fleeman, 2014). The steps can be summed up as follows:

Step 1: The first step of the procedure was to define a research question that is relevant and focused, clearly defined, and answerable (Dobbins, 2017). A preliminary scoping search was conducted, making use of the One Search engine of the NWU library. The purpose of this was to create an outline of available literature on the particular research topic and to gain a better understanding of the topic being reviewed (Dundar & Fleeman, 2014). The components of the **S-Setting, P-Perspective, I-Intervention, C-Comparison, and E- Evaluation (SPICE)** criteria were used to determine the research question as: *What is known about the clinical content of reunification intervention rendered to families?*

Setting: Refers to the setting, including any context in which social workers were participants. The research evidence should reflect the context.

Perspective: This refers to the perspectives of the users, potential participants, or stakeholders of the service. The study consisted mainly of literature containing information on the clinical content of reunification intervention rendered to families.

Intervention: This relates to what is presented to participants, potential participants, or stakeholders. The studies that were included in this research review were related to clinical reunification interventions.

Comparator: No existing alternatives could be found that uphold the status quo or change anything.

Evaluation: This refers to a measurement that determines the intervention's success. However, this study did not focus on the evaluation of such interventions.

Step 2: The second step of the process entails searching for research evidence (literature) to answer the research question (Dobbins, 2017). This step aimed to identify evidence-based publications using reliable databases to address the review question. For this research, the issue was defined as follows: the content of clinical reunification social work interventions rendered to families. The researcher used the following databases to search for completion of the rapid review: eBook Collection (EBSCOhost), PsycARTICLES, PsycINFO, SocINDEX with Full Text, Academic Search Premier, CINAHL with Full Text, JSTOR Journals. An experienced librarian, Nestus Venter, assisted the researcher to identify key words as indicated in Table 1 to help refine the search.

Table 1-1: Search Strategy

LEVEL ONE	"Reunification services or reunification intervention"	All Text
	AND	
LEVEL TWO	"Clinical reunification" "family services"	All Text
	AND	
LEVEL THREE	"family reunification services" "family therapy"	All Text

The SPICE components were used as the basis for the key words in the search strategy. The PRISMA flow diagram (Figure 1) was used as a "standardised approach to report how many studies were identified for inclusion in the review process as well as what happened to these studies as the review progressed" (Boland et al., 2017).

Step 3: In this step, the researcher aimed to critically appraise the quality of the sources of information (literature) (Dobbins, 2017). During this process, the researcher assesses the

quality of the study methods used in the articles to determine if the findings are trustworthy to the relevant studies. In order to identify the quality of the literature, the researcher made use of the critical appraisal skills programme (CASP, 2018) (Annexure A) for qualitative studies. The tool consisted of 10 questions that were designed to help the assessor think about the issues in a systematic manner. The first two questions were screening questions and were answered instantly. Where the answer to both of the first questions was “yes”, one proceeded to the remaining questions. Due to a certain degree of overlap between the questions, the assessor was requested to answer with one of the following: Yes; No; Can't tell.

The researcher used the effective public health practice project (EPHPP, 2009) quality assessment tool to critically appraise the quantitative studies (Annexure B). The authors of the effective public health practice project tool have ensured that the tool meets several standards, specifically linked to the validity of the tool, the manner of evaluation, and readability. The researcher also used the AACODS checklist (authority, accuracy, coverage, objectivity, date, significance) (AACODS) (Tyndall, 2010) (Annexure C) that is designed to enable evaluation and critical appraisal of grey literature. Grey literature includes productions by governments, academics, business, and industry that are not part of the peer-reviewed publications. It can also include theses or dissertations, conference papers, and several types of reports from specialists. The researcher assessed the quality of the studies by observing how the study had been designed, conducted, and reported; this was the basis of the reliability of the studies (Boland et al., 2017). The rapid review was conducted by one reviewer, Ms Shongile Mathebula. Dr Hanelie Malan verified the information to ensure the quality of the final review and eliminate any potential bias. Ms Fatima Mmusi further ensured the quality of the review by guiding and advising the student in the process.

Step 4: Synthesise the evidence – This step entailed data analysis or the synthesising of evidence. All high quality and relevant evidence that was gathered in the process was aggregated. The overall goal was to establish what is known about the research question in the literature. During this step, the relevant information was summarised on a data withdrawal table and conclusions relevant to the research question were formulated. The evidence was synthesised in the following three steps:

- **Extracting relevant information from included documents**

Data retrieval was done to obtain information relevant to the research question (Dundar & Fleeman, 2014). It involved the identification of articles, documents (grey literature), books, reports, conference articles, training programmes, web pages available in the NWU library. Extracted information consisted of the title, author(s), date of publication, type of publication,

number, and type of included studies, settings and population studied, interventions implemented, outcomes measured, and results. A protocol was compiled with the guidance of study leaders to determine the data required to help answer the research question. The study leader ensured that the student followed a vigorous data withdrawal process. The procedure was cleared in advance, and the study leader verified the data necessary to make clear notes of where and how the data was withdrawn to clarify differences as soon as possible (Dundar & Fleeman, 2014). Dundar and Fleeman, (2014) recommend that a table be included in the protocol and should highlight aspects of the article.

- **Summarising the overall results from included documents**

The results obtained from the data extraction were used to organise findings. A thematic analysis was conducted according to the six-phase guide suggested by Braun and Clarke (2006). The first step in the thematic analysis process involved the reading of data sources and becoming familiar with the data. This data was then organised in a meaningful and systematic way, and themes were identified and reviewed. All the relevant data for each theme was gathered. The identified themes were then refined, and the crux of each theme was established.

- **Formalising conclusions.**

The evidence was considered in its entirety to develop recommendations for policy and practice (Dobbins, 2017). For further details, see points 5 and 6.

Step 5: Identify the applicability and transferability of aspects for further consideration during the decision-making process. This step was essential for determining how appropriate the information was to the local context (South Africa). As a result of this step, the chance of successful utilisation of relevant information was increased (Dobbins, 2017).

Step 6: Writing up, editing, and dissemination of findings. By documenting the themes, the reliability of the proposed review was enhanced and potential personal bias regarding identification and reporting of themes was limited. Dobbins (2017) provides a framework that assisted the research in compiling the 20-page report after the quick review. Next, she wrote up the review and sent it for professional reviewing and editing at the NWU. The review was then being submitted for examination purposes. Once the review was examined, it will be disseminated (Dobbins, 2017). The report of the executed review was submitted for examination in the article format.

1.5 Ethical aspects

Research ethics can be referred to as doing what is morally and legally right during the research process. Research ethics are, thus, the norms for conduct that distinguishes between what is right and wrong, and what is acceptable, and unacceptable behaviour. Research can be described as “a process of investigation, leading to new insights, effectively shared”. It is; thus, a multi-stage process of which ethics are the centre (Parveen & Showkat, 2017).

- **Risk level**

The researcher never made use of any human participants since a rapid review was conducted. Therefore, there was no risk involved in this study. The validity and reliability of the data were established by following the rigorous methodology of a rapid review as described by Dobbins (2017). The trustworthiness was ensured by the expert knowledge of the study supervisors and the researcher. The study leaders trained the researcher to conduct a rapid review. A proposal was submitted to a panel of experts who shared their knowledge of the topic and the methodology to further ensure trustworthiness. The proposal was submitted to two scientific committees which are COMPRES (Community Psychosocial Research) and the HREC (Human Research Ethics Committee) of the Faculty of Health Sciences of the NWU, for approval (Annexure D). The approval number is NWU-00522-19-A1.

- **Experience of study leader**

The study leader completed training presented by Oxford University on the systematic and rapid review. She then also successfully supervised students in the use of this method.

- **Avoiding redundant (duplicate) publication**

Repeated and duplicated publications of positive findings and the suppression of negative findings may be misleading (Wager & Wiffen, 2011), and were avoided. The results of the study will be published once to avoid overlapping publications.

- **Ensuring accuracy**

The researcher ensured that data was accurately extracted and that, in so doing, there was no attempt to influence the results in any particular direction.

- **Data storage**

All obtained electronic information was kept on the researcher's personal computer which was password-protected. Upon completion of the rapid review, the research compiled the findings in a report, which was then submitted for examination. The complete data set was submitted to COMPRES for storage and will eventually be destroyed after a period of 5 years; however, this data is in the public domain.

- **Validity and reliability**

The completed research report included a research protocol, search strategy, screening, and critical appraisal, details of the data extraction, and data analysis process. Details of strategies were used to determine the validity and reliability of the study.

1.6 Definitions of key words

1.6.1 Family

According to the White Paper on Families (Department of Social Development, 2013), a family can be defined as follows: it is a group of persons united by the ties of marriage, blood, adoption or cohabitation. This group may or may not be characterised by a common residence (household) and interact and communicate with one another in their respective family roles, while maintaining a common culture. Lastly, this group of people is governed by family rules. Furthermore, research has proven that the family unit is the primary socialiser of the child and has the most significant impact on the child's development (Berns, 2007).

1.6.2 Child maltreatment

Child maltreatment is the abuse and neglect of children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence, and commercial or other exploitation that results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power (World Health Organisation, 2020)

1.6.3 Family reunification

Family reunification within the context of child welfare refers to the process in which a child, who was previously removed from the care of his/her birth parents or guardian and placed in alternative care, is returned to the care of their family while the family receives the necessary services to ensure a successful outcome (Carnochan et al., 2013; Child Welfare Information

Gateway, 2011;). It is, therefore, a planned and purposeful process that consists of preparation, intervention, and follow-up care and includes children, birth parents, foster carers, and other service providers as participants (Terry, 2013).

1.6.4 Clinical intervention

Clinical intervention, specifically in social work, refers to an intervention that is provided directly to a client or family to solve a problem. It involves collaborating clinically with individuals, families, or a small group. This type of intervention aims to engage with clients directly, deeply, and extensively for the purpose of facilitating change in individual behaviours or relationships. Changes at this level focus on creating changes in individual functioning. Common examples of this intervention include helping individuals to discover themselves, overcome addictions, learn desirable behaviours, adjustments to a new environment, coordinating discharge services for patients, overcoming emotional trauma, secure protective services for the abused, providing mental health therapy, finding appropriate housing, health care, and social services (Ebue et al., 2017). Workers will often try to facilitate amendments to systems including changes in the social and physical environments to assist the improvement of an individual's or family's social functioning.

1.6.5 Attachment

Attachment is the emotional bond of a child to his or her birth parent or caregiver. It is a pattern of emotional and behavioural interaction that develops with time, specifically in a context where a child expresses a need for attention, comfort, support, or security (Guerriero & Blank, 2018).

1.6.6 Parental training

Parental training is defined as a programme in which birth parents actively participate in acquiring parenting skills through mechanisms such as homework, modelling, or practising skills. These skills learned to allow birth parents to correctly identify, define and respond to their child's developmental needs (Salveron et al., 2009).

1.6.7 Emotional well-being

Emotional well-being is defined as a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment (Guerriero & Blank, 2018).

1.7 Rationale of the study

The number of published studies pertaining to reunification intervention is limited in South Africa and mainly focuses on the financial material and resources needed for when the child gets reunified with the family. The researcher could not locate any literature on the clinical version of reunification intervention rendered to children and their families that was specific to South Africa. Therefore, there is a need for the further exploration of the aspects of reunification intervention within this context; more so, than from the international literature on the clinical part of these interventions. The study aimed to conduct a rapid review of literature in an attempt to gain an understanding of what is known about the clinical content of reunification intervention rendered to families. The outcome of the study has provided insight into what is regarded to be the important aspects that should form part of the clinical content of reunification intervention rendered to families in order to meet the emotional and psychological needs of the children and their immediate families.

1.8 Choice and structure of the report

The mini-dissertation was written up in article format in accordance with the General Instructions & Guidelines to Examiners for the Evaluation of Theses/Dissertations/Mini-Dissertations of the Faculty of Health Sciences, NWU (2019). The dissertation was edited for language correctness. The research report consists of the following:

- Acknowledgements
- Journal guidelines
- Table of contents
- Abstract
- Preface (including permission letters)
- Chapter 1: Overview of the study
- Chapter 2: A literature overview
- Chapter 3: Article
- Chapter 4: Summary, recommendations, and conclusions
- Reference list after each chapter

- Annexures

Publication

- The findings of this review will be presented in article format and be submitted for possible publication to Humanities and Social Sciences Reviews, the peer-reviewed journal of Gyandhara International Academic Publications Journal.

1.9 Conclusion

This chapter serves as an introduction to the research study and describes and clarifies the methodology of this study. Chapter 1 consists of the rationale and contextualisation of the review question as well as the research aim and provides an outline of the research process, an overview of the research methodology. It also provides a discussion of ethical issues to be taken into consideration.

The next chapter, Chapter 2, consists of a comprehensive literature overview that is relevant to this study.

1.10 REFERENCES

Acts **see** RSA

Balsells, M. A., Paster, C., Mateos, A., Amorós, P., Ponce, C. & Navajas, A. 2014. Child welfare and successful reunification through the socio-educative process: Training needs among biological families in Spain. *Social Science Journal*, 3(4): 809-826.

Berk, L.E. 2009. *Child development*. 8th ed. Illinois State University: Pearson.

Berns, R.M. 2007. *Child, family, school, community: Socialization and support*. 7th ed. Australia: Thomson Wadsworth.

Boland, A., Cherry, M.G. & Dickson, R. 2017. *Doing a systematic review: a student's guide*. 2nd ed. Thousand Oaks: SAGE Publications.

Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3 (2): 77-101.

Bronson, D.E., Saunders, S., Holt, M.B. & Beck, E. 2008. *Systematic review of strategies to promote successful reunification and to reduce re-entry to care for abused, neglected, and unruly children*. Paper delivered at the Ohio Department of Job and Family Service, Ohio. <http://www.ocwtp.net/PDFs/Reun-Reentry%20Final%20Report.pdf> Date of access: 16 Jun. 2018.

Carnochan, S., Lee, C. & Austin, M. 2013. Achieving timely reunification. *Journal of evidence based social work*, 10(3): 179-195.

CASP (Critical Appraisal Skills Programme). 2018. https://casp-uk.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf Date of access: 22 Oct. 2019.

CCSA (Canadian Centre on Substance Abuse). 2014. <https://www.ccsa.ca/> Date of access: 15 Nov. 2019.

Corey, G. 2013. *Theory and practice of counselling and psychotherapy*. 9th ed. California: Brooks Cole.

CWIG (Child Welfare Information Gateway). 2011. *Family reunification: what the evidence shows*. https://www.childwelfare.gov/pubs/issue_briefs/family_reunification/index.cfm Date of access: 23 Aug. 2018.

CWIG (Child Welfare Information Gateway) . 2017. *Supporting successful reunifications*. <https://www.childwelfare.gov/pubPDFs/supportingreunification.pdf> Date of access: 27 Jul. 2018.

Department of Social Development (South Africa). 2013. *White Paper on Families*. https://www.westerncape.gov.za/assets/departments/socialdevelopment/white_paper_on_families_in_south_africa_2013.pdf Date of access: 11 Nov. 2018.

De Villiers, A. 2008. *The role of the social worker in the reunification of foster children with their birth parents*. Stellenbosch: University of Stellenbosch. (Thesis-MA). <http://dx.doi.org/10.15270/54-4-671>

Dobbins, M. 2017. *Rapid Review Guidebook*. Hamilton, ON: National Collaborating Centre for Methods and Tools. <https://www.nccmt.ca/uploads/media/media/0001/02/800fe34eaedbad09edf80ad5081b9291acf1c0c2.pdf> Date of access: 07 Jul. 2019.

Dundar, Y. & Fleeman, N. 2014. Developing my search strategy and applying inclusion criteria. In: Boland, A., Cherry, M.G. & Dickson, R. eds. *Doing a systematic review: A student's guide*. London: SAGE. pp 37-59.

Ebue, M., Uche, O. & Agha, A. 2017. Levels of intervention in social work. In: Okoye, U., Chukwu, N. & Agwu, P. eds. *Social work in Nigeria: Book of readings*. Nsukka: University of Nigeria Press Ltd. pp 84–92.

EPHPP (Effective Public Health Practice Project). 2009. *Quality assessment tool for quantitative studies*. <http://www.ephpp.ca/tools.html> Date of access: 07 Jul. 2019.

Gray, M. & Lombard, A. 2008. The post-1994 transformation of social work in South Africa. *The International Journal of Social Welfare*, 17(2):132-145.

Harker, J.& Kleijnen, J. 2012. What is a rapid review? A methodological exploration of rapid reviews in health technology assessments. *International Journal of Evidence-Based Healthcare*, 10(3): 397-410.

Kunz, J. 2013. *Think marriages and families*. 2nd ed. London: Pearson.

Lietz, C.A. & Strength, M. 2011. Stories of Successful Reunification: A Narrative Study of Family Resilience in Child Welfare. *Families in Society: The Journal of Contemporary Social Services*, 92(2): 203-210.

NWU (North-West University). 2019. *General instructions and guidelines to examiners for the evaluation of theses/dissertations/mini-dissertations of the Faculty of Health Sciences*.

<http://studies.nwu.ac.za/sites/studies.nwu.ac.za/files/files/yearbooks/2019/HEALTH-PG.pdf> Date of access: 10 Jul. 2020.

Parveen, H. & Showkat, N. 2017. *Research ethics*. <https://www.researchgate.net/publication/318912804> Date of access: 22 Sep. 2019.

Pecora, P.J. & Maluccio, A. N. 2000. What works in family foster care. In: Kluger, M.P., Alexander, G. & Curtis, P. A. eds. *What works in child welfare*. Washington DC: Child Welfare League of America. pp.139–155.

Rasaili, T.R. & Titus, C.M. 2007. *Reunification: A reality or an impossible dream*. Sweden: University of Göteborg. (Thesis-MA). <https://gupea.ub.gu.se/bitstream/2077/4609/1/Complete%20final%20thesis%202.pdf> Date of access: 16 Sep. 2018.

Republic of South Africa (RSA). 2005. *Children's Act no 38 of 2005*. Pretoria: Government Printers.

Ryan, J.P. & Schuerman, J.R. 2004. Matching family problems with specific family preservation services: A study of service effectiveness. *Children and Youth Services Review*, 26 (4): 347-372.

Sauls, H. & Esau, F. 2015. *An evaluation of family reunification services in the Western Cape: exploring children, families and social workers' experiences of family reunification services within the first twelve months of being reunified*. [https://www.westerncape.gov.za/assets/departments/social development/an evaluation of family reunification services in the western cape final report 26 11 2015.pdf](https://www.westerncape.gov.za/assets/departments/social%20development/an%20evaluation%20of%20family%20reunification%20services%20in%20the%20western%20cape%20final%20report%2026%2011%202015.pdf) Date of access: 15 Nov. 2018.

Siriwardhana, C., Ali, S.S., Roberts, B. & Stewart, R. 2014. A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and health*, (8) 1, art.#13. doi.org/10.1186/1752-1505-8-13

Tyndall J. 2010. *AACODS checklist for appraising grey literature*. Adelaide: Flinders University. <http://dspace.flinders.edu.au/dspace/> Date of access: 07 Jul. 2019.

UN (United Nations). 2010. *Guideline for the alternative care of children*. https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf Date of access: 13 Jun. 2019.

Wager, E. & Wiffen, P.J. 2011. Ethical issues in preparing and publishing systematic reviews. *Journal of Evidence-Based Medicine*, 4(2): 130-134.

WHO (World Health Organization). 2020. *Child maltreatment*. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment> Date of access: 02 Oct. 2020.

CHAPTER 2: LITERATURE OVERVIEW

2.1 Introduction

The family setting has always been, and continues to be, an important foundation of every society. It is within the family environment that individuals are expected to be socialised in preparation for their future and should be given an ability to navigate the complexities that come with every phase of life (Berk, 2009; Department of Social Development, 2013; Kunz, 2013). A family plays a vital role in raising children and, for decades, has been viewed as a foundation that provides nurture, care, a sense of security, and belonging. Worldwide, many families are exposed to adverse societal conditions, which include changes in family roles, climate change, and globalisation (Combrinck, 2015). All these (and other factors) have affected how families function. In South Africa, specifically, the growing issues of poverty, inequality, unemployment, as well as working migration continue to have a negative impact on how families function and are structured (Department of Social Development, 2013). The aforementioned difficulties have the potential to place families under severe pressure, which may lead to them being exposed to risk and likely to disintegrate (Department of Social Development, 2013).

When families find themselves exposed to risks, this may lead to them becoming disconnected in instance where members experience poor communication, destructive interpersonal relationships, as well as a lack of compassion for others. Such families often experience a lack of support and care and might find themselves experiencing role confusion and poor conflict management, which may exacerbate their circumstances even further. Combrinck (2015) further points out that such families are likely to experience gender-based violence, substance abuse, and other forms of anti-social behaviour likely to compromise the total functioning of the family. In most instances, these families do not have the necessary means to allow them to function well in society; therefore, they frequently require welfare support to assist them to function more efficiently.

In addition, these families are more likely to experience the removal of children from their care. In South Africa, a child is found to require care in instances where they are abandoned, neglected, abused, or orphaned, and without visible means of support. It is clear that such children may be exposed to circumstances that may seriously harm their physical, mental, or social well-being (Section 150 of the Children's Act 38 of 2005). Consequently, children in need of care are required, by law, to be placed in alternative care options, outside of their family. The aim of this is to protect the children from a harmful upbringing that may have lifelong effects on their well-being.

Once the child is placed in alternative care, the Children's Act 38 of 2005 emphasises that there is a need for a process of family reunification to prepare the family for when the child returns home (Balsells et al., 2014). According to Child Welfare League of America (2002) (as referred to by Child Welfare Information Gateway (2011), reunification intends to help children and birth parents accomplish and preserve optimal levels of reconnection and to ensure the stability necessary for children's development (Child Welfare League of America, 2002). Family reunification has been commonly regarded as a desirable goal because it preserves families that would otherwise have been broken (Talbot, 2008). Reunification services are further regarded as meaningful as they have the potential to rearrange a family that previously experienced disequilibrium (Fernandez & Lee, 2013).

Furthermore, family reunification within a child welfare setting refers to a process whereby a child, who was previously removed from the care of the birth parents or guardian, is returned to their care while the family receives necessary services (Carnochan et al., 2013; Child Welfare Information Gateway, 2011). It is, therefore, a planned and purposeful process that consists of preparation, intervention, and follow-up care and includes children, birth parents, foster carers, and other services providers (Terry, 2013).

If a timely reunification can be facilitated, while preventing the re-entry into out-of-home care, it has proven to hold various benefits for children. Children thrive when raised in a stable family setting, which can nurture positive effects on their cognitive, behavioural, and health outcomes (Child Welfare Information Gateway, 2017). The extended period in out-of-home care can lead to the loss of family connections, the loss of a sense of self, and challenges in transitioning out of alternative care (Fernandez & Lee, 2013). Research has provided vigorous and firm evidence that nearly all domains of development are affected when children experience out-of-home care, the effects of which range from impaired social and interpersonal development, and difficulties with forming a secure attachment to caregivers, to deferred cognitive and language development (Petrowski et al., 2017). Usually, when a child is removed from their birth parents or caregivers, reunification within the family system becomes the main goal (Balsells et al., 2014). When placement in out-of-home care is required, the goal is to lessen the extent of the separation between birth parent and child and to increase the prospect of the reunification of children with their birth parents or kin whenever it is safe to do so (Fernandez & Lee, 2013). A designated social worker achieves family reunification through rendering reunification intervention services to families. Such services include, among others, counselling, linking families with necessary available community resources, parenting courses, and communication skills.

According to the ASPE Research Brief (2016), reunification intervention is crucial in ensuring that children experience safety when returned to their home environment. The intervention is two-fold

in nature since, on one hand, for reunification to be regarded as successful, the child's birth parents are required to demonstrate that they have made reasonable efforts to change or improve their living circumstances in preparation of the child's return. However, on the other hand, the welfare organisation must also demonstrate that they have made reasonable efforts to provide the required intervention to preserve the family (Talbot, 2008). Reasonable efforts refer to activities by the state social welfare services agencies that intend to provide the support needed to preserve and reunify families. Generally, these efforts consist of accessible, available, and culturally appropriate services designed to improve the capacity of families to provide safe and stable homes for their children (Smith, 2015)

2.2 Theoretical framework in family reunification

Several theories can be used in the planning and implementation of reunification intervention services to families. For this reason, there is no single theory that is likely to be sufficient when used on its own since the utilisation of different theoretical perspectives may offer a set of intervention guides for effective family reunification. Thus, the researcher chose four theories to guide this study. They are the Maslowian theory, family systems theory, social learning theory, and client-centred theory. In terms of family reunification, the family should be viewed in the context in which they live, taking into account the factors that influence their life and they should not be isolated from the situation. This means that the designated social worker should look at the background of the birth parents, their support structures, and also the home context in which they live since those aspects play a vital role in parents' lives (Potgieter, 2016).

Maslow (1973) theorised that human behaviour is inspired by desires that organise themselves in a hierarchy of pre-potency, on a scale ranging from physiological on the bottom to self-actualisation on the top. The arrangement of these needs generally depends on the fulfilment of other needs (Zastrow & Kirst-Ashman, 2013). For this study, Maslow's (1973)'s model suggests a significant foundation from which to understand family reunification (Nicklin, 2019) since it emphasises that biological and physiological needs must be fulfilled before attempting to apply emotional or behavioural intervention services. Furthermore, research suggests that when families are rooted in multiple problems linked with everyday living, they are unable to respond to psychotherapeutic treatment. With reference to Maslow's (1954) theory of a hierarchy of human needs, it can be predicted that birth parents living in lack that have their children removed, struggle to attend any parenting classes since they are having to first focus on their biological and physiological needs (Bernal, 2017). Unmet basic needs can lead to families becoming resistant, unmotivated, or develop feelings of learned helplessness (Maslow, 1954). Thus, for several families, the reunification intervention must address a range of needs by firstly providing concrete services, for instance, transport, food or financial assistance should be addressed before any

counselling can commence (Cheng, 2010; Choi & Ryan, 2007). Such interventions are fundamental rather than supplementary to family reunification.

The family systems theory highlights that although every family system is made up of individual elements, whatever happens within it will affect its members as well as the society at large. Furthermore, this theory posits that individuals in a family cannot be emotionally or socially understood in isolation from one another. On the contrary, family members need to be understood as forming part of their family as the critical societal and emotional unit. Individual interests in families cannot be easily or singularly clarified when seeking to preserve the optimal emotional well-being of all its members over a period of time (Smith, 2015). Therefore, the family system theory emphasises the need for children to be treated within the family setting. This approach defines problems and strengths from this perspective, rather than from only a child's perspective. Becvar and Becvar (2013) point out that systems theory, when applied, has the potential to help professionals identify systems in which a family interact with and plan interventions strategies to fit their particular dynamics (Becvar & Becvar, 2013).

Social learning theory, however, is based on the idea that we learn from our interactions with others in a social context. By observing the behaviours of others, people can assimilate and imitate certain behaviour, especially if their observational experiences are positive ones or include rewards related to the observed behaviour. According to Bandura (1977) as referred to by Nabavi (2012), imitation involves the actual reproduction of observed motor activities.

One of the most important elements of reunification is the capability of designated social workers to provide families with the necessary competencies to ensure a successful reintegration. As previously mentioned, these proficiencies include aspects such as communication skills, anger management, problem-solving, self-discipline, conflict resolution, and parenting skills. The designated social worker can reinforce these skills by means of activities such as role playing, feedback, and homework (Nabavi, 2012).

In addition, reunification requires a caring, trust-building relationship between the designated social worker and his/her clients. When such a relationship is built on mutual trust, it is more likely to promote effective and responsive social learning. Thus, designated social workers must be able to display empathy, warmth, and genuineness when working with families to ensure a successful outcome (Carnochan et al., 2013). As a result of such behaviour, family members are less prone to defensiveness, and, will, in most instances be more willing to open to implementing essential changes in themselves and their world. In turn, families will be able to conduct themselves in prosocial and constructive ways. These core conditions of empathy, warmth and genuineness are basic to Rogers's (1982) humanistic view of intervention as they create a growth-

promoting climate in which individuals can move forward and become what they are capable of becoming (Corey, 2013).

According to the aforementioned theoretical model, the clients are regarded as crucial in all areas of the intervention. Consequently, their suggestions for the intervention plan become key, and they take ownership of the assistance process. The designated social worker's role is to empower them to access their (already) existing capacity for self-actualisation. Family reunification services are linked to therapeutic skills such as empathy, active listening and reflection of feelings (Zimba, 2017). Therefore, interventions that are aimed at building a trusting working relationship with the client, improving the client's family circumstances and abilities prove to be more efficient than interventions that are directed solely at the therapeutic relationship.

Reunification intervention needs to be developmentally appropriate, culturally competent, well-conceived, and flexibly delivered. An effective intervention endeavours to meet families at the point of their need (Smith, 2015). Thus, the aforementioned theories serve well as a point of reference for designated social workers in designing an intervention that emphasises the building of trusting working relationships with families, the provision of material services to meet the physiological and biological needs of children and their parents, and the use of in-home coaching in family decision-making, parenting, and social skills for family problem-solving.

2.3 Assessment of children and families at risk

Assessment involves the gathering, analysing, and synthesising of information to present a synoptically insight into people's needs and strengths within their own, unique circumstances. This is followed by the formulation of or statement regarding the nature of a person's circumstances and other related factors at a given time (Hepworth et al., 2013). Assessment must be conducted by the designated social worker and is a prerequisite in family reunification intervention.

To assess whether a child is in need as well as the nature of these needs, a systematic approach is implemented, based on a uniform framework for collecting and analysing data about all children and their families. Not only does such a framework offer a theoretical map for a comprehensive assessment, but it can further distinguish between different types and levels of need (Department of Social Development, 2015). This framework is internationally proposed as a suitable framework for the assessment of all children in need of care and their families and should, without exclusion; indicate the priority of the following three domains: the developmental needs of children; the capacities of parents/caregivers to respond appropriately to those needs; and the impact of a wider family and environmental factors on parenting capacity and children (Holland, 2011).

To effectively apply the framework to the assessment of children in need, the identified domains and dimensions of the framework need to be understood since each of these will affect the child's safeguarding and welfare. The assessment should concentrate on the harm that has already been inflicted on the child or probably will occur as a result of child maltreatment. This is done to guide the planning and the nature of intervention required (Department of Social Development, 2015).

In assessing the child's developmental needs, every domain of the child's development is evaluated in relation to the child's age and stages of growth. The assessment should consider whether the child has reached his/her developmental milestones, as well as the presence of any vulnerability such as physical or learning impairment or the effects of maltreatment. The understanding of what a specific child is able to accomplish during each stage of growth is key in ensuring that the child will receive the opportunity to realise his/her full potential (Holland, 2011).

Parenting capacity is the second domain and the main interest of this current study. It entails the capacity of birth parents or caregivers to make sure that the child's developmental needs are properly and sufficiently met while, at the same time, learning to adapt to the child's changing needs over time. Therefore, parenting capacity should be well thought-out in the context of each particular family's structure and functioning. Furthermore, it is important to establish who contributes to the parental care of the child (Holland, 2011).

Johnson et al. (2008) suggest that societal circumstances have an impact on maltreatment through their influence on parent anguish, and parenting, in general. Johnson et al. (2008) identified five areas of parenting difficulties, namely social cognitive processing, impulse control, parenting skills, social skills, and stress management. Social cognitive processing refers to a parent's capacity to correctly understand and respond to a child's needs and gestures (Johnson et al., 2008). These parenting complications seem to arise across contexts of physical abuse, emotional abuse and, to a lesser extent, sexual abuse. The contexts in which parenting takes place is a particularly crucial factor to keep in mind when working with children and families at risk (Halpenny, 2012).

The third domain highlights that children and their families cannot be seen in isolation. The environment in which they live contain both positive and negative influences that affect the functioning and well-being of the family (Holland, 2011).

Therefore, in order to provide effective reunification services to a particular family, the designated social worker must take into account all these aspects to fully understand their influence on the family and its structure as well as how this structure can be strengthened.

2.4 Family and child factors influencing alternative care and family reunification

As mentioned previously, several family issues precipitate the admission of children into alternative care outside the home; for instance, inadequate parenting, child abuse and parental mental illness may all lead to the removal of a child (Fernandez & Lee, 2013; Wong, 2016).

Families seeking to reunify frequently encounter numerous challenges such as poverty, undesirable living environments, parents suffering from physical or mental illness, multiple disabilities, and drug abuse issues that need to be addressed before reunification can successfully take place (Child Welfare Information Gateway, 2017). Working with birth parents who are faced with many complex challenges requires an intervention that is purposely planned and based on a comprehensive assessment in order to meet the family's particular needs and capacity over time (Bromfield et al., 2010). Families may be voluntarily referred to receive services or be ordered by the courts to participate. Birth parents who fully use services are more likely to reunify than those who only partially participate or do not participate at all (D'Andrade & Nguyen, 2014). Nevertheless, the possibility of reunification might differ based on the nature of support services the families receive. For example, one study found that families receiving concrete services in the form of financial assistance or housing services were more likely to reunify than those who received other types of services (Cheng & Li, 2012).

It is important to recognise that families with lesser problems and material resources are more likely to be reunified than those with more complex problems (Larrieu et al., 2008; Farmer, 2009). In contrast, research has shown that families who experience poverty, chronic mental illness, substance abuse and housing issues stand a lower chance of reunification (Jordan & Sketchley, 2009). Moreover, multiple, and co-occurring problems such as lack of supervision, poor parenting skills, domestic violence, substance abuse, and mental health tend to have a negative effect on reunification (Shaw, 2010; Fernandez & Lee, 2013).

Hines et al. (2007) point out that birth parents with substance abuse problems are at higher risk of unsuccessful reunification with their children, mostly because they may have fewer contact visits less often and might be facing other problems, such as mental health issues, poor parenting skills, and housing problems. Furthermore, the coordination between social services and substance misuse treatment providers may be poor and affect the outcome of the reunification negatively (Smith, 2015). Parental collaboration with service providers (including those for substance misuse) is the main indicator of family reunification (Child Welfare Information Gateway, 2011).

The paternal engagement is linked to family reunification; children whose fathers provide financial and non-financial resources are more likely to be reunified than children without this form of support, although no such connection was found with fathers who provided only one type of support (Malm & Zielewski, 2009). Moreover, one American study has found that longer stays in care are associated with problems in the mother-child relationship, maternal mental illness, and with financial hardship of parents (Farmer, 2018).

Another factor that contributes to non-reunification is that birth parents feel their voices are not being heard and this may affect their motivation to take part in the reunification process (Thoburn, 2009). More risk factors which might prevent family reunification might include: reunification programme that do not identify or address factors like child maltreatment appropriately, designated social workers who do not know when to start with the reunification process, and trauma histories of parents (Harper, 2012:28).

Below is a summary of precipitating factors that are likely to result in out-of-home care and identified by some authors as likely to influence reunification outcomes:

- (a) **Multi-problem families** refer to families who participate in the child protection system and tend to experience multiple stressors and difficulties that hinder their ability to provide adequate parenting to their children. Many are struggling with mental health, drugs, and alcohol abuse, violence, and poverty (Fernandez, 2013). Since these families are unlikely to accomplish successful reunification, it is proposed that the rendering of inclusive services directly focus on the specific needs of the individual families and include a mixture of both concrete and therapeutic services (Bronson et al., 2008).
- (b) **Substance abuse families** struggling with substance abuse are also faced with additional stressors which include poverty, inadequate housing, mental health issues, unsafe neighbourhoods, neglect, and inadequate support networks (Brook et al., 2012). The types of services recommended for substance-abusing mothers are physical health care services, drug and alcohol treatment services, concrete support, mental health services, and parenting services.
- (c) **Neglectful families** can be defined as families in which children who were removed due to neglect were found to respond less positively to reunification than those removed due to behavioural problems, sexual, or physical abuse (Biehal et al., 2012). Targeting the types of neglect, the provision of concrete support services is recognised as a vital factor in the reunification process as these families usually experience different barriers including

inadequate housing, poverty and unemployment, and lack of transport (Guerriero & Blank, 2018).

- (d) **Poverty** Farmer (2018) points out that, children who came from a poverty-stricken family environment are likely to be placed in alternative care, remain there for a longer period and re-enter care after reunification with their families has failed.

For the children in alternative care, successful reunification may be linked to the accessibility of intervention to both them and their birth parents. The intervention includes support for birth parents experiencing stress, domestic violence services, counselling, and substance abuse treatment, as well as services to address the needs of children with health, mental health, educational, developmental, and/or substance abuse issues (ASPE Research brief, 2016).

2.5 Common characteristics of intervention that help reunify families when child maltreatment has been identified

The removal of a child from a situation in which they face a direct risk of maltreatment alone has a little influence in changing the circumstances of a home or improving birth parent's disciplinary or anger management skills or enable birth parents to become more responsive parents. Thus, family reunification intervention is emphasised in order to strengthen and support families that are affected so that they are able to provide a suitable environment for their children's development (Lietz & Strength, 2011). Reunification in instances where the family problems which contributed to the removal of the child are not dealt with properly or where families have not yet been offered effective pre- and post-reunification intervention may lead to ineffective reunification efforts and a negative outcome (Nicklin, 2019). Reunifying children with birth parents have not modified risky behaviours or who are incapable of sustaining any positive changes made may lead to such children re-entering alternative care (Nicklin, 2019). Research has further indicated that reunifying children too quickly or repeated unsuccessful reunification efforts may compromise the psychological and educational outcomes of the child (Biehal, 2007).

Consequently, when rendering a family reunification intervention, it is crucial to consider the wider family context; for instance, financial and housing problems, and characteristics of individual family members, like a child's behavioural and health problems and parent's abilities when working with families (Fernandez, 2013). Literature has indicated that successful interventions in family reunification are characterised by the following aspects (Child Welfare Information Gateway, 2011; Bronson et al., 2008):

- **Assessment and case planning**

Effective assessment is critical as it guides case planning as well as intervention selection. It helps establish birth parents' capacity to modify certain behaviours before a child is returned home; this is a vital factor in attaining successful reunification (Thoburn et al., 2012). According to Nicklin (2019), a comprehensive assessment must take place prior to reunification and the recommendation must take into consideration the child's developmental needs and the capacity of birth parents to respond to those needs within their environment. Many birth parents are said to remain at the pre-contemplation stage of change as unable to see the solution so not motivated to change. When assessing and planning a reunification with families, it is key to consider interventions plans that assist birth parents in meeting their basic needs before any therapeutic intervention is attempted. For instance, such basic needs may be met by looking at their parenting skills. When birth parents receive services targeting their problems, they are more likely to reunify successfully with their child (Cheng, 2010).

The signs of safety framework is a tool used in the assessment to map out existing strengths and safety, and recommended actions. While it is important in monitoring and reviewing the case, it does not provide the comprehensive assessment required to adequately inform workers when deciding whether to reunify a child (Government of Western Australia, 2011).

Child Welfare Information Gateway (2011) highlights that effectively assessing the strength and needs of children and families, the involvement of birth parents and children in case planning, building on family strength and addressing specific needs, and finally carrying out plans are all essential in order to ensure the successful outcome of a family reunification.

- **Meaningful family engagement**

Another principle of the signs of safety relates to working and constructive relationships among professionals and family members, and between professionals themselves. Working in partnership with the families is vital so that they feel involved and can actively take part in decision-making (Government of Western Australia, 2011). Yet, in some instances, birth parents who have their children removed from their care and placed in alternative care are more likely to be resistant and unmotivated to take part in such reunification interventions. Some birth parents are not motivated to change or simply do not have the determination to change because their basic needs have not been met or resolved (Nicklin, 2019). The social difficulties faced by these birth parents are likely to contribute to a reluctance to engage with services. In addition, they are unlikely to have contact visitations with their children and are prone to not attend parenting education session as required (Salveron et al., 2009). Designated social workers can strengthen family engagement

through activities that entail including the biological families in developing intervention plans and decision-making, encouraging foster parents to support birth parents, and enabling contact visits between children in foster care with their parents (Carnochan et al., 2013).

- **Service delivery**

Services rendered to families for reunification purposes should be practical and comprehensive, taking into consideration all facets of family life. They should be planned to assist in promoting an environment to which a child can be safely returned and should support the preservation of that environment after reunification (Child Welfare Information Gateway, 2011). Moreover, cognitive-behavioural approaches have been shown to lessen physical punishment and parental aggression in a shorter time period than alternative approaches (Child Welfare Information Gateway, 2011). Some of the services that were reported by literature to be effective, among others, were concrete services. These services were often tangible, and include previously mentioned aspects such as adequate housing, employment, transportation and childcare (Fernandez & Lee, 2013).

- **Designated social worker's behaviour**

The ability of the designated social worker to formulate a helpful relationship with birth parents and involve them in planning and decision-making has the potential to increase the effectiveness of intervention (Carnochan et al., 2013). Behaviours that are crucial to a successful intervention include setting agreed-upon goals, providing helpful services that clients find relate to their needs, focusing on the clients' strengths, spending sufficient time with them and providing necessary resources. (Maltais et al., 2019). When birth parents do not experience the caseworker as empathetic, deeply engaged, and family-focused, they may lose their motivation to persist with reunification (Cheng, 2010).

2.6 Clinical reunification intervention

The possibilities of successful post-abuse reunifications are influenced by the number of risk factors associated with the birth parent, child, home, family, and community. The interaction between the birth parent, child and the environment, and how they impact one another should be carefully assessed to provide a clear understanding of the child's unmet needs and the appropriate response required (Nicklin, 2019). The factors that predict successful family reunification include a stable environment, a strong family support system, and a motivated mother; however, there are risk factors that may predominate these positive influences. In an analysis of result data gleaned from parenting programmes with families thought to be at risk of child maltreatment or abusive and neglectful behaviour, Johnson et al., (2008) theorise that

characteristics of the caregiving, such as parenting beliefs, behaviours, and the quality of parent-child interactions and relationships, constantly present as key causal factors in child maltreatment, and are, therefore, considered to be critical aspects in any intervention (Halpenny, 2012).

Furthermore, evidence suggests that helping birth parents to be effective with their children may assist in addressing mental health needs and improve the chances of substance abuse recovery. Enhanced parenting attitude and behaviour, therefore, can be regarded as the most fundamental goal of child abuse prevention. Nixon (2012) states that access to counselling or therapy, or support for birth parents to strengthen relationships, either with their partners or with their children, should be the main concern of any designated social workers providing reunification services, since these measures are beneficial to the children's well-being (Halpenny, 2012).

Generally, clinical intervention services rendered to reunify families focus on the emotional and intellectual needs of families; for instance, anger management, conflict resolution, parenting skills, and knowledge of child development. While some programmes are family-focused and based on the parent-child relationship with a set of therapeutic interventions that include both the child and birth parents, others are rendered individually to the birth parent or the child (Maltais et al., 2019). Family-focused services are particularly applicable for families engaged with child protection services since their ultimate goal is to safeguard the child through family reunification (Maltais et al., 2019). In light of this information, this study supports the views shared by the aforementioned authors. The clinical intervention strategies that may be used in family-focused programmes include intensive family support or teaching normative child development programmes. Examples include intervention that deal with the aspects parent-child attachment, and parenting skills. According to Maltais et al., (2019), research (Brook et al., 2012; Chaffin & Friedrich, 2004 & Horwitz et al., 2010) found that family-focused interventions are more successful in promoting reunification, compared to individual psychotherapy.

2.7 Conclusion

The purpose of this study is to gain an understanding of what is known about the clinical content of reunification intervention services rendered to families. Numerous studies have been conducted on reunification intervention services in context of families. However, most of these studies have been focused on the broader perspective with no or little attention given to the programme content.

A lack of structured reunification interventions, mostly related to the clinical component of reunification services, in South Africa has inspired this particular research study. Findings of a study conducted by De Villiers (2008) indicates that most of designated social workers

participating in the study often use their discretion in rendering reunification services, depending on the family circumstances and needs. Unfortunately, such an approach poses several difficulties as it is unlikely that personal discretion in rendering services will contribute positively to family reunification. The literature consistently shows that families with multi-stressors require well-strategized, family-centred interventions that are more focused on decision-making, planning, and the provision of services directed to the needs of birth parents and children (both pre and post-family reunification). Moreover, these must be provided in the context of skilled and purposeful relationship-based social work, where the needs and vulnerabilities of each child are comprehensively assessed, together with the birth parents' ability to change (Farmer, 2018). The application of a family-centred approach during reunification improves a worker's contact with clients, and their provision of concrete services, mental health interventions, drug and alcohol services, and skill development opportunities.

In conclusion, Chapter 2 focused on the theoretical framework of family reunification; assessment of children and families at risk; family and child factors influencing alternative care and family reunification; characteristics of intervention that help reunify families and clinical reunification intervention.

In the next chapter, (Chapter 3) the researchers will report on the rapid review that was conducted on literature pertaining, specifically, to the clinical content of reunification intervention rendered to families.

2.8 REFERENCES

Acts ~~see~~ RSA

ASPE Research Brief. 2016. *Patterns of foster care placement and family reunification following child maltreatment investigations*. <https://aspe.hhs.gov/pdf-report/patterns-foster-care-placement-and-family-reunification-following-child-maltreatment-investigations> Date of access: 20 Jul. 2020.

Balsells, M.A., Paster, C., Mateos, A., Amorós, P., Ponce, C. & Navajas, A. 2014. Child welfare and successful reunification through the socio-educative process: Training needs among biological families in Spain. *Social Science Journal*, 3(4): 809-826.

Becvar, D. S. & Becvar, R. J. 2013. *Family Therapy: a systematic integration*. 8th ed. New Jersey: Person Education.

Berk, L.E. 2009. *Child development*. 8th ed. Illinois State University: Pearson.

Bernal, G.R. 2017. *The voices of families and social workers in the family reunification system*. San Bernadino: California State University. (Thesis-MA). <https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1516&context=etd> Date of access: 28 Feb. 2019.

Biehal, N., Ellison, S. & Sinclair, I. 2012. Intensive fostering: An independent evaluation of MTFC in an English setting. *Adoption & Fostering*, 36 (1): 13-26.

Bromfield, L. M., Lamont, A., Parker, R. & Horsfall, B. 2010. Issues for the safety and wellbeing of children in families with multiple and complex problems. *National Child Protection Issues*, 33:1-23.

Bronson, D.E., Saunders, S., Holt, M.B. & Beck, E. 2008. *Systematic review of strategies to promote successful reunification and to reduce re-entry to care for abused, neglected, and unruly children*. Paper delivered at the Ohio Department of Job and Family Service, Ohio. <http://www.ocwtp.net/PDFs/ReunReentry%20Final%20Report.pdf> Date of access: 16 Jun. 2018.

Brook, J., McDonald, T.P. & Yan, Y. 2012. An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services Review*, 34(4): 691–695.

Carnochan, S., Lee, C. & Austin, M. 2013. Achieving timely reunification. *Journal of evidence based social work*, 10(3): 179-195.

Chaffin, M. & Friedrich, B. 2004. Evidence-based treatments in child abuse and neglect. *Children and Youth Services Review*, 26 (11): 1097–1113.

Cheng, T.C. 2010. Factors associated with reunification: A longitudinal analysis of long-term foster care. *Children and Youth Services Review*, 32(10): 1311-1316.

Cheng, T.C.& Li, A.X. 2012. Maltreatment and families' receipt of services: Associations with reunification, kinship care, and adoption. *Families in Society: The Journal of Contemporary Social Services*, 93 (3):189-195.

Choi, S.& Ryan, J. 2007. Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice. *Child Maltreatment*, 11 (4): 313–325.

Combrinck, J. M. 2015. *Family preservation services: experiences of families at risk*. Pretoria: University of Pretoria. (Thesis-MA).
https://repository.up.ac.za/bitstream/handle/2263/53396/Combrinck_Family_2015.pdf?sequence=1&isAllowed=y

Corey, G. T. 2013. *Theory and practice of counselling and psychotherapy*. 9th ed. Belmont: Brooks/Cole.

CWIG (Child Welfare Information Gateway). 2011. *Family reunification: what the evidence shows*.
https://www.childwelfare.gov/pubs/issue_briefs/family_reunification/index.cfm Date of access: 23 Aug. 2018.

CWIG (Child Welfare Information Gateway). 2017. *Supporting successful reunifications*.
<https://www.childwelfare.gov/pubPDFs/supportingreunification.pdf> Date of access: 27 Jul. 2018.

CWLA (Child Welfare League of America). 2002. *Family Reunification*. [CWLA Testimony Submitted to the House Appropriations Subcommittee to Restore Funding for the Prompting Safe and Stable Families – CWLA](#) Date of access: 15 Mar 2019.

D'Andrade, A. C. & Nguyen, H. 2014. The relationship between use of specific services, parental problems, and reunification with children placed in foster care. *Journal of Public Child Welfare*, 8(1): 51-69.

Department of Social Development (South Africa). 2013. White Paper on Families in South Africa.
<https://www.westerncape.gov.za/assets/departments/socialdevelopment/whitepaperonfamiliesinsouthafrica2013.pdf> Date of access: 11 Nov 2018.

Department of Social Development (South Africa). 2015. Safety and risk assessment of children in the field of child protection services. (Unpublished training manual).

De Villiers, A. 2008. *The role of the social worker in the reunification of foster children with their birth parents*. Stellenbosch: Masters Dissertation. (Thesis-MA). <http://dx.doi.org/10.15270/54-4-671>

Farmer, E. 2009. Reunification with birth families. In: Schofield, G. & Simmonds, J. eds. *The child protection handbook*. Research Policy and Practice. London: BAAF. pp83-101.

Farmer, E. 2018. 'Reunification from out-of-home care: A research overview of good practice in returning children home from care'. <http://www.bristol.ac.uk/sps/research/projects/completed/2016/returninghome/> Date of access: 11 Sept. 2019.

Fernandez, E. & Lee, J. 2013. Accomplishing family reunification for children in care: Australian study. *Children and youth services review*, 35 (9):1374-1384.

Government of Western Australia. 2011. *The signs of safety child protection practice framework*. <https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf> Date access: 03 Aug. 2019.

Guerriero, A. & Blank, C.A. (2018). Music therapy in parent-child reunification program: benefits and challenges of implementation. *Voices*, 18 (4), art.# 2601. doi.org/10.15845/voices.v18i4.2601

Halpenny, A. M. 2012. Parenting and family support for families at risk-implications from child abuse reports. *Irish Journal of Applied Social Studies*, 12:(1) 89-98.

Harper, B. M. 2012. *Moving families to future health: reunification experiences after sibling incest*. Pennsylvania: University of Pennsylvania. (Dissertation-PhD). https://repository.upenn.edu/cgi/viewcontent.cgi?article=1027&context=edissertations_sp2 Date of access: 06 Mar. 2020.

Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K. & Larsen, J. 2013. *Direct Social Work Practice. Theory and Skills*. 9th ed. Belmont: Thomson Brooks/Cole.

Hines, A. M., Lee, P. A., Osterling, K. L., & Drabble, L. 2007. Factors predicting family reunification for African American, Latino, Asian and white families in the child welfare system. *Journal of Child and Family Studies*, 16(2) 275–289.

Holland, S. 2011. *Child and family assessment in social worker practice*. 2nd ed. London: SAGE.

- Horwitz, S. M., Chamberlain, P., Landsverk, J. & Mullican, C. 2010. Improving the mental health of children in child welfare through the implementation of evidence-based parenting interventions. *Administration and Policy in Mental Health and Mental Health Services Research*, 37:(1-2) 27–39.
- Johnson. M., Stone, S., Lou, C., Ling. J., Claassen, J.& Austin, M. 2008. Assessing parent education programs for families involved with child welfare services: Evidence and implications. *Journal of Evidence Based Social Work*, 5(1-2): 191-236.
- Jordan, B. & Sketchley, R. 2009. *A stitch in time saves nine. Preventing and responding to the abuse and neglect on infants.* <https://aifs.gov.au/cfca/publications/stitch-time-saves-nine-preventing-and-responding-th> Date of access: 13 Jul. 2020.
- Kunz, J. 2013. *Think marriages and families*. 2nd ed. London: Pearson.
- Larrieu, J. A., Heller, S. S., Smyke, A. T. & Zeanah, C. H. 2008. Predictors of permanent loss of custody for mothers of infants and toddlers in foster care. *Infant Mental Health Journal*, 29(1): 48–60.
- Lietz, C.A. & Strength, M. 2011. Stories of Successful Reunification: A Narrative Study of Family Resilience in Child Welfare. *Families in Society: The Journal of Contemporary Social Services*, 92(2): 203-210.
- Malm, K. & Zielewski, E. H. 2009. Non-resident father support and reunification outcomes for children in foster care. *Children and Youth Services Review*, 31(9): 1010–1018.
- Maltais, C., Cry, C., Parent, G. & Pascuzzo, K. 2019. Identifying effective interventions for promoting parent engagement and family reunification for children in out-of-home care: A series of meta-analyses. *Child Abuse & Neglect*, 88(1):362-375.
- Maslow, A. H. 1954. *Motivation and personality*. New York: Harper & Row.
- Maslow, A.H. 1973. A theory of human motivation. In: Lowry, R. J. eds. *Dominance self-esteem, self-actualization: Germinal papers of A. H. Maslow*. Monterey, CA: Wadsworth Publishing Company. pp 153-173.
- Nabavi, R.T. 2012. *Bandura's social learning theory and social cognitive learning theory.* https://www.researchgate.net/publication/267750204_Bandura%27s_Social_LearnigTheory_Social_Cognitive_Learning_Theory Date of access: 20 Jul. 2020.

Nicklin, J.A. 2019. *Case managers' perspectives on how to achieve timely reunification*. Australia: University of Australia. (Dissertation-MA). https://api.researchrepository.uwa.edu.au/portalfiles/portal/59113879/THESIS_MASTER_BY_RESEARCH_NICKLI_2019.pdf N Jacqueline Ann
Date of access: 12 Jun. 2020.

Nixon, E. 2012. *Growing Up in Ireland – National Longitudinal Study of Children: How Families Matter for Social and Emotional Outcomes of 9-Year-Old Children*. <https://www.growingup.ie/pubs/BKMNEXT316.pdf> Date of access: 27 Nov. 2019.

Petrowski, N., Cappand, C. & Gross, P. 2017. Estimating the number of children in formal alternative care: challenges and results. *Child abuse and neglect*, 70: 388-398.

Potgieter, P. 2016. *Parents' experience of family reunification: implications for play therapy*. Potchefstroom: North-West University. (Dissertation-MA).

Republic of South Africa (RSA). 2005. *Children's Act no 38 of 2005*. Pretoria: Government Printers.

Salveron, M., Lewig, K. & Arney, F. 2009. Parenting groups for parents whose children are in care. *Child abuse review*, 18(4): 267-288.

Shaw, T.V. 2010. Reunification from foster care: Inferring measures overtime. *Children and Youth Services Review*, 32 (4): 475-481.

Smith, C. 2015. The conundrum of family reunification: a theoretical, legal, and practical approach to reunification services for parents with mental disabilities. *Stanford law and policy review*, 26 (1).

Talbot, E.P. 2008. Successful family reunification looking at the decision-making process. *Journal of the North American Association of Christians in Social Work*, 35 (1): 48-72.

Terry, J. 2013. The child in sight, in mind and right in the centre: child-centred, family-inclusive reunification. *Developing practice: The child, youth and family work journal*, 36: 31-40.

Thoburn, J. 2009. *Reunification of children in out-of-home care to birth parents or relatives: a synthesis of the evidence on processes, practice and outcomes*. https://www.dji.de/fileadmin/user_upload/pkh/expertise_dji_thoburn_reunification.pdf Date of access: 01 Aug. 2020.

Thoburn, J., Robinson, J. & Anderson, B. 2012. *Returning children home from public care*. London: Social Care Institute for Excellence. <https://catalogue.jerseyheritage.org/wp->

<content/plugins/adlib-interface/adlib-download.php?p=110416346&f=0&d=archive> Date of access: 25 May. 2020.

Wong, M.M.C. 2016. Parent experiences during the family reunification process. A Chinese context. *Asian social work and policy review*,10 (3): 339-348.

Zastrow, C. & Kirst-Ashman, K. 2013. *Understanding human behavior and the social environment*. 9th ed. Pacific Grove: Brooks/Cole.

Zimba, Z.F. 2017. *The impact of family preservation and family reunification services on families in South Africa: a case study of Amathole district municipality in the Eastern Cape province*. King Williams Town: University of Fort Hare. (Thesis-PhD).
https://vital.seals.ac.za/vital/access/manager/Repository/vital:28260?site_name=GlobalView

CHAPTER 3: ARTICLE

RAPID REVIEW OF CLINICAL CONTENT OF REUNIFICATION INTERVENTIONS TO FAMILIES

Abstract

Background: Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification interventions have the potential to prevent and curtail the rising number of children remaining in alternative care until they age out of care when rendered effectively. To achieve this goal, the Children's Act 38 of 2005 requires the designated social workers to render therapeutic services that are clinical in nature. However, the Act does not stipulate how such services should be rendered nor does it address the content thereof.

Purpose of the study: The study aimed to investigate literature pertaining to the clinical content of reunification services rendered to families.

Methodology: A rapid review was performed. The Critical Appraisal Skills Programme (CASP, 2018) was used to appraise the methodological quality of each qualitative article. The AACODS checklist (Tyndall, 2010) was utilised to appraise grey literature and the Effective Public Health Practice Project (EPHPP, 2009) quality assessment tool was used to critically appraise the quantitative studies. Following the critical appraisal, a total of 11 articles were synthesised by means of thematic analysis in order to identify common themes across the data sources.

Main findings: The review indicates that the exact nature of the clinical content of reunification intervention rendered to families is not clear, although empirical evidence suggests that the clinical content of reunification intervention rendered to families comprises of engagement, parental visiting and contact, parenting capacity building, and support groups. In addition, supporting birth parents with concrete resources like transportation and stable housing can be identified as an extra intervention that may support successful reunification.

Key words: Family reunification, families, child maltreatment, clinical intervention, attachment, parental training, emotional well-being

Introduction

Family reunification is the main objective for children in out-of-home care children (Child Welfare Information Gateway, 2011). However, family reunification is one of the most difficult decisions to make (Nicklin, 2019). The goal of family reunification services is to reduce the length of separation between the birth parent and a child, and to maximise the prospects of reuniting the children with their immediate families following a temporary removal (Berrick, 2008). Fernandez, and Lee (2013) have highlighted the undesirable consequences for children of remaining in care for long periods, apart from the financial costs involved. Extended periods in care can lead to the loss of family connections and a sense of identity; it may also present difficulties while the child is transitioning out of care (Fernandez & Lee, 2013). Furthermore, there is evidence that suggests that children who experience multiple placements may, at some later stage, struggle to form meaningful attachments. They may also develop long-term emotional and behavioural problems (Murphy & Fairtlough, 2014).

Given the aforementioned, it is important to remember that reunifying children with their families is associated with certain risks. In instances where family difficulties are not adequately resolved or do not receive effective pre- and post-reunification support, the reunification may be unsuccessful (Nicklin, 2019). This is more apparent in a context such as South Africa, where there is an increase in demands placed on its childcare system, perpetuated by an increased number of children entering it. In turn, the considerable number of children requiring assistance contributes to more pressure, which negatively affects the its capacity to maintain effective case planning, reunification, and high standards of care.

Background

In an attempt to maximise opportunities for children and ensure that they can be successfully reunified with their families, strong partnership, early planning, and intensive efforts with the family and other professionals are vital elements in such a process (Nicklin, 2019). A broad review of the empirical literature in child welfare suggests common characteristics of interventions that are most helpful in

reunifying families when child maltreatment has been identified. According to the Child Welfare Information Gateway (2011), successful reunifications include various features, which will be discussed next.

Meaningful family engagement.

Meaningful family engagement is fundamental to successful reunification; hence the importance of the relationship between the worker and family (Child Welfare Information Gateway, 2011). Engagement entails an ongoing process that motivates the family to work with child protection and other services to plan and decide on goals (Hepworth et al., 2013). In order to effectively engage families in the reunification process, a number of activities should be utilised. These include involving immediate families during planning and decision-making, encouraging foster parents' support, as well as facilitating and encouraging visits between children in foster care with their birth parents (Child Welfare Information Gateway, 2011).

Effective case practice is about actively involving and engaging the child, birth parents, and significant others throughout the entire intervention process. Working in partnership with the family has the potential to nurture a sense of responsibility, inclusivity, and being trusted with decision-making in terms of family matters. Thus, it is important to take into consideration that families are indeed capable and do have the strength to produce solutions to their existing problems. However, they often require support and guidance to assist them during the process of implementation. While family relationships are important, a good working relationship between professionals is of equal importance to ensure that both the children and their families receive the necessary services that they require (Government of Western Australia, 2011).

For family reunification to occur successfully, birth parents need to make changes and have access to support services. Given the aforementioned information, it is clear that family engagement is the key to a successful reunification; consequently, the importance of a healthy professional relationship between the worker and child's immediate family cannot be overstated. This relationship is even more significant because, in most instances, birth parents tend to distrust the designated social workers and,

therefore, may be unwilling to share information with them, or establish open and honest communication (Child Welfare Information Gateway, 2011). When families are motivated to change, they become more focused and develop the energy required to successfully navigate through the stages of change (Westfalls Associates, 2014).

Assessment and case planning

Furthermore, working with birth parents who are dealing with multiple and complex problems requires an effective intervention that is planned and purposeful. It must be based on a comprehensive assessment that aims to meet each particular family's needs and capacities over a period of time (Bromfield et al., 2010). An essential part of this assessment is evaluating the birth parents' ability and motivation to change. Designated social workers require a systematic approach that uses a framework for gathering and analysing information about the children and their families (Holland, 2011). Thus, a framework for assessment for children in need is appropriate as it is underpinned by a holistic model which enables analysis and understanding of both the developmental need of the children and the capacity of the birth parents to meet those needs within their particular environment (Holland, 2011). This tool is closely linked to the systems theory; for instance, it values comprehensive assessment and works with individuals in their environment. Intervention becomes effective when is informed by assessment; furthermore, Nicklin (2019) indicates that Maslow's hierarchy of needs is a model that may assist in planning interventions and prioritising services.

Service delivery

Reunification requires a range of services and support from the point that a child first enters care, during care, beyond the return home. This support aims to meet the children's and their families' need for safe, timely, and sustainable reunification within the child's developmental time frames. These services include support for birth parents experiencing stress, domestic violence services, counselling, and substance abuse treatment, as well as services to address the needs of children with health and mental health, educational, developmental and/or substance abuse issues (ASPE Research Brief, 2016). Target services aimed to meet the individualised need of children and families are key to achieving family

reunification and ensuring children's safety (Child Welfare Information Gateway, 2011). Fernandez and Lee (2013) highlight the importance of providing more concrete assistance to families by means of well-resourced reunification plans, and informed early intervention and prevention services. However, there is limited research to detail what services support successful reunification (Murphy & Fairtlough, 2014).

Purpose of this study

While it may be in the best interest of a child to be removed from a potentially harmful and abusive environment and placed into alternative care, the reunification intervention must be effectively rendered to families to ensure his or her safe return home. The removal of a child from immediate risk of maltreatment in itself does very little to improve his or her home circumstances; nor does it improve parents' disciplinary or anger management skills, or prompt birth parents to become more responsive parents.

Limited and, in some instances, a lack of structured reunification intervention, specifically those of a clinical nature, informed the aim of this study. Within the South African context in particular, the researcher observed a lack of structured and (more troubling) clinically informed reunification services. In an earlier study conducted by De Villiers (2008), designated social workers reported that they often used their discretions in a reunification intervention. Since a detailed review of literature has made it clear that factors precipitating the removal of children from the families often tend to be complex in nature, it is unlikely that the use of personal discretion of designated social workers in providing reunification intervention services will produce positive results in this regard.

While some families have relatively simple problems, others have multi-stressors that require well-strategised, family-centred interventions that are more focused on decision-making, planning, and provided tailor-made strategies to meet the needs of birth parents and children both before and after reunification. The purpose of this review was to investigate literature pertaining to the clinical content of reunification intervention to families. Therefore, the review question guiding the study is: What is known about the clinical content of reunification intervention rendered to families? By addressing this particular

question, the researcher aims to make recommendations that may support and enhance the clinical intervention of reunification to families.

Methodology

The rapid review procedures (Dobbins, 2017) were used to search, select, and extract data from literature sources that met a priori criteria.

Search strategy

Firstly, the researcher used the components of the SPICE criteria to determine the research question: *What is known about the clinical content of reunification intervention rendered to families?* For the purpose of this research study, the issue is defined as: Clinical content of reunification intervention to families.

The next step sought to identify evidence-based publications using reliable databases that would address the research question. The database search strategy was done by conducting a scope search making use of the OneSearch Portal engine at the NWU library. The following databases were selected: eBook Collection (EBSCOhost), PsycARTICLES, PsycINFO, SocINDEX with Full Text, Academic Search Premier, CINAHL with Full Text, Jstor Journals. Furthermore, the following phrases were used to search: “Reunification services or reunification intervention”, “Clinical reunification”, “Family Services”, “Family reunification services” and “Family therapy”.

Inclusion and exclusion criteria

The researcher first began searching for a wide variety of search engines. The SPICE method as recommended by Boland, et al., (2017) was chosen as relevant to the study, while articles were included only if they met the following criteria:

Articles related to the social worker.

Articles containing information related to the clinical content of reunification intervention rendered to families.

Articles related to clinical reunification intervention.

Articles were excluded based on the following criteria:

Articles published in a language other than English and/or Afrikaans, unless a translated version was available.

Quality review and data extraction

Quality appraisal and data extraction were done, simultaneously and independently, by the researcher and a second reviewer; subsequently, the study supervisor verified the information to ensure the quality of the final review and eliminate any potential bias. All the titles and abstracts were screened to determine their relevance to this study. All articles were critically appraised for methodology quality by using the tools available. The Critical Appraisal Skills Programme (CASP, 2018) was used to appraise the methodological quality of each article, while the researcher used the Effective Public Health Practice Project (EPHPP, 2009) Quality Assessment Tool to critically appraise the quality of the quantitative studies. Lastly, AACODS checklist (Tyndall, 2010) was utilised to appraise the quality of the grey literature articles.

Data retrieval can be described as the process during which relevant data relating to the research question are stored in the single format of a data retrieval form (Dundar & Fleeman, 2014). A data extraction table (Table 2) was created and included the demographic information of the relevant articles, such as authors and publication date, the title of the article, publication type (Journal), study size, and country. Detailed and relevant information from each article was extracted and as a point of departure to interpret the results of the study in Table 3.

Data analysis and data synthesis

Firstly, all relevant information from each included article was entered into the data extraction table. The researcher then used the six-phase guide suggested by Braun and Clarke (2006) to combine the results of the included articles. The next step involved the thematic synthesis of the data using identifying key themes from a specific body of research (Nicholson et al., 2016). Themes were then grouped according to the clinical content of reunification intervention services rendered to families.

Results

The researcher used the PRISMA (Preferred Reporting Items for Rapid Reviews and Meta-Analysis) (Liberati et al., 2009) to complete the search process. “The PRISMA flow diagram represents a standardised approach to reporting how many studies were identified for inclusion in a review, and what happened to these studies as the review progressed” (Boland et al., 2017). The findings are presented in Figure 1, below.

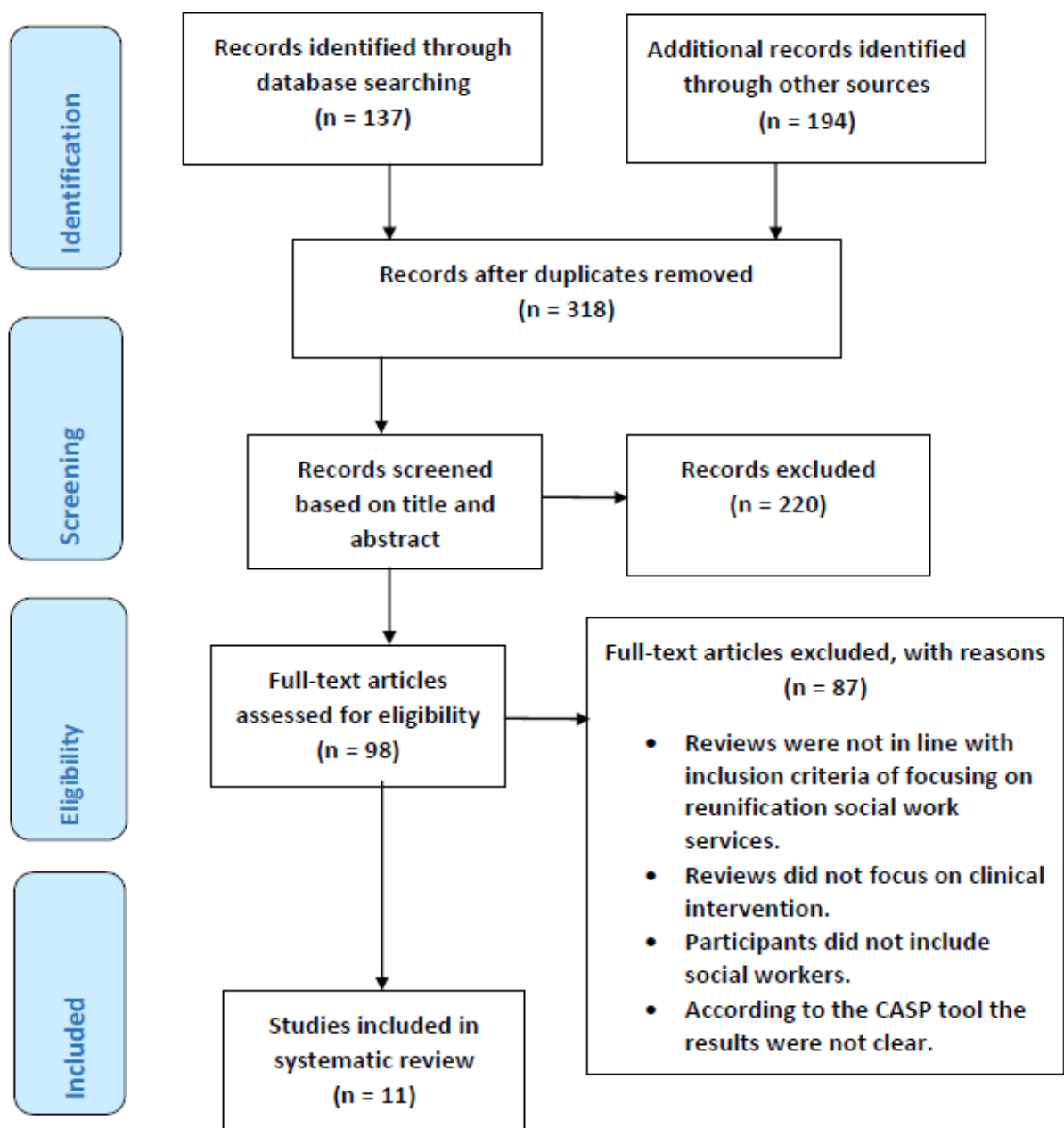


Figure 1: PRISMA 2009 Flow Diagram of selected studies

As illustrated in Figure 1, a total of 331 articles were found, including records identified through database searches and other sources. A total of 11 articles met the inclusion criteria and formed part of the rapid review. All articles were retrieved from the electronic search.

Demographic characteristics of included articles

Table 2 provides a summary of the demographic characteristics of the included articles. The investigated samples comprised of 11 documents. The 8 were journal articles and 3 documents were grey literature. Although grey literature formed part of the inclusion criteria in this review, they are referred to as articles to enable easy reading.

Table 2:

Demographic characteristics

Source no.	Author and year	Title of article	Publication type (Journal)	Study design	Data collection measures	Sample size & country
1	Brook, McDonald & Yan (2012)	Analysis of the impact of the strengthening families programme (SFP) on family reunification in child welfare.	Child and youth services review	Quantitative design	Case data analysis	214 strengthening families programme participants. 423 matched non-participants. Midwestern State, United State
2	Natale, Scott, Camejo, Hernandez & Sellas-Lamberty (2012)	Cherish the family (CTF): a programme model of strengths and attachment in reunifying substance-abusing mothers with their children.	Child welfare	Evaluation design	North Carolina Family Assessment Scale-Reunification (NCFAS-R), Parenting Stress Index (PSI) and Mohoney Maternal Behaviour Rating Scales-Revised (MBRS-R).	45 intervention group 30 comparison group Broward county Florida, United State
3	Orlando, Barkan & Brennan (2019)	Designing an evidence-based intervention for parents involved with child welfare.	Children and youth services	Evaluation design	Literature review, informative interviews, and focus group.	109 participants Washington State, United State
4	Lewandowski & Pierce (2004)	Does family-centred approach out-of-home care work? Comparison of a family-centred	National association of social work	Evaluation design	Survival analysis and cox regression analysis.	472 participants Missouri, United State

Source no.	Author and year	Title of article	Publication type (Journal)	Study design	Data collection measures	Sample size & country
5	Enano, Freisthler, Johnson & Hermann (2017)	approach and traditional care. Evaluation of parents in partnership: a preliminary study of a child welfare intervention design to increase reunification.	Journal of social service research	Evaluation design	Random case record review.	171 participants Western State, United State
6	Maltais, Cyr, Parent & Pascuzzo (2019)	Identifying effective intervention for promoting parent engagement and family reunification for children in out-of- home care: a series of meta-analysis.	Child abuse and neglect	Programme evaluation	Mata-analysis of eight studies quantitatively synthesised.	8 Studies Canada
7	Deane, Glass, Spence & Mignone (2018)	Live-in family enhancement (LIFE): a comprehensive programme for healing and family reunification.	First peoples' child and family review (Grey literature)	Evaluation design	File review and interviews.	10 family participants Canada
8	Guerriero & Blank (2018)	Music therapy in a parent-child reunification programme: Benefits and challenges of implementation.	Voice: a world forum for music therapy (Grey literature)	Evaluation design		United States
9	Salveron, Lewig & Arney (2009)	Parenting groups for parents whose children are in care.	Child abuse review (Grey literature)	Evaluation design	Focus group interviews.	17 parent participants 15 staff participants Australia

Source no.	Author and year	Title of article	Publication type (Journal)	Study design	Data collection measures	Sample size & country
10	Berry, McCauley & Lansing (2007)	Permanency through group work: A pilot intensive reunification programme.	Child adolescent social work journal	Evaluation design	Questionnaires, inventories, and forms into the usual information assessed and recorded by staff. The Lutheran social services screening tool, Adult Adolescent Parenting Inventory, Strengths, and stressors tracking device and Interviews with social workers, family support workers, and families.	12 programme participants 16 comparison participants Kansas, United State
11	Akin & McDonald (2018)	Parenting intervention effects on reunification: A Randomised trial of parent management training, Oregon (PMTO) in foster care.	Child abuse and neglect	Quantitative design	Semi-automated Research electronic data capturing system.	918 children in foster care (each child with his or her reunifying parent(s)) Kansas, United State

Summary of the main findings of included articles

Table 3 below provides a summary of the main findings from the included studies.

Table 3:

Main findings of the study

Source no.	Author	Intervention	Main objectives	Main findings
1	Brook, McDonald & Yan (2012)	The Strengthening families programme (SFP) is theoretically based on Petterson's (1976) behavioural parenting model, Shure and Spivak's (1979) social skills training programme and Forehand's (1981) curriculum describing in helping the non-compliant child.	To evaluate the impact of the provision of strengthening families programme on family reunification among substance involved families in child welfare service in the Midwestern State, United State. The programme focuses on three targeted areas: Parenting skills training, child skills training, and family skills training. The content is focused on child development, behaviour management techniques, child skills training, family enhancement and attachment/bonding, parental supervision, and psycho-educational material targeted at improving the parent-child relationship.	The findings indicated that participation into the strengthening families programme led to higher rates of reunification, and sobriety status from alcohol or other drug addiction recovery was not the focus of the intervention. There was also improvement in parenting skills, child skills, family bonding, and attachment among the participants.
2	Natale, Scott, Camejo, Hernandez & Sellas-Lamberty (2012)	Cherish the family (CTF), is a programme developed by the North Lauderdale, Florida-based family central, Inc.(FCI). It uses the promoting first relationships curriculum to help the clients become more effective parents by building	The research evaluation study was conducted to answer the following question: Does this family programme increase parental self-sufficiency and enhance the parents' capacity to cater for their child?	The findings reflect that participants in the cherish the family programme improved baseline/adequate or mild problems in these areas to the level of mild strengths. The results reflected that participants are enhancing their capacity to provide for their children's needs and improve their own quality of life, which

Source no.	Author	Intervention	Main objectives	Main findings
		nurturing and responsive relationships with their children. Promoting First Relationships is based on attachment theory.	It provides consistent court support, social-emotional support, and parenting services to mothers. The cherish the family programme provides open support groups, meals, bus passes to attendees, home visits, family support plans substance abuse treatment, mental health treatment, life skills, transport services, home safety, and social networking.	is one of the programme's long-term goals. cherish the family participants have shown statistically significant improvements in their ability to be aware of and understand their child's activity and play interests, respond appropriately to their child's behaviour and gestures, and engage the child in play interaction. There was also improvement in other maternal domain behaviours. At the twelve-month data point, there was a continuation of the building of strengths in the domains of environment, parental capabilities, family interaction, child well-being, and an overall readiness for the participants to be reunified with their child. This suggests that the programme is succeeding in improving protective factors that promote family reunification.
3	Orlando, Barkan & Brennan (2019)	Evidence-based parent programme (EBP)	The purpose of this study is to describe the use of a three-phased process used to develop a parenting programme for parents involved with the child welfare system with children from birth to eight years of age. The study set out to answer the following research questions:	Five key parenting skill-based domains were identified by the literature review, namely: social cognitive processing, impulse control, parenting, social skills, and stress management. It was found that none of the currently developed parenting evidence-based parenting programme address all five parenting domains. Parent-child visitation was identified as a potential target of the intervention for

Source no.	Author	Intervention	Main objectives	Main findings
			1) What are the areas of need for a parenting programme targeting families with whom child welfare is involved? 2) What are the gaps in the current evidence-based parenting programmes available to child welfare involving families? 3) What content, delivery method, and timing is ideal for the new parenting intervention?	parents during the stakeholder interviews. Those interviewed indicated that the current parent-child visits lacked a clear orientation to the process. Parents wanted transparency around what they were being judged on in this context.
4	Lewandowski & Pierce (2004)	Missouri's family-centered out-of-home care model (FCOHC)	Assess the effectiveness of a family-centred approach to out-of-home care in reunifying children with their families by comparing differential exit rates of children whose families received Parents are referred for individual and family therapy, parenting education, drug counselling, financial assistance, help with finding housing, and job assistance.	Missouri's family-centred out-of-home care model seems to have greater success at reunifying children who are not likely to be reunified. The findings suggest that when children are admitted to out-of-homecare for physical abuse they are more likely to return home, which suggests those families may receive adequate services. Moreover, children are more likely to be successfully reunified with their families when workers know families better, stay in contact with children, and involve children and their families in intervention planning.
5	Enano, Freisthler, Johnson & Hermann (2017)	Parent-in-partnership programme (PIP)	This study examines (a) whether distance was a barrier to participation in the orientation of a parent mentor programme (called Parents in Partnership – PIP) for 98 parents involved with the child welfare system; and	The results for the first question, compared to the control group, show that the programme participants were less likely to attend parent-in-partnership programme parent orientation if they lived further away and were more likely

Source no.	Author	Intervention	Main objectives	Main findings
			(b) whether participation affected the reunification outcomes for 73 parents. Parent-in-partnership programme services include parent orientations, parent support groups, lobby assistance, Warm line support (i.e., a telephone line staffed by parent-in-partnership programme volunteers that oversees non-emergency questions for parents involved in the child welfare system).	to attend if they were fathers and had allegations of physical or emotional abuse (compared to neglect). The results of the analyses for the second research question yield some promising findings, which suggest participation in the parent-in-partnership programme, parent orientation was related to a higher likelihood of parents reunifying with their child. Of those demographics who attended the orientation, African American mothers were more likely to reunify. With regard to assessing distance to the parent-in-partnership programme orientation location, living further from a parent-in-partnership programme parent orientation location was related to a lower likelihood of participation, but not relate to rates of reunification. Thus, it appears that distance from home to the orientation location may be a barrier to attendance. This finding may suggest that parent mentor programmes like partner-in-partnership programme are successful in engaging fathers and, thus, could be utilised to address the general lack of engagement that is often identified as an issue in many child welfare cases.

Source no.	Author	Intervention	Main objectives	Main findings
6	Maltais, Cyr, Parent & Pascuzzo (2019)	Parent engagement and family reunification intervention (family-focused programme)	This meta-analysis aims to identify the most effective interventions to promote parental engagement and family reunification. The clinical strategies applied are: Intensive family support, teaching normative child development stages (e.g. parent-child attachment), and parenting skills.	Findings related to the second research question indicate that parents who attended the parent-in-partnership programme orientation were about five times more likely to reunify with their children than parents in the comparison group. Results indicate that goal-oriented engagement interventions with a family-focused modality were more effective in promoting parental engagement than other interventions that did not make use of a family-modality and only provided standard services. In comparison to their standard services counterparts, goal-oriented interventions were more likely to increase family reunification, with children being nearly 2.5 times more likely to be reunited with their families. The study reveals that individualised treatments, on the whole, are not as effective as those which include a family dimension. These results favour a family-focused and support previous research showing that parent-child or family-based interventions generally yield more positive outcomes in terms of parents and their children, in comparison to standard interventions. This can be observed in higher levels of parental

Source no.	Author	Intervention	Main objectives	Main findings
				sensitivity and child attachment security, or low level of child behaviour problems.
7	Deane, Glass, Spence & Mignone (2018)	Live-in-family enhancement (LIFE)	The paper summarises the findings of the report and discuss some of the potential benefits of the Live-in-family enhancement programme. It describes several of the outcomes of the evaluation study to answer the following questions: what impact has participation in the Live-in-family enhancement programme had on parents, children, and their entire families? How effective was the training and support provided to mentors and birth parents? Finally, this paper discusses the potential expansion of the live -in-family enhancement model beyond a reunification objective and more broadly for prevention of child maltreatment. The client families received coaching and support in terms of parenting on a moment-to-moment basis, seven days per week, and had to access to a full range of other supports such as attachment-based parenting training, anger management training, substance abuse relapse prevention, employment assistance, assistance with nutrition and budgeting, support with issues at school or day-care,	The evaluation of the programme suggests that for most parents the outcomes in these areas were positive or promising. Much of this seemed to be made possible through the trust relationships that were built by a sustained day-to-day interaction over a significant period. The findings show a significant number of benefits to families such as stronger attachment between parents and children, improved parenting skills for caregivers, strengthened social support for families, newly acquired household management skills, successful completion of employment training, and significantly improved level of trust in social workers and the agency. Many of these factors correlate with research supporting increased rates of family reunification.

Source no.	Author	Intervention	Main objectives	Main findings
8	Guerriero & Blank (2018)	Reunity House Programme and Music Together approach Reunity House, a programme offered by Family Connections, is a “model of therapeutic supervised visitation to safely reunite families separated due to abuse or neglect”.	and a range of other resources needed to become competent and nurturing families. The programme teaches personal responsibility and parenting skills in a respectful, nurturing, home-like environment to reduce child abuse and neglect, decrease the time children spend in foster care, and strengthen families throughout communities. This article describes two different implementations of a music therapy group within a reunification programme, the clinical and contextual challenges to implementation, and the benefits to the families.	Music therapy was a vital component of the reunification process for families who had been legally separated due to abuse or neglect. The music therapy groups allowed parents to bond with their children during parental visits through a family participation model, parent education, and developmentally appropriate approaches to music-making. Parents were given the opportunity to become comfortable making music with their children through means of the predictable structure of this group. Positive signs of increased parent-child bonding included parents sitting comfortably with their children and other families in the circle, and increased use of instruments and movement props. Parents are also provided additional information in informal ways through interactions with the music therapist and social workers on the ways they can use music outside of the music therapy session.

Source no.	Author	Intervention	Main objectives	Main findings
9	Salveron, Lewig & Arney (2009)	Parent Plus Playgroups Parents plus playgroups is innovative as it incorporates parenting education sessions and a playgroup for children aged from birth to five years who are in care.	The objective was to review group-based approaches when working with birth parents whose pre-school-aged children had been placed in care. The paper reports the findings of a research project designed to identify key facilitators and barriers to parental involvement in a group-based programme, which includes contact between parents and their children. Findings from the research project indicate that the parents plus playgroups was well-liked by parents and is a promising way to engage parents whose children are being looked after. Parents plus playgroups demonstrated an elevated level of parental and familial involvement in the planning and implementation of the programme. The research project demonstrates improved parental parenting satisfaction and decreases in parental shame over the two-month period of the project. There were no significant changes in parental efficacy, social support, pride, or guilt; this may be due to the limited sample size, the short follow-up period, and/or because parents had already been involved with the programme.	If programmes such as parents plus can have a positive impact on factors such as parental shame and parenting satisfaction, this may in turn provide an environment conducive to attitudinal, attributional, and behavioural change that can improve the quality of parent-child relationships and the chances of family reunification.

Source no.	Author	Intervention	Main objectives	Main findings
10	Berry, McCauley & Lansing (2007)	Intensive reunification programme (IRP) The intensive reunification programme is based on a behavioural paradigm that requires intensive time and skills of foster care staff: modelling positive behaviours, providing opportunities to practice newly acquired skills, imparting community resource information, and providing frequent opportunities for participant self-evaluation.	The programme has had greater success with families referred for neglect than for abuse, which is unusual. It is typical for neglect cases to have much slower times to reunification, and much lower rates of reunification. Using the adult adolescent parenting inventory at intake and nine months later, the greatest gains made by parents while in the programme were in the areas of accepting the child's power and independence, and parental expectations of the child. Changes in parental empathy were negligible. Beliefs in corporal punishment and family roles were also negligible. This evaluation of the intensive reunification programme, while small in scope, produced significant differences in outcomes. Over half of the families completing at least 36 weeks in the programme experienced stable reunification, compared to four families in the comparison group. This outcome of reunification is bolstered by the differences in independent ratings of families in each group, with those in the intensive	In order to best empower parents, and make the group experience as relevant as possible, parent group participants are asked to identify the kind of information and educational topics they would like to discuss in some sessions. Staff guide parents to base their choices on addressing those issues responsible for the removal of their children. This model is intensive, home-based, and incorporates an innovative support group for birth parents. A comparative evaluation of this model after one year finds that its reunification rates are double that of cases receiving the agency's conventional reunification services.

Source no.	Author	Intervention	Main objectives	Main findings
11	Akin & McDonald (2018)	Parent Management Training Oregon (PMTO) The programmes are based on the social interaction learning theory (SIL), which asserts that parents are the agent of change for influencing children's behaviours, and, consequently, problematic behaviours can be improved with specific parenting practices.	reunification programme group being rated as making great improvements in the areas of respecting their children's independence, the safety of the home environment, and family relationships. The aim of this study was to examine the effects of parent management training Oregon model on reunification. The parent management training Oregon curriculum centred on teaching parents five core parenting practices: 1) positive involvement; 2) skill-building; 3) supervision and monitoring; 4) problem-solving; and 5) appropriate discipline.	The intent-to-treat results indicated small but positive effects on reunification rates with children in the parent management training Oregon group experiencing reunification rates 6.9% higher than the services as usual comparison group. The per protocol analysis results showed greater positive effects on reunification rates as the children whose parents completed parent management training Oregon achieved reunification rates 13.7% and 15.3% higher than the services as usual group and non-completers, respectively. These findings suggest that even when parents and children are separated, a parenting intervention can positively influence their reunification. Importantly, parent-child contact was integral to this study's parenting intervention. The findings suggest that an in-home parenting intervention may offer a genuine option for biological families

According to Table 2, of the 11 studies, only 2 were quantitative in nature, while 9 were evaluation designs. The quantitative studies made use of the case data analysis and electronic data capturing system (Brook, McDonald & Yan, 2012) and (Akin & McDonald, 2018). The evaluation designs made use of existing programmes, reports, assessment scales, literature review, informative interviews, focus group interviews, case and record analysis, meta-analysis, file review, interviews and questionnaires (Natale, Scott, Camejo, Hernandez & Sellas-Lamberty, 2012; Orlando, Barkan & Brennan, 2019; Lawandowski & Pierce, 2004; Enano, Freisthler, Johnson & Hermann, 2017; Maltais, Cyr, Parent & Pascuzzo, 2019; Deane, Glass, Spence & Mignone, 2018; Guerriero & Blank, 2018; Salveron, Lewig & Arney, 2009 and Berry, McCauley & Lansing, 2007).

Discussion of the findings

This study consisted of a rapid review of literature attempting to gain insight into the clinical part of reunification intervention. Within the child protection system, family reunification intervention services are highly recommended immediately after the child has been placed in alternative care. Designated social workers are expected to begin work with the birth parents as soon as possible since without this particular intervention, it is very difficult, or unlikely, that the cause of separation will be resolved and that the child will be able to return home (Balsells et al., 2014). This process is driven by the aim to re-establish healthy interaction between birth parents and the child, develop attachment and repair the emotional anxiety in both the child and birth parents in an attempt to make up for the lost time while they were separated (Rasaili & Titus, 2007).

The data from the rapid review has highlighted different clinical intervention programme contents, which are proven, recommended, and more likely to increase the success of reunification services to children and families. The analysis was conducted according to the six-phase guide suggested by Braun and Clarke (2006), and four central themes were identified and are discussed below:

Theme one: Engagement

In order to promote effective changes in birth parents and ensure the success of the family reunification process, birth parents have to be actively engaged in terms of the services (Maltais et al., 2019). The results of meta-analysis study conducted by (Maltais et al., 2019) indicate that goal-oriented engagement interventions with a family-focused approach in comparison to other goal-oriented intervention not including a family-focused services or standard services, were more effective in promoting parental engagement. Their study was conducted to identify the most effective interventions areas to promote parental engagement and family reunification.

In addition, research indicates that goal-oriented interventions are more likely to increase family reunification, in comparison to standard services. The family-focused approach was found to be more relevant for the families involved with child protection services since the ultimate goal is to promote child security through family reunification. Parent-child activities, or family-focused intervention have been found to be more successful in promoting family reunification, as opposed to individual psychotherapy.

The study further reported that this type of approach relies on several strategies that ensure a successful outcome. These can be identified as: 1) educational strategies with the aim to provide practical and educational knowledge with regards to the parent-child relationship and parenting skills to meet child needs; 2) social support strategies, such as being a supportive (and secure attachment base) figure, during the transition from the residential care setting to the family home; or during supervised visits with the child, and; 3) lastly, problem-solving strategies with the focus on the birth parent's and child's achievements during their sessions (Maltais et al., 2019). Consequently, it appears as if parental engagement may be the pathway through which family reunification is possible (Maltais et al., 2019). The results of this study also reveal that individualised treatments are not as effective as those including a family dimension.

The family-centered out-of-home care is one of the programmes whose content encourages the necessary client engagement. It is a comprehensive programme model developed by Missouri's Department of Family Services in 1995 to facilitate family reunification services (Lewandowski & Pierce,

2004). Family-centered out-of-home care is informed by the principles of family-centred care. The emphasis is in the involvement of the family in decision-making related to assessment and treatment plans. The aforementioned service model is informed by a strengths-based perspective and timely service provision. It also recommends assigning a family social worker to each family within 24 hours of the child being placed in alternative care (Lewandowski & Pierce, 2004). The designated social worker then acts as the family's case manager for the duration of time that the child is in foster care. The responsibilities and activities of the family social worker are stipulated, and, includes: (1) facilitating collaboration among the family's service providers; (2) conducting ongoing written assessments of the family's progress, and; (3) ensuring the family's involvement at the core of the collaborative team process.

Potential team members often include service providers, juvenile justice officers, family attorneys, school personnel, family support (such as friends or other family members), and other relevant persons regarded as a support to the family. The first team meeting is held within 72 hours of the child's placement in alternative care, and, subsequently at 30, 60, 90, and 180 days while in out-of-home care. Team meetings are held to facilitate discussions, collaboration, and decision-making about the family's plan and progress towards reunification.

In a study that compared the outcomes of families who received family-centered out-of-home care services to families who received "services-as-usual", it was found that families in the family-centered out-of-home care group were no more likely to be reunified than the non-family-centered out-of-home care group; in fact, the family-centered out-of-home care group experienced lower reunification rates than the comparison group, although this difference was not statistically significant (Lewandowski & Pierce, 2004). In the study, researchers also found that the children who received family-centered out-of-home care services were 2.6 times more likely to re-enter care after reunifying with their families, compared to children who received traditional child welfare services. However, the authors found that family-centered out-of-home care appeared to be more effective in reuniting children and their families when provided to children who remained in care for at least seven days. While utilising the cox regression analysis to compare the likelihood of reunification between the two groups, Lewandowski and Pierce

(2004) support the results of the first finding, with children served by family-centered out-of-home care experiencing lower reunification rates than the comparison group during the initial weeks of the study period, but then surpassing the comparison group as time progresses (Lewandowski & Pierce, 2004). Thus, the findings indicate that during the latter part of the study, family-centered out-of-home care counties reunified children at a faster rate than comparison counties. Consequently, these findings provide evidence that when workers know families better, stay in contact with children, and involve children and their families in intervention planning, children are more likely to be reunified (Lewandowski & Pierce, 2004).

An intervention programme that has been found to have content that enhances family reunification mostly by allowing family engagement is the intensive reunification programme has been identified as content-specific and has the potential to encourage successful family reunification. It pays attention to family engagement, and its goal is to provide multiple opportunities for children and their biological parents to spend quality time together by placing them in situations where they are encouraged to interact and learn, while clinicians, designated social workers, and other support workers monitor the interaction process. Specific activities are facilitated and often include the following: modelling positive behaviours; helping parents and children practice newly acquired skills; providing information about community supports and resources; and encouraging participants' self-evaluation. The programme is designed to last 36 weeks with main focus of the programme involving children and their birth parents participating in activities together, twice a week, for two-hour sessions (Berry et al., 2007).

In addition, this process creates a social setting where birth parents may, not only learn, but also support to others. Activity sessions are fairly structured so that birth parents and children eat together for the first half-hour and then engage in play activities during the second half-hour, with the last hour spent in separate educational and peer support groups. Birth parents take turns preparing dinners, where mealtime is used as an opportunity to share information about balanced nutrition, tips for preparing meals, and budgeting for groceries. Most importantly, birth parents are asked to identify and address topics related to the issues that led to the removal of the children during the education and support groups. Both the groups (for children as well as birth parents) are co-facilitated by staff members. In addition to the bi-

weekly activity sessions, children and their birth parents also visit each other in their home of origin, once a week, for 90 minutes (Berry et al., 2007). The children and their families receive support before, during, and after visits; activities are planned before the visit. This increases the likelihood of more positive interactions and opportunities in which to practise and internalise newly acquired skills.

The evidence from the study by (Berry et al., 2007) suggests that the model may have a positive impact on family reunification. The pilot study compared the outcomes of children and families who participated in the intensive reunification programme to those who received traditional child welfare services and found that the former had higher rates of reunification than the latter, especially among neglect cases (Berry et al., 2007). In addition, families in the intensive reunification group remained in treatment for an average of nine months before being reunified, compared to an average of 19 months for the comparison group, with many of the comparison cases still open at the end of the study. Finally, by the end of the study, none of the families in the intensive reunification programme group experienced disruption after being reunited, whereas children from five of the families in the comparison group returned to foster care (Berry et al., 2007).

The live-in family enhancement programme was developed by the Metis Child, Family, and Community Services in Manitoba (Deane et al., 2018). This model had birth parents and children move into a foster home fulltime, together with a family mentor. The client families received coaching and support in parenting on a moment-to-moment basis, seven days per week, and had access to a full range of other supports such as attachment-based parenting training, anger management training, substance abuse relapse prevention, employment assistance, help with nutrition and budgeting, support with issues at school or day-care, and a range of other resources they required to become competent and nurturing families (Deane et al., 2018). The focus of this programme is on the overall needs of the family and the well-being of the children. It builds on identified strengths and aims to address the identified pressing needs.

The findings related to this model show a significant set of benefits to families, such as stronger attachment between parents and children, improved parenting skills, strengthening social support for

families, newly acquired household management skills, successful completion of employment training, and significantly improved trust in designated social workers and the agency. (Deane et al., 2018).

Furthermore, the results also suggest that with the intrinsic benefits of the live-in-family enhancement programme and its affordability within existing child welfare budgets, it is reasonable to recommend that this approach be expanded to purposes beyond family reunification and applied to prevention strategies (Deane et al., 2018).

Theme two: Parental visits and contact

Orlando et al. (2019) conducted a literature review and an informative interview research study to describe the use of a three-phase process used to develop a parenting programme specifically for parents involved with child welfare systems, which was focused on children from birth to eight years of age. The synthesis of the literature review, combined with the key informant interviews, led to several conclusions included that typical parenting programmes in child welfare focus on either preventing placement in care or on parenting once parent and child are reunited at home, rather than the parenting that occurs while a child is in out-of-home care (such as parenting during parent-child visitations) (Orlando et al., 2019). Within current parent-child visitations, this means that parents are neither effectively, nor transparently introduced to the process and what they were being assessed on (Orlando et al., 2019). Consequently, the design team developed a programme specifically designed to meet the needs of child welfare-involved parents. The literature and findings from key role-players yielded the following themes that shaped the selected programme design named Strive:

Engagement with the parent is needed to increase motivation to participate and to retain them in the programme.

Early support around visits is needed. Often, parents are unaware of what is expected of them in their visits and feel judged. Further, visits that do not go well traumatise both parents and children.

Skill-building is an important aspect that should not be ignored. Parents need to learn and apply practical, developmentally appropriate, and effective parenting techniques.

One-on-one approach works best for skill and relationship building, while groups are better at providing support.

Trauma-informed: The parental community emphasised that trauma as a result of children removed from their care is common and often goes unaddressed by existing reunification programmes.

Concrete resources are necessary. Parents need support to address barriers to attendance or retention in evidence-based programmes such as transportation and stable housing.

Transition homes may prove essential. Parents often lose support and resources when children reunify. Parental allies felt that post-reunification in-home support could also be an intervention target.

Additionally, the development team identified curriculum session topics, session content, and the delivery model. A 15-session programme was developed to be delivered by visitation provider staff early on in the visitation experience; ideally, to be started within the first few visits. Each session uses the following delivery model: 1) a one-on-one instructional session with the birth parents in the hour before a parent-child visit, followed by; 2) a supported parent-child visit (to try out new knowledge and skill) and, lastly; 3) a 15 minutes debrief with the parent following the visit without the children present. The sessions themselves are psycho-educational in nature and intended to, firstly, provide birth parents with information that can be utilised to improve the quality of visits for both themselves and their children, and, secondly, to enhance parental engagement in and motivation to attend supervised visitation. Together, the three parts of the delivery model are designed to provide birth parents with information, support, and encouragement (Orlando et al., 2019). The design team included a partner from the Washington State Children's Administration to ensure that the programme would be used, be useful, and would meet the specified needs of participants. The programme is believed to be highly relevant to the child welfare system and also attends to the components of what is known to work, according to Barth et al., (2005). Designated social workers are required to do the following: 1) assess parenting problems; 2) teach new skills; 3) allow opportunities for parents to apply the skills with their children, and; 4) provide feedback to parents about their application of skills. This study helped to identify that early parent-child visits are a critical and untapped opportunity for the parenting intervention. Moreover, parent-child visits may be powerful in that early support and education can enhance parental engagement in the visitation process and potentially affect engagement in other needed services (Orlando et al., 2019).

The parents plus playgroups programme aims to develop the parenting skills of parents currently having supervised contact visits with their children who are in out-of-home care and to enrich the connection between these parties (Salveron et al., 2009). The programme was developed by Good Beginnings Australia and is specifically designed for parents involved with the South Australian statutory child protection service (Families SA) who have had their child or children placed in care. However, the playgroups are not designed to replace contact visits and do not guarantee parent-child reunification. This is made clear upon the parents' commencement in the playgroups. Parents plus playgroups is innovative as it incorporates parenting education sessions and a playgroup for children aged birth to five years who are in care. The playgroups run one morning per week and are provided in a community setting such as a school or community centre. The structure includes parenting education sessions, supervised playgroups, parenting education, and debriefing sessions. A variety of topics are covered in the group sessions, including positive parenting, anger management, developing self-esteem, grief and loss, learning through play, building children's trust and confidence, and budgeting and finances. The content also covers a range of topics designed to improve parenting capacity including parenting styles and methods, child development, and health and hygiene, subjects valued by parents, which contributed to the success of the groups. In the playgroups, learning is facilitated in a non-judgemental and non-threatening group environment designed to meet the needs of the birth parents and the children. A strengths-based approach is taken that focuses on the positive strengths of the individual in order to facilitate positive parenting. The workers are trained in early childhood development and are supported by qualified volunteers who work with the birth parents to supervise the parenting and playgroup sessions, and help them implement the skills they have learned (for example, behaviour management techniques, and initiating play).

According to Salveron et al. (2009), the findings from the research project indicate that parents plus playgroups were well received and interpreted by birth parents as a promising way to engage parents whose children are being looked after. The playgroups provide avenues for birth parents to build relationships with their children who were in out-of-home care. The findings further suggest that a general improvement in parenting skills, knowledge, and confidence was experienced by participants. These abilities, in turn, promoted personal growth and general well-being. Birth parents' benefits includes

increased feelings of support and understanding, improved self-confidence and parenting confidence, more involvement in their children's development, improvement in communication, as well as developing new friendships and social networks.

In addition, the opportunity for birth parents to learn new parenting skills and to practise them with children regularly under supervision is a key strength of the parents plus playgroups. Birth parents report that they are able to recognise the importance of play and understand their children's developmental needs more clearly (Salveron et al., 2009). Furthermore, they also value the opportunity to practise their newly learned parenting skills with their children. As a result, their parenting confidence is improved (Salveron et al., 2009). If programmes such as parents plus have a positive impact on factors such as parental shame and parenting satisfaction, this may, in turn, provide an environment conducive to attitudinal, attributional, and behavioural change that may improve the quality of parent-child relationships and the chances of family reunification (Salveron et al., 2009).

Another programme, similar to the parents plus playgroups, is the Reunity House. The programme is offered by Family Connections, and is a model of therapeutic, supervised visitation to safely reunite families separated due to abuse or neglect (Guerriero & Blank, 2018). It teaches personal responsibility and parenting skills in a respectful, nurturing, home-like environment to reduce child abuse and neglect, decrease the time children spend in foster care, and strengthen families (Guerriero & Blank, 2018). This is done by a variety of services. Reunity House clinicians observe how birth parents communicate and interact with their children during court-mandated visits to make recommendations to the court. They also support the families by increasing parenting skills through the implementation of an evidence-based parenting curriculum. Parenting skills are implemented, assessed, and shaped through weekly family visitation nights with the birth parents and children together in a central location. Birth parents are also provided with job training and other support to find gainful employment (Guerriero & Blank, 2018). The programme also includes music therapy provided through Music Together's approach. This includes activities that involve rhythm, singing, rhythm and tonal pattern recognition and repetition, instrument play, chants, and movement to music (Guerriero & Blank, 2018). The music therapy groups allow birth parents to bond with their children during parental visits through a family participation model,

parent education, and developmentally appropriate approaches to music-making. Music therapy is a key component of the reunification process for families who had been legally separated due to abuse or neglect. While implementation was not without challenges, the benefit to the families in terms of increased positive parent-child relationships, positive parenting practices, and supporting children's development after a traumatic period in their lives is recognised (Guerriero & Blank, 2018).

Theme three: Parenting capacity building

Parent training is, in part, aimed at preventing the onset or recurrence of child maltreatment by teaching parents much-needed skills and improving their functioning in areas that have been shown to increase the risk of child neglect or abuse. Some parent-training programmes also include interventions aimed at increasing children's skills and overall family functioning, rather than focusing solely on the parents (Brook et al., 2012). The programme was chosen in the Midwestern State in United State implementation because it contains key elements that require addressing. These include the following: parent behaviours, child behaviours, and overall family functioning in families characterised by substance abuse (Brook et al., 2012). The strengthening family programme was designed specifically for substance-abusing families with the primary prevention of child maltreatment as a focus (Brook et al., 2012). The programme focuses on three targeted areas which include parenting skills, child skills, and family skills training. The content includes child development, behaviour management techniques, family enhancement and bonding, parental supervision, as well as psycho-educational material aimed to improve parent-child relations (Brook et al., 2012).

The evaluation of the impact of the provision of the strengthening family programme on family reunification among substance involved families in the Midwestern State in United State indicated that it proved positive in enhancing family reunification. The strengthening family programme was further evaluated in a study that involved the abuse of substances in the families. The findings revealed that the programme was effective in improving the well-being of the family. Even it was not meant to directly deal with parental sobriety, participants' experience in attending the programme suggests that it led to some participants identifying their need to stop drinking alcohol and using other drugs (Brook et al., 2012).

The parent management training Oregon model is a behavioural parent-training programme developed by the Oregon social learning centre (OSLC). This specific programme represents one of a number of family of interventions the Oregon social learning centre has created and researched to address child and adolescent anti-social behaviour (Akin et al., 2018). Other Oregon social learning centre interventions that have been used with foster care populations include multidimensional treatment foster care (Chamberlain & Reid, 1991) and keeping foster parents trained and supported (Chamberlain et al., 2008). All of these are based on social interaction learning theory, which asserts that parents are the agent of change for influencing children's behaviours, and, consequently, problem behaviours can be improved with specific parenting practices (Akin & McDonald, 2018).

The parent management training Oregon is implemented by the state's private contractors for foster care services across the United State The frontline staff consists of social work professionals with different levels expertise in child and family care. Training for the programme required these professionals to participate in 8 days of pre-service training followed by 10 additional days of training over approximately 8 months. Professionals also participate in two full days of in-person coaching. In addition to this initial coaching, they receive observation-based coaching twice per month in one of three formats: written feedback, live feedback via video-conference, and/or live feedback in the form of group discussions. Levels of fidelity to the parent management training Oregon model was monitored by trainers and coaches through the use of videos of the professionals' work with families. All parent management training Oregon sessions were video recorded, uploaded to a secure portal, and could be selected for review by coaches and/or fidelity raters. Certification took an average of 22 months to attain and required practitioners to submit four session videos. Once certified, practitioners are rated for fidelity annually.

The programme was provided in-home to individual families, focusing on parents as the agents of change, and delivered for up to six months. It did not require a specific number of sessions or weeks; rather, practitioners worked with families until they completed the set curriculum. Families who were retained for six months but did not complete the curriculum were discharged from the programme after the allotted time period (Akin & McDonald, 2018). Typically, practitioners met with families twice per

week for approximately 60–90 minutes per session, plus a mid-week check-in that lasted for 20–30 minutes. These weekly sessions followed a three-step process. Firstly, practitioners met with birth parents without the children present. Secondly, birth parents were expected to practise new skills, and practitioners followed-up with the birth parents either by phone or in-person to discuss the weekly “homework”. Thirdly, practitioners conducted a family session with the birth parents and children together, during which the birth parents tried newly learned skills with the practitioner present and acting as a live coach (Akin & McDonald, 2018). The parent management training Oregon curriculum centred on teaching birth parents five core parenting practices, namely: 1) positive involvement; 2) skill-building; 3) supervision and monitoring; 4) problem-solving, and; 5) appropriate discipline (Akin & McDonald, 2018).

In addition, the impact of the parent management training Oregon model on family reunification has been examined by Akin & McDonald, (2018). The findings suggest that even when birth parents and children are separated, a parenting intervention can positively influence their reunification. Importantly, parent-child contact was integral to this study’s parenting intervention. Consequently, practitioners had at least one training parent-child session per week, which was in addition to the services as a usual requirement of one parent-child visit per week.

Furthermore, this evidence-based parenting intervention appeared to provide birth parents with critical opportunities for positive interactions with their children and practising newly learned skills (Akin & McDonald, 2018).

Theme four: Support groups

The parent-in-partnership programme is a parent mentorship programme. It is a pilot intervention run by the child welfare system regional office in California. The programme involves a committed group of birth parent advocates that have successfully navigated the system. The birth parents work in partnership with the child welfare system to provide current programme participants with information, empowerment, and hope. They provide support, information, and mentorship to birth parents who have

recently lost custody of their children, as well as parents whose children are in foster care temporarily (Enano et al., 2017).

Birth parents may be referred to the parent-in-partnership programme through an internal child welfare referral from the caseworker, or a parent may self-refer when recruited by parent-in-partnership volunteers in the lobby of the child welfare office. Regardless, all parent-in-partnership participation is entirely voluntary. Thus, birth parents have the right to end their participation at any time without affecting the outcome of their case (Enano et al., 2017). The programme services include parent orientations, parent support groups, lobby assistance, team decision-making meeting support, and a warm line (i.e., a telephone line staffed by parent-in-partnership programme volunteers that handles non-emergency questions for parents involved in the child welfare system). During orientations, parent partners provide birth parents with information on child welfare policies, procedures, dependency court, and their rights (Enano et al., 2017).

The study was done to examine whether the distance was a barrier to participating in parent-in-partnership programme orientation and whether participation affected reunification outcomes. The findings indicate that birth parents who attended parent-in-partnership programme orientation were five times more likely to reunify with their children (Enano et al., 2017). Parent mentor programmes have presented the potential to increase the likelihood of reunification for families involved in the child welfare system. Furthermore, they may increase the engagement of fathers involved with the child welfare system (Enano et al., 2017).

This finding suggests that parent-in-partnership programme could be utilised to address the general lack of engagement that is often identified as an issue in many child welfare cases (Enano et al., 2017). The findings also present that living further from a parent-in-partnership programme services is related to a lower likelihood of participation, but not related to rates of reunification. Thus, it appears that the distance from home to the orientation location may be a barrier to attendance (Enano et al., 2017).

Cherish the family, is a programme that was developed by the North Lauderdale, Florida-based Family Central, Inc. (FCI). The goal is to prevent abandonment in partnership with community partners.

This programme aims to provide comprehensive case management services that respond to the unique set of issues experienced by families where substance abuse is identified as a driving factor. It further aims to provide the birth parents with the ability to effectively manage their own lives; in other words, its goal is to encourage the capacity of parents to parent effectively and bond with their children (Natale et al., 2012). Thus, the programme targets families with children who have been affected by substance abuse (Natale et al., 2012).

In addition, the programme links families with substance abuse to treatment, mental health services, job training and support and counselling; moreover, it assists families to connect with or develop natural support in their community (Natale et al., 2012). This programme also provides an open support group for birth participating parents. This parent-led support group provides support and encouragement to its members weekly. Additionally, cherish the family staff members offer meals and bus passes to attendees so as to address logistical barriers that affect attendance. Designated social workers maintain smaller caseloads in comparison to other service providers, and, as a result, can dedicate more time to each client (2-3 hours a week) and provide weekly home visits (Natale et al., 2012).

Natale et al. (2012) conducted a research evaluation study to establish if the cherish the family programme increases parental self-sufficiency and enhances the capacity to cater to one's child. It found the following: in its first year of implementation, the programme was able to successfully meet the short-term operational goals of the positive engagement of the participant. Both the quantitative and qualitative data support the programme's intermediate goal of mothers improving their parental skills. The education level of parents in the study predicted an increased parental capability, family safety, and child well-being with those who had some college or went to a trade/vocational school having better mean scores in these areas than participants with less education (Natale et al., 2012). This implies that in addition to providing treatment services and other community-based services, it is also important to assist the parent with access to educational services (Natale et al., 2012). The findings in the treatment group, although not statistically significant, also showed progress in the area of environment, parental capabilities, family interactions, family safety, and caregiver/child investment in reunification as measured by the North Caroline family assessment scale-reunification (NCFAS –R). The findings reflect that participants in the

programme are able to change baseline/adequate or mild problems in these areas to the level of mild strengths. Furthermore, the results reflect that they are develop their capacity to provide for their children's needs and improve their quality of life, which is one of the programme's long-term goals (Natale et al., 2012).

The cherish the family programme participants have shown statistically significant improvements in their ability to be aware of and understand their child's activity and play interests, respond appropriately to their children's behaviour and gestures, and engage them in play interaction. Moreover, the study indicated that other maternal domain behaviours also improved (Natale et al., 2012). The treatment group made great strides in lowering their parenting stress, as noted by the parenting stress index (PSI) results. The participants progressed towards the direction of strengths as indicated by the North-Caroline family assessment scale-reunification (NCFAS-R) results (Natale et al., 2012). At the 12-month data point, there was a continuation of the building of strengths in the domains of environment, parental capabilities, family interaction, child well-being, and overall readiness for the participant to be reunified with their children. This suggests that the cherish the programme is succeeding in its goal to improve protective factors that promote family reunification (Natale et al., 2012).

Conclusion

It is clear from the presented findings that working with birth parents of children in alternative care requires innovative ways to increase their parenting capacity and enhance parent participation and parent-child interaction. Based on different theoretical assumptions, the content of the clinical interventions presented have shown how interrelated such services are that must be rendered to the families after the removal of the child into alternative care; for instance, the teaching of parenting skills must be linked to the child contact visit where the parents have an opportunity to practice the learned skills and receive feedback. Furthermore, the interventions uphold the same goal, which is to encourage successful family reunification. Although the discussed programmes may differ in how providers are instructed to present them, their common aim is to improve the family environment, mostly through parenting skills. The designated social worker has a significant role to play in this process and must

ensure the best interest of the child is upheld; they should further facilitate the child's participation in decision-making, while also upholding the protection of the child from harm and risk of further maltreatment.

Chapter 3 reported on the rapid review that was conducted on the clinical content of family reunification interventions. The findings reveal engagement, parental visiting and contact, parenting capacity building, and support form part of the contents of a clinical intervention to provide reunification services to families.

The next chapter will focus on the reflections of the researcher, the limitations identified in the study, the recommendations, and the final conclusions of the study.

REFERENCES

Acts *see* RSA

Akin, B.A., & McDonald, T.P. (2018). Parenting intervention effects on reunification: A Randomised trial of PMTO in foster care. *Child abuse and neglect*, 83 (4), 94-105.

ASPE Research Brief. 2016. *Patterns of foster care placement and family reunification following child maltreatment investigations*: December 2016. <https://aspe.hhs.gov/pdf-report/patterns-foster-care-placement-and-family-reunification-following-child-maltreatment-investigations>

Balsells, M. A., Paster, C., Mateos, A., Amorós, P., Ponce, C., & Navajas, A. (2014). Child welfare and successful reunification through the socio-educative process: Training needs among biological families in Spain. *Social Science Journal*, 3 (4), 809–826.

Barth, R. P., Landsverk, J., Chamberlain, P., Reid, J., Roll, J. A., Hurlbur, M. S., & Kohl, P. L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving birth parents. *Research on Social Work Practice*, 15(5), 353–371.

Berrick, J.D. (2008). *Take me home: Protecting America's vulnerable children and families* (1st ed.). Oxford University Press.

Berry, M., McCauley, K., & Lansing, T. (2007). Permanency through group work: A pilot intensive reunification program. *Child adolescent social work journal*, 24 (5), 47-493.

Boland, A., Cherry, M.G., & Dickson, R. (2017). *Doing a systematic review: a student's guide* (2nd ed.). SAGE Publications.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3 (2), 77-101.

Bromfield, L.M., Lamont, A., Parker, R., & Horsfall, B. (2010). Issues for the safety and wellbeing of children in families with multiple and complex problems. *National Child Protection Issues*, 33, 1-23.

Brook, J., McDonald, T. P., & Yan, Y. (2012). Analysis of the impact of the strengthening program of family reunification in child welfare. *Child and youth services review*, 34 (4), 691-695.

- Critical Appraisal Skills Programme. (2018) Retrieved September 23, 2018, from https://casp-uk.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf
- Child Welfare Information Gateway. (2011). *Family reunification: what the evidence shows*. Retrieved from https://www.childwelfare.gov/pubs/issue_briefs/family_reunification/index.cfm
- Chamberlain, P., & Reid, J. B. (1991). Using a specialized foster care community treatment model for children and adolescents leaving the state mental hospital. *Journal of Community Psychology*, 19(3), 266–276.
- Chamberlain, P., Price, J. M., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science*, 9(1), 17–27.
- Deane, L., Glass, J., Spence, I.V., & Mignone, J. (2018). Live-in family enhancement (LIFE): A comprehensive program for healing and family reunification. *First people child and family review*, 13 (1), 35-49.
- De Villiers, A. (2008). *The role of the social worker in the reunification of foster children with their birth parents*. [Unpublished master's dissertation]. University of Stellenbosch, Stellenbosch.
- Dobbins, M. (2017). Rapid review guidebook: Steps for conducting a rapid review. Retrieved from <https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf>
- Dundar, Y., & Fleeman, N. (2014). Developing my search strategy and applying inclusion criteria. In: A. Boland., M. G., Cherry., & R. Dickson (Eds.), *Doing a systematic review: A student's guide* (2nd ed., pp37-59). SAGE.
- Enano, S., Freisthler, B., Johnson, D. P., & Hermann, K.L. (2017). Evaluation parents in partnership: A preliminary study of a child welfare intervention design to increase reunification. *Journal of social services research*, 43 (2), 236-245.
- Effective Public Health Practice Project. (2009). *Quality assessment tool for quantitative studies*. Retrieved from <http://www.ehpmp.ca/tools.html>
- Farmer, E. (2009). Reunification with birth families. In: G. Schofield., & J. Simmonds (Eds.), *The child protection handbook*. Research Policy and Practice (3rd ed., pp 83-101). BAAF.

- Fernandez, E., & Lee, J. (2013). Accomplishing family reunification for children in care: Australian study. *Children and youth services review*, 35 (9), 1374-1384.
- Government of Western Australia. (2011). *The signs of safety child protection practice framework*. Retrieved from <https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf>
- Guerriero, A., & Blank, C.A. (2018). Music therapy in parent-child reunification program: benefits and challenges of implementation. *Voices*, 18 (4), Article 2601. <https://doi.org/10.15845/voices.v18i4.2601>
- Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K., & Larsen, J. (2013). *Direct Social Work Practice. Theory and Skills* (9th ed.). Thomson Brooks/Cole.
- Holland, S. (2011). *Child and family assessment in social worker practice* (2nd ed.). SAGE Publication.
- Lewandowski, C.A., & Pierce, L. (2004). Does family-centered out-of-home care work? Comparison of a family-centered approach and traditional care. *Social work faculty publications*, 28 (3), 143-151.
- Liberati, A., Altman, D.G., Tetzlaff, J., Mulrow, C., Gøtzsche, P.C., Ioannidis, J.P.A., Clarke, M., Devereaux, P.J., Kleijnen, J., & Mohe, D. (2009). *The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration*. Retrieved from <https://www.bmj.com/content/bmj/339/bmj.b2700.full.pdf>
- Maltais, M., Cyr, C., Parent, G., & Pascuzzo, K. (2019). Identifying effective intervention for promoting parent engagement and family reunification for children in out-of-home care: A series of Meta-analysis. *Child abuse and neglect*, 88, 262-375.
- Murphy, E., & Fairtlough, A. (2014). The successful reunification of abused and neglected looked after children with their families: A case file audit. *British Journal of social work*, 45 (8), 2261-2280.
- Natale, R., Scott, S.H., Camejo, S.T., Harnandez, M., & Sellas-Lamberty, O.S. (2012). Cherish the family: A program model of strengths and attachment in reunifying substance-abusing mothers with their children. *Child welfare journal*, 91(5), 73-95.

- Nicholson, E., Murphy, T., Larkin, P., Normand, C., & Guerin, S. (2016). Protocol for a thematic synthesis to identify key themes and messages from a palliative care research network. *BMC Research Notes*, 9 (1), 1-5.
- Nicklin, J.A. (2019). *Case managers' perspectives on how to achieve timely reunification* (Master's dissertation). Retrieved from <https://doi.org/10.26182/5db28c68be3d8>
- Orlando, L., Barkan, S., & Brennan, K. (2019). Designing an evidence-based intervention for parents involved with child welfare. *Children and youth services review*, 105.
- Rasaili, T.R., & Titus, C.M. (2007). Reunification: A reality or an impossible dream. (Master's dissertation). Retrieved from <https://gupea.ub.gu.se/bitstream/2077/4609/1/Complete%20final%20thesis%202.pdf>
- Republic of South Africa (RSA). (2005). *Children's Act no 38 of 2005*. Pretoria: Government Printers.
- Salveron, M., Lewig, K., & Arney, F. (2009). Parenting groups for parents whose children are in care. *Child abuse review*, 18 (4), 267-288.
- Tyndall, J. (2010). *The AACODS checklist is designed to enable evaluation and critical appraisal of grey literature*. Retrieved from https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS_Checklist.pdf?sequence=4&isAllowed=y
- Westfalls Associates. (2014). *Theories of motivation*. Retrieved from <http://www.westfallsassociates.com.au>

CHAPTER 4: REFLECTIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

4.1 Introduction

This chapter provides a summary of the rapid review, acknowledges the limitations of the study, makes recommendations for future research and presents its conclusions. Lastly, the study's implications for social work practice are also highlighted.

4.2 Reflection on the research question

The aim of this research study was to investigate literature on the clinical content of reunification intervention rendered to families. The research question was identified as "What is known about the clinical content of reunification intervention rendered to families?" This is a valid question as the literature review indicates that there is an increasing amount of research information about children who enter the care system and the alternative placement of a child; however, information regarding the return of children to their birth parents' care remains scarce. Furthermore, the literature indicates that birth parents tend to place a great deal of emphasis on material needs, which leads to designated social workers spending most of their professional time with the family on addressing the physical and financial capacity of the family unit while neglecting the therapeutic or clinical aim of reunification (Balsells et al., 2014).

Given the abovementioned, it is clear that clinical services play a crucial role in family reunification intervention. Additionally, they are also important in measuring and assessing whether adequate change has been attained during the intervention. Changes include aspects such as parental competencies since responsive parenting behaviour is known to improve the child-parent relationship (Balsells et al., 2014). Moreover, it may assist in the gathering and analysis of the information about the risk and protective factors to the child if he/she were to return home as well as each birth parents' capacity to change.

The literature indicates that there is a lack of clear guidelines or programmes for practice, suggesting that research on reunification continues to be limited. Although legislation in South Africa and the United Nation's guidelines for the alternative care of children (2010) emphasises that the removal of a child from the family of origin should be seen as a measure of last resort and should, whenever possible, be temporary. In the permanency planning for the child, reunification with the birth parents should be first, when possible; however, research indicates that sustained focus on reunification practice is rare. Therefore, this study focused on a rapid review of literature in terms of what is known about the clinical content of reunification intervention

rendered to families and how it may be addressed in a standardised and systematic manner to guide designated social workers.

4.3 Reflection on the research method

The researcher analysed 11 data sources and the majority of these sources made recommendations to child welfare practitioners, and suggested specific models or programmes and activities to increase the likelihood of a successful family reunification.

4.4 Reflection on the findings

Evidence shows that the removal of a child from direct risk of maltreatment alone has little influence in changing the circumstances of a home, improving a parent's disciplinary style, or their anger management skills. Nor does it encourage more responsive parenting. Thus, family reunification intervention is necessary to strengthen and support affected families so that they are able to provide a more suitable environment for their child's development (Lietz & Strength, 2011). An effort must be made to assist families to change or improve their initial living circumstances in preparation for their child's return home. In rendering family reunification intervention, it is, therefore, crucial to consider the wider family context; for instance, financial and housing problems, and characteristics of individual family members, like a child's behavioural and health problems and parent's abilities when are all important aspects that play a role in how effectively a family can function (Fernandez, 2013). Literature has identified interventions that have been helpful in family reunification are characterised by assessment and case planning, meaningful family engagement, service delivery, and designated social work's conduct (Child Welfare Information Gateway, 2011; Bronson et al., 2008).

The rapid review study highlighted the following: engagement, parental visit and contact, parenting capacity building, and support groups as forming a crucial part of the clinical reunification intervention rendered to families to ensure safe and timely reunification. The proposed research aim was achieved and after a critical appraisal, analysis and synthesis of the selected articles, this review, in essence, articulates the importance of clinical interventions to reunify families. These interventions engage families in assessment and case planning, encourage and supervise parent-child contact, and equips the birth parents with much-needed skills through evidence-based parenting skills programmes. Such programmes further aim to link families with networks of support in their communities. Specifically, a clinically natured intervention engages clients directly, intensely, and broadly in order to enable necessary changes in individual behaviour or relationships. Changes emphasis on making changes in individual general functioning. One additional service that was identified in the models was concrete

services. Concrete services offer material assistance to families, such as food, transport money and clothing.

4.5 Limitations of the review

Despite the initial rigorous searches, the researcher found limited data sources that are specifically focused on the clinical content of reunification intervention for families. Only 11 data sources met the inclusion criteria of the study, of which 3 were grey literature. Only full text data sources available through the NWU's One Search engine portal were included and only those in English and Afrikaans were considered. This can be considered as a limitation. The researcher acknowledges that the review had a specific focus, which meant that there was a scope limitation only, pertaining to the clinical content of reunification intervention rendered to families. As a result of this, some articles may have been excluded. Another factor that contributed to the exclusion of some articles was that most of the studies were more focused on reunification outside social work practice and child protection; the reunification of refugees with their significant others is a good example of this. Only 11 of the initial three 331 articles were included. The rest of the articles were excluded due to the fact that they were outdated and, therefore, did not meet the requirements of the search.

4.6 Implication for research

Although there is limited research that details what the clinical content of reunification intervention rendered to families is, this review was able to identify particular models that render intensive family services to support families. These emphasised matching certain services to identified needs and working with birth parents to expand their skills. This was done by improving their ability to form a positive attachment and improving their response to behavioural problems. Moreover, these models assisted birth parents to increase their emotional regulation as well as develop and maintain healthy relationships with their children. The common characteristic (of these models) was the increased contact between workers and birth parents, birth parent contact with the child, parenting skills, and social support networks, which, in turn, made it possible for counselling to be more positively received by birth parents. Concrete services were also highlighted. Thus, it is highly recommended that further studies should focus more on identifying the clinical content of reunification intervention rendered to families in different contexts including, including those such as concrete services.

4.7 Implication for practice

The challenge for designated social workers is to ensure the safety rights and needs of the child while, at the same time, recognising that parental rights and needs also need attention (Ainsworth

& Hansen, 2011). Designated social workers are tasked with the dual responsibility of promoting child upbringing by their families whenever possible and prevent delays in securing alternative permanency when children cannot return home (Murphy & Fairtlough, 2014). Findings in this review suggest that designated social workers must engage families immediately after the child has been removed, encourage and supervise parent-child contact, equip birth parents with parenting skills that match their needs, and link them to support services in their communities. The engagement needs to be therapeutic in nature and should aim to develop the emotional, psychological, and behavioural functioning of the birth parents. Concrete services were also common within the content of the models used as an intervention in reunifying families. Improving the capacity of the birth parents to actively respond to the needs of the child seems to be the main goal. Given the emphasis in policies and practice on achieving reunification, designated social workers must understand and implement those interventions that increase the likelihood of a child being successfully reunified with his or her birth parents.

4.8 Recommendations

The findings of this study suggest that clinical interventions are both necessary and fundamental to families for reunification purposes. It is recommended that government should focus on and invest more in family reunification, specifically clinical intervention programmes to promote access to services that improve parenting. There needs to be improvement in the provision of fully comprehensive evidence-based parenting programmes. Furthermore, these programmes should be freely accessible to all parents in need. Additionally, it is recommended that strategies be developed to make these programmes compulsory for birth parents of children in care since this will enable the change necessary. Furthermore, since it has been identified that concrete service interventions like assisting with housing and other material resources are included in the clinical content of reunification intervention to families, a special budget within the government should be set aside for such a specific purpose.

4.9 Conclusion

The aim of this study was to outline the clinical content of reunification intervention services rendered to families. The SPICE acronym was used to address the research question. There were 11 articles found through the electronic search, which provided valuable information on the content of various clinical intervention models related to family-orientated services. The information that was gleaned from the study provided an understanding of what the clinical content of such reunification intervention services is and its importance since they are aimed at directly improving emotional, psychological, and personal functioning, rather than providing for

tangible needs. These are counselling services that enhance the coping and interpersonal skills of both the birth parent and child.

By understanding these services of family reunification, designated social workers can better render effective reunification services to families by applying a theoretical model that enables them to train clients in the following areas: mood and self-management skills to relieve anxiety, controlling their anger, improving their self-esteem, and lessening their levels of depression.

While the Children's Act 38 of 2005 requires that efforts should be made to reunify children with birth parents through the provision of therapeutic intervention, therapeutic intervention is not particularly mentioned in the Act, which makes family reunification difficult. Evidence from this study identified four important themes related to reunification. These can be identified as: family engagement, parent-child contact, parenting capacity building, and support groups. The above-mentioned are key components of services that will ensure that children are reunified timeously with their birth parents and, that in the absence of these services, unsuccessful attempts of family reunification are possible. These services allow for clinical intervention in the form of parent-child interaction through family therapy; for instance, play therapy is beneficial during family reunification as this therapeutic intervention can build on the parent-child relationship as well as their attachment. Family counselling contributes greatly to family reunification.

Additionally, concrete services are also just as necessary within the models used to provide intervention to families. In this regard, birth parents are encouraged to consider the needs of the child and be aware of them while dealing with any social issues which may be affecting their ability to respond applicably to not only their child's needs, but also their livelihood. All four themes (as previously mentioned) when coupled with concrete services work effectively together; therefore, they must be implemented together to ensure successful family reunifications.

4.10 REFERENCES

Acts ~~see~~ RSA

Ainsworth, F. & Hansen, P. 2011. The experience of parents of children in care. The human rights issue. *Child and Youth Services*, 32(11):9-18.

Balsells, M. A., Paster, C., Mateos, A., Amorós, P., Ponce, C. & Navajas, A. 2014. Child welfare and successful reunification through the socio-educative process: Training needs among biological families in Spain. *Social Science Journal*, 3(4): 809-826.

Bronson, D.E., Saunders, S., Holt, M.B.& Beck, E. 2008. *Systematic review of strategies to promote successful reunification and to reduce re-entry to care for abused, neglected, and unruly children*. Paper delivered at the Ohio Department of Job and Family Service, Ohio. <http://www.ocwtp.net/PDFs/Reun-Reentry%20Final%20Report.pdf> Date of access: 16 Jun. 2018.

CWIG (Child Welfare Information Gateway). 2011. *Family reunification: what the evidence shows*. https://www.childwelfare.gov/pubs/issue_briefs/family_reunification/index.cfm Date of access: 23 Aug. 2018.

Fernandez, E. 2013. *Accomplishing permanency: reunification pathways and outcomes for foster children*. Available from Springer e-books: <https://www.springer.com/gp/book/9789400750913> Date of access: 11 Nov 2019.

Murphy, E., & Fairtlough, A. 2014. The successful reunification of abused and neglected looked after children with their families: A case file audit. *British Journal of social work*, 45 (8): 2261-2280.

Lietz, C.A. & Strength, M. 2011. Stories of Successful Reunification: A Narrative Study of Family Resilience in Child Welfare. *Families in Society: The Journal of Contemporary Social Services*, 92(2): 203-210.

Republic of South Africa (RSA). 2005. *Children's Act 38 of 2005*. Pretoria: Government Printers.

UN (United Nations). 2010. *Guideline for the alternative care of children*. https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf Date of access: 13 Jun. 2019.

ANNEXURE A: CASP TOOL



www.casp-uk.net

info@casp-uk.net

Summertown Pavilio
Way Oxford OX2 7LS

CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. The remaining questions have some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklist (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial-Share A like. To view a copy of this license, visit <http://creativecommons.org/licenses/by-sa/3.0/> www.casp-uk.net

Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments:

6. Has the relationship between researcher and participants been adequately considered?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	☐
Can't Tell	☐
No	☐

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

ANNEXURE B: EPHPP QUALITY ASSESSMENT TOOL

QUALITY ASSESSMENT TOOL FOR QUANTITATIVE STUDIES



COMPONENT RATINGS

A) SELECTION BIAS

(Q1) Are the individuals selected to participate in the study likely to be representative of the target population?

- 1 Very likely
- 2 Somewhat likely
- 3 Not likely
- 4 Can't tell

(Q2) What percentage of selected individuals agreed to participate?

- 1 80 - 100% agreement
- 2 60 - 79% agreement
- 3 less than 60% agreement
- 4 Not applicable
- 5 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

B) STUDY DESIGN

Indicate the study design

- 1 Randomized controlled trial
- 2 Controlled clinical trial
- 3 Cohort analytic (two group pre + post)
- 4 Case-control
- 5 Cohort (one group pre + post (before and after))
- 6 Interrupted time series
- 7 Other specify _____
- 8 Can't tell

Was the study described as randomized? If NO, go to Component C.

No Yes

If Yes, was the method of randomization described? (See dictionary)

No Yes

If Yes, was the method appropriate? (See dictionary)

No Yes

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

C) CONFOUNDERS

(Q1) Were there important differences between groups prior to the intervention?

- 1 Yes
- 2 No
- 3 Can't tell

The following are examples of confounders:

- 1 Race
- 2 Sex
- 3 Marital status/family
- 4 Age
- 5 SES (income or class)
- 6 Education
- 7 Health status
- 8 Pre-intervention score on outcome measure

(Q2) If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)?

- 1 80 – 100% (most)
- 2 60 – 79% (some)
- 3 Less than 60% (few or none)
- 4 Can't Tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

D) BLINDING

(Q1) Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?

- 1 Yes
- 2 No
- 3 Can't tell

(Q2) Were the study participants aware of the research question?

- 1 Yes
- 2 No
- 3 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

E) DATA COLLECTION METHODS

(Q1) Were data collection tools shown to be valid?

- 1 Yes
- 2 No
- 3 Can't tell

(Q2) Were data collection tools shown to be reliable?

- 1 Yes
- 2 No
- 3 Can't tell

RATE THIS SECTION	STRONG	MODERATE	WEAK
See dictionary	1	2	3

F) WITHDRAWALS AND DROP-OUTS

(Q1) Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group?

- 1 Yes
- 2 No
- 3 Can't tell
- 4 Not Applicable (i.e. one time surveys or interviews)

(Q2) Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).

- 1 80 -100%
- 2 60 - 79%
- 3 less than 60%
- 4 Can't tell
- 5 Not Applicable (i.e. Retrospective case-control)

RATE THIS SECTION	STRONG	MODERATE	WEAK	
See dictionary	1	2	3	Not Applicable

G) INTERVENTION INTEGRITY

(Q1) What percentage of participants received the allocated intervention or exposure of interest?

- 1 80 -100%
- 2 60 - 79%
- 3 less than 60%
- 4 Can't tell

(Q2) Was the consistency of the intervention measured?

- 1 Yes
- 2 No
- 3 Can't tell

(Q3) Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may influence the results?

- 4 Yes
- 5 No
- 6 Can't tell

H) ANALYSES

(Q1) Indicate the unit of allocation (circle one)

community organization/institution practice/office individual

(Q2) Indicate the unit of analysis (circle one)

community organization/institution practice/office individual

(Q3) Are the statistical methods appropriate for the study design?

- 1 Yes
- 2 No
- 3 Can't tell

(Q4) Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?

- 1 Yes
- 2 No
- 3 Can't tell

GLOBAL RATING**COMPONENT RATINGS**

Please transcribe the information from the gray boxes on pages 1-4 onto this page. See dictionary on how to rate this section.

A	SELECTION BIAS	STRONG	MODERATE	WEAK
		1	2	3
B	STUDY DESIGN	STRONG	MODERATE	WEAK
		1	2	3
C	CONFOUNDERS	STRONG	MODERATE	WEAK
		1	2	3
D	BLINDING	STRONG	MODERATE	WEAK
		1	2	3
E	DATA COLLECTION METHOD	STRONG	MODERATE	WEAK
		1	2	3
F	WITHDRAWALS AND DROPOUTS	STRONG	MODERATE	WEAK
		1	2	3
				Not Applicable

GLOBAL RATING FOR THIS PAPER (circle one):

- | | | |
|---|----------|----------------------------|
| 1 | STRONG | (no WEAK ratings) |
| 2 | MODERATE | (one WEAK rating) |
| 3 | WEAK | (two or more WEAK ratings) |

With both reviewers discussing the ratings:

Is there a discrepancy between the two reviewers with respect to the component (A-F) ratings?

No Yes

If yes, indicate the reason for the discrepancy

- | | |
|---|---|
| 1 | Oversight |
| 2 | Differences in interpretation of criteria |
| 3 | Differences in interpretation of study |

Final decision of both reviewers (circle one):

- | | |
|---|----------|
| 1 | STRONG |
| 2 | MODERATE |
| 3 | WEAK |

ANNEXURE C: AACODS CHECKLIST

Archived at the Flinders Academic Commons:
<http://dspace.flinders.edu.au/dspace/>

The AACODS checklist is designed to enable evaluation and critical appraisal of grey literature.

The Fourth International Conference on Grey Literature held in Washington, DC, in October 1999 defined grey literature as: "that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers."

Grey literature includes theses or dissertations (reviewed by examiners who are subject specialists); conference papers (often peer-reviewed or presented by those with specialist knowledge) and various types of reports from those working in the field. All of these fall into the "expert opinion"

Critical appraisal is "the process of carefully and systematically examining research to judge its trustworthiness, and its relevance and value in a particular context" (Burls 2009)

Grey (unpublished) studies and RCTs should be appraised using the same tools as their black (published) counterparts.

AACODS		YES	NO	?
Authority	Identifying who is responsible for the intellectual content. Individual author: • Associated with a reputable organisation? • Professional qualifications or considerable experience? • Produced/published other work (grey/black) in the field? • Recognised expert, identified in other sources? • Cited by others? (use Google Scholar as a quick check) • Higher degree student under "expert" supervision? Organisation or group: • Is the organisation reputable? (e.g. W.H.O) • Is the organisation an authority in the field? In all cases: • Does the item have a detailed reference list or bibliography?			
Accuracy	• Does the item have a clearly stated aim or brief? • Is so, is this met? • Does it have a stated methodology? • If so, is it adhered to? • Has it been peer-reviewed? • Has it been edited by a reputable authority? • Supported by authoritative, documented references or credible sources? • Is it representative of work in the field? • If No, is it a valid counterbalance? • Is any data collection explicit and appropriate for the research? • If item is secondary material (e.g. a policy brief of a technical report) refer to • the original. Is it an accurate, unbiased interpretation or analysis?			

Coverage	All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey. Are any limits clearly stated?			
Objectivity	It is important to identify bias, particularly if it is unstated or unacknowledged. - Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? - Does the work seem to be balanced in presentation?			
Date	For the item to inform your research, it needs to have a date that confirms relevance - Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. - If no date is given, but can be closely ascertained, is there a valid reason for its absence? - Check the bibliography: have key contemporary material been included?			
Significance	This is a value judgment of the item, in the context of the relevant research area - Is the item meaningful? (this incorporates feasibility, utility and relevance) - Does it add context? - Does it enrich or add something unique to the research? - Does it strengthen or refute a current position? - Would the research area be lesser without it? - Is it integral, representative, typical? - Does it have impact? (in the sense of influencing the work or behaviour of others)			

Burls, A. 2009, *What is critical appraisal?*, Bandolier, viewed 4 November 2009.
http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What_is_critical_appraisal.pdf

Jess Tyndall,
 Flinders University,
 Nov 2010

ANNEXURE D: ETHICAL APPROVAL



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 086 016 9698
Web: <http://www.nwu.ac.za/>

North-West University Health Research Ethics
Committee (NWU-HREC)

Tel: 018 299-1206
Email: Ethics-HRECAppl@nwu.ac.za (for human
studies)

20 November 2019

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 20/11/2019, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Rapid review of clinical reunification intervention to families

Principal Investigator/Study Supervisor/Researcher: Dr H Malan

Student: S Mathebula - 29467500

Ethics number:

N W U - 0 0 5 2 2 - 1 9 - A 1

Institution

Study Number

Year

Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation;
A = Authorisation

Application Type: Systematic review

Commencement date: 20/11/2019

Expiry date: 30/11/2020

Risk:

Minimal

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of continuation. A monitoring report is due at the end of November annually until completion.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:
 - Annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and
 - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for active monitoring.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-HREC reserves the right to:

- request access to any information or data at any time during the course or after completion of the study;
- to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
- withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the annual monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

Chairperson NWU-HREC

Current details:(23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019
File Reference: 9.1.5.4.2

ANNEXURE E: DECLARATION LANGUAGE EDITOR



EDITING CERTIFICATE

12 November 2020

To whom it may concern

DECLARATION OF LANGUAGE EDITING

Re: Rapid review of clinical reunification intervention to families

This serves to confirm that I, Tanya-Lee Ruby Stewart, a SATI-registered language editor and translator, undertook the language editing of the above-mentioned mini-dissertation on behalf of SP Mathebula - NWU student number: 294675002, for the purpose of meeting the partial fulfilment of the requirements for the degree Master of Social Work in Child protection at the North-West University.

Changes and corrections were suggested by means of "track changes" and e-mails. However, implementation thereof was left up to the author.

Should you have any queries, please contact me through the email address and telephone number provided by the letterhead.

Yours sincerely

TR Stewart
Member: South African Translators'
Institute SATI registration no:
1003470

