Parents as an under-utilised resource for the substance dependency service to their youth: Developing a model for social work practitioners

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DECLARATION

I declare that **PARENTS AS AN UNDERUTILIZED RESOURCE FOR THE SUBSTANCE DEPENDENCY SERVICE TO THEIR YOUTH: DEVELOPING A MODEL FOR SOCIAL WORK PRACTITIONERS** is my own independent work and that all sources used or quoted have been indicated and acknowledged by means of complete references.



25/05/2020

Signature Date

DEDICATION

I dedicate this study to my parents, the late Namabena and Niniwe Masombuka. Sadly, they never lived to witness this milestone. I also dedicate this study to incalculable number of signicant people who have contributed immensely to my life since childhood and have shaped me to become a person that I am today. Furthermore, this study is dedicated to all the parents whose voice is often uncaptured in the current intervention, even though they play a critical role in supporting and assisting the youth to recover from substance dependency.

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ABSTRACT

Parents have a permanent obligation and responsibility towards their progeny. Therefore, when the youth is dependent on substances, parents become severely affected by the problem and, subsequently are at the forefront of supporting and assisting the youth to recover from substance dependency. Despite the incalculable role that they execute in supporting the youth, the current interventions tend to underutilize them as a resource for substance dependency service to their youth.

This study aimed at exploring how parents can be utilized as a resource for the substance dependency service to their youth. In the study, explorative, descriptive, contextual and intervention research designs were employed to determine how parents can be utilized as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model. Non-probability purposive sampling was used to select 10 parents of substance dependent youth and 11 social workers from the 10 service points of DSD Gauteng, in the CTMM, who met the inclusion criteria and willingly participated in the study. Data was collected using face-to-face individual semi-structured interviews as well as an interview-guide.

Tesch's (1990) steps of qualitative data analysis were utilized in making sense out of collected data and data verification was also done. The trustworthiness of the qualitative data obtained was established through Guba's (1981) model, addressing the credibility, transferability, dependability and conformability of this study. For the purpose of this study, the researcher adopted the strengths-based and family systems approaches as its theoretical base. Ethical requirements such as informed consent, beneficence, anonymity, privacy and confidentiality as well as avoidance of harm to participants were adhered to. The main findings of this study proved that parents are underutilized as a resource for the substance dependency services provided to their youth. Thus, the model was developed in an effort to provide social work practitioners with a framework on how parents can be utilized in the substance dependency services to their youth.

Key terms

Parents, youth, social worker, substance dependent, substance, service and model

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1. CHAPTER ONE - GENERAL ORIENTATION TO THE STUDY

1.1 Introduction

Globally, substance dependency among youths is a significant social problem (Mirlashari, Demirkol, Salsali, Rafiey & Jahanbani, 2012:461). Nelson (2012:49) attested that the problematic issue of substance dependency among young people is rife and continues to escalate. Similarly, Smith and Estefan (2014:415) noted that substance dependency among young people is a problematic phenomenon and significant growing concern worldwide. Disquietingly, in spite of efforts to combat it, this social problem is not declining but remains rife. In this regard, Somani and Meghani (2016:1) revealed that the prevalence of substance abuse among youths is alarming and is not only a social problem but also a global public health issue. Hoeck and Van Hal (2012:1) observed that, although substance abuse occurs in all age groups, young people are the most vulnerable population. According to Mirlashari et al. (2012:461), the transition period from mid to late adolescence into early adulthood is viewed as the age of susceptibility for substances. Similarly, the 2018 World Drug Report found that adolescent stage is a critical period for the initiation of substance use and the problem may advance among young people aged 18-25 years (United Nations Office on Drugs and Crime (UNODC), 2018a:16). Providing further details, the 2018 World Drug Report found that the general population in many parts of the world is relatively young and the extent of substance abuse among young people remains much higher compared to older people (UNODC), 2018a:16).

Mirlashari et al. (2012:462) elucidated that problematic family relationship, parental absence, history of being abused, low-quality family management and parental drug use and modelling are amongst the predisposing factors for substance use and dependency amongst youth. To explicate this further, the 2018 World Drug Report noted that there are a number of factors at the personal level that influence harmful use of substance among young people (UNODC, 2018a:17). Although not all individuals are equally at risk of misusing substances, the factors at a personal level that can render young people vulnerable include neurological developments, behavior and mental health, parental and

family functioning, peer pressure and school. The physical and socio-economic environment can also play a huge role in making young people susceptible to substance use (UNODC, 2018a:18). In this regard, the report on Public Health in England (2017:9) suggested that factors that are associated with young people misusing substances include experiencing sexual exploitation, domestic violence, antisocial behavior, playing truant and being exposed to parental substance misuse. Olawole-Isaac, Ogundipe, Amoo and Adeloye (2018:79) noted that the negative consequences of substance use include criminal activity, injury, neglect of social responsibility, loss of life and diseases. The huge global impact of the problem becomes all the more evident when considering that more than 1 in every 10 young people is a substance user, suffering from substance-induced disorders or dependence (UNODC, 2015:ix).

According to the African Union (AU) Plan of Action on Drug Control (2013-2017:3), the African continent is not immune but severely affected by the global substance problem and the current continental drug challenges are multifaceted by inadequate and capricious information and inadequate treatment options. In addition, the lack of financial resource by national health-care systems in many African countries prevents them from adequately meeting treatment demands of substance-dependent persons. The 2015 World Drug Report found that in Africa, counselling for people dependent on substance is presumed to be more available than other types of intervention (UNODC, 2015:31). The majority of substance dependency treatment services on the continent are offered in specialized psychiatric hospitals and this on its own indicates that there is an urgent need in Africa for professional and comprehensive treatment for people dependent on substance and their families, other than counselling. Though counselling forms the backbone of substance dependent treatment, whether it is through in-patient or out-patient services, the report explicitly revealed an overall lack of provision of other treatment in interventions to address substance dependence.

In South Africa, the level of substance dependency is extremely serious to the extent that substance usage is reported as being at double the global norm (Tshitangano & Tosin, 2016:2). Young people in South Africa are increasingly dependent on substances to the extent that almost 50% and 12.7% of South African school-going youth have reported to

have used alcohol or cannabis at least once in their lives (Groenewald, 2018:1564). Furthermore, the South African Police Service (SAPS) figures show that substance abuse accounts for 60% of all crimes in the country and over 15% of the South African population suffers from a substance problem (Van der Merwe, Erlank, Paul, & Mashiapata, 2015:6). In this regard, South Africa is considered to be a profitable market by international traffickers because it has some of the highest incomes in Africa. In addition, South Africa, as compared to other African countries, has arguably the most developed substance abuse treatment system (Pasche & Myers, 2012:239). These factors have resulted in South African youths having easy access to substances and attracting local and international drug dealers. Consequently, South African youth are the most vulnerable population as they are hard hit due to the alarming rate in the use of alcohol and abuse of illicit drugs (National Drug Master Plan (NDMP), 2013-2017:2). To elucidate further, Parker (2018) found that 80% of male youth death in South Africa is alcohol-related and substance use is estimated to be double the world norm. According to Choate (2015:462), substance dependency in the youth is different from the adult experience. For example, young people struggle to connect their current actions with long term-have aftermaths; have a harder time connecting present actions with longer-term consequences; their attitude and beliefs reflect their developmental stage; and their physiological responses are reflective of physical development. As a result of the adolescent stage of development, mental health disorders which may be difficult for parents to understand can emerge (Choate, 2015:463). Young people substance dependency is associated with damaging physical, mental and social health, and interferes with crucial developmental tasks. Therefore, substance dependency interrupts the general development of the young person and impacts on all the life tasks that they have to master.

The Gauteng Province of South Africa is not spared to the problem as many young people are involved in substance dependency and drug trafficking. Furthermore, substance dependency in the Province is the main contributor to social ills such as poverty, crime, unemployment as well as the high rate of HIV and AIDS infection (Gauteng Department of Social Development Strategic Plan, 2015-2020:7). Furthermore, the exposure of

Gauteng youths to the abuse of substances is alarming as compared to other Provinces in South Africa (Gauteng Department of Social Development, 2015-2020:41).

The significant increase of youth who are dependent on substances puts an additional burden on their families, especially the parents who have to deal with the consequences of their behavior. Masombuka and Qalinge (2020:57) maintained that the family as a system tends to severely suffer most as a result of substance dependent youth. Subsequently, parents, as the significant others, are compelled to develop new survival mechanisms to adapt to the behavior of substance dependent youth within the family system. Reacting to the above situation, mothers in Eldorado Park, South of Johannesburg, wrote to former President Jacob Zuma, requesting him to intervene and help solve the ongoing drug crisis in the area (Magubane, 2013). Eldorado Park is one of numerous communities in Gauteng battling with the scourge of substance abuse. In response, the former president and several cabinet ministers visited the area in May 2013, in an effort to deal with the drug crisis. He pledged that he would personally take charge of drug dens called “lolli lounges” and drug peddlers. “Lolli lounges” are described as spots where young girls are attracted with payments of R100 to entertain men. They become hooked on substances and stay on as sex workers, getting their substances for free while they keep customers “happy” (Magubane, 2013).

The CTMM is not immune to the global substance problem. In August 2019, a taxi driver was killed in a shooting by a suspected foreign drug dealer (Matshili, 2019:1). The driver was killed in the Tshwane Central Business District (CBD) after he and fellow taxi drivers were allegedly trying to chase drug lords from the inner city, which is highly affected by the scourge of youth drug abuse. The incident sparked a series of protests which resulted in foreign buildings and shops in the Tshwane CBD being attacked and torched. Following the death of the taxi driver, the Tshwane Anti-Drug Movement was pre-launched as a first step to tackle the problem in the city (Matshili, 2019:1).

The City of Tshwane accounts for approximately 24% of the more than 3 million total population of Gauteng (City of Tshwane Integrated Development Plan, 2017/21:26). This makes it the third most populous Metropolitan Municipality in the Province. In Tshwane,

there is an apparent high concentration of youth due to the large concentration of institutions of higher learning such as University of Pretoria, Sefako Makgatho Health Sciences University and the Tshwane University of Technology. Approximately 61% of Tshwane's population is younger than 35, and youth population accounts for 36% of the total population (City of Tshwane Integrated Development Plan, 2017/21:26). Tshwane, being the capital city and economic hub of South Africa, its economy attracts local and international drug dealers. In an attempt to tackle the scourge of drug abuse in the city, Samkelo Mgobozi, spokesperson for former Executive Mayor of Tshwane, Solly Msimanga, pointed out in the radio programme, the Midday Report (702 FM 2017) that the CTMM had launched a 'Hopeline'. The Hopeline is essentially a call centre that will allow some specialists in the health sector to assist people with problems they are facing in relation to substances (Mgobozi, 2017).

Parents have an obligation to create and foster a safe environment to enhance their child's growth until the age of majority. Regrettably, this parental obligation is often challenged by young people who are involved in risky behaviours that threaten their health and well-being. Subsequently, in the interest of their offspring, parents of these young people are forced to obtain treatment for their progeny at the time when the young people may be in a position to give consent to or refuse the treatment (Kerwin, Kirby, Speziali, Duggan, Mellitz, Versek & McNamara, 2015:166). In South Africa, the reality is that many young people are still living in their parental homes. Subsequently, parents continue to take responsibility because young people are still perceived as "children" and not "adults" in their home. The implication for parents could be that when a young person becomes dependent on substances, the burden of managing the problem falls on the family, particularly parents. This is consistent with the finding by Hoeck and Van Hal (2012:1) who revealed that regardless of the extend, the liability of managing the problem associated with the substance dependency of a young person unavoidably falls on the family, particularly the parents.

Smith and Estefan (2014:45) argued that although substance dependency presented as an individual problem for the user, the family as a system was undoubtedly affected by the family member's dependency. According to the NDMP (2013-2017:2), substance

dependency continues to destroy individuals, families and communities. The families of substance dependent youth are placed under severe financial strain due to the loss linked with theft from the family, treatment and legal cost for users. Furthermore, many families are victims of crimes and other social ills as a result of substance dependency by an individual family member. Concerning the significant financial burden, Waini (2015:93) observed that parents often lost money and possessions through their substance dependent progeny who stole to feed their habit. Furthermore, the dependent went to the extent of vandalizing parents' property if he/she failed to get money from them to satisfy the addiction (Waini, 2015:93). Additionally, the study by Mathibela (2017:10) found that parents complained about loss of money, jewellery and cell phones as a result of a substance dependent user who would steal from them in order to feed the habit. Beside the significant financial burden, there are also short-term effects that family members and parents of a substance dependent young person suffer. They include feeling lonely, unsupported, confused, anxious, stressed and guilty. Longer-term effects include feeling depressed, high blood pressure, nervous breakdowns, conflicts within family relationships and deterioration in family relationships (Hoeck and Van Hal, 2012:1).

Parents are concerned about what is happening to their progeny. As responsible family members, they feel that they have an obligation to change the situation to normal and in their efforts, they attempt to find the best way of containing and resolving the situation (Orford, Velleman, Copello, Templeton & Ibanga, 2010b:50). This is often difficult. The situation they face is unexpected hence they are unprepared and have no knowledge of how to tackle the problem confronting them. They are often confronted with demands that create acute dilemmas such as whether or not to demonstrate care, for instance. In other instances, family members try a number of different mechanisms of coping, but often fail. According to Orford et al. (2010b:51), many affected family members, especially parent(s), often ask: "What can we do for the best?". They have run out of ideas.

For parents, it is hard to learn that the young person is dependent on substances. They blame themselves for having failed to execute their parental duties and feel responsible for their progeny's addiction. Because of shame and guilt, they continue showing love and carry out their parental responsibility for their dependent progeny. To compound the

problem, due to a lack of skills and knowledge regarding substance dependency as well as denial and poor parenting, some parents enable their progeny's dependence by providing him/her with money to buy substances (Hoeck & Van Hal, 2012:7). Others allow them to skip school, permit them to use drugs at home or drive them to get drugs, so that their progeny does not go through the ordeal of withdrawal. Choate (2015:468) also found that some parents paid off the drug debts of their dependent children.

Despite the fact that youth substance dependency has a profound effect on parents, clinical literature and research give insight into the functioning of parents and family dealing with a substance dependent youth from the young person's perspective only (Choate, 2015:463). This is confirmed by Manthorpe, Moriarty and Cornes (2015:53) who asserted that even though parents are in the forefront of helping a substance dependent youth to recover, they rarely feature in either policy documents or in research. Regarding this aspect, Mathibela and Skhosana (2019:87) appealed for a need to improve the current interventions, policies and research in relation to substance dependency in order to integrate parents with substance dependent young people. Furthermore, the scholars urged social workers not to exclude parents of the substance dependent young person from their services but pay attention to their needs as they are also at risk.

A study by Hoeck and Van Hal (2012:1) also concluded that many of the challenges surrounding a substance dependent young person had a profound impact on family members, particularly parents. However, research on this topic is quite limited or little is known about parents' experiences. According to Barlow (2010:130), families play a critical role in assisting a dependent to recover but the recovery strategy and service provision have a tendency not to integrate them. In 2013, Masombuka conducted a research study on children's addition to the drug "nyaope" in Soshanguve Township, with a particular focus on parents' experiences and support needs. The study confirmed that parents felt helpless, intimidated, miserable, ashamed and desperate about their progeny's addiction to substances. In addition, the study confirmed that parents found it difficult and struggled to cope and manage their children who abused substances (Masombuka, 2013:103). To compound the problem, parents felt that social workers were not doing enough to provide them with the skills, information and support in relation to

their progeny's addition to substance. In response, social workers reported that they felt overwhelmed by high case load, limited resources, long admission waiting lists and the red tape associated with the admission process into the treatment centres of people affected by substance dependency (Masombuka, 2013:113).

According to Choate (2015:468), parents typically reach out for formal help when they feel that the pressures arising from their youth's substance behaviours are far beyond their abilities and capacities. Reaching out for help is often a last resort and a major step for parents to take after exhausting every available avenue to address the behavior of the substance dependent youth. Contrary to the parents' expectations of reaching out for help, the study by Choate (2015:469) found that parents of substance dependent youth were disappointed because they were excluded from services due to confidentiality barriers and felt that therapist was conniving with the youth. Furthermore, parents expressed how they wished that therapist would provide them with information that would allow them to make sense of what was happening and how they could effectively respond. Parents also felt unsupported by the therapist and wished youth substance dependency was treated like any sickness in which professionals normally involve significant others by explaining everything about the condition. Contrary to the parents' expectations and wishes, parents felt that their efforts of reaching out for help were in vain because they were left in the dark. In addition, parents also learned that therapists were reluctant to use terms such as dependency in describing the youth condition. Often therapists offered unacceptable solutions to parents such as throwing the youth out of their home, which were inconsistent with the family values and had the potential to cause more damage.

Similarly, Hoeck and Van Hal (2012:6) found that parents of the substance dependent youth were discontented with services received from the professionals because the later were refusing to release information on the grounds of protecting the dependent's confidentiality. Furthermore, Hoeck and Van Hal (2012:6) observed that when parents of the substance dependent youth took initiative to approach organizations specializing in assistance for problematic substance dependency, they were not assisted until after their son or daughter got into trouble and was required to get treatment. In addition to the above, Orford, Copello, Velleman and Templeton (2010a:38) postulated that parents of

a young person with substance dependency problems were stigmatized and viewed as having been abusive to their progeny, implying that they were inadequate in their parenting.

The above-mentioned trends on international studies have also been identified in the South African studies. For instance, in the study conducted by Waini (2015:101) in the Gauteng Province, in the areas of Boksburg, Springs, Kwa-Thema and Geluksdal, it was found that parents complained that they received inadequate social work services to cope with the challenges associated with the substance dependency of their young person, even though they reached out for help. It is significant to note that parents found that social work services were unsatisfactory, left them extremely frustrated, and disempowered and their particular needs were often unrecognized and unaddressed by the social workers. Groenewald and Bhana (2016:660) found that parents of substance dependent youth in South Africa felt discontented with the services available to them. Similarly, the findings of a study conducted by Mathibela (2017:13), in Ramotse, North of Tshwane in the Gauteng Province, revealed that even though parents were the main role players in assisting a young person dependent on substances, most of the social workers' support and services focused on the young person and little was being done for parents Consequently, this led to parents and other family members feeling frustrated and helpless and finally withdrawing their support for the young person dependent on substances.

The lack of support for parents is in contradiction of findings by Kumpfer (2014:1) who concluded that standardized family-based interventions were the most effective way of preventing or treating substance and delinquency in a young person. In support of the above, Mauro, McCart, Sheidow, Naeger and Letourneau (2017:325) emphasized that high parent engagement, measured using a therapeutic alliance scale early in Multidimensional Family Therapy (MDFT), was associated with reductions in youth substance use and "acting out". In a related study, Carpenter (2013:16) found that in contrast to treatment that focuses on the young person only treatment that integrated both the young person and family or parent/s had the greatest chance of achieving positive outcomes for a young person with substance dependency. In line with the above

conclusions, parents need to be utilized as a resource for the substance dependency services to their youth. It is against this background that this study seeks to explore how parents can be utilized in this regard.

1.2 Problem statement

The situation described in the preceding sections proves that South Africa is at a point where there is a need to focus on measures to intensify efforts to combat youth substance dependency. The South African Government has been proactive in coming up with Bills and regulations about substances. These include the Drugs and Drug Trafficking Act 20 of 1992, Medicines and Related Substances Amendment Act 59 of 2002, Prevention and of Treatment for Substance Abuse Act 70 2008 and, Minimum Norms and Standards for out-patient centres and NDMP. However, many of these are just ideas on paper since there have been no proper implementation structures in place. For example, Section 9, sub-section 2 of the Prevention of and Treatment for Substance abuse Act 2008, amongst others, purports that prevention programmes for substance dependency must dedicate efforts on protecting the well-being of the substance dependent and their families. It also purports that the prevention programmes for substance dependency must focus on creating suitable parenting skills for risk families and enable them to identify early warning signs in relation to substance use as well as empower them with information on available resources for support and how to manage the situation. In addition, the principles of empowerment, family centred participation, continuum of care and normalization contained in the Minimum Norms and Standards for out-patient centres issued by the DSD, clearly stipulate that the active participation of both the persons affected by substance dependence and their families should be ensured throughout all stages of the intervention process (Minimum Norms and Standards for out-patient centres, 2004:8).

Although the above legal and policy framework mandates interventions to involve families, and particularly parents, in the provision of substance dependency services, some of the research from practice demonstrates that parents are an underutilized resource because they are, in most cases, excluded from the substance dependency services rendered to their youth (Hoeck & Van Hal, 2012; Choate, 2015; Waini, 2015;

Groenewald & Bhana, 2016; Mathibela, 2017). The gap between legislation and what is happening in practice has contributed to the researcher's interest and motivation to investigate the topic under discussion. Hence, the study seeks to bring synergy between legislation requirements and practise.

The current study postulates that parents are an underutilized resource for substance dependency services to their youth. Although the importance of family and especially parents' utilization in substance dependency services is emphasized in the legislation and policies in South Africa, anecdotal information from practice attests that lack of parental utilization remains an area of concern.

Given the research problem defined above, it is customary in qualitative research to formulate research questions that stem from problems that need to be solved. Therefore, in order to indicate clearly what the researcher wishes to acquire, the study was guided by the following main questions:

- What are parents' experiences regarding substance dependency services to their youth?
- From the perspective of social workers, what services or intervention methods are available to utilize parents as a resource for substance dependency services to their youth?
- Which social work model could be developed to ensure the utilization of parents as a resource for substance dependency services to their youth?

1.3 Contribution of the study

The study focused on exploring how parents can be utilized as a resource for substance dependency services to their youth. Therefore, the researcher intends to use the study outcomes to benefit parents as an underutilized resource in the provision of substance dependency services to their youth. In terms of practice, the research findings are expected to lead to improvement of substance dependency services by utilizing parents as a resource in the provision of substance dependency service to their youth. Research findings will also contribute in determining the social work intervention on substance

dependency services directed to parents of substance dependent youth and make recommendations for the development of an effective practise model for social work practitioners. In terms of theory, the current research will enable researchers and scholars in the field of substance dependency to conduct further research on the phenomenon and generate new knowledge to pave the way towards the future policies and new intervention strategies.

1.4 Aim and objectives of the study

Maxwell (2013:23) postulated that the research aim signifies the researcher's intention for conducting the study and its anticipated results. In this current study, the researcher describes the aim as something that the study intends to achieve.

The aim of this research study is set as follows:

This study aimed at exploring how parents can be utilized as a resource for the substance dependency services to their youth. In order to achieve the aim, using intervention research, the following objectives were formulated:

- To explore and describe parents' experiences as an underutilized resource for the substance dependency services to their youth.
- To explore existing gaps in the social worker's services or intervention methods in relation to utilizing parents as a resource for the substance dependency services to their youth.
- To review literature that relates to parents as an underutilized resource for the substance dependency to their youth.
- Based on the findings, to draw conclusions and make recommendations in order to develop a social work model related to how social workers can utilize parents as a resource for the substance dependency service to their youth.

1.5 Literature review and theoretical framework

According to Grove, Burns and Gray (2013:93-94), a literature review is an extensive and systematic examination of books, publications and articles relevant to a specific research

project. Rubin and Babbie (2011:54) postulated that theory guides and assists the social science researcher to make sense of directing an enquiry into a specific area. For the purpose of this study, the researcher adopted strengths-based and family systems approaches as the theoretical base. Both the strengths-based and family systems approaches provide frameworks in relation to social work services to substance dependents and their families. The detailed information about the literature and theoretical framework applied in this study will be presented in chapter two of this report.

1.6 Research methodology

Research methodology is described by Leedy and Ormrod (2013:76) as a technique that researchers employ throughout the whole process of a study. According to Creswell (2016:3), there are three kinds of research methodology that can be followed by the researcher in the process of research, namely, qualitative research, quantitative research, and mixed methods. In this study, a qualitative research was employed. Furthermore, the explorative, descriptive and contextual research designs were utilised to explore and describe how parents can be utilized as a resource for the substance dependency services to their youth. In addition, intervention research design employing the Intervention Design and Development (IDD) Model of Rothman and Thomas (1994) was used to develop a relevant social work intervention model. Soydan (2015:324) testified that it is common in social work to use interventions as an act of facilitating or eliminating threat. Accordingly, Maxwell (2013:26) justified that qualitative research should be aligned with the aim of research, the research question and the research design. A detailed application of qualitative research method and justification of its selection as well as the research designs are presented in chapter three of this report.

1.7 Ethical considerations

Ethics permission to embark on this study was granted by the Health Research Ethics Committee of the Faculty of Health Sciences (HREC) at North-West University, and the ethics number **NWU-00025-18-S1** was allocated **(see Annexure: 1)**. The formal approval was also obtained from the Provincial office of DSD in Gauteng and the file number **2/9/04** was allocated **(see Annexure: 2)**. In addition, the researcher ensured that the study

complied with the ethical standards as set by the South African Council for Social Service Profession (SACSSP). To ensure that the study is carried out in an ethical manner, the researcher acquired necessary knowledge and qualifications prior the commencement of the study. To this end, an online module on introduction to research ethics, research ethics evaluation, informed consent, adolescent involvement in HIV prevention trials, public health research ethics, HIV vaccine trials and good clinical practise (GCP-E6(R2) 2016) was completed by the researcher. All participants willingly took part by giving informed consent prior to participation in the study (**see Annexure: 3)**. A comprehensive account of how the researcher observed the ethical conditions is provided in each chapter. Below is the overview of ethical considerations that were observed by the researcher in this study.

- Informed consent

Informed consent is described by Holland and Rees (2010:98) as a principle that individual participant should be fully informed about a research project and the effect of participation before they agree to take part. To elucidate this further, Green and Thorogood (2014:70) noted that informed consent means that participants should not be persuaded or coerced into the research unwillingly, but that their participation should be based on voluntarism and on the full understanding of the aftermaths and effect of participation before they agree to take part. In this research study, the researcher adhered to the principle by ensuring that participants were informed that participation was purely voluntary and by choice. The participants were also notified that they had the option to exit the study at whatever time and that their unwillingness to participate in the study would not affect their employment conditions or services that they are supposed to receive in any way. Furthermore, participants were notified that data collected would be purely used for research and that they had a right to questions when they needed clarity about anything that involved their participation in the study. Participants were also informed about the benefits and risk of participating in the study. Authorisation to utilize a voice recorder for capturing the proceedings of the interviews was requested from each participant. Subsequently, written consent to participate in the study was obtained by the

professional independent person from individual participants, before data collection commenced.

- Beneficence

The ethical principle of beneficence entails that the researcher has an obligation to ensure that possible benefits about the study are maximized and possible harm is minimized (De Vos et al., 2011:116). In adhering to this ethical principle, the researcher considered all possible repercussions of the research and balanced the risks with fair benefits. The researcher and professional independent person were honest in informing the participants regarding non-monetary remuneration for participating in the study. To avoid deceiving the participants, the researcher and professional independent person, respectively, informed participants that the study would be conducted for academic purposes. As a way of reassuring the participants, no information was withheld and no incorrect information was given regarding this study. Participants were notified about the benefits of being part of the research, which is, assisting in providing recommendations and developing a model that will be used to determine how parents can be utilized as a resource for the substance dependency service to their youth.

- Anonymity, privacy and confidentiality

Anonymity also entails that the participants identity cannot be known by any other people except the researcher (Given, 2015:51) . Privacy includes the participant's right to cease participation at any given time and to decline responding to certain questions. Confidentiality means that the data furnished to the researcher will not be disclosed to others, except for the purpose it is meant for, as agreed (De Vos et al., 2011:119). This entails that the data collected will be used for research purposes only. Furthermore, participants were notified that they should not respond to any question which they deem as jeopardizing their right to confidentiality and that they can terminate their participation in the research study whenever they feel that they cannot continue.

- No harm to the participants

Researchers have an obligation to protect and not to injure or harm the study participants, even if they volunteered to take part (Rubin & Babbie, 2010:258). According to the researcher, the principle of 'no harm' to the participants is the cornerstone of all the ethical principles as it guarantees that the protection of study participants is at the forefront. In upholding this principle, the researcher ensured that the well-being of participants was not compromised by divulging information that could endanger their significant others and relationships. In order to avoid causing both physical and emotional harm to participants, the researcher also ensured that emotionally provocative topics were avoided. Participants were thoroughly informed about the aims of the study.

- Debriefing of participants

According to Chambliss and Schutt (2013:45), debriefing involves the researcher informing participants about the study's purposes and methods after the study has been completed, and evaluating participants' personal reactions to the study. In this regard, Picardi and Masick (2014:35) postulated that debriefing as a principle is significant as it guarantees that participants are not exposed to negative experiences as a result of their involvement in the study. In this regard, Strydom (2011:122) stressed that the researcher has got the responsibility to assist participants to deal with misperceptions and experiences emanated from their participation in the study. Due to the sensitivity of the phenomenon under investigation, the researcher anticipated the possibility that participants might be affected following their participation in the study. The researcher, therefore, made arrangements with the South African National Council on Alcoholism and Drug Dependence (SANCA) at Pretoria to provide free debriefing sessions or any kind of counselling that the participants might need after data collection **(see Annexure 5)**. It is noteworthy that none of the participants in this study needed to undergo debriefing sessions; therefore, the services from SANCA were not utilized.

1.8 Demarcation of the study

As indicated under 1.6, the study employed a qualitative research approach focusing on how parents can be utilized as a resource in the provision of substance dependency services of their affected youth by social workers who are providing services in the field of substance dependency at the DSD, within the City of Tshwane Metropolitan Municipality (CTMM) in Gauteng Province. The setting of the study was the 10 service points of DSD, within the CTMM in Gauteng Province which were selected due to their accessibility to the researcher who has a good knowledge of them since he had previously worked directly with the social workers from these service points. Figure 1.1 below is the map of CTMM where 10 service points of DSD are based.



Figure 1.1: Map of City of Tshwane Metropolitan Municipality [adapted from https://www.researchgate.net/figure/City-of-Tshwane-Metropolitan-Municipality-map_fig1_317544368]

Area covered in "White": City of Tshwane Metropolitan Municipality where 10 service points of Department of Social Development are based

1.9 Clarification of key concepts

The following key concepts that are central to this study are clarified as follows:

- ***Intervention research***

Intervention research is described as an action undertaken to assist and facilitate change in a person or society using social technology commonly utilized by social service practitioners (Rothman and Thomas, 1994:63-64). Accordingly, Soydan (2015:324) referred to intervention research as a scientific study of interventions for social and health problems. In this study, the intervention developed is a proposed model for social work practitioners.

- ***Model***

Model means a copy, replica or analogy that differs from the real thing in some way (Bailey as cited by De Vos and Strydom, 2011:36). Weyers (2011:6) refers to a practise model as a set of principles and concepts that guide intervention. According to Shulman (2016:6), a model is used to describe a representation of reality. In this study, the model refers to the framework that guides the implementation of a plan to utilize parents as a resource for the substance dependency service of their youth.

- ***Parent***

Parent means a person in relation to a child, includes foster, adoptive and biological parents of a child (Children's Act 38 of 2005). According to the South African School's Act 84 of 1996 a parent is:

- the guardian of a learner
- the person legally entitled to custody of a learner, or
- the person who undertakes to fulfil the obligations of a person referred to the above, towards the learner's education at school.

In the context of this study, parent refers to the mother, father, grandparents or adoptive parents who live with the substance dependent youth in the same household.

- ***Resource***

Resource means a thing that can be utilized to develop the quality of person's or community life (Weyers, 2011:81). Qalinge (2015:13) refers to knowledge of community resource as a backbone in assisting clients to overcome their challenges and permits social workers to link clients to relevant services. In the context of this study, resource refers to anything that could be of assistance to a substance dependent youth in dealing with dependency as phenomena. Resources include but are not limited to parents of substance dependent youth.

- ***Service***

Service means prevention, early intervention, treatment, reintegration and aftercare and any other intervention (Prevention of and Treatment for Substance Abuse Act 70 of 2008). Putting it differently, Kirst-Ashman (2017:41) referred to service as providing as assistance or help, resources and benefits so that people can reach their maximum potential. The researcher in the current study used the definition of service as described in the Prevention of and Treatment for Substance Abuse Act 70 of 2008.

- ***Substance dependent***

According to the NDMP (2013-2017:17), a person is dependent on addictive substances when it is impossible for him/her to refrain from taking the substance without help, after having taken it regularly for a period of time. In the Prevention of and Treatment for Substance Abuse Act, 2008, a substance dependent refers to a service user who is abusing or dependent on substances and who, following assessment, receives services in a treatment centre, halfway house or community-based service. In the context of this study, the substance dependent refers to a user or youth who is dependent on substances and has reached out to social workers who provide services at one of the 10 service points of the DSD, within the CTMM in Gauteng Province.

- ***Social worker***

Refers any person registered as a social worker under the Social Service Professions Act 110 of 1978. According to the National Association of Social Workers (NASW), as cited in Zastrow (2017:4-5), the term social worker is defined as a graduate of school of social work (with either Bachelor's or Masters degrees) who provide social services for clients by using knowledge and skills. In this study, social worker is defined by the researcher as any person registered as a social worker under the Social Service Professions Act 110 of 1978 and designated to provide services in the field of substance dependency.

- ***Substance***

'Substances' are defined in the Drugs and Drug Trafficking Act 140 of 1992 as chemical, psychoactive substances that are prone to be abused, including tobacco, alcohol, over the counter drugs, prescription drugs and others. Kirst-Ashman (2017:462) defines substance as a mind-altering drug, including alcohol (hence the term alcohol and other substances). In the context of this study, the terms substance and drug are often used interchangeably. According to the researcher, substance refers to legal and illegal drugs as defined in the Drugs and Drug Trafficking Act 140 of 1992.

- ***Substance dependence***

According to Kirst-Ashman (2017:462), substance dependence is reliance on the use of substances to the extent that withdrawal occurs when the substance is not used. Segal, Gerdes and Steiner (2016:369) described substance dependence as two-fold, namely: psychological and physical. Psychological dependence is described as a habit of using substance which is motivated by emotional reasons such a stress, while in physical dependence the body needs substance to function normally. In the context of this study, the researcher adopted the definition of substance dependence as described by Kirst-Ashman (2017:462).

- ***Youth/Young person***

Youth refers to those persons aged between 15 and 24 years (United Nations Department of Economic and Social Affairs, 2012:4). According to section 1 of the National Youth Commission Act 19 of 1996, “youth” means a person between the ages of 14 and 35. In the context of this study, the researcher adopted the definition of youth as described in the National Youth Commission Act 19 of 1996.

1.10 Structure of the research report

According to Cassel and Symon (2011:643), in qualitative research, there is generally no generic structure or consensus on what the report should look like. This is unlike quantitative research where there is a general consensus on the structure. Despite this lack of a generic structure or consensus, Guba and Lincoln (as cited in Delport and Fouché, 2011:426), identified the following four categories of criteria that all qualitative reports can adhere to and which the researcher adopted:

- Axiomatic criteria:

The researcher ensured that the report is clear and self-evidently reflecting the truth by making sure that all the information collected from all participants is their “self-report” about their experiences and perceptions in relation to the topic investigated.

- Rhetorical criteria:

The researcher adhered to the criteria by ensuring that the report is uncomplicated and clear by dividing the report into different chapters.

- Action criteria:

In adhering to the criteria, the researcher ensured that the report is educative and reflect empowerment by developing a model for social work practitioners.

- Application or transferability:

In adhering to the criteria, the researcher provided a comprehensive description of the research methodology employed and vicarious experiences whereby readers can draw conclusions relating to their own situations.

In view of the above, this research report is presented along the following lines:

In Chapter one, an introduction and general orientation to the research study is provided with special emphasis on the following: introduction and problem formulation, contribution of the study, aims and objectives, literature review and theoretical framework, research methodology, ethical considerations, clarification of key concepts and limitation of the study. A summary of the chapter concludes the discussion

In Chapter two, the literature review and theoretical framework from authoritative sources such as statistics records, Government reports, academic books, journals, academic theses and the credible internet sites as well as Phase 2 of the IDD-model is presented. A summary of the chapter concludes the discussion

Chapter three deals with, an overview of how the researcher applied the qualitative research process in investigating the topic under discussion. To this end, the researcher outlined the research design and methodology, focusing on the systematic discussion of the nature and type of the research, the study population, sampling and sampling methods, data collection methods and the preparation for data collection, the pilot test, the method of data analysis, methods of data verification and ethical considerations. A summary of the chapter concludes the discussion

In Chapter four, the data collected from parents of substance dependent youth is presented. The chapter begins with the presentation of the biographical data of the participants. This is followed by the description of the data analysis according to the themes and sub-themes which were identified. The literature control is also provided. A summary of the chapter concludes the discussion.

Chapter five focuses on data collected from social workers at the 10 service points of DSD Gauteng, in the CTMM. The chapter begins with the presentation of the biographical data of the participants. The presentation of the data analysis according to the themes and sub-themes already identified follows, ending with the literature control. A summary of the chapter concludes the discussion.

The sixth chapter introduces the reader to the proposed model for social work practitioners. This is essential since it paves the new way on how youth substance dependency can be combated by utilizing parents as a resource in the provision of services. A summary of the chapter concludes the discussion.

Chapter seven presents summary, conclusions and recommendations for social work practitioners.

1.11 Limitation of the study

According to Yin (2011:41), in an effort to ensure the research integrity, it is ethical for the researchers to point out and acknowledge the limitations or reservations of a study. This study was limited to parents of the substance dependent youth and social workers who provide services at the 10 service points of the DSD, within the CTMM in Gauteng Province. Therefore, the findings cannot be generalized, but can be applied to similar settings such as in other Provinces in the country, to develop the knowledge base of substance dependency, thereby improving service to the substance dependent youth. In addition, there was minimal diversity in terms of language and ethnicity because only parents of the substance dependent youth and social workers who were conversant in English and Setswana and mainly Black Africans participated in the study. As a result, limiting study to only parents of the substance dependent youth and social workers who were conversant in the above-mentioned languages and mainly Black Africans, rules out the possibility that findings from parents of the substance dependent youth and social workers who speak different languages and belong to different ethnic groups would have yielded different findings.

Only the voice of parents of the substance dependent youth who have reached out for help at DSD, within the CTMM in Gauteng Province, were incorporated in the study. This excludes the voice of parents of the substance dependent youth who have not reached out and/or have not had access to DSD, within the CTMM in Gauteng Province. This may be a limitation as it would be helpful to know the experiences of other parents of the substance dependent youth who have not managed to reach out for help and have not had access to DSD or obtained assistance from other organizations such as other government Departments, private sector and non-profit organizations. Perhaps the findings would have produced different results from the experiences of these parents. It is worthy to note that DSD is only one of many service providers within the CTMM, so it is also likely that services have been sought and received from other organisation such as SANCA.

1.12 Summary of the chapter

This chapter presented a general orientation to the study by introducing substance dependency amongst youth as a global, continental, South African, individual and family/parent phenomenon. Statistics relating to South African youth who are dependent on substance were also presented in this chapter. Furthermore, the chapter presented the problem statement with the aim of identifying gaps in practise regarding the nature of social work services to parents of substance dependent youth. The contribution of the study was unpacked and the aim and objectives of the study were clearly presented. A brief literature review and theoretical framework that guided this study was introduced. In addition, an overview of the qualitative research methodology which was adopted by the researcher in the process of conducting the current study was presented. Finally, ethical considerations, demarcation of the study, classification of key concepts and structure of the report and limitation of the study were presented. The following chapter presents the literature review and theoretical framework from authoritative sources such as statistics records, Government reports, academic books, journals, academic theses and the credible internet sites.

2. CHAPTER TWO - LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

According to Butler-Kisber (2018:22), literature reviews in qualitative research provide an overview of what currently exist in relation to the research topic. As opposed to quantitative research that requires literature reviews to explore and focus on theoretical frameworks, literature review in qualitative research explores literature relevant to the topic under investigation and provides a conceptual context (Butler-Kisber, 2018:22). This resonates with Rothman and Thomas (1994) who contend that in designing an intervention, it is critical to identify and select relevant existing information such as empirical research. To ensure successful completion of Phase 2 of the IDD-model, three steps were implemented by the researcher. Step 1 involved the use of existing information sources; Step 2 was the study of natural examples and finally in Step 3 the researcher identified functional elements of successful models.

For the purpose of this chapter and successful completion of Phase 2 of the IDD-model, the researcher implemented Step 1, which was the use of existing authoritative sources such as statistics records, academic books, journals, academic theses and the credible internet sites to ensure the successful completion of this step. The literature review focuses on six key areas, namely, the current global overview of substance dependency; an overview of substance dependency in the African continent; an overview of substance dependency in South Africa; international standards on drug prevention; continental minimum quality standards for treatment of drug dependence and the minimum norms and standards for out-patient treatment centres in South Africa. Furthermore, the chapter discusses the role of parents in encouraging teenage substance dependence, benefits of involving parents in the treatment of their substance dependent adolescent, themes characterizing families of substance dependents, key elements of effective treatment for adolescents, stages of change as well as the social welfare intervention process. In addition, this chapter also presents the intervention programs for substance dependent persons, South African legislative and policy framework for social work practise with

substance dependent persons and the theoretical framework underpinning the study. These provide the reader with a holistic perspective of the topic under investigation.

2.2 Literature review

2.2.1 The current global overview of substance dependency

According to the 2018 World Drug Report, it is estimated that by 2016, some 275 million people had at least used drugs worldwide. In other words, more than a quarter of a billion people use drugs globally (United Nations Office on Drugs and Crime (UNODC), 2018b:11). The number of people who use drugs globally is equivalent to 5.6 per cent of global population aged 15-64 years (range: 4.2% to 7.1%), or approximately 1 in every 18 people). Looking at the magnitude of the problem and the number of drug users, the current number has increased by 20 million from 2015 to 2016. According to the 2018 World Drug Report, the increase in the number of cannabis users globally, has resulted in the current changes in the number of drug users, and, to a lesser extent, changes in the methodology used to produce this estimate (UNODC, 2018b:11). The following Figure 2.1 reflects the global trends in the estimated number of people who used drugs:

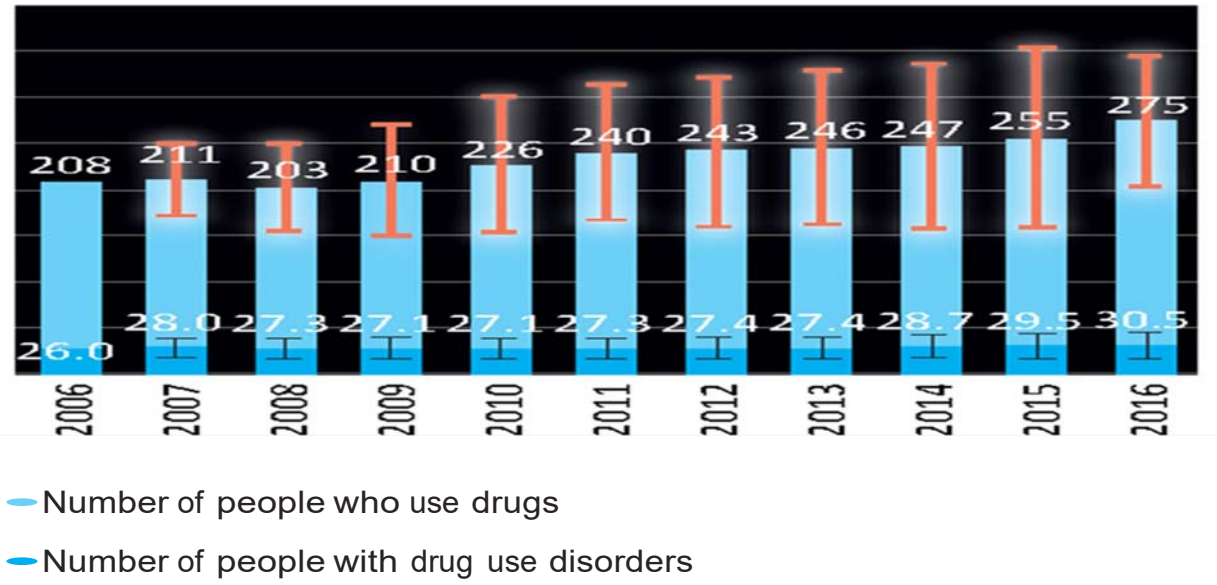


Figure 2.1: Global trends in the estimated number of people who used drugs, 2006-2016 [Adapted from the UNODC (2018b:11)]

The increase in the number of young people engaged in substance use is a serious concern. The early age of 12-14 years to late age of 15-17 years has proven to be a critical period for commencement of substance use and often peak among young people aged 18-25 years (UNODC, 2018a:16). Predisposing factors that put young people at risk to substance use include mental and behavioural health, parental and family function as well as the socioeconomic and physical environment. It is important to note that not all young are equally vulnerable to substance use, therefore, these factors differ between individuals (UNODC, 2018a:17).

It is noteworthy that the UNODC (2018a:16) pointed out that except for tobacco and alcohol, cannabis is a common substance of choice amongst young people and its use is initiated in adolescence and is intensified in young adulthood. Cannabis is often used in combination with other substances and the use of these other substances is typically led by cannabis use (UNODC, 2018b:16). Figure 2.2 below shows the number of users in 2016, globally.

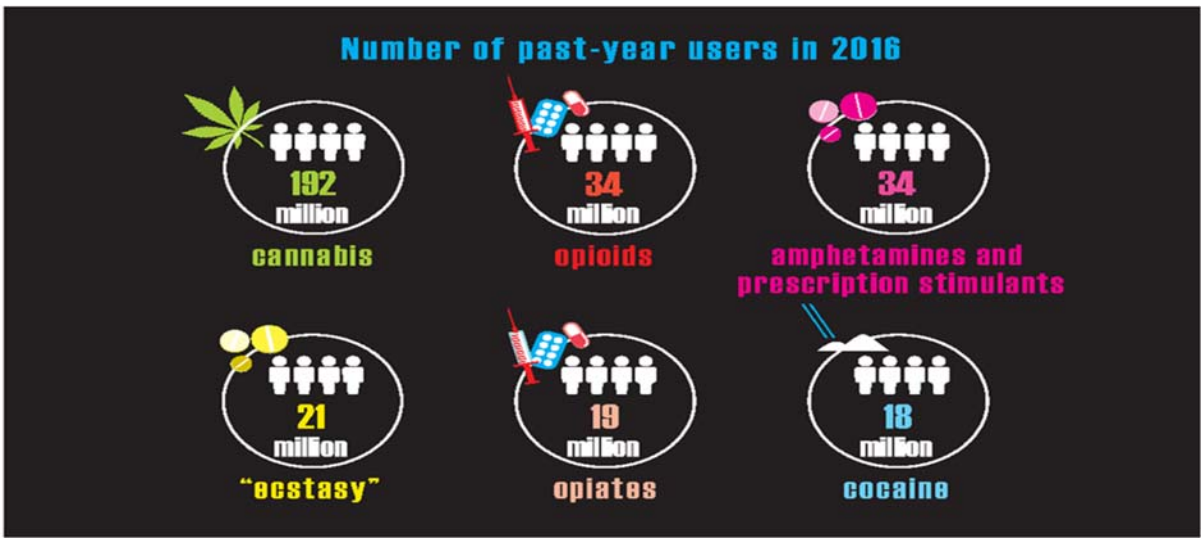


Figure 2.2: Shows the number of users in 2016, globally [Adapted from the UNODC (2018a:7)]

In view of the current global situation, it is clear that there is urgent need to intensify efforts to support the prevention and treatment of substance use, especially amongst young people and the delivery of services aimed at reducing the adverse consequences of substance use, in line with targets 3.5 and 3.3 of the Sustainable Development Goals. Renewed efforts to support the prevention and treatment of drug use include educating and providing knowledge to substance user (UNODC, 2018a:23). In this regard, the use of substances among young people cannot be viewed in isolation of the social context within which individuals grow, develop and interact. In effectively dealing with substance use among young people, the strength of parental influence on substance use cannot be underestimated. Therefore, parents play a significant role in combating the scourge of substance use among young people. Accordingly, there is a need for renewal of intervention efforts in order to utilize parents in the substance dependency services prevention to their youth.

2.2.2 Overview of substance dependency in the African continent

The above global state of affairs is also noted in Africa. According to the UNODC (2018b:14), the most common substance of choice amongst those receiving treatment in Africa is cannabis. At the same time, treatment for opioids use disorder in Africa is on the rise. The African Union (AU) Plan of Action on Drug Control (2013-2017:3) pointed out that over the past few years, the African continent has seen an increase in the use of almost all types of substances. In Africa, the main focus of illicit drug production is on cannabis and at the same time, the illegal trading in counterfeit prescriptions drugs and production of Amphetamine Type Stimulants (ATS) is seriously threatening the continent. Trafficking of cannabis is wide-spread across African countries. Furthermore, significant amounts of cocaine are trafficked from South America to Europe via West Africa and indications are that some West African countries are being used to stock-pile cocaine which is later trans-shipped in small quantities to Europe. In addition, African countries are used to ship Afghan heroin to Europe and other East African regions (AU Plan of Action on Drug Control, 2013-2017:3).

The limited treatment options, as well as unreliable and insufficient data worsen the drug situation and efforts to combat the problem in the continent (AU Plan of Action on Drug Control, 2013-2017:3). Similarly, the financial capacity of many African countries prevents them from meeting the treatment demands of substance dependent persons. Equally, the criminal system in many African countries is incapacitated to deal with corrupt individuals who sabotage the efforts of combating the trading of illicit drugs AU Plan of Action on Drug Control, 2013-2017:3).

In spite of the above constraints, the limited data available in relation to substance problem on the continent has proved that cannabis use in West and Central Africa is notably higher, at about 12.4% than the global average of 3.8% (UNODC, 2014:13). Interestingly, the 12.4% figure is probably the highest compared to the global average of 3.8%. Overall, on the continent, there is also a low prevalence of use of other substances apart from cocaine which remains at the global average. A study that was undertaken in Cabo Verde in 2012 showed that 7.6% of the population had experimented with an illicit substance at least once in their lifetime, while 2.7% had experimented with an illicit substance in the past year and 1.6% in the past 30 days. Notably, 2.4% of the population reported the use of cannabis in 2011, which made it the drug of choice, followed by cocaine at 0.2% annual prevalence. The use of “cocktail” mixed with cannabis and cocaine was notably reported in the study. The emerging of ATS at 0.1% lifetime prevalence was noted. Expert perception in Nigeria has noted some increase in the use of ATS and a high increase in the use of cannabis (UNODC, 2014:13-14).

According to the 2015 World Drug Report issued by UNODC (2015:31), counselling for substance dependents in Africa is presumed to be more available than other types of intervention. Mostly, substance treatment services in the continent are provided in specialized psychiatric hospitals and this on its own indicates that there is need for professional and comprehensive treatment of substance abuse other than counselling. Though counselling forms the backbone of substance dependency treatment, the lack of other types of intervention in Africa may also indicate limited responses to treatment needs in general (UNODC, 2015:31). In view of the current situation, there is urgent need to intensify intervention efforts to deal with the ongoing scourge of substance dependency

in Africa. An effective treatment cannot rely on a single intervention method; therefore, it is critical that the treatment method attends to the multiple needs of the individual.

2.2.3 Overview of substance dependency in South Africa

As part of the globalisation, South Africa is not immune from the substance problem experienced by the world (NDMP, 2013-2017:20). In South Africa, alcohol is the most dominant substance of use. The South African Community Epidemiology Network on Drug Use (SACENDU) (2018:2) indicated that between July and December 2017, 16% of patients were in Gauteng Province, Mpumalanga and Limpopo Provinces (now termed the Northern Region (NR)), while 43% were in treatment for alcohol in the Free State, Northern Cape and North-West Provinces (now termed the Central Region (CR)). In a related study, Patel (2015:240) confirmed that binge and hazardous drinking is common amongst a quarter of South African population. Inevitably, South Africa is rated amongst the countries in the world with the highest cases of the foetal alcohol syndrome.

Cannabis is the most dominant substance of use after alcohol, especially amongst youth attending specialist centres. Between July and December 2017, 30% of patients attending specialist treatment centres in Western Cape (WC) and 55% from Gauteng (GT) had cannabis as their substance of choice (SACENDU, 2018:2). According to Patel (2015:240), cannabis is commonly used by about 2% of the South African population. It is important to note that on 18 September 2018, the South African Constitutional Court (ConCourt) ruled in favour of legalising the private use of cannabis (Constitutional Court of South Africa: Case CCT 108/17). However, the extent of state control and limitations on the right to privacy are burning issues in relation to the regulation.

In the WC, 30% of patients attending specialist treatment centres reported “tik” (methamphetamine) as the primary substance. Across sites, the proportion of admission for cocaine remained fairly low with 4% of patients in WC and 12% in KwaZulu-Natal (KZN) citing cocaine as their substance of choice (SACENDU, 2018:2). Across many Provinces in South Africa, heroin use remains a challenge. The number of patients reporting nyaope/whoonga (a mixture of cannabis and heroin) as their substance of choice in GT continues to rise (n=138) relative to other sites. In KZN, a total of 11% of

patients, and 4% in GT reported nyaope/whoonga as their substance of choice. Between 2% of patients in CR and 5% in Eastern Cape (EC) reported over-the-counter or prescription (OTC/PRE) medicine as a substance of choice for use (SACENDU, 2018:2).

The use of substances among young people, including school going youth in South Africa, is a chief concern to parents and in schools. In South Africa, substance dependency is prevalent amongst women and youth between the age of 16 and 35, with low income and those living in poor communities. In response to the current state of affairs, participation of community members and educating parents in the supervision of young people are identified as important interventions to deal with the scourge of substance dependency (Patel, 2015:241).

Although South Africa arguably has the most developed substance abuse treatment system in Africa (Pasche & Myer, 2012:339), is it considered to be a profitable market by international traffickers because the country has some of the highest incomes in Africa. This perception has resulted in South African youths having an easy access to substances and attracting local and international drug dealers. It is an indication that South Africa needs a well-developed structure of treatment services in order to deal with the ever-increasing rate of substance dependency.

Logistically, there are many challenges prohibiting access in existing substance dependency services. These include the costs of treatment and transport to treatment, competing financial priorities, lack of appropriate services nationally and in risk areas, the lengthy travel distances to the nearest service centre and a lack of evidence-based intervention (Pasche & Myer, 2012:339). In addition to the existing challenges, South Africa does not have sufficient trained personnel, financial resources and treatment facilities to deal with a rapid increase in substance dependency (Patel, 2015:244). In relation to the existing challenges, Pasche and Myer (2012:340) postulated that a suitably qualified workforce is needed in order to provide evidence-based prevention. Patel (2015-244) concurred with the above view adding that there is a need for sufficient trained personnel and financial resources as well as treatment facilities to deal with an increase

in substance dependency in South Africa. A mismatch in the knowledge and skills of the social development workforce has been noted as a major concern.

2.2.4 International Standards on Drug Use Prevention

The International Standards on Drug Use Prevention describes the policies and evidence-base interventions that could serve as a foundation for an effective national substance use prevention system (UNODC, 2018c:6). In the context of the International Standards on Drug Use Prevention, interventions are a combination of strategies or activities of a specific kind, designed to prevent substance use. For instance, an intervention on drug use prevention could be an awareness campaign on drug use prevention or a family drug prevention program. Policies are regulatory framework or approach in the general society or specific setting. Examples of such policies in South Africa include the Prevention of and Treatment for Substance Abuse Act 70 of 2008 as well as Drugs and Drug Trafficking Act 20 of 1992.

Standards also provide an overview of how each intervention and policy should be implemented, with common characteristics that have been found to be linked to effectiveness (UNODC, 2018c:6). In view of the International Standards for Drug Use Prevention, an integrated range of intervention and policies based on scientific evidence leads to an effective system. Below are characteristics of an effective prevention intervention as described by (UNODC, 2018c:50-58).

- Range of interventions and policies based on evidence

An effective system delivers a range of evidence-based interventions and policies in order to support youth throughout their development. It also targets everyone, especially those who are vulnerable. In addition, it is holistic as it addresses both the individual and environmental factors of vulnerability and resilience. Additionally, it uses multiple settings such as parents and families to reach the population (UNODC, 2018c:50).

- Supportive policy and regulatory framework

Programmes cannot exist in isolation. It is suggested that, to the extent possible, national standards should mandate the implementation of evidence-based strategies only. An accreditation system is also required to support the professionalization of the field and the creation of organizations of professionals. In addition, it is pivotal to have policy that mandates employers and schools to implement substance prevention programmes, including standards on how to do so. Furthermore, a mandatory policy requiring social welfare providers to support families to nurture the development of their children on physical and emotional level should be put into place (UNODC, 2018c:52).

- A strong basis on research and scientific evidence

An effective national drug prevention system should be founded on both scientific evidence and support research efforts to contribute to the evidence base. It is required that interventions and policies be chosen based on evidence. This systemic approach will include, on the one hand, the identification of people at risk of using psychoactive substances, possible reasons for initiating the use and which interventions and policies most closely respond to this situation. On the other hand, the effectiveness and, whenever possible, the cost effectiveness of delivered interventions and policies, needs to be rigorously evaluated. The outcome of this rigorous evaluation will allow decision-makers to know the impact on outcomes, such as decrease in initiation of drug use and to inform and expand the base of knowledge related to prevention interventions. It is also important that this research and its findings be peer-reviewed and published (UNODC, 2018c:53).

- Different sectors involved at different levels

An effective national drug prevention system requires the involvement of different sectors in the delivery of systemic prevention interventions and policies. The different sectors need not necessarily carry out evidence-based prevention strategies in the form of programmes, but can also be integrated into the everyday work of institutions and services such as youth work. The different sectors (health, education, etc.) would

therefore be involved in the planning, delivery, monitoring and evaluation of drug prevention strategies (UNODC, 2018c:56).

- Strong infrastructure of the delivery system

Adequate resources are required in order to deliver effective interventions and policies. This entails that financial resources and support need to be provided to the agencies delivering interventions and policies. Adequate training for practitioners delivering interventions and policies is also required on a continuous basis. In order to have a strong infrastructure of the delivery system, important role players such as policy-makers at different levels of planning and developing interventions and enforcing policies will also require training on a continuous basis. In addition, technical assistance should be provided on a continuous basis to support implementation and continuous quality improvements. Furthermore, in order to have a strong infrastructure on the delivery system, it is important that research and academic institutions be sufficiently financed by supporting scientific monitoring and evaluation as part of the implementation of prevention (UNODC, 2018c:57).

- Sustainability

An effective drug prevention programme needs to have a sustainability component. In order to achieve a sustainability of a drug prevention system, a mechanism of review and adjustment of the national prevention system at regular intervals are required. It is also important that a medium plan in delivery of evidence-based interventions and policies be activated. Collection of data through the information system, including feedback into the planning/ review process needs to take place on regular basis. Sustainability could be achieved through regular support of research for the rigorous evaluation of interventions and policies. Furthermore, support for the training of practitioners and policy-makers involved in the planning, delivery, monitoring and evaluation of drug prevention strategies needs to take place on continuous basis (UNODC, 2018c:58).

2.2.5 Continental minimum quality standards for treatment of drug dependence

According to the 5th session of the AU Conference of Ministers of Drug Control (2012:5), most communities on the continent are still resistant to treatment of drug use. In Africa, the treatment is not only costly, but habitual users are isolated from their families, employers and communities due to logistical challenges and other constraints. In view of the treatment situation in Africa, it is important that the cultural context, traditional treatment and community institutions be considered as key role players in response to the challenges. Family and community involvement should also be considered as part of the treatment. Initiatives for effective drug use prevention in African continent should be in alignment with the national legislation, policies and strategies and should be in partnership with the community. In addition, qualified prevention personnel should be able to support the initiatives and evaluation and monitoring must be included (5th session of the AU Conference of Ministers of Drug Control, 2012:6). Below are five core principles in which the National drug strategies should always be based on the continent, as described at the 5th session of the AU Conference of Ministers of Drug Control (2012:6).

- A structured and objective assessment of priorities and evidence should inform the development of drug policies.
- Every effort should be undertaken in full compliance with International human rights.
- Harm reduction should be the main focus of drug policies.
- Social inclusion of marginalised groups should be promoted by the drug policies.
- Constructive and open relationship should be built between the government and civil servants.

All continental treatment programmes of drug dependence are required to have a brief and clear mission statement and description as well as objectives characterising the client system served by the programme. Below are Principles of Effective Drug Dependence Treatment as described at the 5th session of the AU Conference of Ministers of Drug Control (2012:8).

- Dependence is complex but manageable and curable.
- Treatment for drug dependence cannot be out of reach but needs to be readily available for everyone. Unavailable treatment may mean losing that person to care.
- An individual particular problem needs to be intertwined with treatment setting, interventions and services.
- An effective drug dependence treatment needs to be holistic in order to address the drug use and any related medical, psychological, social and other factors. Furthermore, age, gender and culture of the client must be considered when providing drug dependence treatment.
- Recovery from drug dependence is a long-term journey and frequently requires multiple instalments of treatment. Effective drug treatment must be able to allow users a sufficient period and duration to have as many rounds of treatment as necessary.
- Effective drug treatment should recognize the use of universal forms of drug use treatment, such as counselling and other social therapies.
- Counselling and other social therapies are the most universally used forms of drug use treatment and therefore, must be adopted. Participation in group therapy and other support programmes during and following treatment assists abstinence.
- Counselling and other social therapies must be linked to the medications as core elements of treatment for drug use. Methadone use is highly effective for treatment of opiate dependence, therefore, can be linked to effective drug treatment.
- Regularly, individual treatment plans must be reviewed and adapted as required.
- Effective drug treatment should encourage the continuation of drug treatment following the successful detoxification program, which is only the first stage of dependence treatment. Ongoing motivation and support must also be included.
- Effective treatment programmes must consider the critical role of family, friends and colleagues in the recovery of the affected person.
- Relapse prevention must be intensified during the treatment.

- Assessment of infectious diseases must be done thoroughly; thereafter, support and counselling should be provided in order to modify activities that place those affected at further risk.
- Discriminatory and social justice against drug users should be discouraged by treatment and rehabilitation services. Instead, the treatment and rehabilitation services should support the reintegration of the user into the society.

2.2.6 The Minimum Norms and Standards for out-patient treatment centres in South Africa

Section 27 of the Prevention of and Treatment for Substance abuse Act, 70 of 2008 provides a legal framework for the establishment of the out-patient services that include amongst others, prevention programmes, early intervention programmes, aftercare and reintegration, family programmes and counselling services. In addition, the Minimum Norms and Standards for out-patient treatment centres (2004) was introduced as a policy document to ensure that out-patient treatment centres throughout the country provide streamlined, accessible and credible service to substance dependences and their families (Minimum Norms and Standards for out-patient treatment centres, 2004:3). Figure 2.3 below shows the levels of service delivery that include prevention, early intervention, statutory treatment and reintegration.

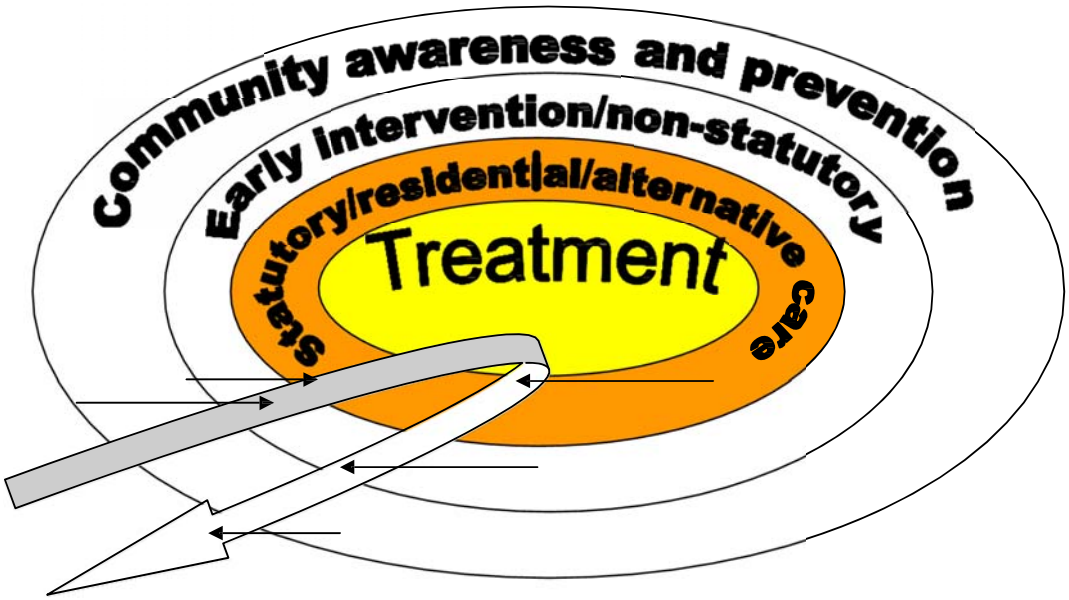


Figure 2.3: Levels of service delivery [Adapted from the Minimum Norms and Standards for out-patient treatment centres (2004:19-20)].

Below is the description of minimum standard for service delivery level 1, i.e. prevention, in South Africa, as cited in the Minimum Norms and Standards for out-patient treatment centres (2004:19-20).

In terms of the minimum standard for service delivery level 1, it is mandatory for users and their families to have access to resources and receive services that will assist them to develop new capacities and maximize strength that will promote resilience and increase their ability to benefit from development opportunities. To adhere to the minimum standard for service delivery 1, social welfare service providers in South Africa need to ensure that measures are taken to strengthen and capacitate youth and families at risk of substance dependency. Prevention programmes should be developed for youth and vulnerable families to identify early warning signs and immediately link them to resources and programmes aimed at preventing and reducing the harmful effects of substance use should be developed. In addition, awareness and information programmes for the general society need to be promoted and finally, prevention programmes that are culturally

appropriate and sensitive need to be developed, especially because South Africa is a diverse society.

To successfully achieve the above, policies and procedures need to be set and provided to the relevant social welfare service providers. Furthermore, developmental supervision, training and support that strengthen the capacity to implement policies and procedures need to be provided to the service providers. It is also important that these social welfare service providers be allocated resources to maximize the delivery of prevention services and programmes (Minimum Norms and Standards for out-patient treatment centres, 2004:20).

The minimum standard for service delivery level 2, in other words, early intervention, mandates the identification of high risk group and immediate intervention in order to prevent substance dependency. The following is the description of programme practise for service delivery level 2, in South Africa, as cited in the Minimum Norms and Standards for out-patient treatment centres (2004:21).

- **Pre-admission:** It requires the screening of all the relevant documents required prior to admission into the out-patient treatment.
- **Admission:** It requires the applicant to go through an administrative or clinical procedure to verify his/her suitability in the centre.
- **Assessment:** It requires the centre/social welfare service provider to administer an assessment tool and offer intervention.
- **Excluded applicants:** It requires the centre/ social welfare service provider to advise on exclusion criteria and admission criteria of other available and appropriate services.
- **Special programmes for early intervention:** It requires a special programme for those serving and selling substances.

The minimum standard for service delivery level 3, in other words, statutory, mandates that interventions should be provided for substance dependent persons. Section 32 and 33 of the Prevention of and Treatment for Substance abuse Act, 70 of 2008 makes a provision for referrals, admission, treatment and release of service users. Involuntary substance dependent persons who are committed to out-patient treatment centres in terms of section 33 of the Act should be accompanied by a court order. Voluntary substance dependent persons are admitted in terms of section 32 of the Act and should be accompanied by a voluntary admissions form. Furthermore, all admissions of substance dependent persons to out-patient treatment centres should be accompanied by a comprehensive psychosocial report and medical certificate. The Criminal Procedure Act, 51 of 1977 makes provision for the admission of clients who may have committed substance abuse-related crimes, for example, drinking and driving. The Child Justice Act 75 of 2008 makes provision for referral of young offenders who undergo a diversion programme.

In order to successfully implement the above minimum standard, all social welfare service providers must be provided with copies of relevant legislations. In addition, appropriate support and training must be provided to all social welfare service providers so that they can effectively implement the relevant legislation. The out-patient centre needs to have clear, documented admission criteria that guide the admission of the above-mentioned persons (Minimum Norms and Standards for out-patient treatment centres, 2004:23).

In terms of minimum standard for service delivery level 4, in order words, continuum of care (treatment), it is mandatory for every service user to receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial functioning as well as a regular review of such functioning. It is also mandatory that an individualized treatment plan that promotes participation and recovery be developed for all service users. The following are programme practise for service delivery level 4, as cited in the Minimum Norms and Standards for out-patient treatment centres (2004:21).

- **Informed consent and information:** Treatment cannot be **i**mposed to the users without their consent. Therefore, informed consent needs to be obtained from all service users prior the onset of any treatment.

- **Individual treatment selection:** Treatment needs to be individualized. In selecting the treatment for all service users, it important to take into consideration the individuals' substance dependency, their strengths, culture, age, personal preference and so forth.

- **Care plan:** Both the social welfare practitioner and user should develop a written individual treatment plan.

- **Participation:** Users and their families need to fully participate in the development and regular review of the treatment plan.

- **Case manager:** It is mandatory for every client to be assigned a case manager who is a staff member at the out-patient treatment centre.

The following are basic requirements:

- Service users need to be assisted by the social worker to come up with achievable goals for treatment.
- It is mandatory for social workers to provide weekly services to users for at least 45 minutes.
- Social workers need to be accessible for supportive counselling and crisis management of users outside of fixed or prescribe time.
- The case load ratio for short term treatment programmes is 1:10 for and 1:15 for long-term treatment.
- The duration for long term programme is 12 sessions and for short term treatment programme is a minimum 6 sessions.
- The minimum time for therapeutic group sessions is 1 hour.

- The minimum time for professional groups sessions is 45 minutes and should be facilitated by health professionals, social auxiliary worker as well as the Child and Youth care worker.

2.2.7 Parents role in encouraging substance dependence

As discussed in chapter one, under the introduction, parents play a critical role in assisting their offspring to recovery from substance dependency. However, the following parents' actions may inadvertently influence the substance dependence of their progeny, as stipulated by Sack (2013):

- Being wishy-washy about substance abuse: Parents need to take a stance on substance dependence by voicing clear opinions about substance abuse. Parents should be fearless and honest about their position regarding substances, long before the teenage becomes affected (Sack, 2013). From the onset, parents should adopt rules and expectations regarding substances and communicate them to their youth.
- Not practising what they preach: Parents are role models to their progeny. Therefore, it is pivotal that, at all times, they model positive behavior in the presence of their progeny (Sack, 2013). At no point, should parents communicate or model contradictory messages regarding substance. Parents who spend quality time and modelling anti-substance behavior are likely to become positive models towards their progeny.
- Turning a blind eye: Parents should be conscious about probable risk behavior in their progeny. Risk behavior and suspicious behavior often manifest themselves in changes in friends, weight loss or gain and moodiness (Sack, 2013). Parents' denial may be more comfortable than confronting suspicions, but denial can become deadly in that if substance use is taking place, more than likely it will advance to more dangerous levels (Hanson, Venturelli & Fleckenstein, 2015:80).
- Waiting to get help: The adolescence stage presents challenges, not only to the affected person but for parents, as well. Therefore, the consequences of substance dependence during the adolescence period have a profound negative

impact on the affected person, later in life. Parents are advise to spend quality time with their teenagers so that if something is awry, especially during the adolescence stage, they can talk about. For those occasions when talking does not bear any fruitful results, parents need to get help (Sack, 2013).

2.2.8 Benefits of involving parents in the treatment process

Parents are perceived as enablers who provide their progeny with opportunities and space to engage in meaningful and purposeful activities and relationships as part of their learning (Kalam & Mthembu, 2018:468). Therefore, parents who are involved and engaged in treatment of their substance dependent adolescent are likely to make a positive impact on the youth's ability to live a substance free life, unlike their counterpart who are uninvolved in the treatment process and do not believe that treatment will help assist their substance dependent adolescent (Carpenter, 2013:34). Accordingly, parents' participation in the substance dependency services to their youth assists the user to have a sense of belonging to a family.

Parents of progeny who are substance dependent often report feeling disregarded by their relatives due the behavior of the user at a time when they may already feel terrible and embarrassed (Orford et al. 2010a, Masombuka, 2013; Mathibela, 2017). Involving parents in the treatment of their progeny will empower them to cope and provide parameters required for the user to maintain recovery at home and in the community (Carpenter, 2013:19). Involving family, especially parents, in a treatment of youth is a protective factor against continued problematic substance dependency and can support the dependent's effort towards living a substance free life (Nelson:2012:51).

Further, to elucidate this, Hanson et al. (2015:590) asserted that parents-child bonds are strong insulators against substance dependence. Involvement of parents in their progeny's' lives and parental monitoring with honest rules of conduct within the family unit is also a significant protective factor against substance dependence. In addition, high levels of monitoring and supervision by parents as well as open communication of values within the family is a positive insulator against substance dependence. Furthermore, high

level of parental affection, warmth and emotional support as well as consistent disciplining, are strong protective factors against substance dependence.

2.2.9 Themes characterizing families of substance dependents

As discussed in Chapter one, when an individual family member becomes dependent on substances, the rest of the family members are affected. Providing further details, Perkinson (2012:215) explained that people living in such families “live in a chaotic whirlwind” of stress and crisis. According to Kirst-Ashman (2017:468), families of substance dependent youth are characterized by eight themes. Due to the fact that the primary goal of substance dependent is getting a “fix”, the family life of substance dependent is likely to be centered on the substance that he or she is using. Consequently, a substance dependent individual tends to become inappropriately powerful within the family system. Secondly, as indicated in Chapter one, the family members of substance dependent will naturally try to do everything in their power to find the solution and strive to keep family together in order to avoid the breakdown of the entire system.

Thirdly, family members assume the role of an enabler by continuously making excuses on behalf of substance dependent or unwittingly rescuing him or her. For instance, they may call in sick for the substance dependent at school or work when the real problem is substances. Consequently, this will enable the substance dependent to take less responsibility for his or her behavior (Kirst-Ashman, 2017:469). Fourthly, family members often take the blame because they feel guilty. For instance, a single mother of a substance dependent individual may feel that if she becomes the right kind mother, the problem would be solved.

Fifth, since the family is centered on the individual substance dependent, members-only know what the dependent wants and often do not know what they want (Kirst-Ashman, 2017:469). Sixth, family members of substance dependents feel inadequate, rejected, worthless, unlovable and that they deserve what is happening to them. Seventh, family members lose the element of hope and trust because of having been disappointed by the dependent person’s behavior numerous times, to the extent that they cannot imagine

things getting better. Eighth, family members are isolated because they are cut off from anyone and have poor communication skills (Kirst-Ashman, 2017:469).

2.2.10 Key elements of effective treatment

Treatment needs to be effective in order to produce positive changes. Therefore, the following are key elements of effective treatment as described by Carpenter (2013:25-26):

- Evaluation should be done to measure the effectiveness of the treatment program.
- Involvement of family from the beginning to the end of treatment should not be compromised.
- Aftercare services should be provided to the user and the family.
- Professional and experienced personnel should provide treatment to the user and the family.
- All services should be anti-discriminatory and culturally competent.
- Proper screening and assessment should be done in order to provide a comprehensive picture of the user and family background.

The Best Start Resource Centre (2011:4) provided the following elements that are important to consider in implementing a successful program that guarantees the involvement of families/parents as partners in the process:

- It is a process for parents to engage in a service; therefore, they need to be provided with time to adjust accordingly.
- The experience and strengths of participants should not be underestimated.
- Parents are unique and this should be embraced so that they participate in their different ways.
- In the process, it is possible for other parents to have less interest.

2.2.11 Stages of change

Substance dependents go through a process of behavior change, this is demonstrated below in Figure 2.4 which shows the transtheoretical model of change originally

developed by Prochaska and DiClemente (1982). The transtheoretical model of change is divided into stages, namely, pre-contemplation, contemplation, preparation, action, maintenance and relapse. The purpose of the six stages of change is to assist in understanding and identifying when a substance dependent is in the change process.

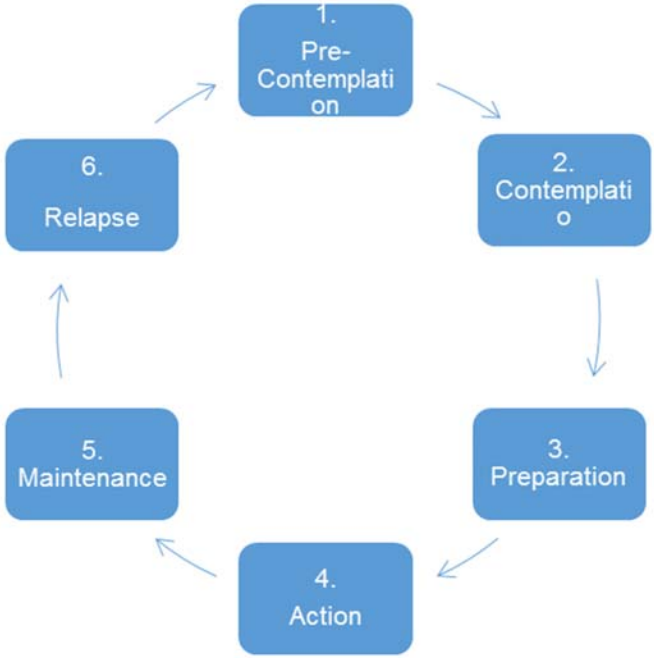


Figure 2.4: Stages of change

2.2.11.1 Pre-contemplation

If substance dependents are at 'pre-contemplation' on the 'cycle of change', this means they do not consider changing their behavior yet and do not see any problem with themselves (Nelson, 2012:115). Krebs, Norcross, Nicholson and Prochaska (2018:2) attested that substance dependents in this stage are not worried about their substance use and give no sign of wanting to change or stop taking substances. Substance dependents at the pre-contemplation stage have no insight into the problem of substance use and its consequences. They are likely to reach out for help willingly, but can come as involuntary, hence, they are referred to as resistant clients. For instance, a substance dependent youth might reach out to the social worker's office after being pressurized or forced by parents or the school authority. Social workers working with substance dependents at pre-contemplation stage should avoid convincing the user to change but

rather focus on building a rapport, listening to their story (even if it is about denying the fact that they have a problem) and exploring the kind of motivation they have (Nelson, 2012:115).

2.2.11.2 Contemplation

Substance dependents at contemplation stage in the cycle of change have a bit of insight into the problem and begin to understand that there might be negative consequences because of their substances use. According to Krebs et al. (2018:2), substance dependents at this stage, found themselves in a dilemma of enjoying using substances but at the same time, thinking about the disadvantages of using the substances. Substance dependents at the contemplation stage start to experience and perceive a dilemma between their current situation of using, and where they want to be in relation to their dependent behavior. Practitioners or social workers working with substance dependents at contemplation stage have a supportive role to play in ensuring that users are able to explore their ambivalence by looking at the 'good things' and 'less good things' about their substance abuse and reflecting on how their behaviours might be in conflict with their own hopes for the future. In this regard, Zastrow (2017:273) asserted that social workers have the responsibility to assist clients to examine the discrepancies between where their present behavior is and what they have identified as their future goals. The following open-ended questions by a social worker may assist the substance dependent at the contemplation stage to examine the discrepancy:

"Please provide me with the benefits and detriments of using substance."

"If you continue to use substance, what do you think your life will be like 5 years from now?"

2.2.11.3 Preparation

At the preparation stage in the cycle of change, the dilemma and confusion of enjoying the use of substance and disadvantages of using substance has been resolved by the substance dependent. Consequently, the substance dependent has decided to make a change. However, even though they have made a new commitment, their actual behavior

of using substances is yet to change. Nelson (2012:116) pointed out that the practitioners or social workers working with substance dependents at preparation stage have a responsibility to support the users' self-efficacy, prepare a plan of action before the user to moves unto the next stage of change, assess users' capability and strength to enact the required change as well as help them believe that they have the power to make the necessary change.

2.2.11.4 Action

At this stage, the substance dependents are taking drastic action to effect necessary changes. This is a challenging stage for substance dependents as they implement a plan that they may have and coping skills that they have been taught. It is in this stage when substance dependents take action to enter a treatment program. According to Krebs et al. (2018:2), substance dependents at this stage modify their behavior and subsequently they often feel bored, isolated and lost because they have stopped using substances. They avoid their substance-using friends and accept that the exciting life of using substances has ended. The social worker's role at this stage is to support the substance dependents with any hurdles they may face, offer counselling, as well as ongoing encouragement and positive feedback about how well they are doing (Nelson (2012:116-117).

2.2.11.5 Maintenance

At 'maintenance stage', a substance dependent is working to maintain the change or new lifestyle of living a substance-free life (Zastrow, 2017:27). In a related study, Nelson (2012:117) found that the maintenance stage is extremely unforgiving and difficult for the recovering users, because they are a novice at practising and integrating new coping skills out there on their own, since much of this stage occurs after the discharge or release from formal treatment. Consequently, this stage makes recovering substance dependents vulnerable to relapse because they need to practise new-found coping behaviours and at the same time, be vigilant about triggers and learn to cope with limited support.

2.2.11.6 Relapse

The last stage in the change process is called relapse. Relapse is experienced when the recovering substance dependents resume the problematic behavior after a successful period of giving up their substance use. It is common that substance dependents relapse a few times before they achieve sustained changes. It is therefore essential for the substance to know that relapse is a probability and if it occurs, they will not be denied another opportunity to re-enter the treatment program (Nelson, 2012:117).

2.2.12 Social welfare intervention process in South Africa

The DSD in South Africa, as the custodian of social work services in the country, has developed the Framework for Social Welfare Service (2013), which amongst others, seeks to guide the implementation of the social welfare intervention process. Social work practitioners play a critical role in ensuring the provision of quality social welfare services, by successfully implementing strategies prescribed in the Framework of Social Welfare Services. South African social work practitioners should ensure that the social welfare intervention process is adhered to as prescribed in the Framework of Social Welfare Services. Below are seven elements that comprise the generic social welfare intervention process, namely, engagement, assessment, planning and implementation of the intervention, evaluation of the intervention, exit strategies, referral and termination, as postulated in the Framework of Social Welfare Service (2013:37-39).

2.2.12.1 Engagement

According to the Framework of Social Welfare Service (2013:37), engagement marks a point of entry during which a client first experiences the social welfare service delivery system and its practitioners. Putting it differently, Kirst-Ashman (2017:125) pronounced that engagement is the initial period in which social workers build a therapeutic connection with a client and orientate themselves to the problem at hand. Social workers at the engagement/point of entry have the responsibility to know and understand the organization and services rendered, its policies and legislations and keep a record of the activities conducted with clients. Engagement could be a formal service point of DSD.

Clients interacting with the social welfare service for the first time are entitled with following services as stipulated in the Framework of Social Welfare Service (2013:37):

- Screening

A social worker needs to ensure that clients who approach the point of entry for the first time are screened thoroughly to determine their needs and whether the organization is able to address them.

- Intake

Following the successful screening, a process of intake is initiated. This entails the capturing of the client's background information. Alternatively, the client is referred to an appropriate organization. Following the engagement phase, below is the discussion on the second phase in the social work helping process.

2.2.12.2 Assessment

The next element after engagement is assessment. The goal of this element is to identify needs of the client and gather relevant information regarding the client's problem, so that plans can be developed to assist him/her (Kirst-Ashman, 2017:127). In order to successfully complete the process of assessment, the Framework of Social Welfare Service (2013:38) provided the following guidelines:

- The competence level and skills of social welfare practitioners conducting assessments must be clearly described to clients in order to ensure professional and organizational accountability. For instance, if the social welfare practitioner conducting the assessment is a social worker, then, his/her experience and educational qualifications must be described to the client.
- In order to guide an effective assessment process, the social worker and organizations must develop an assessment tool.
- A development approach to assessment must be adopted to focus on the risk and resilience factors regarding the client.
- A developmental intervention plan needs to be compiled for each client.

- A developmental approach to assessment must be adopted to focus on the risk as well as the resilience factors pertaining to the client.
- Relevant information must feed into the service client and/or community profile.

2.2.12.3 Planning and implementation of the intervention

The third element is planning and implementation of the intervention. The social worker should develop a plan to be implemented based on the assessment. Social workers are discouraged from prescribing the solutions or coming up with a ready-made plan to fix the situation of the client. The following are main aspects of planning as outlined by Kirst-Ashman (2017:131): The social worker and the client should jointly develop a treatment plan. It is advisable for both the social worker and client to arrange the identified problems in an orderly manner and address them according to their priority. It is the social worker's responsibility to identify client strengths and find alternative interventions. Both the social worker and client should develop goals.

The implementation of the treatment plan is a mutual process by the social welfare practitioner and client, and is characterized by constant monitoring, evaluation and recording. The form of required intervention will be informed by the identified need (Framework of Social Welfare Service, 2013:38).

2.2.12.4 Evaluation of the intervention

Another element that forms part of the generic welfare intervention process is evaluation. Evaluation is a joint effort in which the social worker and the client revisit all the activities that took place during the process (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2012:107). The kinds of questions that can guide evaluation, as suggested by Ambrosino et al. (2012:107) are as follows:

- What has changed?
- What has not changed?
- Why?
- Does the intervention work?

- Has social functioning improved?
- Has the client become less functional?

2.2.12.5 Exit strategies

The intervention process is not permanent; therefore both the social welfare practitioner and client should develop exit strategies. The social welfare practitioner should empower the client to function independently and referral for additional services should be addressed (Framework of Social Welfare Service, 2013:38).

2.2.12.6 Referral

Not all client's problems can be successfully addressed by a single social welfare organization, hence a need for referral. Social welfare practitioners can use different forms of referrals in order to connect clients to appropriate resources or service provider. The following are different forms of referrals as stipulated in the addressed Framework of Social Welfare Service (2013:39):

- A referral can be made into the social welfare service delivery system from other departments and sectors, for instance, from the DSD to the Department of Education and from the non-profit organization to the private sector.
- A referral can be made into the social welfare service delivery system from the community, for instance, from a civil society organization.
- Referrals can be made within the social welfare service delivery system.
- Referrals can be made back into the social welfare service delivery system.

2.2.12.7 Termination

The last element in the social welfare intervention process is termination. Termination is a critical element of the intervention as it marks the end of the professional relationship between the social welfare practitioner and client. Both the social welfare practitioner and client should agree that it is time to complete what they began, therefore, the process cannot occur abruptly and without preparation (Segal, Gerdes & Steiner, 2016:203). Figure 2.5 below depicts the generic service delivery model and generic intervention

process for social welfare services. This model demonstrates how different role-players within the social welfare organization are linked in their effort to provide service delivery in South Africa.

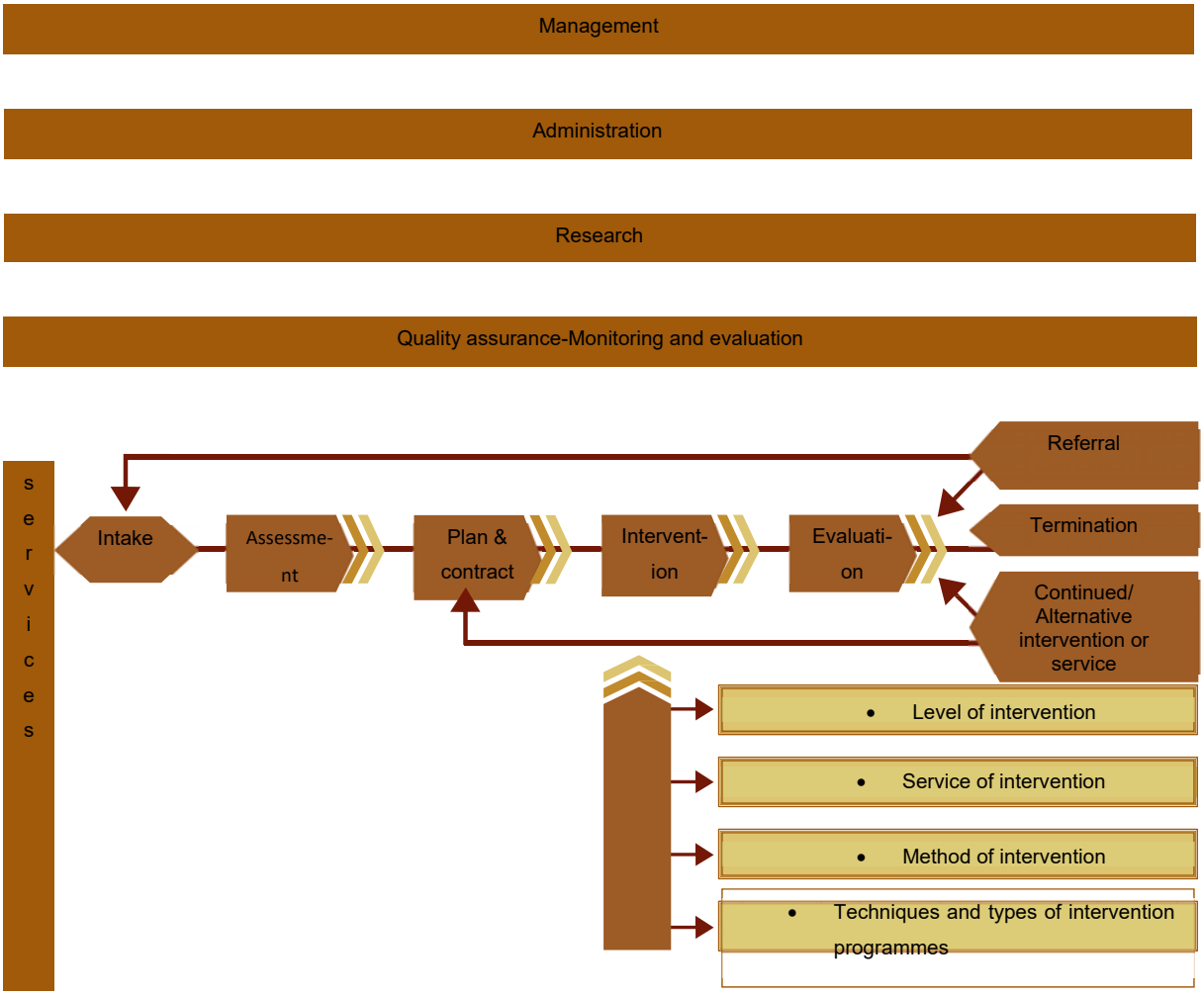


Figure 2.5: Generic service delivery model and generic intervention process [Adapted from Framework of Social Welfare Service (2013:39)]

2.2.13 Family-based programs for substance dependent

2.2.13.1 Strong families programme

The Strong Families (SF) Programme that was developed and piloted in Afghanistan is a family skills programme that empower families to develop young people in challenged

settings such as those living in underserved areas. SF is flexible and can be used in different contexts. Its main purpose is to strengthen the family system and prevent the negative impact of substance use in young people (UNODC, 2019:1). The underlying distinguishes the philosophy of SF as highlighted by (UNODC, 2019:2).

Despite the circumstances, every family has strengths and skills. For instance, during unfavourable times and circumstances such as war and natural disaster that leave families internally displaced, migrating and living in refugee camps, significant others still attempt to show care and love to their children in the best way they can. In addition, families are made stronger by working jointly in resolving unfavourable circumstances that they confront. Difficult times such as migrating and living in refugee camps often makes families stronger and empower them to overcome hardship. Furthermore, the programme offers flexible and effective ways of making caring for children easier. Lastly, each family is unique and they are experts in their circumstances.

The underlying characteristics of SF programme that follow were developed by UNODC (2019:2):

- Brief in number of sessions: SF programme takes into consideration that families in challenged settings find it difficult to attend an extensive number of sessions. SF programme was therefore developed to be brief, with a limited number of sessions.
- Evidence-Informed: SF programme is developed in line with the International Standards on Drug Use Prevention.
- Feasible for the human resource infrastructure available in low resource settings: The effective implementation of SF programme requires an infrastructure that is easy to mobilise and train.
- Selective, yet covers a large spectrum of families: SF programme focuses on the most essential family skills required for those living in such settings; accordingly, it allows the facilitators to reach a large spectrum of families without being restrictive to families with special needs.

- Light in material needs: The implementation of SF programme requires minimal and low-cost material which is easy to prepare per session, for instance, a pen.
- Open source to further encourage and facilitate sustainability: SF programme, unlike many other family skills programmes in wealthy countries, is cost free.

2.2.14 South African legislative and policy framework for social work practise with substance dependent persons

2.2.14.1 The Prevention of and Treatment for Substance Abuse Act 70 of 2008

The following main objectives of the Act are given as stipulated in section 2:

- To fight negative impact of substance misuse and dependency on substance by using harmonized approach.
- To issue licences to institutions providing services in the field of substance dependency.
- To provide administration procedures in dealing with the substance user within the treatment institutions.
- To prevent any involvement and risk of individuals and families in using substances as well as ensuring relapse prevention for recovered users.
- To ensure the establishment of the Central Drug Authority (CDA) which oversees the NDMP implementation.
- To encourage interdepartmental and intersectoral collaboration.
- To issue permits for registration, development and revocation of institutions in the field of substance dependency.

In terms of section 19 sub-section 1 of the Prevention and Treatment for Substance Abuse Act, any treatment, skills development and rehabilitation of users in South Africa can only be established and managed in terms of this section. Furthermore, section 19 sub-section 13 stipulates that any person who fails to comply to the conditions is subjected to imprisonment or a fine after conviction.

2.2.14.2 The National Drug Master Plan

The NDMP (2013–2017) of South Africa was formulated by CDA in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008. The South African Parliament authorized CDA functions and mandate to meet the needs of all citizens as well as the prerequisite of international bodies in combating substance dependency. Therefore, CDA is accountable to the South African Parliament in relation to its mandate and the outcomes and outputs of NDMP achievements (NDMP, 2013-2017:115).

The following are overall objectives of the NDMP as stipulated in the NDMP (2013-2017:27):

- To harmonize efforts in preventing the negative impact of substance dependency.
- To eradicate drug trafficking and related crimes through efficient and effective mechanisms of combating substance dependency.
- To ensure the implementation of cost-effective methods in combating substance dependency and empowering the risk and vulnerable groups.
- To ensure the circulation of current good practises.
- To ensure the assigning of relevant research and development of framework in fighting substance dependency.
- To ensure evaluation and monitoring by providing a relevant framework.
- To ensure the cooperation between international, regional and national stakeholders in combating the problem.

The NDPM (2013–2017) is the national policy document, which contains the strategy that must be followed in South Africa to reduce the supply and demand for substances and regulate the prevention and treatment interventions for users and their families. In view of the NDMP (2013-2017:157), significant parental and family involvement should be a

major component of the treatment of the user. Figure 2.6 below depicts the CDA supporting structure.

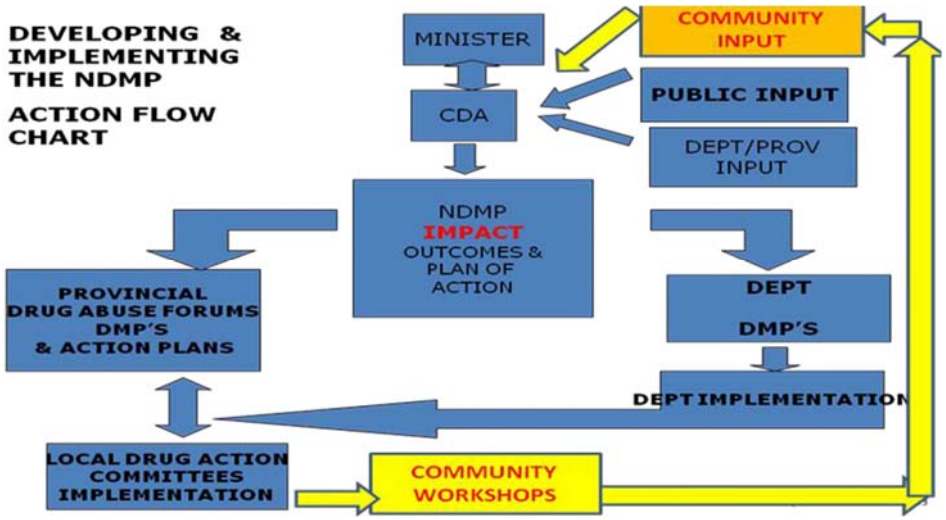


Figure 2.6: CDA supporting structure [Adapted from the NDMP (2013-2017:116)]

It is important to take note that the NDMP sets out the contribution and role of various government departments at national and provincial level in fighting the problem of substance dependency in South Africa. It also recognizes the need for a significant contribution to be made by other stakeholders in the country such as the civil society organizations (NDMP, 2013-2017:4). The NDMP proposes a shift in the intervention of substance dependency services by calling for the use of evidence-based interventions that are applicable in the local context of South Africa. Interventions that are applicable elsewhere, even in developing countries, are culturally specific and use resource intensive methods that might be too costly to replicate locally (Patel, 2015:242). It is public knowledge that South Africa is characterised by a high rate of unemployment, poverty, violation of human rights as evident in the millions of people still living in shacks, characterised by a lack of essential services such as water, sanitation, energy and poor or non-existing infrastructure. Some of the conditions in South Africa are deeply rooted in the apartheid and colonisation system, which might not be applicable elsewhere. Looking at the poverty scenario in the country and escalating substance dependency

among the youth, there is a need for evidence-based interventions that are cost-free and consider the local context of South Africa.

The following are guidelines that social workers need to follow in ensuring that clients receive effective treatment when needed (Ellis, Stein, Thomas & Meintjies 2012:332):

- A one-size-fits-all approach to treatment should be discouraged.
- Treatment needs to be accessible, affordable and readily available.
- Treatment needs to be holistic and attend to all the needs of an individual.
- Continuous monitoring and evaluation should take place.
- Person should be treated for an adequate period of time.
- Counselling should form part of the treatment.
- Many clients in treatment will require medication; therefore it should be readily available.
- Treatment of pre-existing conditions should be considered.
- The first stage of treatment is medical detox.
- Effectiveness of treatment is not determined by voluntarism.
- Continuous monitoring of possible drug use must take place during treatment.
- In order to minimize risk behaviours, the assessment of HIV/AIDS, Hepatitis B & C, Tuberculosis and other infectious diseases should take place.
- Multiple episodes of treatment will be required for successful recovery.

2.2.14.3 The Integrated Service Delivery Model

Following the colonial era, the developmental approach to social development was adopted by the democratically elected government of South Africa, in 1994. This was influenced by the requirement for a holistic model for social work that would attend to the needs of all its citizens and redress past imbalances caused by the colonial regime. In order to drive this transformation, DSD formulated a framework to guide the delivery of integrated developmental welfare services, known as the Integrated Service Delivery Model (ISDM). The model attempted to provide key concepts and framework for the delivery of services in a holistic and integrated fashion, as well as to bridge the gap of imbalance between different racial groups caused by the colonial regime (Patel, 2015:206). Although DSD is a custodian of social work services in this country, ISDM acknowledges that developmental services are the collective responsibility of various role players and sectors, including government, civil society organizations, non-profit organizations and the private sector. The exact nature and extent of involvement of these service providers is determined by history, expertise, statutory requirements and cost (ISDM, 2005:6).

There are three core programmes that are offered by DSD, namely, Social Security, Social Welfare and Community Development. The goal of ISDM is to ensure that these programmes are integrated and enable the target groups to deal effectively with all social issues, such as substance dependency, psychological stress, chronic poverty, food insecurity and other adverse social conditions (ISDM, 2005:5). The following is the rationale for the ISDM as described in the ISDM (2005:9):

- It paves a way towards a transformation of service delivery to the developmental approach
- It offers an alternative of social service delivery.
- It offers a foundation for the rebuilding of social development institutions.
- It offers a collective vision for the developmental social services sector.

The following is the overall purpose of ISDM as stipulated in the ISDM (2005:9):

- It offers the nature and level of work that constitutes the service delivery model through a comprehensive framework
- It offers a basis for effective and efficient of delivery of services as well as norms and standards.

The following values form the basis for social development service delivery as described in the ISDM (2005:10):

- The service delivery should be person-centred. This value propels that in all circumstances of delivering services, people should be in the centre.
- Service delivery should be free from discrimination of any form.
- Partnership between the organization and client system should define service delivery. Furthermore, interdepartmental and intersectoral partnership should be promoted.
- All resources provided to a person should be used in an innovative way that ensures the effective and efficient delivery of services. This entails that personnel should ensure that every resource provided is used in the client's best interest.
- The organization should be transparent and accountable in their service delivery efforts.
- Exchange of knowledge and expertise with other stakeholders is encouraged.
- The Constitution of the Republic of South Africa should guide all service delivery efforts.

2.3 Theoretical framework

As indicated in chapter 1, the researcher adopted strengths-based and family systems approaches as a theoretical base. Both the strengths-based and family systems

approach provides frameworks in relation to social work services to substance dependents and their families. The researcher believes that both approaches directly connect to the study purpose and focus. The discussion below focuses on the strengths-based approach as a theoretical framework, its underlying principles and stages of strengths-based counselling. Furthermore, the discussion unpacks the family systems approach.

2.3.1 Strengths-based approach

As alluded above, a strengths-based approach was adopted as theoretical base for this study. The strengths-based approach holds the belief that individuals have inherent strengths, capabilities, resources, skills and abilities to recover from their challenges and adversity as opposed to emphasizing vulnerability, risks and failures (Hammond, 2010:4). Furthermore, the approach emphasizes that the problem is the problem; meaning that the individual is not the problem but the victim dispossessed of opportunities and capabilities by a problem. It holds the belief that individuals have the capability and strength to substitute problems and failures with opportunities and solutions. To elucidate further, Pulla (2017:101) noted that the strengths-based approach focuses on identifying and mobilizing the resources and assets, respecting the inherent wisdom and knowledge that every person has, and leads to a rediscovery of these resources within the environment in which the person lives.

According to Cummins, Sevel and Pedrick (as cited by Mathebane, 2017:24), the strengths-based approach in social work practise springs from the values that permeate the profession, such as inherent worth, human dignity and self-determination. Putting the above values into action requires that we believe in the unleashed power that resides in all human beings and the possibilities of change. Client strengths become the resources for change that move people forward to growth, mastery and self-actualization. It is therefore pivotal for social workers to acknowledge that, by virtue of parents of the substance dependent youth seeking help or contacting the social worker, there is an indication of the individual's inner strength to become the resource for change. In view of this approach, it is important to build on parent's strength and to empower them to assist

their youth with substance dependence problems and the recovery process. Pulla (2017:106) advised that social workers need to review their attitude; that is, they need to suspend their initial disbelief in clients and adopt the following attitude as depicted below in Figure 2.7.

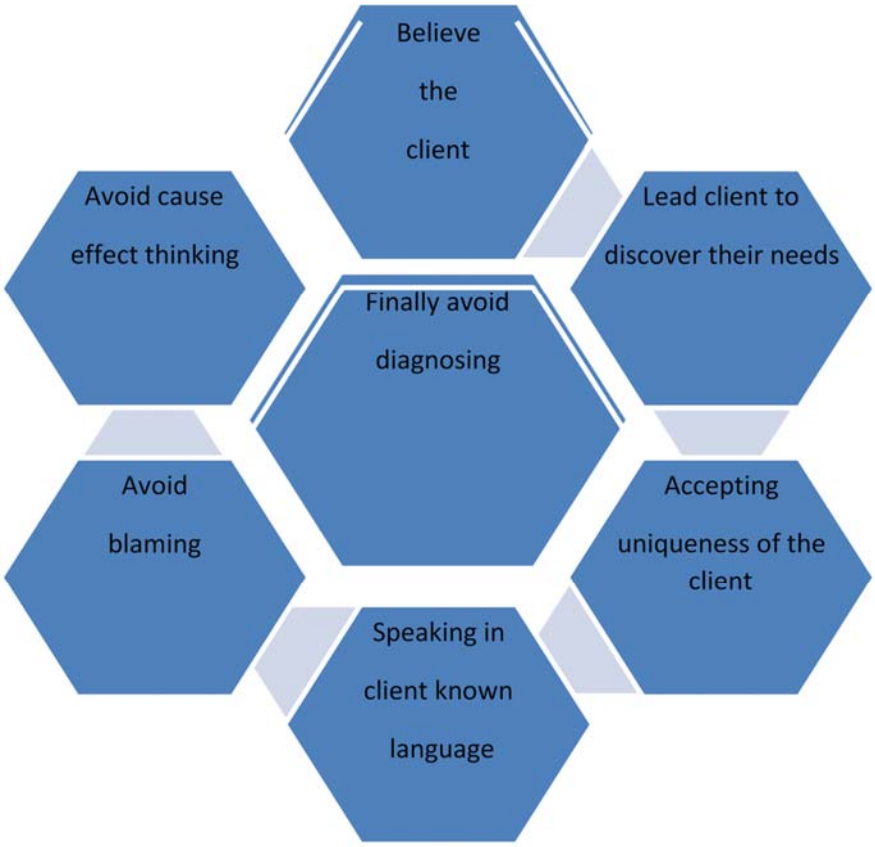


Figure 2.7: Social worker's attitude [Adapted from Pulla (2017:106)]

Saleebey (2009:17-20) identified the following principles that regulate the understanding of the strength perspective, namely, every individual has strengths, assume that there are no upper limits of the capacity to grow and change and embrace individual, group and community aspirations, clients are best served by collaborating with the social worker, every environment is full of resources, and trauma and abuse, illness and struggle may be injuries but they may also be sources of challenge and opportunity:

- Every individual has strengths

As described above, the strengths-based approach embraces the individual strength and capabilities. The principle entails that it is important for the social worker to acknowledge and believe that every individual has inborn potential and strength within and is capable of reversing the trauma and challenges (Saleebey, 2009:17). According to the researcher, this entails that people affected by substance dependence and/or those who are dependent on substance possess inherent power, resources and strength to overcome their adverse situations and challenges. This principle provides a guideline for social workers and other professionals working with individuals challenged by substance dependence, to create conducive and non-threatening conditions for them to identify and use their strengths and resources. In line with this principle, it is important for the social workers to create a climate which is free from blaming, condemnation or judgment for people affected by substance dependence and/or those who are dependent on substance. They should be exposed to a warm, safe, positive and accepting environment.

- Assume that there are no upper limits of the capacity to grow and change and embrace individual, group and community aspirations

This principle entails that, people affected by substance dependence and/or those who are dependent on substance are not objects and the fact that they have reached out for help to social workers does not make them less human or incapable. As indicated above, when a person affected and/or dependent on substance approaches the social worker for help it is an indication of the individual's inner strength to desire to bring about positive change. Often social workers allow assessment to become a type of verdict and sentence for people affected and/or dependent on substance. Instead, social workers would better serve people when they focus on the possibility of what could occur, instead of paying attention to the problem. This requires social workers to hold high expectations of people and make a commitment to their hopes, visions and values. Van Wormer and Davis, (2013:34-35) suggested a strengths-based approach to treating substance dependence based on a "harm reduction" treatment approach, emphasizing means and programmes

that focus on reducing the social, economic and health-related harm to users, resulting from the dependence. The approach emphasizes “healing” instead of “punishment”.

- Clients are best served by collaborating with the social worker

Social workers operating from strengths-based perspective assume that people affected and/or those who are dependent on substance are best served by working in partnership with them. In adhering to the principle, it means that the social worker does not assume an expert role but a collaborator who works in conjunction with people affected and/or those who are dependent on substance to bring about a positive change. In relation to this, Hammond (2010:2) warned that when social workers assume an expert position, they deny clients an opportunity to participate and take control of their situation. In relation to this principle, social workers are discouraged from prescribing the solutions that will fix the situation of the clients.

According to Walsh (2013:20), during the struggle to confront life challenges, people acquire capabilities, skills, knowledge, resources, insights and abilities which ensure that they persist in spite of their current difficulties. This entails that although people affected and/or those who are dependent on substance are currently facing difficulties, they nonetheless possess skills, resources, capabilities, and knowledge to ensure that they persist. Walsh (2013:21) asserted that by the time clients seek help from a social worker, the current difficulties may have preoccupied them to an extent that they have lost sight of their capabilities and resources. Through collaboration with clients, social workers can ensure that a conducive environment exists so that the clients are able to reclaim their resources, knowledge and capabilities to bring about a positive change. A strengths-based perspective holds a belief that clients are capable of changing their situation in the context of authentic self and conducive environment. From a strengths-based perspective, clients are viewed as victims with dispossessed strength by the problem. Instead, the perspective allows the clients to see the solutions and breakthrough for their situation. The labelling of people dependent on substance as addicts is completely disregarded in terms of strengths-based approach.

- Every environment is full of resources

Despite the intensity of the problem and situation, resources will always be there in the environment that can be utilized to assist the client. It is therefore critical for the social worker to explore and identify these underutilized resources and ultimately connect the client with them. Sometimes clients possess these resources within themselves, but this is obscured by the unfavourable circumstances (Sekudu 2015:93).

- Trauma and abuse, illness and struggle may be injuries but they may also be sources of challenge and opportunity

This principle entails that, people exposed to traumatic and abusive situations have ability to grow because they develop new coping skills of dealing with their situations during the process. According to Sekudu (2015:94), the traumatic experiences forces a person to develop new coping mechanisms in dealing with challenges hence it is after a crisis that an individual is able to do things differently. To enhance the strength of the client, the social worker might empower the client to use those coping mechanisms in order to develop new skills.

Having discussed the principles that regulate the understanding of the strength perspective, it is important to describe the stages of strengths-based counselling. In this regard, Mbedzi (2018:104-105) referred to Smith (2006) who identified 10 stages of strengths-based counselling as follows:

- Stage 1: Creating the therapeutic alliance

This refers to the initial stage of the strengths-based counselling in which the social worker creates conducive conditions and assists clients to identify and marshal strengths and competencies to confront their difficulties and adversities.

- Stage 2: Identifying strengths

This is a second stage of strengths-based counselling in which the social worker helps clients to narrate stories and make sense of their lives as survivors (rather than victims

of substance dependent youth). To enhance the strength of the client, social worker might pose the following survival question: How have you managed to survive, given the challenges that you are confronting in relation to the substance dependent youth?

- Stage 3: Assessing presenting problems

As indicated above, strengths-based approach embraces solutions, capabilities, resources, skills and abilities to recover from challenges and adversity as opposed to emphasizing vulnerability, risks and failures. However, it is important during assessment that a social worker allows clients to reveal what they perceive their problems to be, why they believe the problems exist, what behaviours/situations cause them the most problems, and the con-sequences of the problems.

- Stage 4: Encouraging and instilling hope

This is a fourth stage of strengths-based counselling in which the social worker emphasizes positive reinforcement or individual effort to take the initiative to seek help. The social worker can encourage and instil hope to clients by asking about the last time they had felt hopeful about life and what life circumstances had made them feel hopeful. The social worker may also positively reinforce parent or substance dependent youth for coming to therapy. The following questions can be used by the social worker to facilitate client's hope:

When was the last time you felt hopeful about your life and situation?

What would you have to do to keep your hopes alive?

- Stage 5: Framing solutions

In this stage of strengths-based counselling, the social worker's role is to assist clients to find practical solutions to the presenting problems. Furthermore, both the social worker and client work collaboratively to execute a plan of action that will help the client to overcome the current challenges. Below are examples of questions that can be used by social worker in framing solutions to the client's situation.

How have you been trying to solve this problem?

What works for you, even for a little while?

- Stage 6: Building strength and competence

This is a sixth stage of strengths-based counselling. During the competence-building stage, social workers assist the clients to realize that their challenges are not bigger than them. Therefore, clients realize that they have the capacity to effect change in their situation. In addition, the social worker bears in mind that clients require competence and strength building across the developmental life span; this is especially important for young clients. These strengths include courage, insight, optimism, perseverance, putting challenges in perspective, and finding purpose.

- Stage 7: Empowerment

During the empowerment stage of strengths-based counselling, the social worker works to develop a critical consciousness about the interconnections in the realities of the clients' socio-political life. The social worker has a responsibility to help to activate client's strength and capabilities that are disposed by the problem.

- Stage 8: Changing

This is a critical stage of strengths-based counselling because the whole process is about effecting changes in the current situation of the client. Social workers understand that change is a process, not an isolated event. The social worker's responsibility is assisting clients to become aware of what alterations they must make to improve their situation and describe what capabilities and strengths they have to make those changes. In addition, the social worker should assist the clients to activate their plan effectively and assist them to identify any hindrance that blocks the path towards achieving their goals.

- Stage 9: Building resilience

In this stage, the social worker actively seeks to assist clients build resilience that will strengthen them against a recurrence of the same problem. In this regard, the social

worker should assist clients to develop effective problem-solving and coping skills in order to insulate themselves from similar problems.

- Stage 10: Evaluating and terminating

This is the final stage of strengths-based counselling. Both the social worker and client review intervention activities and assess the impact on the client's problem situation. Furthermore, this stage ends professional relationship between the social worker and client. During this stage, the following questions have to be answered by the social worker:

Has the client accomplished what he or she contracted to do?

What factors brought about the client change? Does the current situation suggest the need for further counselling?

Having discussed the stages of strengths-based counselling, it is important to provide the following classification of questions for finding strengths as postulated by Pulla (2017:108) in Figure 2.8:



Figure 2.8: Classification of questions for finding strengths [Adapted from Pulla (2017:108)]

2.3.2 Family systems approach

The family systems approach provides a comprehensive conceptual framework for understanding how emotional ties within the family of origin (including extended family members) influence the lives of individuals in the system (Walsh, 2014:113). This approach is informed by the family systems therapy and emphasize the involvement of the whole family when treating a deviant family member (Sutphin, McDonough & Schrenkel, 2013:502). In line with the approach, Shulman (2016:292) described the family as an organism that is more than the sum of its parts, that is constantly interacting with its environment, both affecting and being affected by it, that has boundaries between the family and the environment and within the family itself, and that is capable of growth and change. According to the researcher, the family systems approach entails that when an individual family member becomes dependent on substances, the rest of the family

members are affected. Consequently, the normal functioning of the family as a system is distracted and this may finally result in the breakdown of the entire system. In this regard, Carpenter (2013:19) postulated that family-centred treatment capitalizes on the youth's and family's strengths, resources, values and culture and maintains the integrity of the family-unit while developing resilience and demanding responsibility and accountability. Figure 2.9 below depicts the family construct linked to substance use as cited in Carpenter (2013:7):

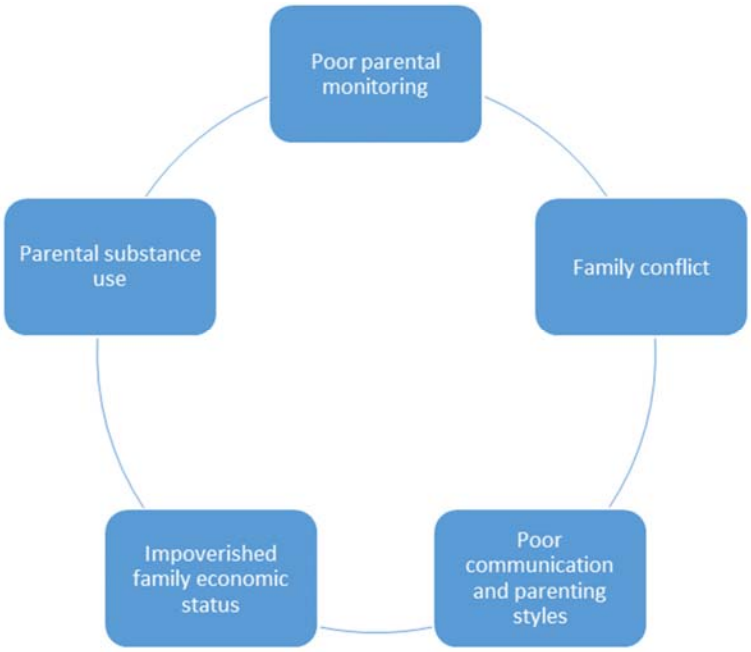


Figure 2.9: Family construct linked to substance use [Adapted from Carpenter (2013:7)]

In terms of the family systems approach, families are seen as systems that may become dysfunctional and that can return to a healthier state of functioning, referred to as homeostasis, by altering communication patterns and interactions, internal and external boundaries, and/or redefining or restructuring family roles and subsystems (Sutphin et al., 2013:502). The presence of a youth substance dependent is an indication that the family ties might/are in a state of disequilibrium. Furthermore, due to the fact that a youth is dependent on substance might mean that the family function is disrupted to the extent that there is disharmony within the family. Often parents are vulnerable family members,

especially when a youth is dependent on a substance. Parents as nurturers feel compelled to assist in everything that affects their family, particularly their progeny. They will naturally try to do everything in their power to find the solution to their family problems to avoid the breakdown of the entire system. In many instances, parents become helpless because they are caught in the middle of a threat between the system that is breaking down as a result of substance dependent family member and the dependent individual.

The following are goals of the family systems social worker as described by Walsh (2014:122):

- Lowering the anxiety present in the family system;
- Increasing the insight of all members;
- Promoting differentiation of self by emotionally realigning the family system, which includes identifying and adjusting symptomatic triangles and opening up cut-off relationships;
- Instilling member sensitivity to the influences of multigenerational family patterns on their present interactions;
- Improving the ability to share their systematic concerns with each other; and
- Readdressing inequalities within the family by inhibiting members who are behaving in inappropriately dominating ways.

In view of the family systems approach, members of the family are interdependent. This entails that the behavior of the substance dependent family member does not take place in isolation from the entire system (family). Accordingly, a family member's problem is not attributed to individual dysfunction but it is an issue that has developed within the context of the family. Shulman (2016:292) advised that social workers working from the perspective of the family systems approach need to view the family as a dynamic system with the behavior of any one of its part affecting and being affected by the interaction with the others and the environment.

The following are benefits for engaging family and particularly parents of substance dependent youths in the recovery process, as described by Carpenter (2013:13):

- Members of the family are required to act as agents of change in the young person's environment.
- The effects and benefits of family intervention go beyond the treatment phase.
- Co-occurring disorders can be eliminated through family members' involvement in the intervention.
- Family interventions can assist the user to initiate and continue with the treatment.
- Conflictual relationships between the user and family can be resolved through family interventions.

2.4 Summary of the chapter

This chapter presented the literature review of the study. An overview of the current global, continental and South African trends regarding substance dependency was given. This was followed by a presentation of the international standards on drug prevention, which includes the characteristics of an effective prevention intervention. The continental minimum quality standards for drug dependence, which include, core principles on which the national drug strategies are based were presented. Apart from the above, the Minimum Norms and Standards for out-patient treatment centres in South Africa, with the special focus on levels of service delivery that include prevention, early intervention and statutory treatment was presented.

Furthermore, parents' role in encouraging teenage substance dependence, benefits of involving parents in the treatment of their substance dependent adolescent, themes characterizing families of substance dependents, key elements of effective treatment for adolescents, stages of change, social welfare intervention process, intervention programs for substance dependent persons and South African legislative and policy

framework for social work practise with substance dependent persons and theoretical framework underpinning this study were discussed. These topics, which emanated from the literature review, provided the reader with a holistic perspective regarding the subject of investigation. A discussion of the application of the qualitative research process for investigating how parents can be utilized as a resource for the substance dependency services to their youth follows.

3. CHAPTER THREE - METHODOLOGY: APPLICATION OF THE QUALITATIVE RESEARCH PROCESS

3.1 Introduction

Chapter 1 provided an introduction and general orientation to the research study. In Chapter 2, the literature review that identified gaps and what is already known in the field as well as the theoretical framework that underpinned the study was presented. This chapter provides a detailed explanation of the application of the research method and justification of its selection. The presentation also addresses the research design, with an accompanying justification for selecting the sample, sampling methods, preparation of participants for data collection, data collection tools, pilot test and data analysis. Issues relating to the trustworthiness of the overall design and a comprehensive account of ethical considerations are also described throughout the chapter. This is in line with Butler-Kisber's (2018:22) observation that research methodology in qualitative inquiry consists of the field data gathering, field text organization/management, field data analysis, ethics and credibility.

As discussed in Chapter 1, this research study aimed at exploring how parents can be utilized as a resource for the substance dependency services to their youth. To achieve the aim of this research study, the researcher used an exploratory, descriptive, contextual approach and the Intervention Design and Development (IDD) model of Rothman and Thomas (1994). The next section focuses on the research methodology, the application of qualitative research process with a special focus on the qualitative research approach, research designs, ethical considerations, methods used to select the sample, data collection, data analysis and verification.

3.2 Research methodology

The term research methodology comprises strategies employed by researchers in carrying out the study, which in turn involve the methods employed to collect data (Carey, 2012:83). Putting it differently, Grove et al. (2013:488) pointed out that a research methodology in a study includes the design, setting, sample, methodological limitations,

the data collection and analysis techniques in a study. According to Creswell (2016:3), there are three kinds of research methodology that can be followed in the process of research, namely qualitative research, quantitative research, and mixed methods. For the purpose of this study, a qualitative research approach was employed. The discussion below provides a detailed description and justification of this approach.

3.2.1 Qualitative research approach

According to Rubin and Babbie (2014:79), qualitative research searches for the deeper meaning of a particular human experience. Given (2015:2) confirmed that qualitative research is a human-centred approach as it focuses on people's experiences and search for deeper meanings of those experiences. According to the researcher, a qualitative research approach refers to the study of people's actions directly from their own experiences and perspectives. This means that a qualitative research approach will enable the researcher to gain first-hand information from the participants. Through qualitative research, participants in this study were able to describe their daily experiences about parents as an underutilized resource for the substance dependency services to their youth.

The following are the main characteristics of qualitative research that the researcher adopted as described by Shaw and Holland (2017:4):

- Research is conducted in a real or natural setting, meaning that the research is not imagined; it does not involve questionnaires or electronic surveys, but it is what the participants go through in their daily lives. In view of this study, the researcher conducted the interviews in a real or natural setting of participants, which in the case of parents was their respective homes, within Gauteng Province, in the CTMM. For social workers, the interviews were conducted at their places of work, which are the respective offices at the 10 service points of DSD Gauteng, in the CTMM.
- The researchers are the main instruments of data collection, meaning that other people or electronic instruments do not represent the researchers who are key tools for data collection. For the purpose of this study, the researcher was the

primary instrument. In addition, the researcher used observation and face-to-face semi-structured interviews, following an interview-guide, to collect data. No electronic instruments or questionnaires were used in this study.

- Qualitative research allows the researcher to use multiple methods such as interviews, observations and documents for data collection, rather than a single method. In this study, the researcher used multiple sources such as observation and in-depth interviewing to collect data. Consequently, the use of multiple methods precipitated the collection of additional data, other than relying on a single data source such as the questionnaire, which is commonly used in quantitative studies.
- Data is captured from the point of view of individual participants. In this study, the data was captured from individual experiences and views of parents of the substance dependent youth as well as the social workers providing services at the 10 service points of DSD Gauteng, in the CTMM.
- The researcher conducts research using inductive theory to build patterns, themes and the process can be done throughout the study with the interaction of participants. In this study, the researcher employed complex reasoning skills and inductive reasoning throughout the research process.
- The researcher develops a whole or complex picture of the study rather than focusing on certain parts. For the purpose of this study, the researcher ensured that the complex picture of the study is reported from the multiple perspectives that take place within the environment such as experiences and behavior of parents of substance dependent youths and social workers at the 10 service points of DSD Gauteng, in the CTMM.
- The researcher used an emergent design which is flexible to any change that may occur when the researcher enters the field or collects data. The researcher in this study entered the field of study with tentative and flexible plan of the research as opposed to a rigid plan.
- Qualitative research is interpretive in that the main task is to view how individual constructs meaning to their experiences in their context. In this study, the researcher constructed the meaning from the experiences of parents of substance

dependent youth as well as the social workers providing services at the 10 service points of DSD Gauteng, in the CTMM.

- Reflexivity is crucial in qualitative research as the researcher gets the opportunity to reflect on how their own values and personal experiences shape their interpretation. To ensure reflexivity in this qualitative study, the researcher documented his own thoughts, feelings, and assumptions.

Based on aim of this current study and the above-mentioned characteristics, the researcher adopted a qualitative research approach. The next section is a discussion of the rationale for the use of the qualitative research approach in this study.

3.2.2 The rationale for the use of a qualitative research approach

The researcher decided that a qualitative approach was the best method for this current study based on the following general reasons as outlined by Creswell and Poth (2018:45):

- Firstly, because a problem or issue needs to be explored. As indicated in Chapter 1, the current study postulates that parents are an underutilized resource for the substance dependency services to their youth. Therefore, this prompted the researcher to undertake this study because a lack of parental utilization in the substance dependency service of their youths remains an area of concern.
- Secondly, because of a need to study a group or a population. As outlined in Chapters 1 and 2, the literature reviewed attested to the fact that substance dependence of a young person puts a serious burden on their parents as well. Parents complained about the inadequate social work services to help them cope with the challenges presented by the substance dependency of their young person. This remained a problem even when they reached out for help to the social workers. Furthermore, the literature also confirmed that parents were excluded in the provision of substance dependency services to their youths (Waini, 2015:101; Hoeck & Van Hal, 2012:6 & Choate, 2015:469). In view of the above, there was a need to use qualitative research in this study in order to explore how parents can be utilized by social workers, as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model.

- Lastly, to hear and listen to that which is unspoken. The researcher used the study to become an unspoken voice of parents in expressing their experiences and views about services afforded to their substance dependent youth and on how they could be utilized as a resource for the substance dependency services to their youth. The study was also used as a platform for social workers to capture their experiences and views in relation to parents as an underutilized resource for the substance dependency services to their youth.

3.2.3 Research design

According to Yin (2011:75), research designs are logical blue prints. Creswell and Poth (2018:49) are of the opinion that a research design is a plan for managing and conducting a particular study. Maxwell (2010:3) argued that a research design comprises of an interconnection and interaction between various design components and does not have a rigid commencing point nor continue through predetermined orderly steps. In other words, the research design is a plan on how the study will unfold; the plan is not fixed but flexible, especially in a situation when the researcher is confronted with unforeseen circumstances that may require him to modify the original research design.

In the current study, explorative, descriptive, contextual and intervention research designs were employed to determine how parents can be utilized as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model. These designs are further explained below.

3.2.3.1 Explorative research design

In this study, an explorative research design was used to explore parents' experiences as an underutilized resource for the substance dependency services to their youth. According to Grove et al. (2013:370), explorative research is employed to increase knowledge or uncover new ideas of a particular phenomenon. A need to be acquainted with the situation to formulate a problem or develop a hypothesis is a motivation for employing the exploratory research study (Fouché & De Vos, 2011:95). In addition, Rubin and Babbie (2013:51) are of the opinion that research with an exploratory purpose

provides a different understanding of the topic. This is relevant in the context of this study where a phenomenon, deemed less understood or unfamiliar, such as parents as an underutilized resource for the substance dependency services to their youth is used as a means to arrive at the destination of developing a model for appropriate social work interventions to these client systems. Putting it differently, Marshall and Rossman (2016:78) postulated that an exploratory research design is a process of developing upcoming research studies.

Due to the researcher's quest to learn more and gain insight into the phenomenon, the exploratory research design was reckoned suitable for the present study. To achieve the explorative part of the present study, individual face-to-face semi-structured interviews together with an interview-guide were used for all participants. Furthermore, the researcher used open-ended questions to explore how parents can be utilized as a resource for the substance dependency services to their youth. Responses were then followed up by probing questions where necessary, for the purpose of elucidating what had been narrated by the participants.

3.2.3.2 Descriptive research design

Descriptive research design is undertaken to provide an accurate account of knowledge and insight into a topic or problem area where little is known (Grinnell & Unrau, 2011:563). According to Rubin and Babbie (2010:42), a descriptive research design tends to be more concerned with conveying a sense of what it is like to walk in the shoes of the participants, that is, providing rich details about their environments, interactions, meanings, and everyday lives, than with generalizing to a larger population. Similarly, Hennink, Hutter and Bailey (2011:289) intimated that a descriptive research design provides an accurate account of participants' experiences, views, and meanings of the phenomena.

A descriptive research design in this present study aided the researcher to collect data by giving participants time to describe their familiarities and opinions in relation to the phenomenon being studied. Through qualitative descriptions, the researcher described the experiences of parents as an underutilized resource in the substance dependency services for their youth. Furthermore, the researcher used the design to describe the

social workers' experiences and views in relation to parents as an underutilized resource for the substance dependency services to their youth.

3.2.3.3 Contextual research design

Qualitative research takes into account the contextual circumstances within which people live. Contextual circumstances refer to the social, institutional and environmental situations within which people's lives influence all human events (Yin, 2011:8). Due to the researcher's quest to learn more and gain an insight into the phenomenon, the contextual research design was used in order to gain an in-depth understanding of the participants within their immediate context. In addition, a contextual research design was used to aid the researcher in exploring experiences of parents as an underutilized resource in the context of their substance dependent youth, following substance dependency services provided by social workers employed at the 10 service points of DSD, within the CTMM in the Gauteng Province. Furthermore, the researcher explored existing gaps in the social worker's services or intervention methods in utilizing parents as a resource for the substance dependency services to their youth, within the context of social workers employed at the 10 service points of DSD Gauteng, in the CTMM.

3.2.3.4 Intervention research design

The researcher also used the intervention research design, utilizing the IDD-model of Rothman and Thomas (1994), to achieve another goal of this research study which is developing a model from a social work perspective, on how parents can be utilized as a resource for the substance dependency services to their youth. Intervention research was developed from the discussion of the effectiveness of the alternative strategies, advances in research design, and the need to advance practise (Fraser & Galinsky, 2010:4). The following are six phases of intervention research model, accompanied by steps as presented in Table 3.1, as outlined in (Rothman & Thomas 1994:28):

Table 3.1: Phases of the intervention research model

PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5	PHASE 6
Problem Analysis And Project Planning	Information Gathering And Synthesis	Design	Early Development And Pilot Testing	Evaluation And Advanced Development	Dissemination
OPERATION 1 (STEP 1)	**OPERATION 1 (STEP 1)**	**OPERATION 1 (STEP 1)**	**OPERATION 1 (STEP 1)**	**OPERATION 1 (STEP 1)**	**OPERATION 1 (STEP 1)**
Identifying and involving clients	Using existing information sources	Designing an observational system	Developing a prototype or preliminary intervention	Selecting an experimental design	Preparing the product for dissemination
OPERATION 2 (STEP 2)	**OPERATION 2 (STEP 2)**	**OPERATION 2 (STEP 2)**	**OPERATION 2 (STEP 2)**	**OPERATION 2 (STEP 2)**	**OPERATION 2 (STEP 2)**
Gaining entry and cooperation from settings	Studying natural examples	Specifying procedural elements of the intervention	Conducting a pilot test	Collecting and analysing data	Identifying potential markets for the intervention
OPERATION 3 (STEP 3)	**OPERATION 3 (STEP 3)**	**OPERATION 3 (STEP 3)**	**OPERATION 3 (STEP 3)**	**OPERATION 3 (STEP 3)**	**OPERATION 3 (STEP 3)**
Identifying concerns of the population	Identifying functional elements of successful models		Applying design criteria to the preliminary intervention concept	Replicating the intervention under field conditions	Creating a demand for the intervention
OPERATION 4 (STEP 4)	**OPERATION 4 (STEP 4)**	**OPERATION 4 (STEP 4)**	**OPERATION 4 (STEP 4)**	**OPERATION 4 (STEP 4)**	**OPERATION 4 (STEP 4)**
Analysing identified concerns				Refining the intervention	Encouraging appropriate adaptation

Setting goals and objectives					
OPERATION 5 (STEP 5)	**OPERATION 5 (STEP 5)**	**OPERATION 5 (STEP 5)**	**OPERATION 5 (STEP 5)**	**OPERATION 5 (STEP 5)**	**OPERATION 5 (STEP 5)**
Setting goals and objectives					Providing technical support for adopters

Above in Table 3.1, the IDD-model comprises of six phases. For the purpose of this study, the researcher only made use of phases 1, 2, 3 and step 1 of the phase 4 of the IDD-model. Logistics, time and financial restrictions justified this decision. The purpose of this research undertaking was to acquire a post-graduate qualification. It is also envisaged that steps 2 and 3 of phase 4 and phase 5, namely, evaluation and advanced development, will form part of a post-doctoral research project. Each of these phases is accompanied by a sequence of steps or operations. Rothman and Thomas (1994:9) pointed out that although the work of specific phase should be carried out fully, the process is not rigid. In this regard, De Vos and Strydom (2011:476) advised that not all phase models, whether in research or practise, can be viewed as patterns of one phase inflexibly following the next. Below is a description of how the phases and steps (referred to above) have been adapted for this research study.

➢ **Phase 1: Problem analysis and project planning**

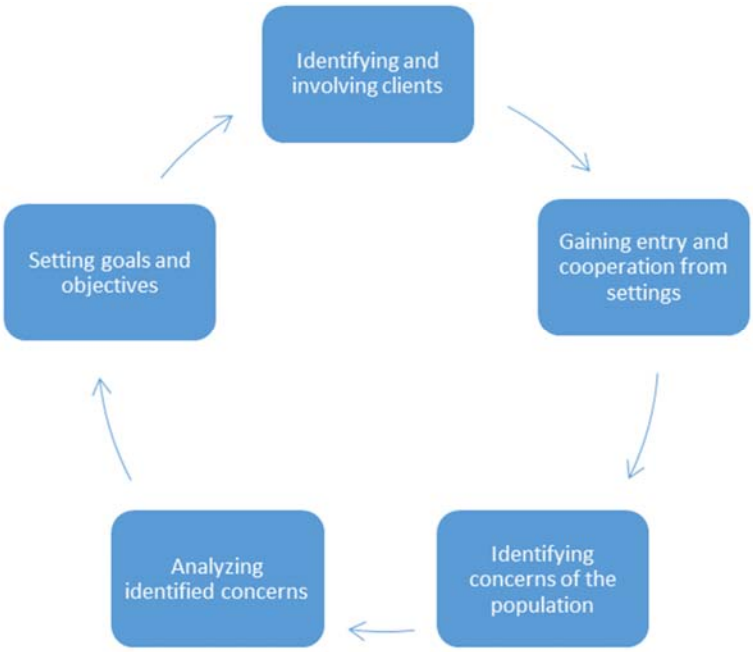


Figure 3.1: Five steps contributing to the successful completion of Phase 1 of the IDD-Model

As showed above in Table 3.1 and Figure 3.1, the following five steps contribute to the successful completion of the phase of the IDD-model: identifying and involving clients, gaining entry and cooperation from settings, identifying concerns of the population, analysing identified concerns, and setting goals and objectives (Rothman & Thomas, 1994:27). Each step is discussed below.

- Step 1: Identifying and involving clients

According to Rothman and Thomas (1994:27), this operation is the first step of the IDD-model. Furthermore, the Rothman and Thomas (1994:27) added that the intervention research selects a population with whom to collaborate, and whose issues and problems are of current or emerging interest to the clients themselves, researchers and society. In this regard, Leedy and Ormrod, (2013:152) referred to a population as all individuals, families, groups or organizations, communities, events, and the like that could contribute to a research topic. Adams, Khan and Raeside (2014:82) noted that a population consists

of any well-defined and descriptive set of characteristics in respect to a specific phenomenon that interests a researcher and consequently prompts further study. In order to determine how parents can be utilized as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model, the population for this study consisted of two categories defined as follows:

- Parents of substance dependent youth in the Gauteng Province.
- All social workers in the Gauteng Province.

The researcher lives in the Gauteng Province therefore, it was time and cost effective to focus on this geographical area. Although the researcher resides in the same Province as the population, there was no conflict of interest as the researcher was not directly involved with the participants. As a lecturer at UNISA, Social Work Department and registered with the SACSSP, the researcher adhered to a professional code of ethics. The researcher also considered the fact that the exposure of the youth to the abuse of substances is the highest in Gauteng compared to other Provinces (Gauteng Department of Social Development, 2015:41). It would have been ideal to include all parents of substance dependent youth and social workers in the Gauteng Province; however, due to the nature of the population, time and financial constraints, it was impractical for the researcher to study everybody in the targeted population, hence there was a need for a sample. In this regard, Babbie (2017:201) explained that in qualitative research, is not feasible to include the entire community or population, and hence a sample is drawn.

According to Chambliss and Schutt (2013:86), a sample is a subset of a population that a researcher wants to learn about. Similarly, Adams et al. (2014:73) concurred that a sample is a subset of individuals selected from an entire population. Strydom (2011:224) noted that the use of a sample provides more accurate information than might have been obtained if the researcher had studied the entire population. For the purpose of this study, the sample was drawn from the population of parents of substance dependent youth and 295 social workers at the 10 service points of DSD, within the CTMM in the Gauteng Province. Based on the qualitative nature of this part of the research, a small population and sample would still provide the researcher with an in-depth understanding of the

participants (McLaughlin, 2012:35). Schmidt and Brown (2015:231) added that it is customary in qualitative studies to use small samples.

Guest, Namey and Mitchell (2013:41) argued that sampling is one of the important aspects of research design and the process of selecting a subset of items from the defined population for inclusion in a study. Rubin and Babbie (2014:380) intimated that sampling is as a process of attaining a suitable sample to be studied. In order to draw a sample from the entire population, there are two types of sampling methods that a researcher can employ, namely, probability and non-probability sampling. The purpose of sampling methods in qualitative research, as explained by Strydom and Delport (2011:391) is to collect a wide range of data.

For this study, the researcher used purposive sampling to choose parents of substance dependent youth who have reached out for help, and social workers who provided services at the 10 service points of DSD, within the CTMM, to participate in the study. Carey (2012:39) attested that the researcher purposively and deliberately chooses people who he/she believes will provide him/her with the basic and best data he/she requires. Putting it differently, Thorne (2016:98) stated that purposive sampling is a non-probability sampling method in which the settings and specific individuals within them are recruited by virtue of some angle of the experience related to the topic under study that might help the researcher to have more insight about the topic. Based on the researcher's judgement, purposive sampling was relevant for this study because the recruited participants, namely, parents of substance dependent youth and social workers who provided services at the 10 service points of DSD, within the CTMM, managed to provide more insight into the topic being studied. In addition, the researcher considered people who were willing to explore and describe their experiences verbally and honestly and provide more insight into the phenomenon. Furthermore, the reasons below, as indicated by Creswell (2013:167) justified the researcher's utilization of purposive sampling in this study.

- Purposive sampling is cost-effective and the least time-consuming.
- Purposive sampling guides the researcher to select relevant subjects for the study.

Since the study used two different populations, namely, parents of substance dependent youth and social workers, different inclusion criteria for each study population were applied. To confirm whether the parents had reached out for help at any of the 10 service points of DSD within the CTMM, the researcher relied on the information provided by the social workers, and it was later verified through demographic/biological questions during data collection. In order to determine how parents can be utilized as a resource for the substance dependency services to their youth and develop a relevant social work intervention model, the following inclusion criteria for parents and social workers respectively was used:

Sample inclusion criteria for parents of substance dependent youth:

- Only parents of substance dependent youth
- Parents living with the substance dependent youth in the same household
- Parents or/and their youth having reached out for help at any of the 10 service points of DSD
- Based in the Gauteng Province, particularly within the CTMM
- Both males and females of any racial group
- Conversant in English, Setswana and/or IsiZulu
- Willing to participate in the study

Sample inclusion criteria for social workers:

- A social worker registered with SACSSP
- Both males and females
- Belonging to any racial group
- Employed by DSD at any of the 10 service points

- Providing services for more than two years
- Based in the Gauteng Province, particularly within the CTMM
- Conversant in English, Setswana and/or IsiZulu
- Willing to participate in the study

Patino and Ferreira (2018:84) explained that both exclusion and inclusion criteria for study participants are standard and require practise when designing high-quality research protocols. The following exclusion criteria for both parents and social workers were used:

Sample exclusion criteria for parents of substance dependent youth:

- Parents who were not able to provide data
- Parents who were unable to provide informed consent

Sample exclusion criteria for social workers:

- All social workers who were not employed at DSD in the Gauteng Province, within the CTMM
- Social workers who were unable to provide informed consent

By including parents, the researcher was able to obtain first-hand knowledge about their experiences and opinion on how they can be utilized as a resource for the substance dependency services to their youth. Through social workers, the researcher was able to gain an in-depth understanding about the nature of the social work services they provide to parents. Consequently, the researcher developed a model for social work practitioners which is presented in Chapter 6 of this research report.

- Step 2: Gaining entry and cooperation from settings

This is a second step in the problem analysis and project planning (Phase 1) of IDD-model. According to Rothman and Thomas (1994:29), the successful completion of the

step is important in the IDD-model because it assists the researchers to understand what they have to offer and how to articulate the benefits for potential participants and members of the group or organization. Regarding the aspect of gaining entry and cooperation from setting, Yin (2011:104) contended that it is unethical for the researchers to intrude the real-life setting without gaining proper permission to study them and subsequently gaining access to them.

Before gaining entry and cooperation from setting, the researcher obtained approval and ethics clearance for the study from Health Research Ethics Committee (HREC) at North-West University and the ethics number NWU-00025-18-S1 was allocated (**see Annexure 1**). HREC is comprised of independent experts whose responsibility it is to ensure that the study is conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures and other international ethical guidelines applicable to this study**.** The HREC also cautions researchers against predictable pitfalls which have to be addressed timeously. Subsequently, in order to gain entry and cooperation from the study setting at the 10 service points of DSD, within the CTMM in the Gauteng Province, the researcher obtained formal approval from the provincial office of DSD in Gauteng, and the file number 2/9/04 was allocated (**see Annexure 2**). Once the approval was received, the researcher contacted the gatekeeper in the 10 service points to obtain goodwill permission in order to gain access to the research sites.

Fouché and Schurink (2011:325) averred that the researcher's ability to build and maintain relationships and agreements with the gatekeepers of the research sites and participants will lead to the successful execution of the design and data gathering. In this study, the main gatekeeper was the Social Work Manager in the 10 service points within CTMM. Written request was sent to the gatekeeper, followed by telephonic contact and face-to-face meeting at which time the purpose of this study was explained. After obtaining the goodwill permission, the researcher requested the Social Work Manager in the 10 service points to identify mediators within the department to assist with participant engagement and recruitment of social workers. Consequently, the Social Work Manager identified two Social Work Supervisors in the 10 service points within CTMM as mediators

to assist with participant engagement and recruitment of social workers. Following the above-named step, the researcher made telephonic contact and a face-to-face meeting with the respective Social Work Supervisors and fully informed them about the purpose, implications and risk associated with the study. In addition, the Social Work Supervisors were informed about the inclusion and exclusion criteria and it was emphasized that the participation was completely voluntary at all times and no form of monetary incentive or reimbursement was offered to participants, except for the mug that the researcher gave to each participant, immediately after completion of data collection process, as a token of appreciation. Furthermore, participants were also informed that during the data collection process, only cold water would be made available by the researcher.

Following the above-mentioned steps, the two Social Work Supervisors submitted the list to the researcher with contact details of potential social workers who had agreed and given permission to be contacted. The total number of 13 potential social workers from 10 service point of DSD, within the CTMM, Gauteng Province met the inclusion criteria, agreed to participate. They therefore gave the two Social Work Supervisors permission to be contacted. Henceforth the list was submitted to the researcher. According to Carey (2012:41) sample sizes tend to differ depending on the nature of the research question and problem, as well as possible access-related issues.

Tracy (2013:80) pointed out that once researchers have been officially granted permission from gatekeepers, they must continually negotiate for informed consent from the participants. Subsequently, an email request was submitted by the researcher which was followed by telephonic contact with the respective social workers to schedule face-to-face meetings with them individually (per service point). These were information sessions at which the researcher officially introduced himself, presented the purpose of the study, implications and explained the associated risk. He also emphasized that participation was voluntary. Creswell (2016:108) recommended email as one of the easy methods that the researcher can use to invite and reach a large number of people through.

The following guidelines as stipulated by Lloyd, Kalsy and Gatherer in Mathebane (2017:49) were adopted by the researcher during the contacts with potential participants:

- The researcher explained the purpose of the study, namely, to explore how parents can be utilized as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model;
- The researcher clarified the possible value of the study which was to provide recommendations and develop a relevant social work intervention model on how parents can be utilized as a resource for the substance dependency service to their youth;
- The researcher explained to the potential participants why they, in particular, were chosen to participate in the study;
- The researcher contacted the participants about follow-up interviews. They were informed that the professional independent person will facilitate the process of obtaining informed consent and thereafter, the actual data collection will be done by the researcher;
- The researcher clarified and negotiated the venue for the research interviews. In the case of parents, it was their homes and for social workers, it was their place of work. In this regard, Creswell (2016:6) emphasized that interviews should be conducted in the participants' natural settings which enable the researcher to develop rapport with these individuals in order to facilitate a shared connection to their actual experiences;
- The researcher, through the professional independent person, informed the potential participants that the interviews would be digitally recorded with their consent. Furthermore, it was explained that the duration of the interview was estimated to be between 45 minutes to 1 hour long in order to allow more time for participants share their experiences and perceptions on the phenomenon under investigation;

- The prospective participants were informed that, after the interview, the researcher would transcribe the recorded interview and that their identity would not be revealed; and

- Ethical issues were discussed and clarified to them, as well as how they will be applied in the study. The issues included such aspects as informed consent, beneficence, anonymity, privacy and confidentiality, no harm to the participants and debriefing of participants.

To avoid or minimize the risk of no coercion or undue influence by the researcher and ensuring that participants had the freedom to decide if they wanted to participate or not, the researcher informed the potential participants (social workers) that the process of signing the informed consent would be facilitated by a professional independent person. Potential participants were issued with the copy of a stamped informed consent form (**see Annexure 6**) by the ethics office, to allow them reasonable time to review it on their own. Furthermore, the potential participants were informed that a maximum period of a month would be given to decide whether to participate in the study or not. Giving the participants this opportunity and allowing the signing of the informed consent to be facilitated by the professional independent person, was also in line with the ethical principle of informed consent as discussed in Chapter 1. In other words, participants were allowed a reasonable time to question anything that involved their participation and make an independent decision about whether to part take in the study or not.

To ensure that there were no costs to be incurred by the potential participants and prevent coercion or undue influence by the researcher as well as adhere to the principle of informed consent, the researcher requested permission from potential participants to forward their contact details to the professional independent person, who later also emphasized that participation in the research was voluntary and that participants may withdraw from the study at any time. Furthermore, the professional independent person discussed three more issues, namely, the permission to audio-tape the interviews, a token of appreciation and pilot-testing, after which the signing of the informed consent form with social workers in their respective offices (individually) was completed. Each

discussion of these issues and the signing of form lasted 30 minutes. All 13 potential social workers who initially gave their respective Social Supervisors permission to be contacted signed the informed consent forms. Thereafter, the professional independent person handed all singed informed consent forms over to the researcher who arranged individual appointments with the respective social workers to allow the actual data collection process to take place.

At the information session, participants were also requested by the researcher to identify parents of substance dependent youth who matched the criteria of inclusion. These social workers were also mobilised for support in informing the potential parents about the study. In this regard, Zastrow (2014:68) observed that social workers work with different individuals and families to promote positive changes and substance dependency is not exceptional in this regard. Following the above-mentioned steps, the respective social workers provided the list with the total number of 12 potential parents from the 10 service points of DSD within the CTMM, who met the inclusion criteria and had agreed and given permission to be contacted by the researcher. Subsequently, the researcher made telephonic contact with the parents to schedule face-to-face meetings with them individually (per service point) in their respective homes where he had information sessions and officially introduced himself. He then explained the purpose, implications and risk associated with study and emphasized that participation was voluntary. To avoid or minimize the risk of no coercion or undue influence by the researcher, and to ensure that participants had the freedom to decide if they wanted to participate or not, the researcher informed the potential parents that the process of signing the informed consent would be facilitated by the professional independent person. Furthermore, the potential parents were informed that a maximum period of a month would be given for them to decide whether to participate in the study or not. Giving the parents an opportunity to decide whether to participate or not in the study was also in line with the ethical principle of informed consent. Subsequently, the potential participants (parents) were issued with the copy of stamped informed consent form (**see Annexure 6**) by the ethics office, to allow them reasonable time to review on their own.

In this study, a sample size of ten parents and eleven social workers were interviewed, respectively, from 10 service point of DSD, within the CTMM in the Gauteng Province. As indicated by Guest, Bunce and Johnson (2006:79), for most research enterprise, however, in which the aim is to understand common perceptions and experiences among a group of relatively homogeneous individuals, as in this study, twelve interviews should suffice. It is noteworthy that data saturation was reached after the 8th and 9th interview with the parents and social workers, respectively. In addition, to ensure that data saturation has been reached beyond any doubt, the researcher conducted two more interviews with the respective parents and social workers.

To ensure that there were no costs incurred by potential parents and to prevent coercion or undue influence by the researcher as well as adhere to the principle of informed consent, the researcher requested permission from potential participants (parents) to forward their contact numbers to the professional independent person. Following the above steps, the researcher forwarded the contact details of parents to the professional independent person who later made appointments to meet each respective parent who had agreed and given permission to be contacted homes. At the meeting with the parents, the professional independent person emphasized that participation in the research was voluntary and that participants may withdraw from the study at any time. Furthermore, the professional independent person discussed issues relating to the permission to audio-tape the interviews, a token of appreciation, pilot-testing and then completed the signing of the informed consent form with parents willing to take part in the study. The length of the entire discussion and signing of the informed consent form was 30 minutes. Thereafter, the professional independent person handed all singed informed consent forms over to the researcher who arranged individual appointments with the respective parents, to allow the actual data collection process to take place.

The professional independent person is a lecturer in the Department of Social Work at UNISA and is a registered social worker with SACSSP. She adheres to a professional code of ethics and understands the principles of social work and has acquired necessary knowledge and qualifications prior the commencement of the study. In other words, an online course on introduction to research ethics which comprises three topics namely,

research ethics evaluation, informed consent and adolescent involvement in HIV prevention trials, was completed. To ensure that the professional independent person was well versed in the study, the researcher set aside two days prior the commencement of the study, in order to provide extensive training regarding the study and ensure that the professional independent person understood importance of adhering to the research ethics. Thereafter, the researcher ensured that the professional independent person signed a confidentiality agreement (**see Annexure 5**) before any interaction with the potential participants.

During the information session, the professional independent person informed the potential participants that by recording the interview, the researcher would have a full record of the verbal interaction to make notes from so that the attention would not be divided between writing and listening. Butler-Kisber (2018:35) attested that most researchers in qualitative studies try to get permission to audiotape the interviews so that they can be able to revisit what transpired, as well as avoid giving undivided attention to the participant by taking notes. Potential participants were made aware that the tape recorder could be turned off at any time, and that it was permissible for the participant to request to remove information from the interview (Butler-Kisber, 2018:35).

Potential participants were made aware that the contents of the data collected might be published in a journal as an article, and that they shall remain anonymous because the researcher would use pseudonyms instead of their real names so that they could not be linked to the data collected. Potential participants were also informed about the pilot-testing and that follow up appointments would be scheduled by the researcher to allow the actual data collection process to take place. For the purpose of this research study, individual face-to-face semi-structured interviews following an interview-guide (**see Annexure 4**) were used as a data collection method. The advantage of individual face-to-face semi-structured interviews is that they place the participants in the position of experts. The following are suggestions for interviewing which the researcher implemented as described by Butler-Kisber (2018:36):

- The researcher listened to the participants attentively and avoided talking too much.
- The researcher allowed reflective pauses without feeling the need to jump in.
- The researcher prepared an open-ended protocol of questions, but used them carefully to allow exploration of experiences and perceptions.
- The researcher avoided closed questions and leading questions.
- The researcher also avoided interruptions.
- The researcher explored laughter, silences and any interjections and pauses.
- Lastly, the researcher remained ethically responsive to the participants at all times.

In addition to the above-mentioned interviewing suggestions, the researcher employed the following skills as outlined by Suresh (2014:255):

- He avoided asking multiple questions at the same time;
- If need arose, he repeated a question to the participant;
- At all times, the researcher ensured that the question was well understood by the participant;
- The researcher attended to both the verbal and non-verbal communication of the participant;
- The researcher created non-threatening conditions for the participant to provide answers and
- The researcher reflected a professional attitude and values at all times.
- Step 3: Identifying concerns of the population

Rothman and Thomas (1994:29) recommended a qualitative research approach as a method to explore the concerns of the population, as it allows a researcher the unique opportunity to gain data through informal contact with the participants. In this study, the researcher conducted individual face-to-face semi-structured interviews following an interview-guide, to identify concerns of the population. Fawcett and Pockett (2015:68) asserted that about 90% of all social science investigations use a form of interview to gather information from participants. Grinnell and Unrau (2011:306) explained that in semi-structured interviews, unlike structured interviews, the interviewer, as an instrument of the data collection process, is at liberty to explore in their own way and follow up interesting avenues that emerge in the interview. The researcher, as an interviewer in this study, decided to use semi-structured interviews because they place the participants in the position of experts.

The researcher used individual face-to-face semi-structured interviews with the parents of substance dependent youth as the crucial stakeholders, and social workers as practitioners in the field of substance dependency, to enquire about parents as an underutilized resource for the substance dependency service to their youth with the view of developing a model for social work practitioners. To this end, explorative, descriptive, contextual and intervention research designs were employed to develop an in-depth understanding of how parents can be utilized as a resource for substance dependency service to their youth, and develop a model from a social work perspective.

The interview-guide consisted of two sets of questions, firstly to obtain the participants' biographical information and secondly, to elicit their responses on the phenomenon under investigation. The biographical or demographic information was necessary for the validity or determination of whether the participants were indubitably a representative sample of the target population, that is, parents of the substance dependent youth and social workers at the 10 service points of DSD, within the CTMM in the Gauteng Province. In this study, the researcher formulated the following questions, which were used as an interview-guide to obtain biographical information with the parents of substance dependent youth:

- From which ethnic group are you?
- What is your current employment status?
- What is your highest educational qualification?
- In which municipal ward do you reside?
- What is the youth gender?
- What is the age of the youth?

The following open-ended questions were used as an interview-guide to elicit more in-depth information from the parents on how they can be utilized as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model:

- Please explain your experience of substance dependency services to your youth?
- What is your opinion of the services offered to you and your substance dependent youth?
- What challenges have you encountered in receiving the services from the social worker?
- What is your knowledge and understanding in relation to the addiction of your substance dependent youth?
- What resources do you require in relation to your substance dependent youth?
- What role can parents play in assisting their substance dependent youth?
- Based on your experience, what things would you wish should be changed regarding the substance dependency services directed to the substance dependent youth?

The following questions were used as an interview-guide to obtain biographical information with the social workers:

- From which ethnic group are you?
- From which service of point of DSD, within the CTMM are you employed?
- How long have you been providing service at DSD?

The following open-ended questions were employed as an interview-guide to elicit more in-depth information from the social workers on how parents can be utilized as a resource for the substance dependency services to their youth and then to develop a relevant social work intervention model:

- Please explain the intervention process in providing substance dependency services to youth.
- Please outline challenges you face in providing substance dependency services?
- At what level or stage do you utilize parents of substance dependent youth during your intervention?
- In your own view, what is the significance of utilizing parents as a resource for the substance dependency services to their youth?
- What resources are available to you to empower parents of substance dependent youth?
- What framework do you use to guide you when dealing with parents of substance dependent youth?
- What strategies do you think should be in place to enable you to effectively address substance dependency?

According to Yin (2011:135), open-ended rather than closed-ended questions are important in a qualitative interview because they do not limit participants' responses.

Carey (2012:113) asserted that open-ended questions are the most common approach in qualitative research because they put the participants in an expert position, allowing them freedom to answer and explore queries in their own words and style. In this study, the above-mentioned open-ended questions sought to determine how parents can be utilized as a resource for the substance dependency services to their youth and to then develop a relevant social work intervention model. The advantage of using open-ended questions is that it gives participants freedom to choose to what extent the question will be answered rather than being forced to choose from predetermined responses.

For the purpose of this study, the researcher conducted a pilot testing of the data collection tools prior to the actual data collection process. According to Matuska (2011:222), the purpose of a pilot test in qualitative research is to assess various components of the interview-guide, namely content validity. Similarly, Hennink et al. (2011:120) postulated that pilot testing in research is necessitated by the fact that researchers often find it difficult to predict how the participants will interpret the questions included in the interview-guide before the actual study is carried out. In this regard Kumar (2013:305) explained that the outcomes of pilot-testing are analysed and used to determine whether or not adjustment to the piloted offerings are required, or whether it can be rolled out as it is. As suggested by Turner (2010:757), in this study, the researcher conducted a pilot test using the same methodological procedures as in the actual study and with the same research population which falls within the selection criteria as stipulated for this study, under Step 1 of Phase 1 in the IDD-model. Pilot-testing was conducted through individual face-to-face semi-structured interviews with 2 out of a total of 12 parents of substance dependent youth and 2 out of 13 social workers at the 10 service points of DSD, within the CTMM in the Gauteng Province, who had been selected as participants for the main study. Connelly (in Ismail, Kinchin & Edwards, 2017:5) suggested that the pilot-testing sample should at least be 10% of the sample size planned for the main study. In this current study, each face-to-face pilot-testing interview lasted between 45 and 60 minutes.

As part of the pilot-testing process, the informed consent form from the two parents of substance dependent youth and social workers was obtained. Thereafter, all interviews

were also recorded to allow the researcher to have a full record of the verbal interaction to make notes from. Participants who participated in the pilot-testing process were requested to provide honest feedback regarding duration, content and questions. Pilot-testing interviews with the two parents of substance dependent youth were conducted at their respective homes, while those with the two social workers took place at their respective offices. From the parents' feedback of pilot-testing process, the researcher effected minor modifications to the questions in the interview-guide (Stewart, Thrasher, Goldberg & Shea, 2012:1006). One participant suggested that two biographical questions had to be added in order to get a comprehensive picture of the substance dependent youth. The researcher therefore effected minor modifications to the initial interview-guide by adding the following two biographical questions as suggested by the participant:

- What is the gender of the youth?
- What is the age of the youth?

No amendments to the semi-structured interview-guide for social workers was made by the researcher because the findings from two social workers did not point out to a need to make amendments to the existing questions or add new ones. During the pilot testing interviews with the social workers, there were no new suggestions noted by the researcher in relation to the interview-guide. Subsequently, the interview-guide for social workers was rolled out as it was and all participants who were involved in the pilot testing process were excluded in the actual study. Ismail et al. (2017:5) warned that asking the same person the same question twice, even though it might be in two different settings, may lead to them losing interest in the study, in a phenomenon known as "semantic satiation". In qualitative study, it might therefore be more beneficial to conduct the main study with different participants from those who have contributed to the pilot-testing but both participants should meet the inclusion criteria (Ismail et al., 2017:5).

As indicated above in Phase 1, Step 1 of the IDD-model, the sample inclusion criteria was restricted to only those participants who are proficient in English, Setswana and/or IsiZulu, particularly because all three languages are commonly used by different ethnic group to communicate in the communities within CTMM, and that researcher is also fluent

in all three languages. According to Hood (2016:165), researchers in qualitative studies depend on the participants' ability to describe their unique understanding of a phenomenon through language. In this case, the use of language during the interview was not challenge. However, the researcher was guided by individual preferences regarding the preferred language. Yin (2011:136) argued that speaking the same language as the participant can also be a shortcoming if the researcher does not explore the meaning of the unfamiliar terms that the participant may use, and only presume to know their meaning.

To ensure consistency and avoid shortcomings as cautioned by Yin (2011:136), the researcher requested the IsiZulu and Setswana court interpreter who had four years of translating experience in the Pretoria North Magistrate's offices to assist him in translating the interview-guide as well as the vernacular responses. To uphold the principle of anonymity and confidentiality, the researcher ensured that the court interpreter also signed a confidentiality agreement **(see Annexure 5)** before handling any data collection tool**.**

In verifying the translated interview-guide and vernacular responses, the researcher submitted the tool to a local township Setswana teacher who had more than ten years' experience in teaching Setswana in the local primary school. To ensure the upholding of anonymity and confidentiality principle, the researcher also ensured that the Setswana teacher signed a confidentiality agreement **(see Annexure 5)** before receiving the interview-guide and vernacular responses. Furthermore, the researcher submitted the IsiZulu data collection tool to the local secondary school teacher who had five years of teaching experience. To uphold the principle of anonymity and confidentiality, the researcher ensured that the IsiZulu teacher also signed a confidentiality agreement **(see Annexure 5)** before receiving the interview-guide. During the data collection, all social workers preferred to do their interviews in English while some of the parents preferred to express themselves in their vernacular (Setswana) and the rest in English. None of the participants preferred IsiZulu. All the interviews lasted between 45 minutes and an hour.

- Step 4: Analysing identified concerns

This step of the IDD-model concerns itself with analysing the identified concerns as articulated by the participants in the previous step. Data analysis in qualitative data is a process of rigorously and creatively organising, finding patterns in, and eliciting themes from data (Houghton, Murphy, Shaw & Casey, 2015:9). Houghton et al. (2015:5) further indicated that though there are no systematic rules for this process, it must be a systematic and logical procedure. According to Holland and Rees (2010:93), in qualitative research, the researcher can employ many data-analysis strategies. In this study, data analysis was guided utilizing Creswell's application of Tesch's framework for qualitative data analysis (Creswell, 2009:186). As guided by Tesch's framework, the researcher worked with an independent coder throughout the process of data analysis who independently coded data and subsequently held consensus discussions on the themes, subthemes and categories to be presented as research findings. To uphold the principle of anonymity and confidentiality, the researcher ensured that the independent coder signed a confidentiality agreement **(see annexure 5)** before receiving transcripts**.**

Before the collected data was analysed, the researcher ensured that it was clearly transcribed to reflect exactly what the participants had reported during the interviews. The researcher transcribed the audio-recorded and semi-structured interviews, for an in-depth understanding of the responses. Subsequently, the court interpreter and Setswana local teacher, respectively, verified the transcribed responses. As indicated above, after the completion of transcription process, the researcher used the services of an independent coder, who, like him, employed the following useful eight steps of qualitative data analysis proposed by Tesch (cited by Creswell, 2009:186):

Step 1: The data analysing process was started by thoroughly reading all 21 transcripts and noting key ideas that emerged.

Step 2: From all the transcripts, the most interesting document was chosen and thoroughly read through, noting the ideas and thoughts in the margins.

Step 3: After completing the above steps for all the participants, the researcher compiled a list of themes and subthemes.

Step 4: Themes and subthemes were subsequently clustered together. The themes and subthemes of the findings are extensively presented in Chapter 4 (parents of the substance dependent youth) and Chapter 5 (social workers employed by DSD at the 10 service points).

Step 5: The researcher found the most descriptive words for the themes and placed them into categories. The researcher drew the linking lines between categories to show shared relationships.

Step 6: Following the above-mentioned process, the abbreviations for each theme were chosen and alphabetized.

Step 7: Subsequently, the data material belonging to each category was assembled in one place and the researcher performed a preliminary analysis.

Step 8: Where necessary, the existing data was recorded and on completion, the process of reporting research findings commenced.

- **Trustworthiness of the research data**

Trustworthiness is described by Butler-Kisber (2018:57) as the cornerstone of all qualitative studies and is defined by transparency, persuasiveness and plausibility. In addition, the undertaking of any research should be subjected to scrutiny to ensure that the findings are reliable and trustworthy. Yin (2011:168) asserted that all kinds of research, including qualitative research, are only considered valid when data of the study has been properly collected and interpreted to ensure that the findings reflect and represent the participants' views and experiences. Several authors such as Krefting (1991:215), Maree (2011:113) and Creswell (2014:201) referred to Guba's (1981) model of trustworthiness in qualitative research as ensuring that the research findings are valid, reliable and errors are minimized from data analysis to data verification. Trustworthiness in this current study was guaranteed by ensuring that all the information collected from

all participants was their “self-report” about their experiences and perceptions in relation to the topic under investigation. In addition, the researcher took note of multiple perspectives and ensured that each perspective was a representation of what happened in the situation being studied.

Below are the four criteria, as well as the steps that were taken by the researcher to establish trustworthiness. Guba’s model (in Krefting, 1991) for assessing the trustworthiness of qualitative data was applied in this study. Holland and Rees (2010:96) argued that although this model was conceptualized more than three decades ago, its relevance is still valid today in the context of this current study.

- Credibility

Credibility is the degree of accuracy between the participant’s views and the researcher’s description and interpretations. To ensure credibility, all interviews were recorded, with the consent of the participants. According to Thomas and Magilvy (2011:152), credibility in research allows others to recognize the experiences contained in the study through the interpretation of participants’ experiences. The researcher used various interviewing techniques such as listening, observation, probing, restating and summarising, in order to enhance the credibility of the study. In addition, the researcher avoided using closed and leading questions; instead, open-ended questions were asked to allow the participants freedom to express themselves in relation to the topic under investigation.

Furthermore, to ensure credibility, the researcher employed the principle of triangulation by ensuring that the data is collected from the multiple sources, namely, different parents of the substance dependent youth and social workers employed by DSD at 10 service points, within Gauteng Province. Krefting (1991:219) described triangulation as the comparison of multiple perspectives by using different methods of data collection. Individual face-to-face semi-structured interviews with an aid of interview-guide, available information on the subject and participant observation were used as method of data collect. This further contributed to triangulation. Verbal responses from the participants were captured with the use a voice recorder. The services of an independent coder were sought to assist with data analysis. Subsequently, a joint discussion between the

independent coder and the researcher in consultation with the supervisor was conducted to compare and consolidate the themes and sub-themes, which emanated from the data collection.

To ensure credibility, the researcher employed the principle of peer examination as well. According to Krefting (1991:219), peer examination involves discussing with researchers who are experts in qualitative research about the research process and findings. In this regard, the researcher, throughout the research journey, has been in consultation with the colleagues who are experts in the field of qualitative research in the Department of Social Work at UNISA, in order to gain more knowledge and guidance. In addition, the researcher worked very closely with the supervisor who is also an expert in the field of qualitative research.

- Transferability

Transferability in qualitative research refers to the generalizability of the study's findings, not of the sample (as in quantitative research). According to Lincoln and Guba (in Krefting, 1991:216), applicability or transferability can be achieved if the original researcher can present sufficient descriptive data to allow comparison. In order to achieve transferability, the researcher provided a comprehensive description of the research methodology employed. In this study, the researcher demonstrated the use of theory and methodology, both in exploring the experiences of parents as an underutilized resource for the substance dependency service to their youth as well as the social workers' experiences and views in relation to parents as an underutilized resource for the substance dependency services to their youth.

- Dependability

Dependability points to research procedures which should be clearly described in such a way that they allow outsiders to follow and reflect critically on the findings (Krefting, 1991:221). Putting it differently, Given (2015:74) referred to dependability as the degree to which the findings would be repeated if conducted with the same participants or in similar settings. According to the researcher, dependability means the research findings

and procedures should be authenticated. Research conclusions need not lead to the same conclusions but should be logically presented. In ensuring the dependability of this study, the independent coder and the researcher independently coded the data and subsequently held consensus discussions in consultation with the supervisor on the themes, subthemes and categories which were presented as research findings in Chapters 4 and 5.

- Conformability

According to Krefting (1991:216), conformability is described as freedom from bias in the research procedures and results. Conformability is achieved when the researcher demonstrates that the findings are linked to the data; are a true reflection of the participants' experiences and perceptions and are not imagined or conceived. Throughout the researcher was conscious of his own biases and journaled them when and where necessary. Furthermore, the researcher ensured that the findings represented the experiences and perceptions of the participants, and not the values and characteristics of the researcher. To achieve conformability the researcher also recorded all his ideas, feelings, values, and assumptions that could hinder or influence the process in any way.

- Step 5: Setting the goal and objectives

According to Rothman and Thomas (1994:30-31), the purpose of formulating goals and objectives is to provide direction to the research study. In the context of IDD-model, the goal or aim refers to the broad outcomes that are desired by the community of interest. It differs from objectives which refer to those specific changes in practises that are believed to contribute to the broader goal (De Vos & Strydom, 2011:479). Figure 3.3 below depicts the goal and objectives of this study.

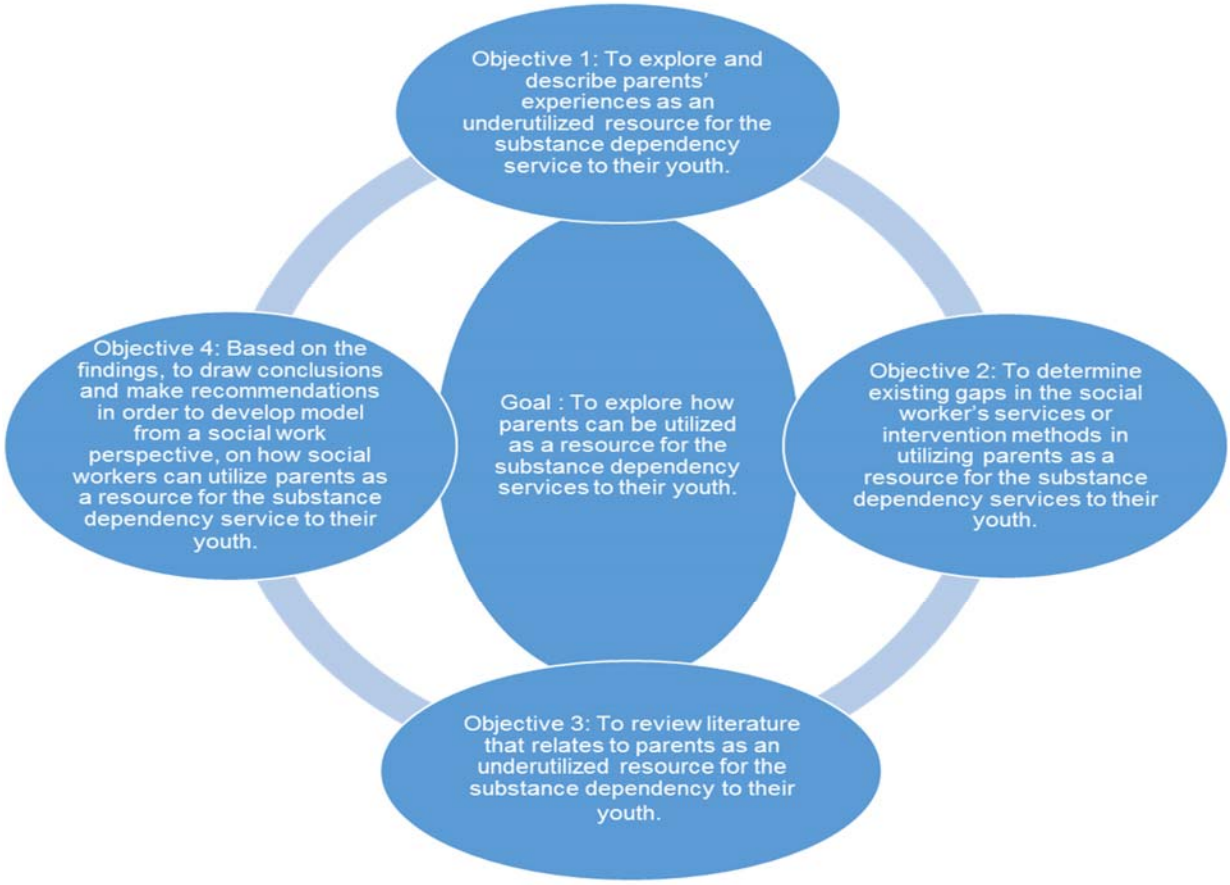


Figure 3.2: Goal and objectives of this study

Following the completion of Phase 1, the next section introduces as well as describes the proposed implementation of Phases 2, 3 and 4.

- **Phase 2: Information gathering and synthesis**

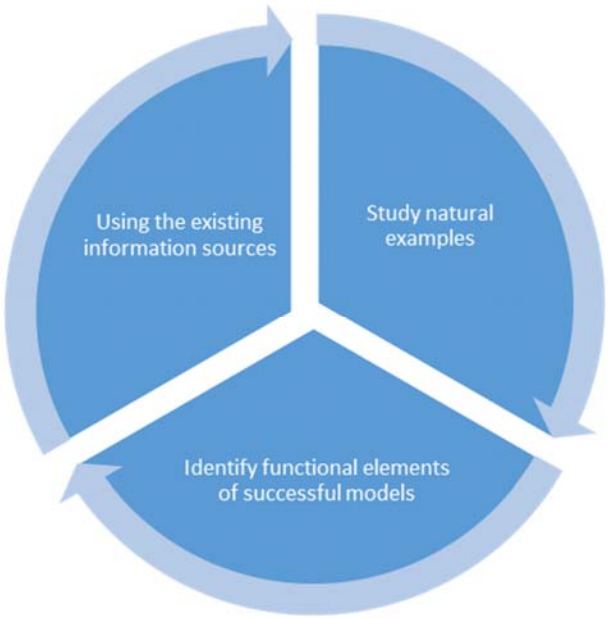


Figure 3.3: Three steps contributing to the successful completion of Phase 2 of the IDD-model namely, using the existing information sources, study natural examples and identify functional elements of successful models

Rothman and Thomas (1994:31-32) postulated that in designing an intervention, it is critical to discover what others have done to understand and address the problem. To ensure the successful completion of this phase, the researcher has done extensive literature search in order to explore the existing body of knowledge available on the topic under investigation. The outcome of this step is documented in prospect of this report. As indicated above in Figure 3.3 there are three key activities pertaining to this Phase and these were implemented as follows:

- Step 1: Using the existing information sources

According to Frazer and Galinsky (2010:26), the researcher needs to examine literature to identify risk and protective factors related to the study topic. For the purpose of this study, the researcher used authoritative sources such as statistics records, Government reports, academic books, journals, academic theses and the credible internet sites to

ensure the successful completion of this step. All the information about the literature study that was undertaken from authoritative sources referred to in Chapter 2 and in all other chapters of this report.

- Step 2: Study natural examples

In Phase 2 of IDD-model, studying natural examples refers to the process in which a researcher elicits the perceptions and experiences of the people in relation to the study topic (Rothman & Thomas, 1994:32). In this regard, De Vos and Strydom (2011:481) noted that collecting data or interviewing people who have experienced the social phenomenon (such as parents of substance dependent youth), or those with knowledge about it (such as social workers), may give the researcher insights that may assist in devising possible solutions to the problem or insight into the interventions that might succeed. As indicated above in Phase 1 under Step 1, the people who had experience and knowledge in relation to the study topic consisted of two categories, namely, the parents of the substance dependent youth and social workers in the 10 service point of DSD, within the CTMM in Gauteng Province. This step is interrelated with the "identifying the concerns of the population" as discussed under Step 3 of Phase 1 in this chapter.

To yield results in this step, De Vos and Strydom (2011:481) advised researchers to incorporate literature that relates to the study topic. To ensure the successful completion of this step, the researcher embarked on eliciting valuable information from parents of substance dependent youth and social workers in the 10 service points of DSD, within the CTMM in Gauteng Province, through individual face-to-face semi-structured interviews in order to develop a model from a social work perspective, on how parents can be utilized as a resource for the substance dependency services to their youth. The information gathered from the natural examples is specifically presented in depth as research findings in Chapters 4 and 5. Furthermore, as described above in Step 1 of Phase 2, the literature study that was undertaken is presented in Chapter 2 and throughout other chapters of this report.

- Step 3: Identify functional elements of successful models

This step in Phase 2 of the IDD-model focuses on exploring different service programmes, models, practise guidelines and services, and evaluating their effectiveness in addressing the research problem. By studying the successful and unsuccessful models and programmes that have attempted to deal with the problem under investigation, the researcher was able to determine which model was best and used through literature such as Tesch's eight steps of data analysis as described in Phase 1, Step 4.

- **Phase 3: Design of the intervention "The model for social work practitioners"**

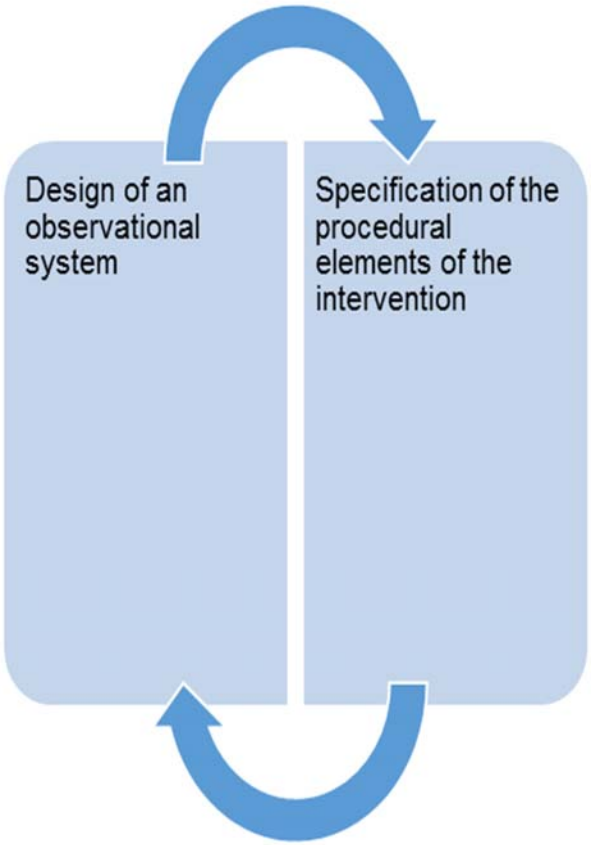


Figure 3.4: Two steps contributing to the successful completion of Phase 3 of the IDD-model namely, the design of an observational system and specification of the procedural elements of the intervention

The two key activities pertaining to this Phase and these were implemented as follows:

- Step 1: Design of an observational system

As discussed in Chapter 1, this study aimed at exploring how parents can be utilized as a resource for the substance dependency services to their youth and to develop model for social work practitioners. The design of an operational system was not relevant for the purpose of this study. Since the focus was only on developing a model for social work practitioners and not on the evaluation of the intervention, the researcher only planned to use specification of the procedural elements of the intervention, which is Step 2 of the design phase. The researcher might consider at a later stage to evaluate the model as part of post-doctoral study.

- Step 2: Specifying of the procedural elements of the intervention

The researcher needed to identify procedural elements for the use of the intervention by analysing and studying the successful and unsuccessful models and programmes that had attempted to deal with the problem under investigation (see Phase 3: Step 3). De Vos and Strydom (2011:483) noted that the procedural elements for the use of the intervention could be literature, skills or information. In this study, the researcher specified the procedural elements of the model for social work practitioners by using information gained from the literature review, the parents' narratives experiences as an underutilized resource for the substance dependency service to their youth, the social worker's knowledge regarding parents as an underutilized resource for the substance dependency service to their youth as well as suggestions on how the model for social work practitioners should be developed. The procedural elements of model for social work practitioners are identified and discussed in detail in Chapter 6 of this research report.

- **Phase 4: Early development and pilot testing**

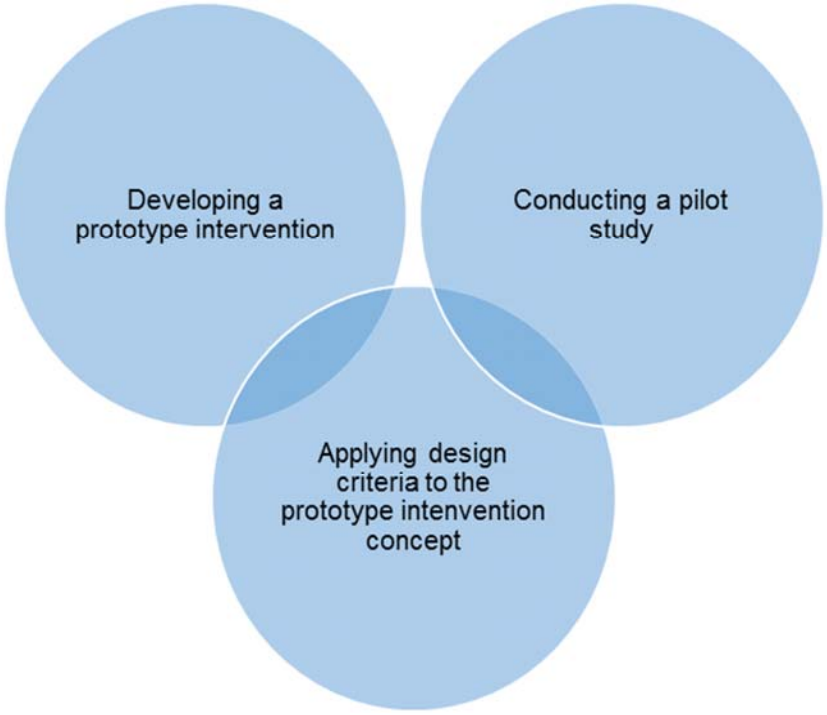


Figure 3.5: Three steps contributing to the successful completion of Phase 3 of the IDD-model namely, development of a prototype or preliminary intervention, conducting a pilot test and applying design criteria to the preliminary intervention concept

For the purpose of this research project, the researcher concluded this study after completing the first step of this Phase, namely: development of prototype or preliminary intervention. Time, financial and logistical constraints contributed to this decision. The intention of undertaking this research project was to obtain a post-graduate qualification. It is also envisaged that Steps 2 and 3 of Phase 4 and Phase 5, namely, experimental evaluation and advanced, will form part of a post-doctoral study.

- Step 1: Developing a prototype or preliminary intervention

In order to develop a model for social work practitioners on how parents of the substance dependent youth can be utilized for the substance dependency services to their youth, the researcher implemented Step 2 of Phase 3, as indicated above, as well as Step 1 of

Phase 4 only. The intervention that was developed which is a model for social work practitioners is presented in Chapter 6.

3.3 Summary of the chapter

This chapter presented a detailed description of the application of the qualitative research approach that was used in this study. The presentation also described the research design, with special application of explorative, descriptive, contextual and intervention research designs. The application of the phases of Rothman and Thomas intervention research model, accompanied by steps, was discussed. The justification for selecting the sample, sampling methods, preparation of participants for data collection, data-collection tools, pilot test, data analysis, trustworthiness of the overall design and a comprehensive account of ethical considerations were detailed in the chapter. The following chapter presents the themes and subthemes identified during data analysis with the parents of substance dependent youth.

4. CHAPTER FOUR - PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS: PARENTS OF SUBSTANCE DEPENDENT YOUTH

4.1 Introduction

In the previous chapter, a detailed discussion on how the qualitative research approach was applied during the research study was presented. Furthermore, in Chapter 3, the researcher outlined how the Phases and Steps of Rothman and Thomas (1994) intervention research model were applied during the research study. As discussed in Chapter 1, this study aimed at exploring how parents can be utilized as a resource for the substance dependency services to their youth. In order to achieve this aim, individual face-to-face semi-structured interviews with the aid of an interview-guide were conducted with two interest groups, namely, 10 parents of substance dependent youth and 11 social workers at the 10 service points of DSD Gauteng, in the CTMM.

Chapters 4 and 5 are based on the first phase of the IDD-model, which deals with the analysis of the identified concerns and Step 2 of Phase 2, which focuses on the study of natural examples. This chapter discusses the research findings that emerged from the analysis of data collected from the parents of substance dependent youth. It includes the presentation and discussion of the biographic data of the research participants and an overview of the themes and sub-themes. It should be noted that there was a consensus discussion on the research findings that took place between the researcher, the independent coder, and the supervisor. The section below presents the biographical profile of parents of substance dependent youth who met the inclusion criteria as set out in the preceding chapter.

4.2 Biographical data of parents of substance dependent youth who participated in the study

Below is the presentation of biographical data of 10 parents of substance dependent youth who met the inclusion criteria and participated in the study. It is important that the biographical data of participants be presented because their background might have influenced how they responded to the interview questions. Table 4.1 below provide

information on each participant's gender, race, ethnic affiliation, marital status, employment status, municipality ward, highest educational qualification, youth age and gender.

Table 4.1: Biographical data of parents of substance dependent youth who participated in the study

Participant pseudonym and code	Gender	Race	Ethnicity	Marital status	Employment status	Municipality ward	Highest educational qualification	Youth age	Youth gender
Ayanda (A)	Female	Black African	Tswana	Married	Employed	Ward 104	Grade 11	17	Female
Boitumelo (B)	Female	Black African	Tswana	Married	Self-employed	Ward 30	Grade 10	27	Male
Joyce (J)	Female	Black African	Zulu	Widow	Retired	Ward 22	Grade 12	16	Male
Tebogo (T)	Female	Black African	Zulu	Widow	Unemployed	Ward 102	Diploma	20	Male
Dino (D)	Female	Black African	Tswana	Divorced	Self- employed	Ward 33	Diploma	22	Male
Elizabeth (E)	Female	Black African	Tswana	Widow	Unemployed	Ward 14	Grade 5	28	Male
Mpho (M)	Female	Black African	Tsonga	Married	Pensioner	Ward 29	Standard 6/Grade 8	32	Male
Palesa (P)	Female	Black African	Tswana	Widow	Pensioner	Ward 74	Standard 6/Grade 8	29	Male
Gale (G)	Female	Black African	Tswana	Widow	Pensioner	Ward 18	No formal qualification	23	Male
Fisani (F)	Female	Black African	Pedi	Single	Employed	Ward 81	Matric/Grade 12	25	Male

4.2.1 Gender of participants

The biographical profile reflects that all participants were females. According to the report by Statistics South Africa (2019:v), approximately 51.2% of the population (approximately 30 million people) are female. Furthermore, it should be noted that all participants were mothers of substance dependent youths. According to Smith, Estefan and Caine (2018:512), a gender bias exists in that mothers' parenting is judged and evaluated differently from that of fathers. It may also be assumed that due to the pressure placed on mothers to be "good mothers", they are compelled to conform to the expected role of performing a nurturing function within the family system. Regarding this issue Groenewald and Bhana (2015:650) pointed out that parenting an adolescent with a substance abuse problem is enormously burdensome to affected mothers.

It is noteworthy that when things “go wrong” with children, such as the development of substance dependency, questions are asked about the role parents have played in their child’s upbringing (Smith et al., 2018:512). In particular, mothers and their mothering practises and capabilities are called into question. Therefore, upon this landscape and view, mothers can feel caught between constraining benchmarks, comparing and contrasting themselves against prevailing notions of good and bad mothers (Smith et al., 2018:512). In line with findings from other research studies, Hoeck and Van Hal (2012:9) found that men, unlike women, are less likely to seek psycho-social support in general and support with regard to drug problems of family members in particular. Thus, it is perhaps not surprising, in this study, that all participants were mothers of substances dependent youths. Consequently, the findings are likely to be gender biased because only views of mothers as an underutilized resource for the substance dependency services to their youth were elicited. Along the same lines, findings from a study by Kalam and Mthembu (2018:474) acknowledged that father involvement in their children’s health is imperative and therefore the researchers call for policies that would promote father involvement and participation.

4.2.2 Race and ethnicity of participants

All participants were Black Africans from different ethnic groups. According to the report by Statistics South Africa (2019:8), it is estimated that Black Africans account for 81% of the South African population. In other words, the Black African is in the majority in South Africa, followed by Whites, Coloureds and Indians/Asians. Patel, (2015:245) confirmed that the majority of social service users in South Africa are Black Africans. It is also noteworthy that Black Africans in South Africa comprise of nine officially recognized ethnic groups, namely, amaSwati, amaZulu, Bapedi, Basotho, Batswana, Ndebele, Tsonga, Venda and Xhosa (Kgadima, 2017:77). Of the nine ethnic groups, only Batswana, amaZulu, Tsonga and Pedi participated in the study; reasons for the non-participation of other groups are unknown. Six of the ten participants (the majority) identified themselves as Tswana speaking. This may be attributed to the geographical location of the participants which is near Tshwane, an area predominately inhabited by the Tswana speaking people (Kgadima, 2017:78). Two of the ten participants identified

themselves as Zulu speaking people. One participant identified herself as Tsonga speaking while the other one identified herself as Pedi speaking, which may imply that there was a lower prevalence rate of substance use amongst black Pedi youth Onya and Flisher (cited by Tshitangano & Tosin, 2016:2).

4.2.3 Marital status of participants

Three of the ten participants were married. It is significant to note that in 2018, the highest number of marriages in South Africa, that is, 33 300 marriages, which accounted for 25.4% of all South African marriages in that year, was registered in the Gauteng Province (StatsSA, 2018: 2). In this regard, it is worthy to take into consideration that couples in South Africa are allowed to marry at any place of their choice hence the province of registration is not necessarily the province of usual residence of the couple. One of ten participants was divorced, while the other was single. The statistics on marriages and divorces in South Africa (StatsSA, 2018:6) found that in 2018, Black Africans filed for most of divorce, that is, 11 721, which accounted for 46.4 % of all South African divorce cases that year.

Five of the ten participants (the majority) were widows. The statistical report on mid-year population estimates in South Africa, found that the life expectancy for males in 2019 was estimated at 61,5 years and 67,7 years for females (StatsSA, 2019:4). According to Cebekhulu (2015:31), 25% of South African household are fatherless as a result of the death rate among South African men. The study by Ward, Makhusha and Bray (2015:69) revealed that single parenting increased the risk of poor behavioural and educational outcomes for young people because single parents are more likely to be living in poverty and more likely to be stressed and thus more likely to struggle with all the issues. Furthermore, the later study reiterated that while most studies focussed on the role of the mother in parenting, there was mounting evidence that engaged fathering had independent, positive effects on children's behavior. One of the studies conducted in the United States reported that youth of single parents were at high risk for drug abuse as compared to their counterpart with dual parents (Somani & Meghani, 2016:2). One of the reasons identified in the study was that single parents may have more financial crises

and less time to monitor their children. Less parental supervision could cause peer dependency for information related to appropriate behaviours, resulting in the children being at high risk of substance abuse (Somani & Meghani, 2016:2). Interestingly, Mohasoa (2010:95) found that children from nuclear families also used substances even though they had a father figure in their family.

4.2.4 Employment status of participants

Two of the ten participants were unemployed. One may assume that this correlates with the findings in terms of the statistics on the quarterly labour force survey in South Africa (StatsSA, 2019:1) which highlights that in the Gauteng Province, the unemployment rate has increased by 2,2% (StatsSA, 2019:7). It is significant to note that the Gauteng Province remains the most densely populated and highly urbanised Province in South Africa. In addition, it remains the economic powerhouse of South Africa and currently accounts for 33% of the country's GDP (Gauteng Department of Social Development Strategic Plan, 2015-2020:31). According to the February 2015 Quarterly Labour Force Survey, the Gauteng unemployment rate was 24.6%. Unemployment is one of the serious dimensions of poverty as it is associated with a lack of income and a lack of access to basic resources (Gauteng Department of Social Development Strategic Plan, 2015-2020:50).

Another two out of the ten participants were employed and the other two were self-employed. On this issue, Mohasoa (2010:96) contends that as parents spend more time away from home, adolescents also spend more time with their peers and less with their families, which then puts them more at risk of substance abuse. According to Cupido (2017:174), children and learners whose parents have to work to provide the basic needs of the family are often left unattended for extensive periods of time which results in a lack of parental supervision that places them at a higher risk and makes them more vulnerable to the pressures of substance use in high-risk communities. The above is consonant with findings from Mathibela's (2017:64) study that employment took a lot of parents' time and energy and the tendency was for them to focus more on their careers and less on the

children, especially the teenagers, who were then exposed to a higher risk of substance use.

The study by Seepamore (2016:573) revealed that for the most part, in the black communities, the rural-urban divide, coupled with high levels of poverty and unemployment, were some of the structural factors that forced families to become economic migrants, thus having the effect of normalising distance parenting. According to Carpenter (2013:21), it was difficult for employed parents to engage in the treatment of their substance abusing child because their employment could be terminated for taking time off to attend program services. Consequently, parents were forced to choose between employment and participation in treatment services. The finding by Carpenter resonates with the study by Mathibela (2017:114) who attested that parents of substance dependent youth needed to take time off from work because they were expected to attend support group meetings at SANCA which were mostly facilitated by social workers during business hours. According to the Gauteng Department of Social Development Strategic Plan (2015-2010:31), the Gauteng Province is responsible for 49.6% of all employee remuneration in the country. However, as a result of poor employment levels, the benefits of economic growth have not yet been translated into broad-based income redistribution and poverty alleviation.

Two out of the ten participants were self-employed and trying to make money by running small businesses such as tuck-shop and taxi operation. These activities occupied most of the parents' time which also could have resulted in them spending less time on their young people. Subsequently, it can be assumed that parents' need to provide for family and limited economic opportunities push them away from executing their parental duties to the optimum level. In such cases, it may be argued that young people can be more vulnerable to risk of substance abuse since they are left without parental supervision. It may also be concluded that there are no available supportive services for families when parents of young person are preoccupied with employment and other economic activities.

Three of the ten participants (the majority) were pensioners and one had retired. According to the report on mid-year population estimates, the highest percentage of the

elderly, which is 23.9% (representing 1.27 million people) is found in the Gauteng Province (StatsSA, 2019:v). Furthermore, it is noteworthy that as at the end of April 2012 there were 372 594 elderly persons in Gauteng Province who were recipients of the State Older Persons Grants. This means that almost 7% of the population of the Province comprises of elderly persons, the majority of whom are black females. One of the key challenges confronting the elderly is poverty. This therefore calls on DSD to strengthen psycho-social support, parenting enrichment and protection programmes to address the aforementioned challenges (Gauteng Department of Social Development Strategic Plan, 2015-2010:45-46).

Referring to Table 4.1 above, it would have been expected that since some participants are neither employed nor engaged in other economic activities that would keep them away from home for extensive periods of time they would spend quality time with the family and protect their young person from substance abuse. However, this is not the case, because their young people are also prone to substance dependency. In such cases, it can be argued that youth substance abuse extends beyond the availability of parental supervision and presence.

4.2.5 Municipality ward

Participants were based in wards 14, 18, 22, 29, 30, 33, 74, 81, 102 and 104. These are shown in the map of CTMM below.

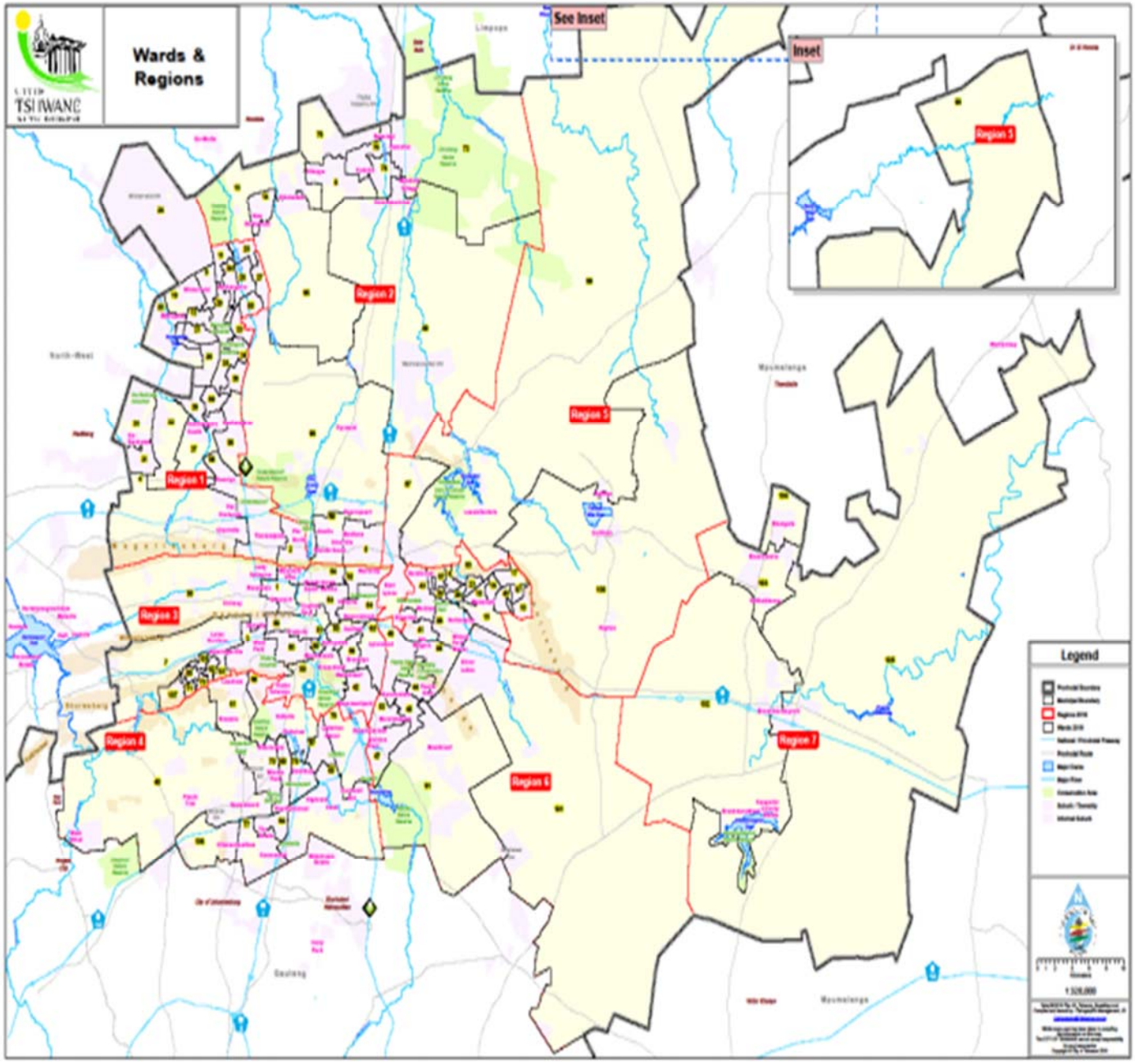


Figure 4.1: Map of CTMM with ward numbers. [Adapted from http://www.tshwane.gov.za/sites/about_tshwane/MapsAndGIS/Region%20Maps/A3_Tshwane_Wards_Regions.pdf]

4.2.6 Educational status of participants

One participant had no formal education while the other one completed grade 5. Two of the ten participants completed grade 8. The other two of the ten participants completed grades 10 and 11 respectively while the other two completed grade 12. Only two of the ten participants had a diploma qualification. It is significant to note that the majority of the participants did not complete grade 12.

4.2.7 Age and gender of participants' youth

Previous studies in South Africa and other countries have revealed that specific socio-demographic factors were associated with drug use. These include male gender, younger age, lower income or not being employed as well as and eusociality as can be found in urban areas (Peltzer & Phaswana-Mafuya, 2018:1). As indicated in Table 4.1, the ages of the youths whose parents were interviewed ranged from 16 to 32 years. In the South African context as described in section 1 of the National Youth Commission Act 19 of 1996, people in this age group fall within the category of youth which is defined as a person between the ages of 14 and 35. It has been noted that the definition of youth varies widely between societies. For instance, according to United Nations Department of Economic and Social Affairs (2012:4), youth is a person aged between 15 and 24 years.

It is therefore not surprising that in this study, that the age of the youths ranged from 16 to 32 years, especially when considering that according to the Gauteng Department of Social Development Strategic Plan (2015-2020:53), a total of 70.2% of Gauteng's population is comprised of people under the age of 35 years. Equally, it is also not surprising that the great majority of youths were male, which correlate with the findings by Hoeck and Van Hal (2012:9) who regarded the abuse of illicit drugs and alcohol as a primary problem for males. In this regard, the 2018 World Drug Report found that the illicit use of drugs such as cocaine, cannabis and opiates is far more common in men than women (United Nations Office on Drugs and Crime (UNODC, 2018a:19).

The following section is the narrative analysis of the themes and sub-themes that emerged from the interviews with the parents of substance dependent youth.

4.3 Discussion of the findings with parents of substance dependent youth

The findings below relate to parents as an underutilized resource for the substance dependency service to their youth. The findings emerged from the data collected from 10 participants who voluntarily took part in the study. As indicated in Chapter 3 and under item 4.1, individual face-to-face semi-structured interviews with the aid of interview-guide were employed by the researcher in order to collect data from the participants. The findings were divided into the following themes:

- Experiences with the substance dependency services to their youth
- Services offered to them and their substance dependent youth
- Challenges with the services from the social worker
- Knowledge and understanding in relation to the substance dependent youth's addiction
- Resources they require in relation to their substance dependent youth
- Role participants can play in assisting their substance dependent youth
- Recommendations regarding what should change in the substance dependency services for their youth

Table 4.2 below displays the themes and sub-themes that were derived from the interviews with parents of substance dependent youth.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
1.Experiences with the substance dependency services to their youth	1.1 How they found out about their youth substance dependency problem through school 1.2 Parents being victims of theft 1.3 Youth actions that linked them with DSD 1.4 Nature of services received by parents of substance dependent youth.
2. Services offered to them and their substance dependent youth	2.1 Sense of appreciation with regard to services offered to their substance dependent youth
3. Challenges with the services from the social worker	3.1 Communication 3.2 Exclusion from the sessions 3.3 Financial challenges and intimidation 3.4 Health challenges 3.5 Challenges with police service
4. Knowledge and understanding of the substance dependent youth's addiction	4.1 Limited or no knowledge and understanding in relation to the addiction of substance dependent youth
5. Resources they require in relation to their substance dependent youth	5.1 Need for support from anywhere or anyone 5.2 Need for support and counselling from social workers 5.3 Need for education and employment
6. Role participants can play in assisting their substance dependent youth	6.1 Supporting role 6.2 Confusion with regard to roles to play
7. Recommendations regarding what should change in the substance dependency services for their youth	7.1 Call for broader and alternative intervention 7.2 Call for parents' involvement

In the next section, each theme is singly discussed and accompanying sub-themes are presented and supported by direct storylines from the transcripts. The extracts are compared and contrasted with the body of available literature.

Theme 1: Experiences with the substance dependency services to their youth

A person with lived experiences in a particular sphere of life is the only one qualified to tell his or her story (Kgadima, 2017:127). In relation to the current study, this means that by virtue of living with substance dependent youth in the same household and having them or their youth reach out to one of the 10 service points of DSD Gauteng, within the CTMM, parents are qualified to provide direct experience as well as an accurate account of knowledge and insight into the phenomenon under investigation. Therefore, this theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "Please explain your experience of substance dependency services to your youth". The question was asked to verify parents' experiences with substance dependency services to their youth.

It is significant to note that although participants were not directly requested to provide information on what led them or their youth to reach out to one of the 10 service points of DSD Gauteng, within the CTMM, their responses were dominated by the descriptions of how they found out about their youth problem as well as the youth actions that drove them to eventually reach out to DSD. It was therefore clear that the participants needed to start by providing background information on how they found out about the youth substance dependency problem as well as the youth actions that drove them to eventually reach out at DSD.

Experiences with the substance dependency services to their youth was explored as the main theme and therefore comprised of four sub-themes, namely: how they found out about their youth substance dependency problem through school, parents being victims of theft, youth actions that linked them with DSD and services received in relation to the substance dependency of their youth. In the next section of the discussion, each sub-theme is presented and supported by direct quotes from the transcripts of the interviews.

Sub-theme 1.1: How they found out about their youth substance dependency problem through school

As indicated under 4.2.1, the participants' response to the researcher's open-ended question: "Please explain your experience of substance dependency services to your youth" was dominated by the descriptions of how they found out about their youth substance dependency problem. Generally, participants reported that they initially, were not aware that the youth was dependent on substances until they were contacted by the school that the user was attending at the time. In agreement with this, Waini (2015:82) pointed out that it is common for school to be a main source of information for parents who know nothing about their children's substance dependency problem. In this regard, Choate (2015:467) confirmed that usually, parents would not know about the substance use or the extent of it. Consequently, they were unable to make the connection because their concerns about the youth would have been narrowed to focus on the predominant behavioural issues. Thus, they tended to view current substance related behaviours from that perspective. This is consistent with the findings by Mathibela and Skhosana (2019:88) who acknowledged that sometimes parents did not recognize the adolescents' changed behavior and possible early symptoms of substance abuse. The following sentiments were expressed regarding how participants found out about their youth's substance dependency problem:

Gale shared this view*: "I learned about my son's substance dependency, following multiple complaints from the school that he was bunking classes".*

Joyce shared her story as follows*: "I never knew that he is using substances until I received a call from Daspoort Secondary School, informing me that he was bunking classes and using substances. The principal of the school told me that he would not expel him but could only be allowed to continue with his studies after he had successfully completed an inpatient-treatment program from the accredited treatment centre".*

Ayanda reported the following: *"I was not aware that my child is involved in substances until the school contacted me to inform me that she was caught in possession of*

substances at school. She then disclosed to me that she has been dependent on substances since the past year".

Mpho made the following submission*: "We only found out about his substance dependency problem through his school. One day, when he was doing standard 9, his teacher called me to inform me that he is not going to be promoted to the next standard because he is disrespectful towards his teachers and on regular basis, after lunch, together with other learners, they are high and it affects their concentration in the class. Subsequently, he dropped out of school. Our efforts of assisting and building a brighter future were in vain. Since dropping out of school, on regular basis, is in-conflict with the law".*

This finding is consonant with that by Tshitangano and Tosin (2016:2) who revealed that in South Africa, local studies have shown evidence of drug abuse amongst high school learners in various parts of the country. Similarly, Manu and Maluleke (2017:15) attested to the fact that that illegal substances in South Africa are so readily available and cheap to the extent that learners can afford to buy them, which enormously contributes to a high rate of substance abuse by school-going adolescents in South African schools, especially those located within urban and peri-urban communities. Swanepoel, Geyer and Crafford (2015:423) observed that in South Africa, the opening of borders has allowed immigrants with substantial experience in the international drug trade to import and market drugs aggressively, making it easy for young African to access them.

Sub-theme 1.2: Parents being victims of theft

When the person abusing substances is an adolescent, much of the financial strain falls on the parents (Groenewald & Bhana, 2016:647). Copello, Templeton and Powell, (2010:67) noted that family members are frequently an unpaid and unconsidered resource while providing health and social care to their substance misusing relatives. They may also carry a significant burden in terms of costs linked with the substance misuse of their relative (Copello et al. 2010:67). Participants expressed how overwhelming and frustrating it is to be a victim of theft from their substance dependent youth. In some cases, participants reported that the behavior of substance dependent

youth escalated to violence and intimidation towards them and stealing from the community. The finding of the current study is consistent with that of Kalam and Mthembu (2018:474) who attested to the fact that that the parents of adolescents with substance abuse problem were frustrated at having to replace the stolen items, thus leading to bigger financial strains. Mathibela and Skhosana (2019:93) confirmed that it was common for parents to suffer an enormous financial loss as a result of buying the same things repeatedly, as a result of their substance-abusing youth who continued to steal them. Similarly, Masombuka and Qalinge (2020:56) found that parents suffered loss resulting from theft as a result of their substance dependent youth who continuously stole from them to feed the habit. The following storylines were extracted from the transcripts:

Dino shared the following*: "He stole anything that he could lay his hand on at home. I could not carry any cash in my hands, as he would forcefully demand it".*

Palesa reported the following*: "His substances dependency actions put our lives in danger. At times, he steals from the community and members get angry to the extent that they threaten the whole family as if we have sent him to steal from them".*

The following storyline expresses Palesa's experience*: "I received many complaints from community members that my son was stealing cellphones and money. He also stole many valuable asserts here at home".*

Joyce made the following submission*: "I am currently giving him money on a daily basis to buy substances because I am scared that if I do not, he will go out and steal from others and might be killed or get arrested. Although he has not shown any signs of violence towards me, but I am scared that perhaps if I don't give him the money, he might become violent".*

In a related study, Motsoeneng (2018:27) found that substance users not only stole from their family but from the community and local businesses as well. Subsequently, the complaints and the repayments of the missing items were attended to and paid by the family members of the user. In a related study, Mokwena and Huma (2014:358) revealed that the combination of poverty, unemployment and the addictive nature of substances

resulted in the users committing crime, mostly petty theft, to sustain their habits. The criminal element was driven by the intense craving for the substances, but because these users did not have the money to buy the substances, they stole then sold the loot to buy the substances. According to Mokwena and Huma (2014:358), substance users are self-proclaimed thieves as they steal anything that they can lay their hands on, including shoes, blankets and meat from their families.

Regardless of their origin or extent, the burden of managing the problems associated with adolescent substance dependency inevitably fall on the family, particularly the parents (Hoeck & Van Hal, 2012:1). The study by Mathibela and Skhosana (2019:97) proved that the community got fed up with the adolescents stealing from them and they started to resent their parents. Parents understood the fact that communities were tired of the youth stealing from them, but felt that it was not fair that they were blamed and victimised for the behavior of their children.

Parents shared concerns that the community perceived them as irresponsible because their youth were dependent on substances. Parents felt that they were victims in this whole dilemma and they were caught between being victimized by their substance dependent youth and dealing with the rejection and threats from the community.

Sub-theme 1.3: Youth actions that linked them with DSD

According to Ferreira, Capistrano, Souza, Borba, Kalinke and Maftum (2015:418), some substance dependents are aware of their dependency and the need for professional help, therefore, they might decide, by themselves, to seek and complete the treatment and demonstrate suggestive attitudes that they will change their lifestyle. While trying to deal with the mist of chaos and unmanageable changes in relation to their youth substance dependency, participants reported that they knew through the call from the social worker that their youth had taken the initiative to seek help. According to Choate (2015:469), it is not always easy for parents to get their substance dependent youth connected to help because the youth often refuses to go. Furthermore, some of the youth will agree to be connected to help just to satisfy parents resulting in little constructive change. In view of Choate's observation, it is possible that parents in the current study might have previously

attempted to connect their substance dependent youth to help but the effort could not bear fruit because the youth was unwilling to go and not ready to change. The following storyline by Fisani captures the essence of parent's unsuccessful effort to connect the youth to help: *"Prior to the encounter with the social worker at DSD, I took him to two private rehabilitation centres around Tshwane but he relapsed".*

In addition, Boitumelo emphasized the essence of parent's unsuccessful effort to connect the youth to help by sharing the following: *"I have a family friend, co-church member who is a social worker by profession. She assisted with the information to refer him to SANCA, but he was not psychologically prepared to stop, hence it did not materialize. We could see from his reaction that he was not ready and interested in stopping abusing substances or in undergoing rehabilitation. Consequently, we could not continue to assist and support him because he had shown no interest and was not prepared."* In the study on aftercare needs of the users in the Hammanskraal community, Mahlangu (2016:44) highlighted the fact that parents and families have a tendency to coerce substance users to go for treatment but this does not yield positive results because of the user's lack of readiness.

Following desperate and many unsuccessful efforts to assist and connect the substance dependent youth to help, parents might have realized that imposing help on the youth might not bring constructive change, hence they awaited their youth to initiate help. It is significant to also note that because of the youth' age, parents had less authority and lose it sooner when the user is a youth. For instance, the study conducted in the United States of America (USA) uncovered that consent for treatment was required from the youth (Kerwin et al. 2015:171). The following storylines from different participants showed how their youth's initiative to seek help has linked the participants with DSD:

Fisani reported the following*: "The DSD social worker called to inform me that my son had approached her office with a substance dependency problem; consequent to that, he will be admitted to a government rehabilitation centre for an inpatient treatment program in due time".*

Gale submitted the following*: "Consequently, due to the enormous pressure from other family members I decided to chase him from home. Subsequently, a day after I chased him away, he returned home requesting food and appealing that I should listen to him. I gave him food and he told me that he had taken a decision to seek help from a social worker; he brought forms to be completed by a medical doctor at the nearest clinic or hospital. Two months after that, the social worker called and invited me for a joint group session with my son and other users. I honoured the invitation and attended the session on the scheduled day. Upon my arrival, the social worker confirmed that my son was attending sessions on a regular basis and would be referred to the rehabilitation centre in no time".*

Palesa shared her experiences as follows*: "My son is the one that approached DSD office, without my knowledge. After sometime, while at home, I received a call from a DSD woman social worker informing me that my son would be sent to an in-patient treatment facility".*

Mpho shared the following*: "My son is the one who took initiative to reach out to the social worker. He told me that the social worker would help him with the referral to the treatment centre at Cullinan. He gave the social worker my number and she phoned to inform that my son had indicated an interest to take treatment at the rehabilitation centre in Cullinan".*

Given the youths' age in Table 4.1, it was clear that majority of youth did not require parents' consent to obtain social work services at DSD and thus initiated the effort without parents' knowledge. It is noteworthy that even though parents' consent was not a pre-requirement for youth to obtain social work services at DSD, many young people in South Africa still live with their parents in parental homes, making parents the primary caregivers and decision-makers for their children (Roman, Human & Hiss, 2012:1169). The initiative by the youth to seek help from the social worker employed DSD without parents' knowledge and consent might be perceived by others as a positive step and a sense of taking responsibility. However, it might also be seen as a sign that the parent-child relationship and communication had collapsed, consequent to the use substance dependency.

Findings from a similar study by Carver, Elliott, Kennedy and Hanley (2017:128) revealed that parents appeared to struggle to find a balance between discussing substance use with their children and lecturing them. It is therefore, important for parents and youth to have honest and open communication which is based on two-way conversations about substance dependency. In a related study, Mathibela (2017:107) confirmed that some parents avoided communicating with the substance dependent adolescent and therefore ignored the problem. By resorting to shutting down the communication with substance dependent youth, parents felt that they had tried all in their power and now it was upon their children if they really wanted to change their life and quit abusing substances.

Sub-theme 1.4: Nature of services received by parents of substance abusing youth.

Section 4 of Prevention of and Treatment of Substance Abuse Act 70 of 2008 (hereafter referred to as the Act) states that all substance abuse service must promote the participation of service users and persons affected by substance abuse in decision-making processes regarding their needs and requirements. Furthermore, section 9, sub-sections 2a and b of the Act, make provision for prevention programmes to focus on preserving the family structure of the persons affected by substance abuse and those who are dependent on substances and developing appropriate parenting skills for families at risk. It was evident in this study that some of the participants did not directly participate in the decision-making process regarding their needs and requirements in relation to the substance dependency services of their youth, as prescribed by the Act. In addition, it was evident that a significant number of participants did not receive direct service from the social workers at DSD as the focus was only limited to the substance dependent youth. Some of the participants shared that they only had a telephonic interaction with the social worker. According to Mathibela and Skhosana (2019:98-99), parents are not included as part of social workers' therapy sessions because the focus is directed to the individual or child who is dependent on substances. The following are some of participants' description of the nature of services received as parents of substance dependency youth:

The following is the storyline as reported by Mpho*: "I only had telephonic interaction with the social worker from DSD".*

The following is the storyline by Palesa*: "I have not met with the social worker. However, she only calls regularly to update me that my son will be admitted to a rehabilitation centre".*

The following is the storyline as described by Fisani*: "I only saw the social worker on the day she was accompanying my son to the rehabilitation centre. Prior to that, she had made several telephonic contacts to inform me that my son would be sent for in-patient treatment".*

Although the Act explicitly mandates that substance abuse service must be extended to people affected by substance dependency, however, based on the above-mentioned findings, it can be argued that the legislative requirement was not being met as participants reported that they did not participate directly in the services and in decision-making processes regarding their needs and requirements. This concern was confirmed by Groenewald (2018:1571) who reported that the current support models and interventions, especially in South Africa, do not adequately recognize the significance of support for parents with drug abusing adolescents in their own right. In the opinion of the scholar, there should be a call to adapt and assess the utility of the current services and interventions in South Africa in order to provide relief to embattled parents who struggle to cope with substance dependent youth. In a related study, Waini (2015:139) recommended that services be provided to individual parents by screening them when they bring youth for treatment for aspects such as stress, fatigue, frustrations, parenting skills, knowledge of the addiction and recovery process as their frustrations emanate from failing to understand the addiction and recovery process, and render services accordingly.

Theme 2: Services offered to parents and their substance dependent youth

During individual face-to-face semi-structured interviews, participants were requested to share their views of the services offered to them and their substance dependent youth.

Therefore, this theme emanated from the narrative analysis of the information provided by participants in respond to the researcher's open-ended question: "What is your opinion of the services offered to you and your substance dependence youth"? The question was asked to confirm the services that were offered to parents and their youth. Participants' responses to the question are reported in the following sub-theme.

Sub-theme 2.1: Sense of appreciation with regard to services offered to their substance dependent youth

From the interviews conducted, participants indicated that the assistance provided by the social workers to their substance abusing youth was positive. For parents, it brought a sense of relief and hope that the social worker had managed to intervene in assisting their substance dependent youth to change for better. The findings of this study resonate with Mathibela's (2017:114) assertion that parents were grateful about the social work services received from SANCA in helping them to deal with their substance dependent youth. The following storylines were extracted from the transcripts in relation to how participants expressed a sense of appreciation with regard to services offered to their substance dependent youth:

The following is the storyline as reported by Joyce: *"The service was positive and speedy. It took the social worker at DSD a few weeks before she could refer him to the treatment centre".*

The following is the storyline by Ayanda*: "The service at DSD office was positive as she has been attending sessions with the social worker. Her behavior at home has changed since attending the sessions at DSD. Recently, she is spending more time at home than on the street".*

The following is the storyline as reported by Gale*: "I commend the service offered to my son, it was helpful. It has helped him to turn his life around".*

Boitumelo said the following*: "I think the service is ok, even though my main concern is the fact that he might misuse the opportunity as I am not convinced that he wants to stop".*

The following is the storyline by Tebogo*: "I believe it was a positive service since he eventually managed to get an admission to the rehabilitation centre".*

Dino reported the following*: "The service was good and positive".*

Drawing from the responses above, it is evident that participants were content with the services received by their substance dependent youth. For many parents, the main achievement is when the social worker manages to refer the youth into the treatment centre. This gives parents a sense of hope that the youth will recover and ultimately change for good. It is notable that under this question, a significant number of participants only commented on the services offered to their substance dependent youth, even though they were requested to also express their views about services directed to them. Participants' perceptions, experiences and challenges with regard to the services directed to them have been collectively recorded under Theme 1 and below under Theme 3.

Theme 3: Challenges in receiving the services from the social worker

Treating youth with substance dependency without treating the family decreases the potential for the recovery of the user. Therefore, an effective intervention that incorporates family members will go a long way in stabilizing and repairing the family as a system (Choate, 2015:473). Putting it differently, Ferreira et al. (2015:416) postulated that the role of the family becomes a predictive factor for behavioural change and adherence to treatment by the substance dependent in order to favour him/her. This is because the active participation of family provides opportunities to perceive the difficulties faced by the substance dependent in the rehabilitation process, thereby favouring the family involvement in the therapeutic project of the subject**.** Kumpfer (2014:2) argued that the family intervention is most the effective way of preventing and treating youth substance abuse. Incorporating family as a system in the treatment will go a long way in understanding a family member's (youth) behavior.

In this study, the participants' accounts of the challenges in receiving the services from the social worker are discussed under two sub-themes, namely, communication and

excluded from the sessions. It is also noteworthy that although participants were not directly requested to share challenges in relation to their substance dependent youth, some of them did so. These challenges are reported under one subtheme, namely, financial burden. Furthermore, participants also shared their challenges with the services from the police and health challenges that they experienced as a result of having to deal with a substance dependent youth.

Sub-theme 3.1: Communication

Some of the participants in this study directly and indirectly voiced out the concern that often social workers are not communicating with parents of substance dependent youth, even in instances when they have promised to do so. For parents, the social workers' failure to communicate was disappointing and unprofessional as they were left in the dark and felt belittled. The findings of this study resonate with Choate's (2011:1362) assertion that parents felt shut out of efforts being made by therapists who saw the youth as their client. This resulted in little communication between therapist and parent. In addition, parents reported a need for therapists who see the problem as a family one and engage the whole family so that interventions can be built around all of the needs – the youth who is using as well as the parents and siblings (Choate, 2011:1362). Similarly, Waini (2015:101-102) found that parents whose youth were dependent on substances complained that they were left in the dark after a social worker failed to communicate with them and made empty promises.

According to Sesoko (2015:72), social workers in South Africa, as guided by the SACSSP Policy Guidelines for Course of Conduct, Code of Ethics and Rules (2006) have an obligation to treat their client information as private and confidential. As part of adhering to the ethical standards towards the client system, social worker is forbidden from revealing a client's information without consent from the latter. Only in exceptional circumstances, such as when another person's or the client's life is in danger can confidentiality be breached. Alternatively, the court of law might order the social worker to release the client's information. In instances where the client is a minor, a guardian or parents must provide consent on behalf of the client.

Given the participants' age in Table 4.1, one can assume that the social workers' actions of withholding client's (youth) information might be partially justifiable. According to the information contained in Table 4.1, the majority of youth dependent on substances were above 18, which is the age of majority in South Africa. The implication here is that when the youth reach out for help, parents have an expectation that the social worker would fully inform them about what has transpired during the session. When this does not happen a feeling of discontent can develop. It should be understood that the therapist might fear that the youth would likely terminate the professional relationship if confidentiality is breached as a result of divulging information to the parents Kerwin et al. (2015:167). However, it is ethically appropriate for social workers to educate the both the client and family about confidentiality and ensure that they fulfil their professional obligation by making follow calls to their client system. The following are participants' descriptions of the communication challenges they experienced:

The following was submitted by Fisani: *"The social worker's failure to communicate with me that she will be arriving very late was a challenge that I have encountered".*

Tebogo reported the following*: "I was always curious to find out what transpired during the sessions, but neither my son nor the social worker could provide me with any information. However, the fact that no one gave me information about his progress did not stop me from supporting him to quit the substances".*

The following challenge was shared by Gale*: "The social worker promised to contact me prior my son's admission; however, she did not and I am not sure why".*

According to Maluleke (2013:75), users can only recover and reach the level of sobriety through self-motivation, motivation by professionals and support by signification others in the life of the user. In essence, this means that the collaboration and communication between the user, professional and significant others is critical for the maintenance of the user's a new lifestyle that does not involve substances. To the contrary, Choate (2011:1361) found that those parents of substance dependent youth, who spoke with professionals, had a tendency to use language that minimized the problem for the parents. These parents felt that the professionals such as social workers needed to be

more open with them so as to overcome their own reluctance to see the seriousness of the problem. For parents, this was a bad experience as they expected effective and open communication from the professionals in relation to the user's problem.

Sub-theme 3.2: Exclusion from the sessions

According to Mzolo (2015:3), some of the substance abuse services by social workers tend to often exclude families in the rehabilitation process of the teenagers who are dependent on substances. Lander, Howsare and Byrne (2013:194-195) postulated that treating the individual without family involvement may limit the effectiveness of treatment for two main reasons. Firstly, it ignores the devastating impact of substance dependency on the family system, leaving family members untreated, and secondly, it does not recognize the family as a potential system of support for change. Some of the participants in the study have directly and indirectly raised concern in relation to being excluded by the social worker during the provision of services to their substance dependent youth. In other instances, parents showed support by accompanying their substance dependent youth to the social worker's office, yet they were excluded from the therapeutic sessions. For parents, this experience made them feel unimportant and unsure about their role in the recovery process as it was evident that the services were strongly oriented towards helping the user and not them. The findings of this study resonate with those by Waini (2015:101) who found that parents whose youth were dependent on substances felt that the service was exclusive because the social worker talked to the child only. This is also consonant with Mathibela's (2017:145) findings that parents felt all the focus was on the people who were abusing substances and no social worker was directly looking into how to assist them as parents as they still needed to cope and care for their other children who are not using drugs. In relation to this challenge, the following was reported by the participants:

Tebogo expressed her frustration as follows*: "I felt excluded in the service. I was not allowed to go inside for consultation with my son. What frustrated me more is that neither the social worker nor my son could tell me exactly what was going on".*

Joyce reported the following*: "I brought him for consultation and both my son and the social worker had a one on one session, until he was finally transferred to the treatment centre. I normally wait for him outside the office, until he has completed his session, as per social worker's request".*

Boitumelo explained: *"We brought him to the social worker at DSD and she only told us that he will refer him for treatment at the rehabilitation centre. Subsequently, he is the one who has attended follow up sessions as per social worker's recommendations".*

Choate (2015:469) found that the parents of substance dependent youth were extremely frustrated when they reached out of help as the professionals frequently held back information about their youth's situation due to issues of confidentiality. Furthermore, given the age of the youths, therapists were disempowered when the youth would not give permission for information to be shared with parents. In the study about the experiences of parents of substance abusing young people, Hoeck and Van Hal (2012:6) revealed that parents were generally dissatisfied with the contacts and services from the professionals as they were unwilling to release information in order to protect the youth's confidentiality.

In the study about mothers' experiences of supporting adolescent children through long term treatment for substance use-disorder, Smith et al. (2018:516-517) found that mothers with offspring suffering from substance use-disorder "stepped into" professional silences—into unsupportive services. In essence, the mothers described how they had unhelpful encounters because the professionals engaged with the child concerned, but would not acknowledge the distress of a parent. Over and over, mothers could not stop crying because they were excluded by the services and felt like the professional was saying "your problems are your problems, and I will only deal with the child, the patient." As a result of such experiences, it is likely that the relationship that the parents have with the professionals can be complicated and damaged. The therapists were seen as conniving with the youth or at least creating something of a silo in which the youth and therapist existed without much of the parental presence (Choate, 2011:1362).

Sub-theme 3.3: Financial challenges and intimidation

According to Orford et al. (2010b:47), it is common for a family member to feel pressured by the addicted family member to give or lend money. The request is often accompanied by an accusation or reproach, a threat or actual violence, such that family members had often, in the end, given into such requests or demands. These observations resonate with findings from this study which revealed that participants experienced and suffered from financial burden and intimidation as a result of youth dependency to substances. In this regard, Waini (2015:100) postulated that parents incurred extra expenses related to the treatment of their children who are dependent on substances.

The well-known South African legendary musician and producer, Sello “Chicco” Twala recently frogmarched his substance dependent son to the Diepkloof police station after he allegedly stole a cellphone from his friend's son, in order to feed his drug habit. The legendary musician and producer said he had spent more than R1 million trying to rehabilitate his drug addict son, who has been battling drug addiction for over 15 years. An angry Twala said his son had stolen recording studio equipment in excess of R300 000 from him to feed his drug addiction (Bambele, 2020:1). These views are confirmed in a study by Groenewald and Bhana (2016:659) who found that parents’ financial burden included the actual cost of the rehabilitation programme, travelling to and from the treatment centre and damage to property as a consequence of the adolescents’ substance abuse behavior.

Mathibela (2017:112) concurred that it was common for parents to bear the financial burden of giving money to buy substances with a hope and belief that a youth would not bother to commit crime; they would even pay the drug lords. However, Mahlangu and Geyer (2018:229) argued that family members should not enable the user to buy drugs by offering financial support. In relation to intimidation, Mathibela and Skhosana (2019:99) explained how parents were fearful and felt unsafe as a result of the behavior of their substance dependent youth. In justifying the participants’ financial burden and intimidation, the following was reported:

Joyce explained as follows: *"I am currently giving him money on daily basis to buy substances because I am scared that if I do not, he will go out and steal from other people and might be killed or get arrested. I am currently giving him at least R60 on daily basis. I am really carrying a heavy burden and cannot afford to see him being arrested. Although, he has not shown any signs of violence towards me, I am scared that perhaps if I don't give him the money, he might become violent.".*

The following challenge is expressed by Dino*: "I used to give him money daily for four packets, which cost about R240. Following the social worker's intervention, she has advised me to give him money to buy at least two packets on daily basis and as a result I am now giving him money for two packets, which cost about R120 daily. When I don't have money to give him, he becomes violent towards me and make threats to snatch anything valuable from me like my clothes or phone".*

Orford et al. (2010b:45) confirmed that it was common for an addicted family member to become aggressive towards other family members. Sometimes the aggression intensified to threatening, pushing, punching and hitting or breaking furniture or other objects. In this regard, Masombuka (2013:101) asserted that parents were not coping because they were intimidated by their addicted offspring on daily basis. Furthermore, Mathibela (2017:89-90) revealed that a parent from Cape Flats in the Western Cape Province endured many years of abuse by his substance dependent son. Subsequently, the parent retaliated by strangling and killing him as a way of ending her misery.

Similarly, Mathibela and Skhosana (2019:99) reported that parents were not sure of what to expect from their addicted offspring as they knew that they were so unpredictable and violent when they experienced withdrawal symptoms and were looking for money to buy substances. Giving money to the substance dependent youth was a parents' way of protecting themselves from the user. In study by Choate (2015:468), parents spoke of giving money to the substance dependent youth to pay the drug debts. In the study of mothers' experiences of adolescents' conduct while abusing drugs in South Africa, Groenewald (2018:1571) found three forms of youth belligerent behaviours, namely, aggressive attitudes and physical violence as well as pilfering. Given the participants'

gender and youth gender in Table 4.1, it can be assumed that mothers were prone to intimidation by their male addicted offspring. The above-mentioned stories of participants show how parents are traumatized and living in danger as a result of substance dependent youth.

Sub-theme 3.4: Health challenges

Participants in this study viewed the situation of living with a substance dependent youth as being very difficult to contend with and that this exposed them to health challenges that were difficult to manage. Participants also confirmed that their health had taken a strain to the extent that they had developed stress-related diseases as a result of youth dependency on substance. Because they could not cope with these diseases, participants explained that they had sought assistance from the health facilities. Orford et al. (2010b:50) revealed that it was common for family members with an addicted family member to have symptoms of physical or psychological ill-health which they attributed to the stress of living with substance misuse member. Symptoms of physical and psychological ill-health may include sleeplessness, high blood pressure, chest pains and being constantly upset and crying. Significantly, Hoeck and Van Hal (2012:1) proved that substance abuse by an individual family member led to high levels of stress and trauma of the entire family system, placing all family members at risk of increased medical problems and healthcare utilization. Short-term effects on family members included increased stress, and feeling lonely, isolated, tired, unsupported, anxious, guilty, worried and confused. Longer-term effects included major changes in physical health such as ulcers or raised blood pressure and psychological health problems, including depression, behavioural disorders, panic attacks and nervous breakdowns (Hoeck & Van Hal, 2012:1).

The following verbatim responses were shared by the participants in justifying the health challenges experienced as a result of youth dependency to substances:

Boitumelo highlighted the following challenge*: "At one stage, I was very sick and consulted at the clinic; the nurse told me that I was stressing a lot over my son's addiction".*

Joyce shared the following challenge: *"My sixteen-year-old son was expelled from school due to the substance abuse problem. This means that his future is doomed because substances have robbed him of a good life. I am not sure what kind of life will he have, since the school cannot deal with him. I am really stuck with him and there is no way that he will get employment while addicted to substances and at a tender age".*

Elizabeth explained her challenge as follows: *"I feel like a childless person. He serves no purpose to me except the stress that he gives me. I feel like giving birth to my son was just in vain or a fruitless exercise. He is twenty-eight years old now; he has a driving licence which he cannot use it to develop himself because of substances dependency. Recently his upper limbs were rotten because he is frequently injecting himself and does not have intimate partner or intending to build his own family; he does not want to work. I am stressing a lot about him to the extent that I get sick and collapse".*

The participants' experiences are confirmed by Groenewald (2018:1564) who avers that the impact of adolescent substance abuse is widespread and significantly compromises the psychosocial well-being of those closest to the adolescent. In reporting findings from their study, Smith and Estefan (2014:425) stressed the fact as addiction of an individual family member progressed so did the emotional responses of family members. In the opinion of these scholars, family members of the substance dependent individual endured considerable stress-related sequelae, including insomnia. Mathibela and Skhosana (2019:96) explicated that the health challenges escalated to the extent that parents of substance dependent youth were put on depression and hypertensive medication. Consequently, some of these participants had to rely on chronic medication as a result of the behavior of their substance dependent youth.

Sub-theme 3.5: Challenges with police service

Participants expressed concern that although the police are, amongst others, expected to protect anybody against any criminal activities, this was not always the case as they did not enjoy this constitutional right when they sought assistance from them. Participants reported that they tried to seek assistance from the police service with the hope of getting the substance dependent youth arrested and change his/her ways but the effort was

unsuccessful because police officers refused to arrest the youth. Instead, participants were mandated by the police to return home and find other ways to control the behavior other than opening a criminal case against their substance dependent youth. For participants, the reaction of the police officers was an insult because it implied that they were incapable of parenting, hence their youth was substance dependent and committing crime. In this regard, Smith et al. (2018:511) explained that given the complexity of youth substance abuse, it is likely possible for families to face misunderstanding, judgment, and shaming from police, amongst others.

As the situation was getting tougher and getting out of control, participants reached out to the police for help but instead, they came back dejected and disappointed. Motsoeneng (2018:48) elucidated this phenomenon, contending that when family members of the substance dependent reached out to the police, there was no consideration by the latter to apply section 33 of the Act. In the study by Groenewald (2018:1569-1570), the mothers explained how the substance dependent offspring became extremely uncontrollable and violent towards them and other family members but when they reported to the police s/he was not arrested. Masombuka and Qalinge (2020:59) revealed that most police officers were colluding with drug dealers instead of helping parents of substance dependence youth.

The following verbatim responses were submitted by the participants in voicing out their challenges with the police services:

Dino had this to say: *"I sought assistance from the police but it was a fruitless exercise because they refused to arrest him, claiming that he was still young and the criminal record would negatively affect his future. He is now twenty-two years of age and police are saying that I must find other ways to control his behavior other than opening a criminal case against him".*

Boitumelo expressed the following challenges with the police service*: "Police are failing us in an effort to root out the substance problem in our community. My husband took a brave step to report the dealer selling drugs in our community who happened to be living in the same street as us. Unfortunately, after he reported the dealer, we heard that the*

same police alerted the dealer to be cautious in his business and dealings because my husband had reported him. I feel that such police actions undermine efforts of having a drug-free community".

Contrary to the above highlighted challenges with the police services, one participant who engaged with the service had a positive experience. This finding resonates with Choate's (2015:469) assertion that one resource that was seen as helpful was that of police officers because they told the parents bluntly that the issue might be substance abuse. This may be a result of police officers having a different, non-therapeutic role and, thus, a different social position with both youths and their families. In justifying the positive police role, Ayanda made the following submission*: "A criminal case on possession on drugs was opened for her by the school. The police officer responsible for her case informed us that based on his assessment; my daughter is yet to be dependent or addicted on substances and decided not to imprison her, instead, he advised us to seek help at DSD in order for them to assist us further and stop the problem from persisting. I thought his advice was very helpful and provided a sense of hope since her future would have been doomed if she had been imprisoned at tender age of seventeen"*.

Theme 4: Knowledge and understanding in relation to the substance dependent youth's addiction

Section 9, sub-section 2f of the Act, makes provision for prevention programmes to enable parents and families to recognize the early warning signs with regard to substance use and to equip them with information on appropriate responses and available services. In this study, participants were requested to share their knowledge and understanding of addiction of their substance dependent youth. Therefore, this theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "What is your knowledge and understanding in relation to the addiction of your substance dependent youth"? The question was asked to establish parents' knowledge and understanding of addiction of their substance dependent youth. Participants' responses on the question are described in the following sub-theme.

Sub-theme 4.1: Limited or no knowledge and understanding in relation to the addiction of substance dependent youth

In order to understand the addiction of their children, parents need to have knowledge of the disease of addiction as this would help them to understand what is going on and how to deal with the condition. There is a perception that in most instances, parents lack knowledge on addiction. According to Van der Westhuizen, Alpaslan and de Jager (2011:364) families of substance dependent youth lack knowledge and insight about addiction. In this regard, Masombuka and Qalinge (2020:58) appealed for education of parents in order for them to be empowered to understand, support and cope with their substance dependent youth. In this study, participants acknowledged that they had limited knowledge and understanding in relation to the addiction of their substance dependent youth. As indicated under sub-theme 1:1, participants reported that they knew nothing about their youth substance dependency until they accidentally found out through the school. Amongst others, this might be associated with the fact that parents' general knowledge and understanding of addiction and that of their youth was limited. It can be assumed that parents' existing information would have enabled them to recognize the early warning signs with regard to substance dependency of their youth, before the school sensitized them to the problem.

It is possible that some parents missed the opportunity to be informed about addiction in general due to fact they did not anticipate facing such a problem. The finding of this study resonates with the literature that parents' knowledge about drugs and drug abuse was limited because they never thought drug abuse would apply to their own family and therefore did not feel the need to become better informed or to inform their offspring about the risks and dangers (Hoeck & Van Hal, 2012:10-11). In this regard, Zastrow (2017:544) pointed out that social workers fulfil many roles in providing different services including the educator role. As educators, social workers may work to educate the family on substance abuse and how it impacts on the family. Furthermore, the social worker as an educator may educate a family about the signs and symptoms of substance abuse.

The following verbatim responses were submitted by all participants in justifying their limited or a lack of knowledge and understanding in relation to the addiction of their substance dependent youth:

Ayanda explained about her limited knowledge and understanding in these words*: "I do not know much about the addiction of my child to the substance, as indicated in the beginning that I only became aware after the school contacted me".*

Tebogo admitted she had very limited understanding and resorted to finding out more by using Google*: "I've got very limited knowledge and understanding of the addiction. I only managed to get some basic information through google after I had learned that he is dependent on substances".*

Dino submitted the following view*: "I have no knowledge and understanding but based on my observations, I think substance dependency affects the user and his/her decision-making process to the extent that the user is not able function without it".*

Elizabeth reported the following*: "I do not have lot of knowledge about the addiction".*

Palesa submitted the following view*: "All I know is that it is possible for him to live a substance free life, if he can make such a commitment and decision*".

Mpho specifically said the following: *"Although no-one has imparted insight and knowledge in relation to the addiction, I am able to recognize physical signs from my son when he is high such as red eyes".*

Fisani expressed her limited knowledge and understanding as follows*: "I have limited knowledge and understanding in relation to the addition of my son. I know that he steals to feed his addiction and am able to see from his physical appearance when he is under the influence of substances. The colour of his skin becomes darker and he spends lot of time in the street. I also know that he does not drink alcohol because he will get sick if it is taken concurrently with substance".*

Boitumelo also expressed her limited knowledge*: "What I know is that when a child is addicted to substances, as parents, we need to take him to the social workers so that they can refer him to the rehabilitation centre, to assist him to stop".*

The following was submitted by Gale: "*I understand that he needs to take substances on daily basis, otherwise he will have severe withdrawal symptoms such as stomach cramps and vomit a lot".*

Joyce's knowledge and understanding is limited to the following: "*I only know that if my son is addicted to substances, he will not be able to quit on his own but needs to be admitted to the treatment centre so that he can stop, following the successful treatment/rehabilitation programme".*

In relation to parents limited or no knowledge and understanding of the addiction of their substance dependent youth, Lander, Howsare and Bryne (2013:4) recommended the need for educating families about substance abuse, its development, progression and the treatment thereof. Similarly, Waini (2015:122) called for the need for parents to get adequate information to deal with the child's addiction on a day-to-day basis. Parents are important role players in ensuring a substance free society. Therefore, imparting knowledge to parents of substance dependent youth will go a long way in ensuring that they assist towards a substance free society.

Furthermore, Waini (2015:140-141) suggested that the organizations offering services to parents whose youth are dependent on substance should develop an information package to be given to the parents when they first come to the organization. Such a package should include the information on the drugs abused, drug abuse identification, the effects of drug abuse on the child and family as well as views on addiction and treatment process. Mahlangu (2016:70) recommended that the significant others of the substance dependent need to be educated with regards to giving support to the user. In a study on the adaptation of an evidence-based brief intervention for substance-using adolescents and their caregivers, Carney, Chimbambo, Johnson, Louw and Myers (2019:6), reported that the caregivers suggested an intervention that would teach them

skills that they perceived were lacking and assist them to cope with the substance dependency of their progeny.

Theme 5: Resources they require in relation to their substance dependent youth

Parents often need resources to assist them to deal with the overwhelming responsibility in relation to their substance dependent youth. There is no doubt that parents face considerable challenges relating to limited resources. For parents, dealing with substance dependent youth is an enormous load that requires other resources such as counselling because it is unbearable for them to carry it alone. Participants were requested to outline different types of resources they may need to deal with their substance dependent youth. Therefore, this theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "What resources do you require in relation to your substance dependent youth"? The question was asked to establish the different types of resources parents may need. Participants' responses to the question are described in the following sub-themes:

Sub-theme 5.1: Need for support from anywhere or anyone

Participants voiced out that it was overwhelming, scary and frustrating to be a parent of a substance dependent youth because it was a lonely responsibility, yet something that they could not run away from, hence the call for support from anywhere and anyone. Their experience in relation to their substance dependent youth might have taught them that it is an overwhelming burden that cannot be carried by a single person alone. They therefore needed all the support that they could get. In essence, the need for support from anywhere and anyone can be viewed as an acknowledgement of being defeated by the situation as well as evidence of parents' helplessness and desperation to assist their substance dependent youth to change to a substance free lifestyle.

In a related study, parents expressed that they were exhausted and no longer able to tolerate chaos in relation to the substance dependent adolescents. They needed to find an alternative solution that might work since their efforts had not yielded positive results (Choate, 2015:470). Parents indicated that all they had tried up to that point had failed

and something different needed to be done, hence a call for support from anywhere. The following verbatim responses were submitted by the participants in testifying about their need for any available support.

Elizabeth submitted the following view*: "I need support from somewhere or anyone to help him understand that he is not growing younger. He is twenty-eight years old now".*

The following was expressed by Palesa*: "I require assistance or resource from any person or from anywhere in relation to my son's substance dependency. He is being beaten by the community and I am scared that he will be killed if he does not change his ways".*

The finding of the present study showed that parents had a strong urge to wean off their youth from substances, hence they were calling for any form of help and support from anywhere and anyone. Participants had an increased pressure to assist their substance dependent youth and feared for the future in relation to the youths' survival. In this regard, they would accept and appreciate support from anywhere and anyone which would help them to achieve their goal in relation to their substance dependent youth.

Sub-theme 5.2: Need for support and counselling from social workers

Social workers play an essential role of supporting the clients. In assuming a supporter role, social workers provide individual and group therapy to the clients (Maluleke, 2013:63). Participants in this study clearly voiced out their need for support and counselling from social workers. They reported that they would be grateful to have counselling and support from social workers. Participants acknowledged that the burden of caring for and supporting their substance dependent youth was too big to be carried by them alone, hence a need to be assisted and counselled. The following was reported by participants in their accounts of need for support and counselling from social workers in relation to their substance dependent youth:

Joyce submitted the following view*: "I require that the social workers assist again by taking him back to the rehabilitation centre since he has relapsed".*

The following was reported by Tebogo: *"I require support from the social workers"*.

Dino submitted the following: *"I require counselling. As indicated, I have so much pain and mother-son relationship is negatively affected because of his dependency to substances. Counselling will help me to ease the pain and deal with our broken relationship".*

Gale pointed out the following: *"I believe that both social workers and parents should work together to assist the user".*

As indicated in Chapter 1, the researcher conducted a research study on "*Children's addition to the drug nyaope in Soshanguve Township: Parents' experiences and support needs."* Findings revealed that the need to be supported and counselled by social workers was top of the parents' list of requirements (Masombuka, 2013:126). The study confirmed that parents felt helpless, miserable, ashamed and desperate about their children's addiction to substances and therefore they indicated that they needed counselling from social workers to reaffirm that they had done enough to discipline their children, so that they (parents) can stop blaming themselves for their children's addiction to substance (Masombuka, 2013:105). In another study, Mathibela (2017:143) revealed that parents needed social workers to provide parental skills to assist in empowering them to adopt better ways of building relationships with their substance dependent children.

Sub-theme 5.3: Need for education and employment

According to Segal, Gerdes and Steiner (2016:87), social workers have a responsibility to help people to improve their employability. In the authors' opinion, this kind of social work intervention and responsibility may include helping people to complete high school or get work training. Some of the participants lamented the lack of education and employment for their substance dependent youth. Participants believed that education and employment opportunities are key to assisting the user towards living a substance free lifestyle. The findings of this study resonate with Mahlangu's (2016:56) assertion that a lack of educational programmes and unemployment contributes immensely to relapse amongst the recovering users. The researcher recommended vocational training

programmes and employment opportunities as ways to assist the recovering users to maintain sobriety and avoid relapse after successful treatment. In line with the findings of the current study, it is noteworthy that section 10, sub-section 4j of the Act purports that the Minister of Social Development must, in consultation with the ministers and organs of state referred to in section 8(1), facilitate the establishment of programmes for early intervention. The prescribed programmes should be in the form of integrated aftercare and reintegration services aimed at the successful reintegration of a service user into society, the workforce and family and community life. The focus should be on skills development and economic empowerment of users and persons affected by substance abuse.

In lamenting the lack of education and employment of their substance dependent youth, the following verbatim responses were extracted from transcripts of the interviews conducted with participants:

The following view was shared by Gale: *"Skills development centre that can admit the recovering user, immediately after a successful rehabilitation program, will make a positive difference".*

Fisani expressed the following view*: "Education and employment opportunity will go a long way to assist him to become a better person. I wish that they could provide work/employment programs to all recovering substances dependents".*

Significantly in his study on perceptions of social workers regarding their role in aftercare and reintegration services with substance dependent persons, Maluleke (2013:66), concluded that skills development centres in South Africa were not available for users to empower themselves. In the scholar's opinion, in practise, the shortage of skills development centres where recovering substance dependent persons are exposed to technical skills and different kinds of training so that they can get employment, was a serious stumbling block. The call for a need for employment opportunities for recovering substance dependent youth correlates with 2019 statistical findings on the quarterly labour force survey in South Africa (StatsSA, 2019:1), which highlighted that the South African unemployment rate had jumped to 29%, the highest since 2008.

In contrast to the above, one of the participants recalled how her husband had helped their substance dependent youth to secure employment with the hope that it would motivate him to live a substance free lifestyle. However, this initiative was unsuccessful because the user was dismissed from the job for stealing from his employer. This was lamented by Mpho: *"His father got him a job with a hope that it will keep him away from the substance abuse and give him a sense of purpose but he ruined it by stealing from the employer and consequently, was dismissed".* For this parent, the actions of his substance dependent youth had ended hope that employment opportunity would help the user to change for the better.

Theme 6: Role participants can play in assisting their substance dependent youth

Participants were requested to submit their opinions about the role they can play in assisting their substance dependent youth towards a substance free lifestyle. Participants' responses in this regard ranged from the view that parents should execute a supporting role, to uncertainty about the role that parents should assume in assisting their substance dependent youth. The following sub-themes emanated from the narrative analysis of the information provided by participants in their accounts of the role they can play in assisting their substance dependent role:

Sub-theme 6.1: Supporting role

In the study conducted in the Hammanskraal community, Mahlangu (2016:42) revealed that a lack of family support was the main contributor to the relapse of the recovering user. The majority of participants in this study emphasized the importance of supporting the substance dependent youth on the journey to recovery. In view of participants, parents should play a supporting role by encouraging the youth to be persistent while striving to quit substances. As part of playing a supporting role, participants indicated that talking, educating, refraining from judgement, showing care and love as well as accompanying the user for sessions will go a long way towards the youth's strive for recovery. At the same time, participants were honest in acknowledging that it was not an easy task to play a supporting role because of the constant disappointment and pain that the user brought to the entire family system. In this regard, Motsoeneng (2018:36-37)

argued that although the significant others would experience challenges in bringing stability to the entire family system due to the damage caused by substance dependent youth, there was also an indication of a constant effort from the family to show support to their family member who was going through the challenge of getting sober and the possibly rebuilding his life. The findings also revealed that family members played a supportive role by accompanying the substance dependent member to every session with the social worker and visited when s/he was admitted at the rehabilitation centre for in-patient treatment (Motsoeneng, 2018:36).

In the present study, the following verbatim responses were submitted by the participants during semi-structured interviews on their accounts of the supportive role they can play in assisting their substance dependent youth:

Ayanda submitted the following: *"As parents, we need to provide support for our children and motivate them to seek education first. We must try not to give up on them, even though it is difficult for us to see our children in that situation".*

The following was shared by Tebogo*: "We need to provide them with an unconditional support. For instance, when they are attending sessions, it is important for parents (especially those who are available) to accompany their substance dependent children. It is also important to support the substance dependent child from the beginning of the rehabilitation/treatment until the end. It will have a positive impact in his/her effort towards recovery. We should show them care and love by talking to them and reassuring them that it possible to quit substances".*

Palesa shared the following view: *"I think we need to try to support them, even though it is very difficult to manage their behavior".*

Gale had this to say: *"Parents need to provide unconditional support. I was talking to him daily to establish what had made him to indulge in substances. I tried not to judge him, but to motivate and show care towards him, even though deep down I was very angry. I reassured him and never gave up".*

Fisani submitted the following view*: "As parents, we need to remain supportive towards them and not to give up on them. Continue to educate them about the dangers of substance dependency. I also tried providing him with everything that he needed".*

The above input on the supportive role by the parents resonates with findings by Mahlangu and Geyer (2018:338) who asserted that the significant others of substance dependents needed to be supported at the psychosocial, emotional and spiritual levels. Participants in the current study believed that giving up on the substance dependent youth would not assist in setting him/her free from the present lifestyle; hence they viewed parental support and care as key to recovery.

Sub-theme 6.2: Confusion with regard to roles to play

According to Zastrow (2017:279), there is a stereotype that "once an addict, always an addict." This stigma has hampered efforts for the rehabilitation of those who are dependent on substances. In the study undertaken in Cape Town entitled *Preventing relapse amongst chemically addicted adolescents: exploring the current state of affairs*, Van der Westhuizen et al. (2011:364) acknowledged that often families did not understand their role in the recovery process. Some of the participants in this study indicated that they had previously assumed different roles in an attempt to rid the youth of the substance dependency but were unsuccessful. For instance, participants pointed out they had assumed an advisor and helper role; however, all their efforts of providing advice were in vain and the youths continued with the habit, leaving participants defeated and confused with regard to the roles that they could further play. The following verbatim responses were submitted by the participants in expressing their confusion with regard to roles they can play further in assisting the substance dependent youth:

Dino explained*: "I really don't know which role can parent play. In my case, I feel like my efforts of assisting and supporting him were in vain. I tried communicating and advising him many times but nothing worked".*

Mpho submitted the following*: "I am not sure what role parents can play in assisting a substance dependent youth. In our case, we have tried so many things but they were all*

in vain. All our efforts of trying to help him have been unsuccessful and he is not growing younger. He is now 32 years and I am really worried about his future. His peers are doing well and have jobs and careers".

Elizabeth shared the following*: "I am not sure what role parents can play in assisting their substance dependent youth. I spoke and provided him with parental advice many times, but his behavior gets from bad to worse daily".*

As can be deduced from the above input, for some participants, the situation is very difficult to contend with hence they are left in a confused state. It can be assumed that participants do not have sufficient skills to assist the substance dependent youth; hence they are unsure about their role in the situation. In relation to the above responses, Masombuka (2013:103) found that due to the crisis and stress experienced by parents as a result of their child's substance dependency, they expressed feelings of despondency and resentment as they felt they had exhausted all resources and nothing seemed to have been effective. Furthermore, Mahlangu and Geyer (2018:340) indicated that at times, the significant others of the users reported that they were frustrated and confused by the users' addiction and therefore ended up coercing them to get the necessary help to quit the drug, even when they were not ready. Consequently, the user ended up relapsing because of the imposed initiative by the significant others.

Theme 7: Recommendations regarding what should change in the substance dependency services for their youth

During the semi-structured interviews, participants were requested to submit recommendations regarding what should be changed in the substance dependency services for substance dependent youth. Therefore, this theme emanated from the narrative analysis of the information provided by participants in responding to the researcher's open-ended question: "Based on your experience, what things would you wish they should be changed regarding the substance dependency services directed to the substance dependent youth"? This question was asked to establish participants' views in relation to what should be changed in the current substance dependency services directed to the youth.

Participants' recommendations regarding what should change in the substance dependency services directed to substance dependent youth were explored as the main theme and comprised of three sub-themes, namely, call for broader and alternative interventions, call for parents' involvement and no changes needed. In the next section of the discussion, each sub-theme is presented and supported by direct quotes from the transcripts of the interviews.

Sub-theme 7.1: Call for broader and alternative intervention

A significant number of participants expressed a need for a broader and alternative intervention as they had lost confidence in the current intervention. Based on the participants' utterances, the current intervention to curb substance dependency does not yield positive results that are permanent, hence a call for a broader and alternative intervention. Participants referred to the social workers' intervention of sending the users for a six-week in-patient treatment after which they (users) returned home following a successful program as ineffective because they relapsed. Segal et al. (2016:208) stated that social workers in the field of substance abuse often intervened by referring parents who are affected by the substance dependency of their progeny to prevention programs, outpatient counselling, group counselling or inpatient treatment centres. Furthermore, Mahlangu (2016:50) explained that amongst others, there is a concern about the current six weeks duration of the in-patient treatment program in a state-owned centre as the period is inadequate to yield positive results. Given the severity of substance dependency, Mahlangu (2016:50) called for a review of the duration in the in-patient treatment program from six weeks to six months and the creation of employment opportunities for recovering users who have successfully completed the program. The following verbatim responses were submitted by the participants in making a call for broader and alternative intervention:

Fisani submitted the following suggestion*: "I am concerned with the current intervention services because users return home after undergoing a successful rehabilitation program, only to find that there are no further opportunities to engage them in any constructive activity. Subsequently, they return to the same environment and relapse. It*

would really help to have programs that can keep them busy, after a successful rehabilitation".

The following suggestion was submitted by Gale*: "I wish they can have effective skills development centres and work programs in order to keep the recovering users busy and avoid relapse after successful rehabilitation programs".*

Mpho shared the following*: "I wish we could have a secure place in which substance dependents can be rehabilitated without option of prematurely terminating the program".*

Ayanda made the following call*: "I wish that the social workers could go to various schools and educate the learners about the dangers of using substances. Our children need more information and knowledge about the dangers of drugs".*

The following input was made by Palesa*: "I am not sure what drastic measures the government can take. The current intervention of combating substance abuse through taking users to rehabilitation centre is ineffective to some extent because some of the users that I know from our community completed the program but relapsed. In view of that, I wish for alternative intervention that can produce more successful and permanent outcomes".*

Fisani made the following observation*: "I wish that they could provide work/employment programs to all recovering substances dependents. My concern with the current intervention services is that they return home after undergoing a successful rehabilitation program, only to find that there are no further opportunities to engage them in any constructive activity and consequently, they return to the same environment and relapse. It will really help to have programs that can keep them busy, after a successful rehabilitation".*

In the study by Mathibela (2017:87), parents expressed disappointment and frustrations about the current intervention during which dependent youth failed to change their lives and behavior despite attending treatment programs. In the opinion of the scholar, parents were discouraged and had lost faith in the whole intervention process because a substance dependent adolescent got admitted for treatment, completed the program but

relapsed after a short period. In a related study, Choate (2015:472) pointed out that at times, the intervention programs were ineffective, leaving parents to contend with youth alcoholism and drug addiction and in dire need for more resources to enable them to deal with their children and bring changes in their lives.

Sub-theme 7.2: Call for parents' involvement

Maluleke (2013:61) stressed the importance of involving family members as a key to positive progress and outcomes regarding the recovery process of substance dependent youth. In this study, participants called for parents' involvement in the recovery process of their substance dependent youth. Some participants believed that parents' involvement would help them to cope better and provide an opportunity to support their substance dependent family members. As stipulated by Carpenter, (2013:19), involving parents in the treatment empowers them to cope and provides the structure and support needed for the adolescent to sustain recovery at home and in the community. This scholar adds that comprehensive treatment and support that incorporates a family-centered approach, with the youth and family engaged together, has the best chance of achieving successful outcomes for adolescents with substance use disorders (Carpenter, 2013:15).

In justifying the call for parents' involvement, the following was submitted by participants:

Tebogo reported the following*: It is heart-breaking for the available services to exclude parents of substance dependents. We are very much affected by the dependency of our children. Therefore, social workers need to explain and educate us about the substances that our children are taking, types, its effects, disadvantage and the signs. They need to highlight to us so that we can know when our children have used drugs and to support them accordingly. I feel that as parents, we are currently being left in the dark. I would like to appeal that they should involve us when they are providing substance dependency services to our children".*

The following was shared by Joyce*: "I would also appreciate to attend support group for parents who are in the similar situation as me".*

Ayanda made the following submission*: "I also wish that they could provide parents with support groups".*

In line with family systems approach, Shumway, Kimball, Dakin, Baker and Harris (2011:253-254) highlighted the following advantages of involving family members in the treatment of their substance dependent family members:

- The involvement of family members in the treatment process provides the user with a greater probability of success.
- The family strives to maintain unity and harmony within the systems. Substance use and dependency may gradually evolve to become an embedded part of the family system's delicate balance. Interactional patterns develop that allow (or enable) the addict or alcoholic to continue substance use. Resistance within the family system is to be expected and can be overcome
- Problems within the family system are often repeated down through many generations. It is common to observe dependency in families across multiple generations.
- The context of the development of an addiction and the family system's struggle to overcome homeostatic forces is complicated by these intergenerational influences, and is additionally impacted by genetics, psychological factors, behaviours, values, beliefs, cultures, environments, and family rituals.
- Understanding addiction in its context helps families move away from focusing on why or how this happened and who is to blame. Considering all the aforementioned variables provides an accurate image of the family struggle with the substance dependency.

It was observed that some participants were unable to articulate what should change in the substance dependency services for their youth. This might be attributed to limited knowledge and understanding by parents regarding the addiction and substance dependency service to youth. Participants gave the following input:

Dino: *"I think the current social work interventions will bear fruit because they are able to build and give them a sense of hope. I hope that after a successful rehabilitation process,*

he will (become) a different person from a monster that he had become for the past three years of abusing substances. Currently, I don't think there is anything that should be changed regarding the substance dependency services".

Elizabeth did not recommend any changes to the programme but emphasized that change must come from the substance dependent youth himself. She reported*: "I believe it is up to him to change or continue with his substance dependent tendencies. I just think he must take the decision to change".*

4.4 Summary of the chapter

This chapter presented the research findings that emanated from the data analysis of parents of substance dependent youth. The presentation addressed the biographical data of parents of substance dependent youth who participated in the study with special consideration on their gender, race, ethnicity, marital status, employment status, municipality ward, highest educational qualification, youth age and youth gender. The findings of this study were categorized into 7 themes together with the accompanying sub-themes and categories, where applicable. The first theme identified the participants' descriptions of their experiences with the substance dependency services to their youth. Four sub-themes were introduced under this theme, namely, how they found out about their youth substance dependency problem through school, parents being victims of theft, youth actions that linked them with DSD and nature of services received by parents of substance dependent youth.

The second theme presented participants' views of the services offered to them and their substance dependent youth. Only one sub-theme was introduced under this theme, namely, participants expressed a sense of appreciation with regard to services offered to their substance dependent youth. The third theme presented participants' accounts of the challenges in receiving the services from the social worker. Five sub-themes emerged under this theme, namely, communication, exclusion from the sessions, financial challenges and intimidation, health challenges and challenges with the police service. Participants' accounts of their knowledge and understanding of the addiction of their substance dependent youth was the fourth theme that presented. Only one sub-theme

emerged under this theme, namely, limited or no knowledge and understanding in relation to the addiction of substance dependent youth.

The fifth theme presented participants accounts of the resources they require in relation to their substance dependent youth. This was followed by three sub-themes, namely, need for support from anywhere or anyone, need for support and counselling from social workers and need for education and employment. Participants' accounts of the role they can play in assisting their substance dependent youth was the sixth theme presented. Two sub-themes were introduced under this theme, namely, supporting role and confusion with regard to roles to play. Participants' recommendations regarding what should change in the substance dependency services for substance dependent youth was the last theme presented. Two sub-themes emerged under this theme, namely, call for broader and alternative intervention, and call for parents' involvement. The findings were compared and contrasted with the body of available literature. Themes and subthemes identified during data analysis with the DSD social workers from the 10 service points of DSD Gauteng, in the CTMM are presented in the following chapter.

5. CHAPTER FIVE - PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS: SOCIAL WORKERS AT THE 10 SERVICE POINTS OF DSD GAUTENG, IN THE CTMM

5.1 Introduction

In Chapter four, the findings that emerged from the data collection and analysis with the parents of substance dependent youth were presented and discussed. To ensure the credibility and trustworthiness of the study, all the extract in the previous chapter were contrasted with literature. As discussed previously, both Chapters 4 and 5 are based on the first phase of the IDD-model, namely, the analysis of the identified concerns and Step 2 of Phase 2, namely, studying natural examples. Therefore, in this chapter, the researcher will present and discuss the findings that emerged from the data analysis of the second group of participants, the social workers from the 10 service points of DSD Gauteng, in the CTMM. Firstly, the researcher will present and discuss the biographic data of the research participants, followed by an overview of the themes, sub-themes and categories (where applicable). The section below presents the biographical profile of social workers who met the inclusion criteria as set out in chapter 3.

5.2 Presentation of findings

5.2.1 Biographical data of social workers who participated in the study

Below is the presentation of biographical data of 11 social workers who met the inclusion criteria and willingly took part in the present study. It is noteworthy that the biographical data of participants be described because their background might have influenced how they responded to the interview questions. Table 5.1 below provides information on each participant's gender, race, ethnic affiliation, service point of DSD and years of experience in providing social work services at DSD.

Table 5.1: Biographical data of social workers who participated in the study

Participant pseudonym and code	Gender	Race	Ethnicity	Service point of DSD	Years of experience in providing social work services at DSD
Zodwa (Z)	Female	Black African	Tswana	Garankuwa	10 years
Sindi (S)	Female	Black African	Ndebele	Mabopane/Winterveldt	3.5 years
Lesego (L)	Female	Black African	Tswana	Mabopane/Winterveldt	2.5 years
Uyiwe (U)	Female	Black African	Tswana	Soshanguve	28 years
Xolani (X)	Female	Black African	Tsonga	Delta house	12 years
Naku (N)	Female	Black African	Tsonga	New Eersterust	14 years
Chane (C)	Female	Black African	Tswana	Bronkhorstspruit	9 years
Kosi (K)	Female	Black African	Pedi	Eersterust	2.5 years
Hlomphe (H)	Female	Black African	Zulu	Mamelodi	3 years
Itumeleng (I)	Female	Black African	Xhosa	Temba	9 years
Rethabile (R)	Male	Black African	Pedi	Enkangala	**7**

5.2.1.1 Gender of participants

Gender is described by Kirst-Ashman (2017:89) as the social and psychological characteristics associated with being a male or female. The scholar adds that being gentle, emotional and cooperative is associated with the female gender while aggression is associated with the male gender. In this study, ten out of eleven participants were female, meaning only one participant was a male. According to Zastrow (2017:438), gender-bias exists in social work because females have held, and currently do hold, a number of leadership positions in social work and more than two-thirds of social workers are females. The scholar adds that there is a perception that social work is a female-dominated profession. In a related study, Earle (as cited by Mbedzi, 2018:295) found that in South Africa, the majority of social workers were females, accounting for approximately 85.3% of the total as opposed 14.7% who were male social workers.

Interestingly, Khunou, Pillay and Nethononda (2012:124) explained that historically, gender was understood in normative terms, where women were defined as care-givers whereas men were viewed as breadwinners, able and willing to provide for the family.

Thus, it became ‘normal’ for women to engage in care work while men undertook the provider wage earner role. This is also true of social work and other caring professions. Looking at the gender of participants in this study, it is perhaps not surprising that females are the majority.

5.2.1.2 Race and ethnicity affiliation of participants

All interviewed participants were Black Africans from different ethnic groups. It is significant to understand that before the democratic dispensation in 1994, the South African Nationalist Government implemented its policy of apartheid, a system of institutionalised racial discrimination. The then apartheid government argued that the integration of all races in a common society would not guarantee peace, freedom and prosperity for all, and that the solution lay in ‘apart-ness’. The apartheid system was also extended to different ethnic groups in South Africa. The Population Registration Act No. 30 of 1950 was amongst the enforcement mechanisms used by the apartheid government to classify the population into four racial categories (Black Africans, Coloureds, Indians and Whites), which structured differential access to social welfare services and benefits (Patel, 2015:49).

The bulk of the geographical location of the 10 service points of DSD, within CTMM are based in previously designated Black Townships. Despite the fact that four racial groups, namely, Black Africans, Coloureds, Indians and Whites, are officially recognized in South Africa, only Black Africans participated in the study. It remains a concern that even though Black Africans account for 81% of the total South African population, the other three racial groups were not represented. Their inclusion could have enhanced the diverse knowledge of the phenomenon under investigation. The researcher attributes the participation of one racial group in the study to the legacy left by the apartheid system which makes it difficult to locate and employ other racial groups in areas that are predominately inhabited by Black Africans. It also remains a concern to see that out of nine officially recognized ethnic groups in South Africa, only six are represented. The three outstanding are Venda, amaSwati and Basotho. This might have compromised

access to diverse knowledge of the phenomenon under investigation across different ethical groups.

5.2.1.3 Service point of DSD

The participants represented 10 service points of DSD Gauteng located in the CTMM, namely, Bronkhorstspruit, Delta house, Eersterust, Enkangala, Garankuwa, Mabopane/Winterveldt, Mamelodi, New Eersterust, Soshanguve and Temba. As per inclusion criteria set out in Chapter 3, all social workers who took part in the study are registered with SACSSP and employed by DSD at respective 10 service points within the CTMM.

5.2.1.4 Work experience

Participants' work experience at DSD ranged from a minimum of two and half years to a maximum of twenty-eight years. As indicated in Chapter 3, the researcher took cognizance of the fact that participants with such working experience at DSD would have more insight into the topic being studied. According to Ambrosino et al. (2012:29), experience in the social work profession is important as social workers assist clients with a wide variety of unmet needs.

5.3 Discussion of the findings with social workers providing substance dependency services

The findings below relate to the data collected from social workers. All the information emerged from the 11 individual face-to-face individual semi-structured interviews with the social workers who willingly participated in the study. The findings were divided into the following themes:

- Intervention process in providing substance dependency services to youth.
- Challenges faced in providing substance dependency services.
- Stage of utilizing parents of substance dependent youth in the intervention process.

- Significance of utilizing parents as a resource for the substance dependency services to their youth.
- Resources to empower parents of substance dependent youth.
- Framework and guide used when dealing with parents of substance dependent youth.
- Recommendations on the strategies for effectively addressing substance dependency.

Table 5.2 below presents the themes, sub-themes and categories that were derived from the interviews with social workers providing substance dependency services to youth.

Table 5.2: Themes, sub-themes and categories

Themes	**Sub-themes**	**Categories**
8. Intervention process in providing substance dependency services to youth	8.1 Engagement stage 8.2 Individual session, joint session and home visit 8.3 Preparatory group session 8.4 Admission to and treatment in a treatment centre 8.5 Aftercare and reintegration services	
9. Challenges faced in providing substance dependency services	9.1 Internal challenges at DSD 9.2 Challenges related to the substance dependent youth 9.3 Challenges related to the parents of substance dependent youth	9.1.1 Lack of resources 9.2.1 Disintegration of services within DSD 9.2.2 Impatience 9.2.3 Lack of honesty and commitment 9.3.1 Parents' availability and cooperation
10. Stage of utilizing parents of substance dependent youth in the intervention process	10.1 Utilize parents from the beginning 10.2 Utilize parents after the first session with youth	

	10.3 Utilize parents at the later stage 10.4 Utilize parents during aftercare and reintegration stage	
11. Significance of utilizing parents as a resource for the substance dependency services to their youth	11.1 Parents are the main source of support 11.2 Parents provide reliable and useful information	
12. Resources to empower parents of substance dependent youth	12.1 Lack of resources 12.2 Use professional skills and knowledge 12.3 Involve parents in awareness campaigns	
13. Framework and guide used when dealing with parents of substance dependent youth	13.1 No framework 13.1 Legislation and policies 13.2 Cognitive behavioural therapy and systems theory	
14. Recommendations on the strategies for effectively addressing substance dependency	14.1 Make more human capital 14.2 Provide relevant training 14.3 Assess treatment programmes and use of halfway houses 14.4 Educate community and raise awareness 14.5 Weaken the position of drug lords in the community	14.1.1 Make more human capital available14.1.2 Provide cars and office space 14.1.3 Develop a guiding framework 14.1.4 Provide more centres

Theme 8: Intervention process in providing substance dependency services to youth

Social workers, amongst others, have been in the forefront of intervening in cases of substances dependency, by providing treatment and prevention efforts (Segal et al., 2016:372). According to Zastrow (2017:90), social workers understand that intervention

is not an isolated but interactive process of social work practise with and on behalf of diverse individuals, families, groups, organizations and communities. In intervening with substance dependency cases, there are different theoretical approaches that guide the process. However, despite the theoretical approach used, there are common features of treatment for substance dependence, namely, engagement, assessment, use of a multiple-system approach to individualized treatment and development of a continuing care plan (Kirst-Ashman, 2017:469).

As described in Chapter 2, under item 2.2.12, in South Africa, the Framework of Social Welfare Services (2013) guides the generic social welfare intervention process. To ensure the delivery of quality social welfare services, social workers need to adhere to the generic social welfare intervention process, as prescribed in the Framework of Social Welfare Services. In relation to this present study, this theme emanated from the information provided by participants in response to the researcher's open-ended question: "Please explain the intervention process in providing substance dependency services to youth". The question was asked to establish the intervention process followed by social workers in providing substance dependency services to the youth.

Drawing from the participants' responses below, it is significant that there was no uniform intervention process followed by all respective participants across the 10 service points of DSD, within the CTMM, in providing services to substance dependency services to youth. Therefore, the participants' description in relation to the intervention process in providing substance dependency services differed from office to office and from social worker to social worker. Nevertheless, the intervention process is explained in 5 main sub-themes, namely, engagement stage; individual session; joint session and home visit; preparatory group session, admission to and treatment in a treatment centre; and aftercare stage.

Sub-theme 8.1: Engagement stage

In various forms, several participants explained engagement as the first stage of the intervention process with the youth. Engagement is described by Segal et al. (2016:201) as a process in which the social worker builds a therapeutic connection with a client, so

that he or she feels involved in the helping process. Van Breda (2015:6) pointed out that this stage is also known as a working alliance, partnership or clinical rapport and concerns primarily the establishment of a trusting and warm helping relationship between the social worker and client. In the opinion of the latter author, engagement sets the tone and ethic of the helping relationship in that it ensures and communicates to the client that this is how the social worker practises. Thus, engagement is important not only in building the helping relationship but also in shaping the character of the relationship

In this study, Lesego explained engagement as the first stage of the intervention process in the following manner: *"I start with the intake in which the identifying particulars of the service users are collected. In addition, the background information is collected and through it, I get to understand why they are using substances, how long they have been using them and the quantity. During the intake, I also check whether they have been rehabilitated/treated before as well as the family background. Furthermore, I assess whether they are ready and motivated to go to rehab. Therefore, it is important to do a thorough assessment to determine whether the user is indeed ready to be rehabilitated or not".*

Naku submitted the following in describing this first stage of intervention process*: "The service users will normally approach our office for assistance with substance dependency problem. In response, we do an intake with them".*

Chane gave a simplified version of the first stage of the intervention process as follows*: "In DSD we start with the intake".*

Itumeleng spoke in a similar vein by submitting the following: "We actually start by doing intake with the aim of screening them".

Hlomphe described the first stage of the intervention process as follows*: "I start by conducting individual session with the aim of getting the user's story. During the individual session, I assess the user's motive and reasons that led him/her to indulge in substances. The common reasons that client provides relate to peer pressure and family circumstances. If a user indicates that his/her motive relates to family circumstances, we*

explore the element of child abuse, rejection and whether he/she was the black sheep in the family. If his/her motive relates to peer pressure, we explore why he/she allowed friends to pressurize her/him to use substances".

Rethabile explained the process as follows: *"The intervention at individual level takes place after the user opens a file at our office. Thereafter, we conduct one or two sessions with him/her to collect collateral information, which includes the duration of dependency, type of drug, family situation and their expectations about the intervention. Following the successful intervention at individual or casework level, we progress with the individual and other users in the similar situation to group work".*

In line with above findings, Dubois and Miley (as cited in Ambrosino et al., 2012:106) advised that this step can assist the social worker in answering questions such as: Who is the client? What has the client done to alleviate their problems? How motivated is the client to work towards solutions to address these needs and problems? Sekudu (2015:84) intimated that it is during this step that the social worker has to use verbal and non-verbal cues to communicate unconditional acceptance of the client as an important human being who needs to be helped.

Sub-theme 8.2: Individual session, joint session and home visit

One of the primary methods of intervention in social work is called case work. Case work is described by Sekudu (2015:110) as a social work intervention at micro-level, where the social worker intervenes with an individual client, including his or her family, who is experiencing challenges in his or her social functioning. Case work aims to empower individuals within their families in order to identify solutions to their challenges. Van Breda (2015:1) argued that despite the formal shift in welfare approaches, case work or social case work as it is sometimes called, continues to be a predominant mode of social delivery amongst the South African social workers.

In this study, following the accomplishment of the engagement step, a number of participants explained that an individual session with the user and a joint session between the user and parent/s or family member, as well as the home visit are conducted. For

some participants, the clients' initiative to seek solutions to their problems might be an indication that there is an imbalance in the client's life and the social environment. In the view of participants, the client's family and its environment are very significant components hence they are incorporated into the second step of the intervention process as described below.

Hlomphe made the submission with regard to the next step of intervention: *"Following the afore-mentioned steps, we will explore and assess with the user, whether he/she is a candidate for an in-patient treatment or not. It is important to note that not all clients or users are candidates for an in-patient treatment. Other clients only need counselling on an outpatient basis. If we find that the client is a candidate for a rehabilitation/in-patient treatment, we conduct home a visit in order to assess his/her family circumstances and the community he is living in. It is important to know in which community the user will be reintegrated in, post rehabilitation/in-patient treatment".*

The following was submitted by Xolani: *"The next step will be calling the parent/s and invite the individual and joint session. During the joint sessions, we also assist the user and parent/s not to play a blame game such as blaming the fact that the father is unknown or not in a picture".*

Kosi explained this process in the following manner*: "Following the latter step, the user will be given an individual counselling session to prepare the client before admission to the rehabilitation centre. Thereafter, we conduct a joint session with the parent/s or family member, to prepare and educate them about the rehabilitation processes. The above step will be followed by a home visit to the client's family to assess the home circumstances".*

Uyiwe submitted the following regarding the home visit*: "We normally conduct home visit only to the service users who reported that their parents or grandparents are unable to come to the office. In such cases, I will conduct a home visit. For parents who are able to come to the office, I don't conduct a home visit".*

In relation to the above responses, Van der Westhuizen (2010:224) attested that the substance dependency services were, amongst others, based on the case work method of social work intervention. When providing an intervention, Walsh (2013:214-215) suggested that the social worker must create non-threatening conditions for everyone by being empathetic, doing icebreakers and identifying both positive and negative patterns of interaction between the user and parent/s. This scholar added that despite the problem, it was important for the social worker to compliment the family on the positive or functional aspects. In addition, a non-judgmental attitude and unconditional positive regard should be displayed by the social worker throughout the intervention process.

Sub-theme 8.3: Preparatory group session

After describing the engagement stage as the initial phase of the intervention process, some participants explained that the user was expected to attend group sessions with other youths. However, the number of sessions appeared to vary from one social worker to another. Group work is described by Qalinge (2015:131) as an intervention method whereby the social worker works with individuals in groups (two or more individuals), with the purpose of developing skills, fostering personal growth through insight as well as the enhancement of social functioning, the achievement of socially desirable goals and the accomplishment of tasks. Group work is referred to by other scholars as social group work with different objectives such as exchanging information and changing socially unacceptable behavior (Zastrow, 2017:43). In this study, the information below was shared by participants in relation to how group work was applied as an intervention method.

Zodwa submitted the following in explaining preparatory group session: *"Following the engagement stage, 3-4 preparatory group sessions will be conducted with the users by the social worker"*.

Lesego reported that 8 group sessions are required but they have been cut down to two as explained: *"After the intake, the user is invited to attend the preparatory sessions. Due to time and enormous caseload, we normally conduct two preparatory sessions instead*

of eight sessions, as required. Otherwise, if we do not cut the preparatory session into two sessions, we will end up referring low number of users at rehabilitation centre".

Sindi also explained how group sessions are held with the user: *"The following step will be inviting the service users for what we refer to as the "preparatory sessions". The preparatory sessions take place in a form of group wok. Because of time constraints, we have squashed our group work into two sessions". In the same vein,* Rethabile submitted the following*: "At this stage/level, I group all the individuals/users who have successfully completed the latter stage with the main aim of sharing their different experiences. In addition, I use the group work as a platform to educate them about the treatment process as well as addressing their expectations and providing answers regarding the process and situation at the treatment centre. In those group sessions, parents of the users, at times, are invited to join and talk about how users are being accommodated in their respective families with their dependency problem. Such sessions provide an opportunity to hear and understand experiences and stories from parents' frame of reference. Furthermore, during group sessions, post discharge plans are discussed with the users. Before admission to the treatment centre, two group sessions are conducted".*

Itumeleng shared the following with regard to group sessions*: "The next step is to provide group sessions to them. The aim of the group sessions is to empower and motivate them, since some of them are not willingly taking the initiative but are pushed by external forces, especially their parents, in order to take the step and be admitted at the treatment/rehabilitation centre. Four group sessions are conducted".*

In relation to the benefits of group work, Qalinge (2015:133) indicated that group members work together to deal with their common challenges. In addition, groups instil hope and provide members with an opportunity to understand that their situation is not bad as compared to that of to others in the similar situation. Qalinge further explained that as members communicate and interact in groups, mutual aid develops and interdependence becomes an everyday affair.

Contrary to the above-mentioned benefits that members enjoy from the groups, Hlomphe submitted the following*: "The concentration level of users is very poor during the sessions*

as they attend while under the influence. It is difficult for them to comprehend anything during the sessions. Even though we appeal with them not to use substance before coming to the sessions, they still attend while under the influence. Consequently, our intervention becomes ineffective because they are agitated and sleepy during the session".

Similarly, Zodwa submitted the following*: "However, these preparatory sessions pose some challenges as the social worker is unable to provide an effective intervention because most of the time, the users attend while under the influence of substances. As a result, some become sleepy during the sessions but wake up in between. However, I continue to educate them about the dangers of substances".*

Sub-theme 8.4: Admission to and treatment in a treatment centre

Following the successful completion of the above steps, participants undertook the necessary steps for the youth to be admitted for in-patient treatment program. According to the participants, the duration of the in-patient treatment program was six weeks. Prior to the admission of a voluntary service user, a social worker has a statutory obligation to submit a report to a centre, regarding the applicant's social circumstances. Section 32, sub-section 5 of the Act purports that an application for admission of a voluntary service user to a centre must be accompanied by a report from a social worker regarding the applicant's social circumstances, including any medical or psychiatric report that the manager of the treatment centre may consider necessary. With regard to the admission of an involuntary service user, section 33, sub-section 1 mandates that the user- except those referred to in sections 36 and 40- may not be provided with treatment, rehabilitation and skills development at a treatment centre unless a sworn statement is submitted to a public prosecutor by a social worker, community leader or person closely associated with such a person, alleging that the involuntary service user is within the area of jurisdiction of the magistrate's court to which such prosecutor is attached. The statement must also stipulate that the person is dependent on substances and is a danger to himself or herself or to the immediate environment or causes a major public health risk and in any other

manner does harm to his or her own welfare or the welfare of his or her family and others or commits a criminal act to sustain his or her dependence on substances.

Below is the participants' description of this step of intervention. Zodwa explained the step in the following manner: *"Subsequently, upon the completion of the above steps, an application to the treatment centre will be prepared and sent through by the social worker. Once the application is approved by the treatment centre, the user will be referred and admitted into the centre"*.

Sindi submitted the following: *"Thereafter, we write a report to apply for admission to the treatment centre on behalf of the user".*

Lesego reported the following*: "The psychosocial report is compiled and sent to the treatment/rehabilitation centre with other relevant documents such as (medical certificate, Identity document, affidavit from the user confirming that he is dependent on substance and subjecting himself for treatment willingly and proof of residence or release address) for the application of admission on behalf of the user*."

The following submission was made by Naku: *"Following the latter steps, an application form and report will be sent to the treatment centre and service use will be admitted".*

Chane shared the following*: "Thereafter, we prepare a psychosocial report to apply for user's admission at the rehabilitation/treatment centre. After six weeks of successful group sessions, we send an application to the rehabilitation/treatment centre for all voluntary users. The next step is to wait for the response from the treatment centre. Once the positive response is received, we accompany the user to the centre on the day/date of the admission. Thereafter, the user receives an in-patient treatment for a period of six weeks".*

Kosi made the following submission*: "I compile a psychosocial report and send an application to the rehabilitation centre. Thereafter, the user is referred to the rehabilitation centre, after a successful application".*

Hlomphe reported the following*: "Once the above steps are completed, we will write a psychosocial report in order to do an application on behalf of the user, to the treatment centre. After a successful application, the user will be admitted to the rehabilitation/treatment centre for a period of six weeks at Dr Fabian and Florence Ribeiro Treatment Centre".* Itumeleng responded in the following manner*: "Following the above-mentioned step, I compiled the application to the treatment/rehabilitation on behalf of an individual client. Thereafter, we will wait for the approval from the treatment/rehabilitation centre. Once the application has been approved, the client will be referred to a treatment/rehabilitation centre*".

Rethabile submitted the following response*: "Following the completion of individual and group session by the substance dependent, the next step of intervention will be preparing the application to the treatment centre. Thereafter, the application will be reviewed by the treatment centre and the user will be admitted".*

Xolani shared the following*: "If the person is addicted, we will compile the report and refer to the treatment/rehabilitation centre".*

Concerning the treatment centres, Masombuka (2013:113) observes that in South Africa, there is a shortage of such public-government funded treatment facilities. For example, in the Gauteng Province, there is only one government in-patient facility, namely, Dr Fabian and Florence Ribeiro Treatment Centre, of which the catchment extends to other Provinces. Masombuka goes on to explain that, due to the shortage of government owned treatment centres, there is an average waiting period of about three to six months for accessing government treatment services, adding that the situation is aggravated by that. The implication is that access to an in-patient treatment centre for ordinary members of the society is only readily available to those who can afford to pay for private treatment centres. Members from disadvantaged and marginalized communities are left in a compromising position as they are not well supported to be able to readily access such treatment centres. This applies to the majority of South Africans because they live in abject poverty; paying for rehabilitation or treatment at a centre is beyond them.

Sub-theme 8.5: Aftercare and reintegration services

According to section 30 sub-section 1 of the Act, the purpose of aftercare and reintegration services is to ensure that the user is successfully incorporated into the employment, family, community and society. Some of the participants indicated that they were supposed to provide aftercare and reintegration services but logistical challenges precluded them from doing so. In a study related to this sub-theme, Maluleke (2013:57) found that the social workers in Gauteng DSD struggled to link the aftercare and reintegration services they were providing with the relevant legislation. In this study, the following was articulated by some participants in relation to the aftercare and reintegration services as a last intervention process with the youth:

Sindi made the following submission*: "After a successful six weeks treatment programme, we call the youth in for aftercare group session, which we run once a month. In the aftercare group session, we assist them with drafting curriculum vitae so that they can start to look for employment and we also refer them to skill development centres".*

Chane said the following*: "We're supposed to provide aftercare. However, there are many challenges inhibiting the provision of these services. For instance, after a successful in-patient rehabilitation/treatment process, a recovering user will approach our office for skills development. Unfortunately, we don't have effective facilities to provide those services and consequently the recovering user gets demotivated and relapses. We have few skills development centres around Tshwane…we have one at Father Smagaliso Mkhashwa Centre but it is always full. At times, we try to facilitate aftercare group sessions but they are always unsuccessful because we have no further goals for the recovering user. Unlike before when the primary goal of intervention was to send the user to the rehabilitation/treatment centre, the secondary goal is to develop skills but we cannot achieve that".*

Naku recounted that no aftercare services are provided*: "No, we don't provide aftercare services. The reality is that out of ten service users that are sent to the treatment centre only one or two at maximum is likely to complete the programme. Of the two service users that complete the programme, only one is likely to return and report to the office. As a*

result, we automatically lose them in the system. In view of the above situation, I am not sure if it is the social workers or service users who don't understand the importance of aftercare services but the reality is that they don't return. During the preparatory sessions, they are informed that they are expected to report to the social worker a day after they have been released from the treatment centre".

Hlomphe confirmed that no aftercare services are provided: "We do not provide any service for the user post-treatment. However, it is something that I wish we had".

Rethabile described the aftercare service he offers*: "It is important to note that, post treatment, I also visit the clients' home to check how they are reintegrated with family. Furthermore, I interact with skills development centres in order to establish whether they can assist the recovering substance dependent, especially those without grade twelve. For those with grade twelve, I discuss one-on-one with them about their future plans as they might not benefit from the skills development centres because they teach basic things which are normally not appropriate for them. We have a number of skills development centres but only few are effective. For instance, there is a skills development centre at Father Smagaliso Mkhashwa Secure Centre which is not effective. I gave up a long time ago since they failed to assist a single client that I had referred and gave no apparent reason. However, there is one at Marokolong called Tshedimosetso Skills Development Centre which is quite helpful, to the extent that they are able to follow clients and offer their services in the community where it will be convenient and accessible for the client".*

The democratic government in South Africa adopted a developmental approach to welfare. In line with this approach, social work services should promote the well-being of the population as a whole in conjunction with a dynamic process of economic development (Zastrow, 2017:213). Patel, Schmid and Hochfeld (2012:213) pointed out that South Africa depends on frontline workers such as social workers to translate policy into practise. In line with developmental approach, substantial social investments in human development such as local economic development, employment creation, urban and rural development, and the provision of healthcare, housing, education, social

protection and developmental welfare services need to work synergistically to have maximum benefit for South Africa's poor, thus challenging earlier remedial strategies (Patel et al., 2012:215).

Concerning the aftercare and reintegration services, Swanepoel et al. (2016:423), maintained that in order to minimize the recovering user's boredom, it is important that aftercare programmes be provided. They also stressed the significance of investigating partnerships for the recovering user with potential employers to facilitate reintegration services and specifically job placements. Contrary to the evidence in the literature about the benefits of aftercare and reintegration services, the findings in this study revealed that some of social workers were not providing aftercare and reintegration services to the recovering users.

Theme 9: Challenges faced in providing substance dependency services

According to Patel (2015:240), amongst the challenges faced by South Africa is the absence of accurate prevalence rates about substance dependency. The scholar further argued that regular surveys were not conducted in South Africa, to assess substance misuse in the general population. In this study participants were requested to share challenges they faced in providing substance dependency services. Therefore, this theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "Can you please outline the challenges you face in providing substance dependency services"? This question was asked to uncover challenges faced by social workers in providing substance dependency services directed towards users and their significant others. Participants' responses on the question are described in the following sub-theme and categories:

Sub-theme 9.1: Internal challenges at DSD

Participants identified a number of internal challenges at DSD that they faced in providing substance dependency services across the respective 10 service points, within the CTMM. Below two categories are presented under this sub-theme, namely, the lack of resources and disintegration of services within DSD.

Category 9.1.1: Lack of resources

Services of social workers have become more and more significant in South Africa following the changes in the socio-political landscape after the new dispensation in the form of a democratically elected government in 1994. The shift from a residual welfare to a developmental approach means that social workers need more resources to deal with the needs of a broader society, especially the Black African majority who were previously excluded from the welfare system. Patel (2015:245) asserted that despite the transformation of welfare services in South Africa, service expansion to underserved areas remained a challenge. According to the Democratic Alliance, as of 2013, South Africa needed 68 498 social workers, but there were only 16 164 registered with the SACSSP (Qalinge, 2015:4). According to this scholar, the implication is that there is a 77% shortfall of social workers in South Africa, meaning that the implementation of social welfare services could be highly negatively affected.

Participants in this study raised a concern about the lack of resources at DSD, which they viewed as a serious barrier in their efforts of providing quality and professional substance dependency services. The participants described the situation about the lack of resources at DSD as dire. Some of them raised a concern that they were reporting and stationed in the CBD but allocated to provide service in the townships, where the majority of service points and clients are based. This implies that on a daily basis, social workers need to travel more than 30 kilometres in order to reach out to clients. Zastrow (2017:55) attested to the fact that often social workers found themselves in situation where they needed to drive in order to see a client. Regrettably, participants in this study reported that the limited number of vehicles at DSD prevented them from effectively carrying out their duties.

Social workers need a comfortable office space that allows them to provide clients with a conducive environment to freely articulate their pains disappointments, secrets and so forth. Furthermore, social workers require office space to execute their administrative duties without any distraction from either colleague or clients. In this regard, Jones (2018:38) stressed that social worker's office is a special space as it witnesses stories of

joy, pain, dreams, lost hopes, secret desires, triumphs, inspiration, and deep emotional reactions through the psychotherapeutic process. Over and over, participants in this present study expressed their frustrations in relation to the lack of resources, especially cars and office space. As a result of a lack of office space in some service points of DSD, within the CTMM, during the data collection with the social workers, often the researcher had to constantly deal with the distraction from the noise caused by incoming telephones and other social workers who shared same office space with the interviewee. The following storylines were extracted from the transcripts on how internal challenges in relation to lack of resources at DSD had a negative impact on participants' efforts to effectively carry out their duties:

Zodwa described the situation as follows*: "There is a serious challenge about the transport amongst social workers. There is only one car in our office which we shared amongst five social workers responsible for different programmes and areas. As a result, it is difficult to reach communities and families affected by substances and other stakeholders, thereby undermining our efforts of combating the scourge of drug abuse".*

Naku described the challenge as follows*: "The main challenge is that all my clients are based in Eesterus and I am stationed in Pretoria CBD. It is not possible for me to report to Eesterus because of my post allocation. Since the post that I am occupying is based in Pretoria and I report at the same station, it is the responsibility of the Department to ensure that I reach out to clients at Eesterus. Unfortunately, it is not working well because it is difficult, if not impossible, to render services to clients while you are away from them. I spent most of my time here in Pretoria because there is no car that I can use to go to Eesterus on daily basis. When clients reach out at Eesterus, they are unable to access me because I am not always available. Sometimes I set an appointment with the client to come to the office at Eesterus only to find that when I arrive here in Pretoria, there is no car that I can use. As a result, the appointment with the client fails and constantly I have to cancel. When an appointment is rescheduled for another day, come the day, the car is still not available. Automatically, clients lose interest and continue to smoke since the Department is not helping them. The Department is aware of the challenges but they are ignoring them".*

Xolani made the following submission in relation to the lack of resources*: "There are lot of challenges. Intervention for substance abuse needs an armed soldier with all the resources to enter into a war. For instance, we are stationed in the Pretoria CBD but servicing areas in the townships, therefore, the majority of our clients come from the township. For example, since you arrived for this interview in our office, you have not seen any client approaching our office for help. Therefore, clients are not reaching out in our CBD office but we need to go to them. We need resources such as cars to be able reach out to them. Imagine that there is a client crisis in the township that we are servicing but we are unable to respond immediately due to lack of resources. Most of the time I use my car to go and provide service to the clients. I am going extra mile in order to provide substance dependency service because I am passionate about my work. Back in the year 2008, two social workers were allocated one car. Currently, forty social workers are sharing one car. Only the social workers directly providing services to the court are given priority to use cars. Those of us who are providing substance abuse services, we are not given priority in terms of using DSD cars to reach out to our clients hence, we need to go the extra mile by using our own cars, without reimbursement. If it happens that your car is involved in an accident while voluntarily providing service, the employer will not be liable".*

Rethabile shared the following: *"Part of the challenge is that for us to provide an effective service to substance dependents, we need to regularly interact with them (clients) in their environment and comfort zone. However, with us it is not always possible because of limited vehicles at DSD". Itumeleng submitted the following: "We have serious challenge regarding the resources. We don't have enough cars to assist us to execute our work effectively. Consequently, we are unable to conduct home visits on a regular basis to assess the family and home circumstances of the substance abuser. In other cases, the undesirable and non-conducive home environment, such as a dysfunctional family, is a precipitating factor towards the client's substance abuse problem. For example, today I was supposed to conduct a home visit but failed because of the unavailability of a car".*

Hlomphe made the following submission*: "There is a lack of office space to allow us to effectively provide individual and group sessions. Our working environment is not conducive. We are unable to give our clients the activities due to poor working conditions".*

In the study on challenges faced by social welfare officers in Zambia regarding the rehabilitation of incarcerated child offenders, Muyobela and Strydom (2017:552-553) identified the lack of organizational resources and transport as being amongst the main challenges that impacted negatively on the execution of tasks by the social welfare practitioners. Similarly, Dhludhlu and Lombard (2017:177) found that the lack of resources at DSD was reality as four social workers were compelled to drive in one vehicle and simultaneously conduct their respective home visits. Consequently, they had little time to interview the families. Furthermore, they reported that in 2010, eight social workers from DSD were sharing one computer and they were expected to type ten reports per month. The two scholars recommended that each social worker be provided with an office, furniture, telephone line and a car to render effective services.

Category 9.1.2: Disintegration of services within DSD

DSD strives to ensure that the provision of services is comprehensive, integrated, sustainable and of high-quality. For the fulfilment of this mission, alignment, integration and close collaboration are needed between the different core programmes both at national level as well as between national and provincial departments (Framework of Social Welfare Services, 2013: 28). Contrary to this expectation, some of the participants attested to the fact that there was disintegration in the intervention process of providing substance dependency services to youth. Furthermore, participants raised concern about the fragmented substance dependency services within different sections at DSD. In this regard, Van der Westhuizen (2010:187-188) confirmed that the lack of contact between the community-based social workers and the treatment centres had been identified as the cause for the unsuccessful provision of aftercare services. Subsequent to the lack of communication between the referring and treatment social worker, the user gets lost in the system.

Itumeleng explained the disintegration in the following manner: "*There is no communication at all between myself and the treatment social worker. The communication only takes place when client is discharging himself/herself, that's the only time they will call to inform me. Other than that, there is no form of communication between us, during the course of the treatment/rehabilitation. Due to high caseload, I don't call to check about the progress of my client, while at treatment or rehabilitation centre. In turn, they also don't call to update us about the progress of the client. They normally give us the discharge date of clients, prior the admission, but they will not call to remind us that the client will be discharged even if it's a day before he/she comes home. Even us we don't call or communicate with the treatment social worker".*

Naku explained the disintegration of services between the referral and treatment social workers at DSD in this manner: *"Social workers don't have time to check whether each service user that we referred has indeed completed the programme and been released from the treatment centre. I rely on them to report to me upon their release. It is noteworthy that the communication between myself and treatment social worker is very rare. It is only when the service user has discharged himself/herself form the centre, that the treatment social worker will communicate with me telephonically to inform me that he/she has discharge himself/herself prematurely from the centre".*

Chane explained this problem in the following manner: *"Currently, everyone is working haphazardly, when providing substance dependency services to youth. Again, there is an element of disintegration of services within DSD, when dealing with substances. For instance, the statutory sections in the DSD focus only on children (0-18 years users) and facilitate the "ke moja" program at school, while the probation section only deals with the youth. We have two different sections within DSD that deal with substance dependency. I am not sure why we need the two sections. Furthermore, all substance dependent children are referred to the rehabilitation/treatment centre through children court. In other words, no voluntary application is allowed for users under the age of 18. We are expected to obtain court order for minor before they can be admitted at the rehabilitation/treatment centre. All cases of users under of 18 are administered in terms of Children's Act, hence*

the statutory process. All cases of adults are administered in terms on Prevention of and Treatment for Substance Abuse Act, 2008".

In a related study, Dhludhlu (2015:69) found that there was neither integration of services within different sections of DSD nor interdepartmental collaboration between DSD and other government departments. As a solution to improve substance dependency services, Maluleke (2013:73) recommended that all stakeholders, such as the different government departments, community-based organizations (CBOs) and NGOs should collaborate and provide services in an integrated manner. In another study, Dhludhlu and Lombard (2017:176) concluded that there should be some interlink within the different sections of DSD. Furthermore, owing to the complexity and interrelatedness of social phenomena, it was important for DSD to integrate and collaborate with other government departments in order to assist clients holistically (Dhludhlu & Lombard, 2017:176). Mahlangu and Geyer (2018:341) gave the example of an integrated approach by suggesting that the Department of Sports and Recreation should create recreational activities that could keep youths occupied during the day. In addition, the same scholars suggested that the Department of Public Works should create employment opportunities and make them accessible to substance users following treatment. In addition, the SAPS should work on reducing the quantity of substances available and suppliers of substance must be arrested and prosecuted.

Sub-theme 9.2: Challenges related to the substance dependent youth

In addition to internal challenges within DSD, participants alluded to the challenges related to the user. Below is a discussion of the participants' description of challenges related to the substance dependent youth. Under this sub-theme, two categories are presented, namely, impatience as well as lack of honesty and commitment.

Category 9.2.1: Impatience

In a study about the experiences of substance users in the three Provinces of South Africa, Mokwena and Huma (2014:359) found that the substance took over the lives of users as it ruled them in that when they became dependent users, getting the next fix

was the only priority. Similarly, Bhat and Imtiaz (2017:1) attested to the fact that for a substance dependent person, persistent use of substances was the primary focus in life and once the substance stopped working, the person would have cravings, meaning an intense and strong desire for the drugs. Participants in this study raised concern that substance dependent youth were impatient and reluctant to comply with the rules of the organization as they expected to receive an in-patient treatment immediately upon request. For some participants, this was an indication that the user was impatient and reluctant to conform to the procedures and rules of the organization. The following storylines were submitted in relation to how participants described challenges related to the impatience of substance dependent youth:

Lesego shared the following*: "Our service users are impatient; they want a here and now. For instance, the service user is expecting that when he/she approaches the social worker for the first time, he/she must be sent for treatment/rehabilitation immediately. They are not tolerant to the current process and procedures of accessing public treatment/rehabilitation centre".*

Uyiwe submitted the following*: "In other instances, the service users complete their pre-treatment counselling sessions and expect to immediately be referred to treatment centre for admission but only to find that I am not capable do so due to high case load".*

Masombuka (2013:113) found that it was difficult for users in need of immediate treatment service to get assistance because some of the referring social workers at the government often had backlog of substance abuse cases. Furthermore, the above study revealed that the average waiting period for accessing government or public in-patient treatment centre was about three to six months. In the study conducted by Van Wyk (2011:80-81), it was found that in South Africa, there are 65 identified treatment centres on the National Registry list of substance abuse facilities supplied by the DSD. Out of 65 nation-wide treatment centres, 63 are privately owned and only 2, namely, Dr Fabian and Florence Ribeiro Treatment Centre, which is based in Gauteng Province in Cullinan, and Swartfontein Treatment Centre based in Mpumalanga Province at White River are government owned and operated. Out of 63 privately owned treatment facilities 35

receive funding from the DSD, and 28 are fully privately funded. Of the 65 listed facilities, 31 (47.7%) are within Gauteng and the rest are spread out in other Provinces. The implication is that the 63 privately-owned treatment centres are out of reach of an ordinary man on the street, due to the cost involved. Privately owned treatment centres, though readily available, tend to be very expensive for disadvantage communities.

In response to unsuccessful attempts to immediately access to public in-patient treatment, substance dependent youth tend to resort to illegal treatment centres. These illegal centres often operate without professional staff and subsequently lead to user's death. Recently, the Human Rights Commission in South Africa rescued alleged drug addicts from a church compound at Moletji village, outside Polokwane in Limpopo. More than fifty suspected drug addicts who were chained and forced to do hard labour as a form of rehabilitation were rescued from a certain church (SAFM, 2020). In a related incident, the Gauteng DSD shut down the Magaliesburg drug rehabilitation health centre that was operating illegally after its registration expired. The reaction of the Gauteng DSD was motivated by the death of a 40-year-old man who was assaulted in the centre and later died in hospital (African News Agency, 2018). The above incidents give the sense of magnitude of the problem in relation to access and shortage of public treatment centres on the home front.

Category 9.2.2: Lack of honesty and commitment

Nhedzi and Makofane (2015:364) found that often social workers were given false and or inadequate information by clients. The scholars argued that to avoid this, it was advisable for social workers not to rely exclusively on what was provided during intake but request more information from clients (Nhedzi & Makofane, 2015:364). The participants in this study raised concern about the lack of honesty and commitment of the substance dependent youth. They lamented that their efforts of fighting with the scourge of substance dependency were being compromised by the substance dependent youths' lack of honesty and commitment into the process. According to participants, the fact that the user missed appointments without valid reasons, attended sessions while under influence of substances, prematurely terminated the treatment program and amongst

others, provided false information to the social worker who is an important role player, indicated a lack of commitment by the substance dependent youth. The following was extracted from the transcripts in relation to the participants' description of challenges regarding a lack of honesty and commitment by the substance dependent youth:

Sindi submitted the following*: "There are many challenges. However, the main challenges are that most of our service users are dishonest and lack commitment. For instance, regularly, I have to make follow up with the service users to check if they are still interested or not. I have many open files because some of the users only attend once and are not motivated to undergo preparatory sessions before being referred to the treatment centre. Furthermore, those who managed to be referred to a treatment centre tend to prematurely discharge (self-discharge) themselves from the programme after two days of admission"*

Hlomphe expressed the following*: "Some of our clients are dishonest with us, despite probing and assessing them thoroughly. Only when you start involving the family or parents do you learn that the user had been deceptive".*

The following was reported by Rethabile in support of the above-mentioned*: "The substance dependents are also making our work difficult as they are not cooperative. For instance, only few will attend the group sessions especially before they are admitted. During post treatment, the attendance of aftercare group sessions is poor. Furthermore, they fail to honour the appointments. If they honour appointments, they totally fail to honour time for appointments. They are always very late. For instance, if you have an 11:00 appointment with them, if they make it, they will come at 12:00 or 13:00.*

Itumeleng made the following submission*: "Our clients are not motivated. They are easily influenced by the environment. If you try to do your job by sending them to the treatment/rehabilitation centre, they don't even complete the program. The majority of them are not motivated to stop and do not see that their lives are in danger as a result of substance abuse".*

Kosi shared the following*: "As social workers we do everything in our capability to ensure that the user's application is successful, only to find that on the day of admission, the user is nowhere to be found. Consequently, the whole process becomes a futile exercise. For instance, yesterday I waited for the user to transport him for admission to the treatment centre but he did not pitch and was nowhere to be found. As a result, I had to redo the arrangements".*

Zodwa reported the following: *"However, these preparatory sessions pose some challenges as a social worker is unable to provide an effective intervention because most of the time, the users are attending while under the influence of substance. As a result, some become sleepy during the sessions but wake up in between, however I continue to educate them about the dangerous of substance".*

Lesego echoed the following sentiments: *"In other instances, a treatment/rehabilitation centre expels some service users before they could complete their program, due to the possession of illegal substances in the centre and inability of the user to comply with the rules of the centre".*

According to Section 1 of the Act, treatment centre means a private or public treatment centre registered or established for the treatment and rehabilitation of service users who abuse or are dependent on substances. Mokwena and Huma (2014:360) found that users who went for treatment acknowledged that it was fruitless because all of them resumed using substances a few days after discharge from treatment centres, even on the same day. According to the participants, they worked tirelessly to ensure that users were admitted to the treatment centre with a hope that they would commit and complete the program and subsequently live a substance free life. However, this was not always the case because many users that were sent to a treatment centre were either expelled from the centre a day or two after admission or prematurely terminated the program. Participants expressed disappointment because this happened after they had put enormous effort into sending the user for in-patient treatment. For many social workers in-patient treatment is a vital intervention and ideal in assisting users who are dependent and unable or abstain while in their normal environment.

For participants, it was disheartening to see the low number of users who successfully completed the prescribed six week in-patient treatment program compared to the high number of users who were being expelled and prematurely terminating the program within a day or two after admission. The implication is that the high number of users who were either expelled from the centre or had prematurely terminated the program were likely to relapse when they returned to their communities. Subsequently, this left the system, family and community to deal with a high number of substance dependents who had missed the opportunity for treatment as well as an increasing number of users who were becoming dependent on daily basis.

Sub-theme 9.3: Challenges related to the parents of substance dependent youth

In addition to the challenges raised under sub-theme 1 and 2, participants also alluded to challenges related to the parents of substance dependent youth. The discussion below is based on the participants' description of challenges related to the parents of substance dependent youth. Under this sub-theme, the following category is presented:

Category 9.3.1: Parents' availability and cooperation

Contrary to the reports by parents in Chapter four, under sections 4.3.3.2, 4.3.3.3 and 4.3.7.2, social workers were concerned about the availability and cooperation of parents. According to the participants, parents were a barrier to the provision of services to their substance dependent youth as they were reluctant to avail themselves and cooperate with the social workers. In a related study, Maluleke (2013:61-62) confirmed the above sentiments by asserting that the lack of participation by parents and family as a whole in issues of aftercare and reintegration services was apparent. Similarly, Mahlangu and Geyer (2018:331) found that one of the main causes associated with user's relapse was a lack of parent and family support. As a result of the youth substance dependency, many parents were said to have detached themselves from the relationship with the user, hence they were reluctant to avail themselves for the recovery process. Participants believed that the collapsed parent-child relationship and parents' work commitments were amongst the main causes of parents' unavailability and lack of cooperation in being

involved in the substance dependency services to their youth. The following was reported by participants in relation to challenges of parents' unavailability and lack of cooperation:

Zodwa reported the following: *"Some parents are not readily available due to work commitments and others are not making themselves available to support the user in the efforts to quit substance because the parent-child relationship might have collapsed as a result of the user's involvement on substances".*

Lesego submitted the following*: "Another challenge is in relation to the parents of service users. Most parents are uncooperative and there is not much of a relationship between them and their substance dependent youths".*

Sindi had this to say: "*Parents whose children have successfully completed a treatment programme are reluctant to interact with us unless the child relapses".*

Xolani also expressed the following sentiment*: "A lot of our African parents have lost hope in the user's ability to quit substance. It is as if they have written them off".*

Naku expressed the problem in the following manner: *The only challenge lies with parents who are employed, they have no time for sessions due to their working commitments.*

Chane reported the following: "Other parents refuse to attend because they are angry with the users".

Regarding this problem, Mathibela and Skhosana (2019:104) pointed out that the behavior of the user led to a deterioration of relationships with family members. They recommended that frequent counselling services be available for parents and social workers should try anything in their power to encourage co-operation and compassion between parents and the user. In another study, Choate (2015:472) revealed that even though parents sought services, they rarely met with professionals who were prepared to directly assist them.

Theme 10: Stage of utilizing parents of substance dependent youth in the intervention process

After identifying the above-mentioned challenges they faced in the intervention process, participants were requested to give accounts of the level or stage when they utilized parents in the intervention process. The results showed that there was no consistency about the stage when participants utilized parents in the intervention process. Individual discretion dictated this process. Therefore, this theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "At what level or stage do you utilize parents of substance dependent youth during your intervention"? This question was asked to verify the stage at which parents were utilized by social workers in the intervention process of their substance dependent youth. Participants' responses on the question are described under the following sub-themes:

Sub-theme 10.1: Prefer to utilize parents from the beginning

A number of participants stated that they preferred to utilize parents from the beginning of the intervention. Zodwa said: *"We like their parents to be involved from the beginning of the intervention process of assisting the user. However, at times it is not easy because the parent-child relationship might have collapsed to the degree that parents have completely withdrawn their support to the user. In such cases, home visits are conducted with the intention of repairing and restoring the relationship so that parents can be involved in the recovery process of the user. Such cases are common especially when the user approaches the social work office alone for the first time. For the users who approached the social work office for the first time in the company of their parent/s, we include the parent/s from the beginning of the intervention process".*

Naku supported including parents from the start but admitted there were sometimes difficulties: *"From the initial stage, parents are desperate to get assistance for their substance dependent youth; therefore, they will do anything that we ask them to do hence they are co-operative and available, especially those who are unemployed. The only*

challenge lies with parents who are employed. They have no time for sessions due to their working commitments".

Sindi said she only utilized parents in the beginning, for example, when the youth is a minor: "I do not utilize them in the beginning unless the parent comes in with the user in the initial stage of consultation, for example, in case where the user is a minor. Usually minors are brought in by parents and referred by school".

Uyiwe made the following submission: *"Every client situation is different. Some parents accompany their service users at the initial session. In such cases, we take the opportunity to utilize the parent/s right there because we understand that due to work commitments, it might be difficult to get them at the later stage". Itumeleng said: "From the day one when the clients approach our office".*

Cournoyer (2017:281) pointed out that it was typical of prospective and actual clients to expect the social worker to assume the leadership position in the initial meeting adding that if the social worker failed to break the ice and give guidance in the beginning stage of intervention, clients were likely to feel quite discouraged and uncertain about a process. It is therefore, important for the social worker to create non-threatening conditions for everyone as this will go a long way in creating future intervention opportunities.

Sub-theme 10.2: After the first session with youth

In the absence of guidelines in relation to the stage when parents could be utilized in the intervention process, some participants indicated that they chose to utilize parents after they had had a session with the substance dependent youth. Kosi explained this as follows*: "…I utilize them after the individual session with the user. It is important to note that some of the users do not always feel comfortable to disclose some of the information in the presence of their parents or family. For instance, in one case, you will find that the family friend was always supplying the user with substances. Daily, this family friend will, in disguise, by visiting the user's brother but at the same time selling substances to the user. Consequently, some of the users feel uncomfortable to disclose such information in the presence of their parents and family members".*

Hlomphe shared the following*: "Immediately after the first individual session with the user, I will utilize the parents. In other exceptional cases, we do several individual sessions thereafter utilize parents".*

Xolani made the following submission*: "I utilize them after assessing the user. I invite the parent/s to the individual and joint session'.*

Some participants preferred to establish a trusting relationship with the user before involving the parents. They were convinced that this was necessary in creating a safe space for the user to fully express himself/herself without fear or judgement from the significant other. After creating a safe space and developing trust, participants opted to involve parents following consensus with the user. Congruent with these findings are those of Cournoyer (2017:301), who reported that as the initial phase ended it was normal for social workers to start engaging clients and their significant others.

Sub-theme 10.3: At the later stage

According to Dryden and Reeves (2014:477), in addition to individual therapy, therapist may include family therapy with the possibility of mitigating challenges brought to counselling, especially when it is clear they are intertwined with the actions or interactions with others. Other participants mentioned that they preferred to utilize parents at the later stage when the user was about to be referred to a treatment centre. According to the participants, the purpose was to attempt to mend the parent-child relationship between the user and the parents before he/she embarked on a new journey of recovery.

The following verbatim responses were submitted by the participants in relation to the stage when parents can be utilized in the intervention process: Chane shared the following*: "We involve/utilize parents of substance dependent youth during the last two group sessions. We invite them to join the last two group sessions and complete the forms for undertaking of the provision of accommodation on behalf of user, post rehabilitation/treatment".*

Itumeleng had this to say*: "We normally invite parents especially those who are unemployed for group sessions. On the third group session, I normally conduct a joint*

group session of substance abusers and their parents. The aim of the session is to make users to understand how they make their parents feel as a result of their dependency. My view is that when parents talk to the users at home, they (users) don't pay much attention, therefore, the group provides a neutral platform for mutual understanding. Through the joint group sessions, users are able to show remorse towards their parents".

Shulman (2016:319) advised that when the social workers dealt with more than one client at the time, for instance, client and parents or family, it was important to consider rules of family interaction, communication process and stages of development of family. Similarly, Cournoyer (2017:27) argued that parents as a critical part of family are unique and some may display a high level of acceptance, support, care and cooperation. Other parents may be firm and fixed. Regardless of the type of parents, it is important for the social worker to display unconditional positive regard, respect and a non-judgemental attitude.

Sub-theme 10.4: During aftercare and reintegration stage

Section 30 sub-section 1 of the Act mandates that the Minister of Social Development must, in consultation with the ministers and organs of state, prescribe integrated aftercare and reintegration services aimed at the successful reintegration of a service user into society, the workforce and family and community life. Furthermore, in terms of Section 30 sub-section 2 of the Act, the aftercare and reintegration services must: include elements that allow service users to interact with other service users, their families and communities; allow service users to share long term sobriety experiences; promote group cohesion among service users; enable service users to abstain from substance abuse; be based on structured programmes; focus on successful reintegration of a service user into society and family and community life; and prevent the recurrence of problems in the family environment of the service user that may contribute to substance abuse.

Some participants mentioned that they preferred to utilize parents during the aftercare and reintegration stage. In justifying parents' utilization during this stage, the following was submitted by participants: Itumeleng explained how she utilized parents when the youth had been admitted to the treatment centre, although she said it was a once-off session*: "Once the users are admitted at the treatment/rehabilitation centre, I invite*

parents of those users for parental sessions where the parents are encouraged and prepared to not view the users in the same manner as they had done before the treatment/rehabilitation programme. Some users relapsed because at home they were constantly being reminded that they (users) had not changed their substance abusing behavior. I encourage them to not look at the users the same way as they did prior to their admission at the treatment/rehabilitation centre. Because of time, the parental group session is once off. Furthermore, it is important to note that when we dig deep into the users' lives, one can conclude that they are spoiled bread because their parents had failed to discipline or raise them in a correct manner. Consequently, we equip these parents with parental skills so that they can be able to parent in a different way".

Rethabile shared the following*: "I always make it compulsory to invite them during aftercare/reintegration group sessions. During the integration stage, I always make sure that not only parents are included but the family as well, including the siblings and girlfriend, if she is there".*

According to the Framework of Social Welfare Services (2013:28), the above-mentioned social work intervention is called Reunification and Aftercare. Reunification and aftercare services aim to enable clients to regain self-reliance and optimal social functioning in the least restrictive environment possible. They facilitate reintegration into family and community life after separation (Framework of Social Welfare Services, 2013:28).

Theme 11: Significance of utilizing parents as a resource for the substance dependency services to their youth

Participants in this study were requested to submit their views on the significance of utilizing parents as a resource for the substance dependency services to their youth. Therefore, this theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "In your own view, what is the significance of utilizing parents as a resource for the substance dependency services to their youth"? This question was asked in order to get the participants' accounts of the significance of utilizing parents as a resource for the substance dependency services to their youth. Participants' responses on the question are described in two sub-

themes that follow, namely, parents are the main source of support and parents provide reliable and useful information.

Sub-theme 11.1: Parents are the main source of support

Interestingly, participants were of view that parents were the main source of support hence they should be utilized as a resource for the substance dependency services to their youth. According to participants, it would be a fruitless exercise to assist the user without involving parents. Undoubtedly, participants viewed parents' support as a backbone to the recovery process of the user. Parents' voice of support for the recovery process of user was viewed in many ways by participants as integral. In a related study, Piat, Sabetti, Fleury, Boyer and Lesage (2011:11) found that families, especially parents, had confidence in their loved ones, even in the worse situation or crisis. In this regard, Maluleke (2013:79) confirmed that family support was critical in order for the user to maintain sobriety. The following views were echoed by participants on the significance of utilizing parents as a resource and main source of support to their substance dependent youth:

Chane shared the following: *"The service users belong to their parents and families. Therefore, parents are the main source of support for the users. If parents are not involved in the substance dependency service to their youth, the whole process becomes a futile exercise. Many users who are rejected by their families, end up in the street and try to start "new families" while there. Consequently, it becomes difficult to assist that kind of user hence relapse becomes unavoidable"*. In support of the above sentiments,

Lesego echoed the following: "*Parents are the main support system and resource for the service user, therefore, it is important for them to be utilized throughout the process. If parents are absent or not utilized in the process, it becomes extremely difficult. Parents are therefore very important".*

In substantiating the above sentiments, Naku made the following submission: "*I think it is important to utilize parents because they are the main support system to their*

youths/service users. It is therefore, important for them to understand substance abuse and they must take part in the journey towards the recovery of their youths/service users".

The following was also submitted by Itumeleng: *"Parents play a pivotal role as a main support system for the user. Therefore, upon the return of the user, they play a significant role of supporting him/her in his/her journey of recovery. For the recovery of the user, it is important that parents and family not to discriminate and judge but provide continuous support hence we utilize them for the substance dependency services to their youth".*

Rethabile shared the following views: *"Parents are the main support system in the recovery process of the user especially when we, as social workers, are not there. In addition, parents' involvement helps in maintaining a positive attitude of the user. Positive family attitudes and support leads to effective recovery process as opposed to the opposite".*

Zodwa in agreement with others: *"Parents play a significant role in the life of the youth. When parents are involved and utilized for the substance dependency service to their youth, it encourages and reassures the users that they are doing the right thing by taking a positive step to live a substance dependent free life. Parents are the source for support for the user therefore, if they are utilized as a resource, it means that the user's motivation is likely to increase*".

Xolani explained this in the following manner: *"Family support is a key for all of us, including the user's recovery. Referring the user to the treatment/rehabilitation centre is a temporary measure and setting; ultimately, the user will return home, permanently, after treatment/rehabilitation. Parents sit with the responsibility to look after the user throughout, meaning, before and after the treatment/rehabilitation process. The absence of parents' support makes the user's recovery process a futile exercise. It is the key and critical aspect towards the user's recovery*".

Hlomphe added the following submission*: "Parents are the main support system for the user and we need them to monitor the recovery progress of the user. Parents' utilization is important in a sense that a user cannot be treated effectively if parents are not involved.*

There are cases were the user's dependency has led to the collapsed parent-child relationship. It is extremely difficult to work with such cases because the user feels very isolated when the parents are not part of the recovery process. Consequently, the user will eventually relapse without parents' involvement".

Finally, Sindi shared the following: *"Parents are a main support system for the user, their utilization or involvement as a resource for the substance dependency services to their youth will therefore be able to help and provide reassurance to the user in their efforts to change"*.

Drawing from the responses above, it is clear that participants hold the view that parents are the primary support system for the user. Undoubtedly, their utilization as a resource for the substance dependency services to their youth will have a huge positive impact on the user's recovery process. In a related study that was undertaken with social workers at Gauteng DSD, Maluleke (2013:61) found that, amongst others, family support was the life blood and backbone of successful aftercare and reintegration services in substance abuse.

Sub-theme 11.2: Parents provide reliable and useful information

Some of the participants linked the significance of utilizing parents in the substance dependency service to their youth to the fact that parents can provide reliable and useful information about the substance dependent youth. Unlike the user, parents were viewed by participants as reliable sources of information. Accordingly, participants believed that parents had credibility which would assist in assessing the extent of the user's problem, which in turn would help in providing proper intervention. The following views were submitted by participants on the significance of utilizing parents as a resource for reliable and useful information:

In this regard, Uyiwe said*: "It is crucial to utilize parents. Unlike service users who sometimes provide incorrect information, parents are able to provide reliable information. In turn, it helps me to provide a proper intervention. The reason why they are not providing*

us with reliable information is because they are trying to prevent us from interacting with their parents due to strained relationship".

In support of the above sentiments, Kosi submitted the following*: "Parents are highly affected by the user's behavior and they have lost many valuable things, following the dependency problem of the user. Therefore, it is important to utilize them so that they can provide valuable information about the extent of the user's problem".*

Drawing from the responses above, it was established that participants had confidence in parents as an excellent source of information about the extent of user's problem. Parents were perceived by participants as a highly accurate and reliable source of information. Contrary to the above findings, parents in the preceding Chapter 4, under 4.3.3.2 and 4.3.3.3 raised concern about a lack of communication and being left out by social workers, during the provision of substance dependency services to the user.

Theme 12: Resources to empower parents of substance dependent youth

After describing and explaining their views on the significance of utilizing parents in services, the participants were asked to describe the resources that were available to empower parents of substance dependent youth. This theme emanated from the narrative analysis of the information provided by participants in response to the researcher's open-ended question: "What resources are available to you to empower parents of substance dependent youth"? Four sub-themes emerged from the participants descriptions, namely, lack of resources, use professional skills and knowledge, provision of parental workshops and support groups and Involvement of parents in awareness campaigns.

Sub-theme 12.1: Lack of resources

According to Maluleke (2013:63), a lack of resources at Gauteng DSD seriously limited social workers' ability to effectively execute their supportive role to their clients. In this study, various participants reported that despite their view that parents support was critical for the successful substance dependency services to their youth, there were no resources available to empower the parents of substance dependent youths. Participants

lamented the lack of facilities and space to accommodate parents of substance dependent youth. The finding resonates with the study conducted at Gauteng DSD, Tshwane region by Dhludhlu (2015:83) who found that social workers faced a huge challenge of insufficient resources while attempting to provide quality service. Below are the participants' descriptions of unavailable resources to empower parents of substance dependent youth:

Sindi shared the following*: "Currently, there are no resources available to empower parents of substance dependent youth. One of the main reasons is that we don't have facilities and space to accommodate parents of substance dependent youth".*

Hlomphe also reported the following*: "I am not aware of any resource that is available to empower parents of substance dependent youth".*

Furthermore, Rethabile submitted the following*: "Except for the information that I can gather myself from the internet and group sessions, there are no resources available to me to empower parents of substance dependent youth".*

Manthorpe et al. (20I5:53) contended that interventions tended to be single-sided by focusing on the user with little recognition of the difficulties faced by family members who may be supporting them. Choate (2015:472) observed that parents needed resources to deal with the uncontrollable behavior of substance dependent youth. Furthermore, Mahlangu and Geyer (2018:341) elucidated this phenomenon by recommending that family members needed to be empowered through life skills education in preparation for them to be part of the recovery process of the substance user. In a related study, Mathibela and Skhosana (2019:92) found that the parents struggled to understand what was happening to the substance-abusing adolescent, therefore, needed resources to empower them.

Sub-theme 12.2: Use professional skills and knowledge

Competence in social work practise refers to the social worker's ability to complete task or fulfil a responsibility, professionally and effectively (Cournoyer, 2017:214). Kirst-Ashman (2017:42) referred to competence as having the required skills and abilities to

work effectively with clients. Gentle-Genitty, Chen, Karikari and Barnett (2014:36) emphasized that in order to effectively respond to clients' needs and demands, professional social workers had to be equipped with a wide range of knowledge. Shulman, (2016:33) added that regardless of the setting in which they practised, the professional role would travel with the social worker anywhere and would, in part, define social worker's interventions at any given moment. In this regard, social workers' skills and knowledge assist them to create conducive conditions and provide effective intervention for the client. Given the richness and diverse nature of the profession, social workers are resourceful and competent to intervene in the client situation.

Given that some participants mentioned the unavailability of resources to empower parents of substance dependent youth, the use of professional skills and knowledge was therefore referred to as the available resource. In emphasising the point, Chane made the following submission*: "We only have our professional skills and knowledge to assist us*". In highlighting social work competencies, Zastrow (2017:88) pointed out that social workers are competent in demonstrating ethical and professional behavior. This entails that social workers are skillful and knowledgeable in drawing the distinction between personal and professional behavior. Furthermore, the same scholar argued that social workers are competent in intervening with individuals, families, groups, organizations and communities. This entails that social workers are able to choose and implement interventions to achieve practise goals (Zastrow, 2017:90).

The following social workers' skills that have been organised into two groups are critical in intervening with clients (Shulman, 2016:38).

Social workers' skills for helping clients manage their feeling

- Reaching inside of silences
- Verbalising client's feelings
- Show understanding of the client's feelings
- Expressing the worker's feelings

- Social worker's skills for helping clients manage their problems
    - Supporting clients in dilemma and unacceptable situations
    - Explaining the purpose and role of the social worker during intervention
    - Reaching for client's feedback
    - Partializing client's concerns

Sub-theme 12.3: Involve parents in awareness campaigns

As a resource to empower parents of substance dependent youth, participants also referred to how they involved parents in awareness campaigns. Mathibela (2017:8) contended that awareness campaigns were important as they assisted parents to monitor their progeny against the negative impact of substance dependency. According to Setlalentoa at al. (2015:92) the involvement of parents in helping youth to keep away from substance abuse should not be underestimated. These scholars argued that programmes that emphasized effective parenting skills, implication of legislation to protect children and moral regeneration go a long way towards assisting substance dependent youth in changing their unacceptable behaviours. Similarly, Nhedzi and Makofane (2015:372) called for social workers to conduct continuous awareness campaigns to encourage parents and educate them about their roles and functions. These campaigns should include a marketing strategy to publicize their services through road shows and flyers written in indigenous languages, for instance isiZulu and Tswana.

Below are the accounts of participants' descriptions of involving parents in awareness campaigns, as an available resource to empower parents of substance dependent youth. Naku submitted the following*: "We involve parents during our awareness campaigns and the response is good, especially from those with youths who are still dependent on substances"*. In support of the above view, Itumeleng shared the following: *"Furthermore, we invite them during our welfare events celebration. For instance, when we do prevention or awareness campaigns, we invite them so that we can empower them by educating them about substance abuse"*. In this regard,

Lesego spoke of the pamphlets used in awareness campaigns: *"We normally distribute pamphlets with information and our contact details to parents. The pamphlets assist with our contact details and where they can be able to reach us should they need to consult".*

In relation the involvement of parents in awareness campaigns, in their study Mathibela and Skhosana (2019:101), found that parents of substance dependent progeny emphasized the importance of acquiring education through awareness campaigns. The scholar pointed out that the awareness campaigns would not only benefit the parents but also empower the communities with knowledge about working together towards overcoming this scourge and avoiding stigmatizing the substance dependent progeny and their parents. Currently, it has become important for preventive programs in substance dependency to focus on educational approaches. In this regard, Zastrow (2017:282)emphasized that quality preventive educational programs should focus on the common effects of substances abuse, how to recognize substance abuse signs, how to help a significant other who overdoses, what to do if a significant other is in denial about his/her substance dependency problem and what available treatment resources and programs are available in the community.

Theme 13: Framework and guide used when dealing with parents of substance dependent youth

The penultimate question put to the participants was to provide the framework they used to guide them when dealing with the parents of substance dependent youth. Therefore, this theme emanated from responses of participants in relation to the researcher's open-ended question: What framework do you use to guide you when dealing with parents of substance dependent youth? The participants' responses are given in 3 sub-themes, namely, no framework, legislation and policies; and cognitive behavioural therapy and systems theory.

Sub-theme 13.1: No framework

Participants were adamant that they used no specific framework when dealing with parents of substance dependent youth. The participants' assertion resonates with

Teater's (2010:1) views that some social workers may not necessarily acknowledge or understand their theoretical framework but rather practise from assumptions and beliefs that are guided by their personal or professional experiences and not necessarily from established and researched theories. In a similar vein, Gentle-Genitty et al. (2014:46) pointed out that as social workers gain experience and knowledge in their field, they will begin to recognize their own patterns that may enhance previous theories or create new ones. Participants acknowledged that with no specific guideline to rely on, they often resorted to their own discretion and professional experience.

Participants' accounts of there being no specific framework to guide them when dealing with parents of substance dependent youth are captured below. Zodwa reported the following**:** *"There is no framework. Currently, we use our own discretion, experience and skills"*

Expressing similar sentiments, Uyiwe said the following: *"We don't have any framework that we use to guide us".*

In support of the above utterances, Rethabile made the following comments: *"I would not say that there is a particular framework that I am using to guide me when dealing with parents".*

In support of the above utterances and the use of professional experience, Xolani shared the following*: "Not really. I rely on my professional experience and discretion. It is unfortunate for those without professional experience".*

Kosi also made the following utterances*: "No, I do not use any framework or model. I rely on my social work skills to guide me when I am dealing with parents of substance dependent youth".*

According to Langer and Lietz (2015:13), social work practise should be guided by evidence-based practises. This entails that social work intervention should, among others, be based on proven methods, frameworks and policies that can be achieved through the application of scientific research methods. In this regard, Rubin, Valutis and Robinson (2010:39) indicated that social workers are ethically bound to justify their choice

of intervention; hence, they need to be guided by evidence-based practise. Kirst-Ashman (2017:25) pointed out that knowledge of social work research is important as it assists social workers to become more effective and accountable in their direct practise by implementing interventions that have been proven to be ethical and successful. In the opinion of the latter scholar, practises that have been effective previously provide the green light for present and future interventions. In view of participants' accounts of no specific framework use to guide them when dealing with parents of substance dependent youth, it is concerning that they (participants) specifically rely on their professional experience and discretion as oppose to research-informed practise. The implication is that participants' professional experience might not be enough to justify their choice of intervention.

Sub-theme 13.2: Legislation and policies

Some of the participants referred to various legislation and policies as a guide but admitted that they did not have a specific framework to follow when dealing with the parents of substance dependent youths. In this regard, Segal et al. (2016:25) pointed out that policy practise is part of social work because legislation passed at local, provincial and national level levels often has a major effect on the practise of social work. In this present study, participants referred to the Act 70 0f 2008, NDMP and Minimum Norms and Standards but reported that in practise, they relied on professional knowledge as a primary guideline.

In reference of legislation and policies, Lesego shared the following*: "We are currently using the National Drug Master Plan, which is revised after every five years. We also use the Prevention of and Treatment for Substance Abuse Act of 2008".*

In supporting the above utterances, Naku made the following submission*: "We use the Prevention of and Treatment for Substance Abuse Act 70 0f 2008 and Minimum Norms and Standards"*.

In expatiating the above utterances, Hlomphe shared the following*: "I don't think that we have a direct framework that guides us when dealing with parents of substance*

dependent youth. However, we have the National Drug Master Plan that gives us information but not necessarily guidance. In most of the instances we rely on our professional judgment to guide us when dealing with parents of substance dependent youth".

Chane echoed the following sentiments: *"We do not really have a framework that guides us. It's a combination of family model system, person-centred theory and other departmental policies to guide us when dealing with parents of substance dependent youth. We also use the National Drug Master Plan and ward-based model".*

Rethabile had this to say*: "The National Drug Master Plan, eh…I have not taken time to study the whole document with thorough understanding, neither have I attended any workshop. I would not say that there is particular framework that guides me. Therefore, I rely on my professional knowledge and experience".*

The above input resonates with the findings by Maluleke (2013:106) who made a call for social workers in the substance dependency field to be empowered with knowledge of the relevant policies and legislation in the sector.

Sub-theme 13.3: Cognitive Behavioural Therapy (CBT) and Systems Theory

According to Swanepoel et al. (2016:432), during treatment service users did not internalize the information and skills provided to them, which prevented their successful application upon release from treatment centres. As a solution, the scholars suggested Cognitive Behavioural Therapy (CBT) to guide therapy, since it allows users to focus on day-to-day life problems such as triggers and reasons for using substances. In addition, Shulman (2016:768) pointed out that social workers using CBT can assist clients to identify and modify cognitive distortions and support behaviours that are more adaptive to the client.

In this study, CBT and Systems Theory were described as a framework used when dealing with the parents of substance dependent youth. In this regard, Sindi made the following submission*: "I am currently using Cognitive Behavioural Therapy (CBT) and*

systems theory. With the Cognitive Behavioural Therapy, I take into account that whatever is happening within the home environment might influence or expose the user to the substances or trigger him/her to use them". The Systems theory focuses on the interaction between an individual and their environment. Kirst-Ashman (2017:22) explained the term system as a set of components that are interrelated to one another and make a functional whole. Shulman (2016:655) explained further that in providing interventions, a social worker always has two clients, namely, the individual client and the system. In providing services, it is important to consider client system such as individual, family and group. In this regard, Zastrow (2017:69) indicated that the focus of social work services should also take into consideration that challenges faced by the individual are influenced by the dynamics within a family as an interdependent system.

Theme 14: Recommendations on the strategies for effectively addressing substance dependency

The last question put before the participants was to request strategies they thought should be in place to enable them to effectively address substance dependency. Therefore, this theme emanated from responses of participants in relation to the researcher's open-ended question: What strategies do you think should be in place to enable you to effectively address substance dependency? Their responses are given in 5 sub-themes, namely, make more human capital, provide relevant training; assess treatment programmes and use of halfway houses, educate community and raise awareness as well as weaken the position of drug lords in the community.

Sub-theme 14.1: Make more human capital

For substance dependency intervention strategy to succeed, there should be financial, human and infrastructure resources for proper implementation (Setlalentoa et al., 2015:97). In this regard, participants identified the availability of more human capital, provision of cars and office space, development of a guiding framework and provision of more centres as categories under the sub-theme 1, namely, make more human capital.

Category 14.1.1: Make more human capital available

According to Patel (2015:244), South Africa does not have enough trained personnel, treatment facilities and financial resources to deal with an ever-increasing number of drug victims. In this regard, Pasche and Myers (2012:340) pointed out that because of the current scourge of substance misuse in South Africa, there is a growing recognition that expanding treatment services and providing evidence-based prevention will require a suitably qualified workforce. In this study, one of the recommended strategies that should be in place to enable social workers to effectively address substance dependency is the availability of more human capital. Participants believe that the availability of more human capital will have a positive impact on their efforts to effectively address substance dependency. This resonates with the call by Setlalentoa et al. (2015:95) that there is a need in South Africa for employment of more social workers who would specialize in substance dependency programmes.

In recommending the availability of more human capital, the following was submitted by the participants: Zodwa made the following recommendation*: "It can also help to incorporate other professions such as psychiatrists to effectively address substance dependency".*

The following was recommended by Sindi*: "Generally, I believe that there should be more than one social worker working with a user and the family throughout the whole process because is a lot for a single person (social worker) to do everything alone. Consequently, if a single social worker is involved from the beginning of the process until the end, we end up having gaps and not intervening fully. I would like to have a social worker who will be responsible for intake only. I would also like to have social worker who will be responsible for family intervention only. Additionally, there should be another social worker who will be responsible for preparatory sessions, group work and referring the user to the treatment centre. Furthermore, another social worker should be responsible for aftercare and reintegration services".*

The following submission was made by Itumeleng*: "In addition, we are overworked. There are many clients who require assistance from few social workers. We don't have time to attend to the high volume of clients who require our assistance"*.

In a related study, Strydom (2010:198) found that the shortage of social workers was a huge challenge to service delivery in South Africa. The South African government, represented by the former Minister of Social Development, Mr. Skweyiya, acknowledged that shortage of social workers was a huge challenge and called on the government to intensify its retention and recruitment strategy in order to address this concern (Van der Westhuizen, 2010:195). In response to the problem, DSD called on all unemployed social workers to register on the departmental database. In 2019, the current Minister of Social Development, Ms. Lindiwe Zulu confirmed that 7 000 unemployed workers had since registered on the departmental database. This excluded 5 000 unemployed social workers who had studied through the Social Development Scholarship Programme. Furthermore, the Minister has promised to look into the plight of unemployed social workers in South Africa. (SANEWS. 2019). The implication is that the shortage of social workers means the lack of capacity to implement successful programmes that deal with social ills such as substance dependency, hence a recommendation to make more human capital available. Table 5.3 below displays the workload generic ratios proposed for social work operating in all settings in South Africa, as described in the Framework for Social Welfare Services (2013:24):

Table 5.3: Social work workload ratios [Adapted from: Framework for Social Welfare Services (2013:24]

Scenario 1 (social worker): 80% of workload is allocated to casework		
Time allocations	Factors influencing	Caseload Ratio
• 160 hours per month • 8 hours of supervision • General administration of 16 hours per month • Continuous professional development of 8 hours per month	• No factors considered thus 160 hours per month	1:61 cases per month 1:224 cases annually
Scenario 2 (social worker): 80% of workload is allocated to casework		
• All time allocations indicated • Travelling	• Nature of beneficiaries	1:44 cases per month in scenario 1:160 cases annually
Scenario 3 (social worker): 80% of workload allocated to casework		
• All time allocations indicated • Court work	• Travelling	1:19 cases per month in scenario 1:134 cases annually
Scenario 4 (social worker): 50% of workload allocated to casework and 30% to group work		
• 80 hours per month available for casework • 48 hours per month	• No factors considered thus 160 hours per month	1:37 cases per month 1:160 individuals in groups per month available for group work
Scenario 5 (social worker): Workload allocated as 50% casework, 10% group work and 20% community work		
• 80 hours per month hours per month • 16 hours per month allocated to group work • 32 hours per month allocated community work	• No factors considered thus 160	1:37 cases per month allocated to casework 1:135 cases annually 1: 40 individuals in group per month 175 individuals in groups annually Number of people reached through allocated to community work to be determined by the size of targeted community

Category 14.1.2: Provide cars and office space

Resources in a form of cars and office space are necessary for social workers to provide quality services for users and their families. Amongst other responsibilities, social workers providing substance abuse services in South Africa often conduct home visits, attend meetings and transport users for admission to treatment centres. As indicated under the category 9.1.1 , there was an outcry from social workers regarding shortage of cars and office space which were impediments to their efforts of providing quality and professional substance dependency services. In their responses, participants recommended the provision of more cars and comfortable office spaces as being necessary resources to enable them to effectively address substance dependency.

The following was reported by participants in recommending the provision of cars and office space as a strategy to enable social workers to effectively combat substance dependency:

Uyiwe made the following recommendation*: "I think if the government should increase human capacity and give us resources. For instance, I am social worker/counsellor without an office and table but it's a process that is underway. Even now in our office we share one car, it is not enough. We need more cars".*

The following was recommended by Rethabile*: "Furthermore, in order to eliminate the issue of the shortage of cars, I think DSD in Gauteng needs to look at the possibility of getting subsidized cars for social workers to enable us to work effectively and allow us to reach out and attend to the service users and their families at their convenience. By having subsidized cars, it will mean that there will be no need to book a car, but use the one in one's possession at any given time in order execute the professional work".*

In the study by Mbedzi (2018:373), the shortage of office space and unavailability of vehicles for the purpose of visiting the clients were amongst the greatest challenges confronted by social workers, as some clients lived far away from the office. According to Patel (2015:243), one of the main challenges in South Africa is that the majority of services are located in the major metropolitan areas. Therefore, many social workers

have to use cars to travel long distances in order to provide services to needy clients in poor areas with high risk of substance. For such social workers, it is difficult to effectively deal with the consequences of substance dependency, especially in rural areas where the transport is a huge challenge. These ideas resonate with Strydom's (2010:195) assertion that the demands of the social work profession are often frustrating and overwhelming because people in need usually have no form of transport, social workers have to travel along poor roads, and organizations do not always have vehicles at their disposal for visiting these communities. In this regard the ISDM (as cited by Strydom, 2010:195) requires that certain basic infrastructure and equipment be made available for social workers, as the latter are obliged by law to deliver services in a certain manner, and are subject to disciplinary steps should they fail to carry out their duties in an appropriate manner. On the list of infrastructure provision, vehicles are listed as most essential in ensuring that clients and communities can be visited.

Category 14.1.3: Develop a guiding framework

As discussed in Chapter 2, under 2.2.12, the DSD has developed a Framework for Social Welfare Services with the sole purpose of guiding the implementation of a social welfare process. This framework is a generic service delivery model hence the substance dependency field is not an exception. As discussed in Chapter 2, the following six elements as described in the Framework for Social Welfare Services should feature prominently in the generic social welfare intervention process. These are: point of entry/engagement, comprehensive assessment, planning and implementation of the intervention, evaluation of intervention, exit strategies, referral and termination. Given the participants' working experience at DSD, it was notable that throughout the study, none of the participants mentioned the Framework for Social Welfare Services even though it was published many years prior the commencement of this study. Nonetheless, it is possible that the participants might have regarded the framework as irrelevant for them in providing substance dependency services.

In this study, a call to develop a guiding framework was not directly made by majority of participants; however, the researcher decided to include it because various participants

in their intervention used no specific framework. A framework would therefore assist in structuring the substance dependency services. Chane made the following submission*: "I think DSD needs a document/policy that can guide the intervention process in providing substance dependency services to youth. This policy must be able to guide the process of intervention from the initial phase up until the end, which is the aftercare service".*

Referring to the need for some framework, Maluleke (2013:117) argued that in South Africa, it was necessary to determine whether the current legislation and policies were in line with the needs of substance dependent people. To expatiate this, Nhedzi and Makofane (2015:368) revealed that social workers lacked guidelines and training in providing quality social services.

Category 14.1.4: Provide more centres

According to Bhat and Imtiaz (2017:3), one of the key challenges facing social workers in the Kashmir Valley in India is the lack of centres for substance dependents, adding that there was an urgent need for rehabilitation centres to assist the victims of substance dependency. Pasche and Myers (2012:339-340) argued that South Africa, as compared to other countries on the continent, had the most advanced substance abuse treatment system. However, the legacy of apartheid had left some Provinces without affordable and free state-sponsored treatment facilities. The scholars pointed out that there were currently many logistic barriers to accessing existing services, including the prohibitive costs of treatment and transport to treatment centres and competing financial priorities. To address the above-mentioned problems in South Africa, participants in this study called for more centres to be provided to assist the victims and deal with the scourge of substance dependency.

The following storylines were extracted from the transcripts in relation to the participants' recommendations on providing more centres as a strategy to enable social workers to effectively address substance dependency: The following recommendation was made by Xolani: *"I am concerned that users in the street are eating trash from rubbish bins. It would help if we had centres where they could be provided with meals, daily. Such centres would go a long way in enhancing the lost confidence of the users. I believe that such*

centres; would assist the users to have a better self-image of themselves, perceive themselves in a positive manner and avoid labelling themselves. Therefore, the proposed centres would go long way in restoring the dignity of a user".

Rethabile recommended the following*: "As a start, we need to explore having treatment/rehabilitation centres locally as a matter of urgency. Ideally, we need to have a situation where we could refer a substance dependent youth to a rehabilitation centre immediately and it should be possible for the person to walk there or take a local taxi".*

Hlomphe recommended the following*: "We need an effective skill development centre with a fulltime social worker who will provide counselling and aftercare services to the recovering users. I believe that if we can keep these users busy, we will be able to win the war against substances".*

In relation to the foregoing discussion, Segal et al. (2016:374) confirmed that currently in the United States of America there are over 11,000 specialized drug treatment centres but there is still a shortage. In the opinion of these scholars, people seeking treatment for substance abuse can wait up to six months before they get help in other metropolitan areas. Though it may be unfair to compare a third world to a first world country, this gives the readers a sense of the magnitude of the problem of shortage of treatment centres.

Sub-theme 14.2: Provide relevant training

In a study by Van der Westhuizen (2010:224), social workers in the field of substance dependency were adamant that the lack of knowledge negatively impacted on their ability to provide quality services. Similarly, Patel et al. (2012:220) found that social workers were struggling to translate social service legislations into practise. On the same issue, Maluleke (2013:69) called for constant research to allow social workers in the field of substance dependency to respond to the ever-increasing trends of substance dependency. Participants described substance dependency to be an evolving field which required social workers who were constantly armed with relevant knowledge in response to their clients' needs. Therefore, participants recommended relevant training as one of the strategies that should be in place to enable them to effectively address the problem.

The following was recommended by Naku: *"We need the employer to assist us with resources, support and as well identify relevant training. We normally attend substance abuse training but only to learn that it is not relevant to what we are doing on daily a basis. For instance, you find that the training is on substance abuse but they want to implement some policy and just want us to give inputs. For me that is not training. Sometimes they talk about the National Drug Master Plan, yes it's good to know about the NDMP but I need something that can empower me to manage my clients or caseload in a better way. In other instances, we attend report writing training but only to find out that it's not relevant to the psychosocial reports that I am writing on a daily basis. In addition, it does not matter for the employer whether you are a new or an old employee without experience or orientation, you will be ordered to work and have to see for yourself from start to finish".*

From the responses above, it is evident that social workers regard the current training and support offered as irrelevant to practise. Muyobela and Strydom (2017:558) elucidated this problem, contending that the lack of training in social work led to poor quality reporting. As a solution, the scholars suggested that social workers should continuously engage in career development workshops to enhance their knowledge about appropriate perspectives. Amongst others, the SACSSP is responsible for facilitating professional development and quality assurance of social workers and auxiliary social workers in South Africa. The call for training of social workers was made below by participants.

Kosi supported the above recommendation by submitting the following*: "To attend regular training especially on substance dependency in order to assist me to develop professionally".*

Rethabile also made the following submission*: "I think we can look at how social workers dealing with substance dependence can empower themselves in a form of training or workshops to help them counter the substance dependency".*

In a related study, Swanepoel et al. (2016:433) asserted that social workers in the field of substance dependency should be educated in aftercare services available and a structure for referral of service users should be developed to ensure utilization of aftercare

services. In this regard, Dhludhlu and Lombard (2017:181) postulated that, in liaison with universities, the DSD should provide a platform to ensure that the roles and responsibilities of social workers are in line with the skills and knowledge acquired from their training in social development.

Sub-theme 14.3: Assess treatment programmes and use of halfway houses

In this study, participants raised concern about the majority of users who are sent to the treatment centres but terminate the programme prematurely or complete the program but relapse immediately after discharge. In a related study, Maluleke (2013:67) found that in South Africa, there was a tendency of treatment centres to discharge users before they had not fully recovered. The problem was aggravated by the fact that there was a lack of individualized services when dealing with substance dependent users. As a solution, Maluleke (2013:67) stated that treatment centres could achieve better outcomes if they did away with a one-size-fits-all approach and treated every client as an individual who required unique and multidimensional intervention.

As a result of the above concern, participants in this study indirectly questioned the effectiveness of the current treatment program. Itumeleng expressed this frustration as follows*: "I have referred many clients to treatment/rehabilitation centre on weekly basis; for instance, I normally send a group of nine on Tuesday and Thursday, respectively, only to find that of all clients referred for treatment/rehabilitation in a week, one or two maximum, complete the inpatient program, the rest will either release themselves from the treatment centre or prematurely terminate the program".*

In response to the researcher's follow up question about why, in the participants' opinion, the majority of users were not completing their treatment/rehabilitation programs and how the effective the communication between participants and treatment social workers was**,** the following was submitted by Itumeleng*: "I have not been to the treatment/ rehabilitation centre to check what is happening exactly, perhaps something is not going right at the treatment/rehabilitation centre, hence they don't complete".*

Kosi had this to say*: "The success rate of the service user's rehabilitation program is very poor. For instance, out of ten users sent to an in-patient rehabilitation centre, one or two will successfully complete the program and return home clean".*

For participants, there was a close relationship between the premature termination of treatment program by the user and success of the treatment program. According to the participants, at the time the study was conducted, the success treatment rate was very low as compared to the number of users undergoing for treatment, hence a call to assess the current treatment program. In a related study, Makhudu, the regional chairman of the Gauteng Drug Action Committee (GDAC), indicated that about 50% of the youth were sporadically abusing drugs and sadly, their recovery rate was less than 10% (Schultz, 2015:183).

From the above participants' responses, it can be concluded that there is a lack of synergy between the referral and treatment social workers in the provision of substance dependency services, hence a call to assess the treatment program. In this regard, Itumeleng made the following recommendations*: "I think we firstly need to assess and check the treatment/rehabilitation program that the users are attending. It is important to check whether the program is suitable for the users or not and establish why majority of them are prematurely terminating treatment/rehabilitation program".*

To consolidate this point, Strebel, Shefer, Stacey and Shabalala (2013:49), postulated that South Africa was facing a major problem in implementing an effective and sustainable substance abuse treatment program due to a lack of an accessible, streamlined and centralized electronic system of client record keeping/data collection to allow for on-going and monitoring the program. As a solution to the above-mentioned challenges in the provision of substance dependency services at DSD, within the CTMM Chane suggested the following*: "Perhaps Tshwane can follow the strategy that is being used in Johannesburg of sending users to the halfway house after successful treatment/rehabilitation program. Users stay in a halfway house for period of twelve months post discharge and they learn different skills such as electricity, sewing and so forth. When they are done at the halfway house, they are able to be employable".*

Kirst-Ashman (2017:474) described halfway houses as temporary accommodation to assist the recovering substance dependence in the transition from the inpatient treatment program to the real-life community. Zastrow (2017:279-280) found that many halfway houses were useful for a user who was unable to live with family but at the same time was not yet ready to live alone. In the scholar's opinion halfway houses provide counselling services to assist residents to remain free from substances and resolve other psychosocial problems that they face.

Sub-theme 14.4: Educate community and raise awareness

Social workers assume different roles when working with communities. According to Segal et al. (2016:172), the social workers' role in the community includes community organizer, community planner, advocate, researcher, fundraiser and trainer. In Zastrow's (2017:67-68) view, the roles include enabler, broker, advocate, activist, mediator, negotiator, educator, initiator, empowerer, coordinator, researcher, group facilitator and public speaker. As the educator, a social worker provides information and teaches the community and clients the adaptive skills (Zastrow, 2017:68). For a social worker to effectively execute this role, it is required that he/she must be knowledgeable about the issue at hand. In this study, various participants recommended that social workers should be actively involved in the community by educating and raising awareness about the dangers of substances.

In South Africa, social workers have been in a forefront of educating and creating awareness about the scourge of substance dependency in different communities. For instance, in response to the high rate of substance abuse in the community, social workers at SANCA Hammanskraal, led a march in collaboration with the community of Ramotse and the surrounding communities. The march aimed at protesting against the use of substances and creating awareness on the increase of youth dependent on substances in the area (Mathibela, 2017:6).

As a recommendation to educate the community and raise awareness, the following submission was made by Naku*: "To reach out and educate the community about*

substance abuse and create awareness about the public treatment centres available to assist those in need".

Another participant raised the point that community dialogues are held but the recommendations emanating from such dialogues should be implemented. The following was submitted by Lesego*: "We normally have community dialogues that are facilitated by the organization called Soul City. My view is that the discussions and recommendations from parents of the substance dependent youth emanating from these dialogues should be put in place. For instance, in one of the dialogues that we attended, parents raised the issue of poverty as contributory factor towards their substance dependent youth. I believe if we can address issues raised by parents in the community dialogue, we will be able to effectively, address substance dependency".*

Another recommendation was made by Hlomphe: *"We need to continuously educate our communities about the dangers of substances. Furthermore, we need to avoid labelling users by calling them "bo nyaopes". They have real names that we should use to call them instead of stigmatizing them by calling them as "nyaopes". We need to change our attitude towards the users. We need to start treating them like other human beings and brothers. We can do that by communicating in a civilized manner with them and try by all means to support and assist them".*

To elucidate this issue, Setlalentoa et al. (2015:89) asserted that community members could play an active role in the prevention as well as early identification and intervention of substance abuse-related problems. This confirms that human beings are highly sociable and cannot exist in isolation. It also emphasizes the importance of interconnectedness in dealing with problems of substance dependency within communities. Mathibela and Skhosana (2019:102) articulated the solution by contending that social worker practitioners and other stakeholders have a responsibility to provide community members with resources for substance abuse prevention, treatment and recovery, and should conduct workshops on strategies that community members can use to help youth to desist from substance abuse.

Sub-theme 14.5: Weaken the position of drug lords in the community

According to Swanepoel et al. (2016:423), globally, South Africa is believed to be amongst the largest producers of dagga. As a result, this has created many opportunities for local and international drug traders. In a study undertaken by these scholars it was found that 88.9% of recovering female users were more inclined to relapse as a result of contact with drug dealers upon release from treatment centres (Swanepoel et al. 2016:423). In a related study, Masombuka (2013:111) reported that parents of children addicted to substance were concerned about the power that drug dealers held in the community, to the extent that some police officers were reported to be colluding with drug lords in pushing the local drug market. In this study, it is recommended that the drug lords should be destabilized as this would have a positive impact on efforts to address substance dependency.

In recommending to weaken the position of drug lords in the community, Hlomphe made the following submission*: "…I believe if the drug lords are destabilized in our community, we will be able to win. These drug lords hold a leading position within the drug fraternity, therefore by destabilizing them permanently, we will (be) able to have better outcomes in addressing substance dependency".* This finding resonates with concern raised by another participant (parent of substance dependent youth) in the previous chapter, under 4.3.3.6. She indicated that her husband had taken the initiative by opening a criminal case against the drug lord in their community but the effort was in vain because of the corrupt relationship between the police and drug lord.

According to Zastrow (2017:283) illegal drug trade is a big and highly profitable endeavour with the small-time drug lords often making lot of profits, while the middle-level drug lords frequently become millionaires and top drug barons become billionaires. In relation to the inclination to weaken the position of drug lords in the community, Mathibela (2017:129) postulated that a number of parents with substances dependent youth expressed frustration that the police did not do anything about the drug dealers who had taken over their community. Parents in Mathibela's study recommended that in order to weaken the position of drug lords in the community, community members should work

together to make the drug lords uncomfortable by using good educational strategies. These parents believed that they needed to ensure that drug dealers had no business in their communities.

5.4 Summary of the chapter

This chapter presented the research findings that emanated from the data analysis of interviews with the DSD social workers from the 10 service points of DSD Gauteng, in the CTMM. The presentation addressed the biographical data of social workers who participated in the study with special consideration of their gender, race, ethnicity, service point of DSD and years of experience in providing social work services at DSD. The findings of this study were represented under 7 themes together with the accompanying sub-themes and categories, where applicable. The first theme identified the participants' description of the intervention process in providing substance dependency services to youth. Five sub-themes were introduced under this theme, namely, engagement stage, individual session, joint session and home visit, preparatory group session, admission to and treatment in a treatment centre and lastly, aftercare and reintegration services.

The second theme presented participants' description of the challenges faced in providing substance dependency services. Three sub-themes emerged under this theme, namely, internal challenges at DSD, challenges related to substance dependent youth and challenges related to the parents of substance dependent youth. The lack of resources and disintegration of services within DSD were presented as categories under the first sub-theme. Impatience and lack of honesty and commitment were presented as categories under the second sub-theme. Lastly, parent's availability and cooperation were presented as a category under the third sub-theme.

The third theme presented participants' accounts of the stage when they utilized parents in the intervention process. Four sub-themes emerged under this theme, namely, prefer to utilize parents from the beginning, after the first session, at the later stage and during the integration phase. The fourth theme presented participants' views on the significance of utilizing parents as a resource for the substance dependency services to their youth.

Two sub-themes were introduced under this theme, namely, parents as the main source of support and parents as providers of reliable and useful information.

The fifth theme presented participants' descriptions of the resources available to empower parents of substance dependent youth. This theme comprised of the following three sub-themes: a lack of resources, use of professional skills and knowledge as well as involving parents in awareness campaigns. The sixth theme presented participants' accounts of the framework they used to guide them when dealing with parents of substance dependent youth. This theme comprised of the following sub-themes: no framework, legislation and policies as well as cognitive behavioural therapy and systems theory. Lastly, under this theme, participants gave recommendations on the strategies that should be in place to enable social workers to effectively address substance dependency. These comprised of the following five sub-themes: make more human capital, provide relevant training, assess treatment programmes and use of halfway houses, educate community and raise awareness as well as weaken the position on drug lords in the community.

The following chapter focuses on the proposed model for the social work practitioners. This is essential since it paves the new way on how youth substances dependency can be combated by utilizing parents as a resource in the provision of services.

6. CHAPTER SIX: A PROPOSED MODEL FOR SOCIAL WORK PRACTITIONERS IN UTILIZING PARENTS FOR SUBSTANCE DEPENDENCY SERVICES TO THEIR YOUTH

6.1 Introduction

In line with the first phase of the IDD-model, namely, the analysis of the identified concerns and Step 2 of Phase 2, namely, studying natural examples, Chapter five presented the findings that emerged from the process of data collection with the second group of participants, namely, 11 social workers from the of DSD Gauteng, in the CTMM. Furthermore, themes, sub-themes and categories which were supported by participants' storylines and literature control were presented in the previous chapter. Based on information gained from the literature review, the parents' narratives and experiences as an underutilized resource for the substance dependency service to their youth (Chapter four), as well as the social workers knowledge regarding parents as an underutilized resource for the substance dependency service to their youth (Chapter five), the researcher presents specified the procedural elements of the model for social work practitioners in this chapter. As indicated previously, in order to develop a model for social work practitioners (design of intervention: Phase 3 of the IDD-model), the researcher implemented Step 2 of Phase 3, by specifying the procedural elements of the intervention.

Despite the evidence in the literature that suggests that there are enormous and numerous positive benefits of utilizing parents in the substance dependency services to their youth (Misouridou & Papadatou, 2017:1948), findings from this study proved that parents were an underutilized resource. The findings from the parents of substance dependent youth and social workers from the 10 service points of DSD Gauteng, in the CTMM pointed to the lack of utilization of parents in the substance dependency services to their youth. By utilizing specific Phases and Steps in the IDD- Model of Rothman and Thomas (1994:3-51), the proposed model for social work practitioners on how parents can be utilized in the substance dependency services to their youth is presented in this chapter.

Therefore, the content of this proposed model is based on the analysed data from the parents of substance dependent youth and social workers from the 10 service points of DSD Gauteng, in the CTMM. From the reported findings, it is evident that social workers generally understand that the users need support in order to recover successfully from substance dependency. In this regard, a parent is the most important resource and support system, especially when the user is a minor or youth. This proposed model takes into consideration that, while substance dependency problem present itself as an individual problem, the solution requires a family system intervention.

6.2 Social work Intervention process

Intervention is described as an action that is taken by a client and social worker with the sole purpose of bringing change in an area of the client's life (Segal et al., 2016:198). Kirst-Ashman (2017:121) referred to the phenomenon as planned change and a process in which a social worker engages with a client, assesses the circumstances, identifies strength and challenges, develops an action plan, implements and evaluates the plan, and ends the process. In the scholar's opinion, this entails that social workers should strive to facilitate change in order to enhance the well-being of their clients. In the endeavour to facilitate change, social workers need to use an evidence-informed intervention to achieve the goals of client.

Generally, social work interventions are described as a process and patterns that are scientifically based and applied by social workers through a range of modes in order to achieve the desired results. These intervention modes range from micro to mezzo and macro levels (Ebue, Uche & Agha, 2017:84). At the micro level, social workers intervene on a one-on-one basis with individuals, families and couples. Regarding the mezzo level, social workers intervene with groups (two or more individuals) while at the macro level, social workers intervene with organizations and communities.

Concerning social work intervention, Zastrow (2017:90) pointed out that inter-professional teamwork and communication are the backbone of the social worker's intervention. This scholar adds that amongst others, social workers critically implement and choose interventions to achieve practise goals and enhance capacities of clients as

well as apply knowledge of human behavior, person-in-environment and theoretical frameworks in intervening with clients.

6.3 Proposed model for social work practitioners

According to Shulman (2016:6), a model is used to describe a representation of reality. As previously indicated under section 1.9, in this study, the model to be proposed refers to the framework that guides the implementation of a plan to utilize parents as a resource for the substance dependency service of their youth. This model for social work practitioners is founded on the feedback from parents of substance dependent youth and social workers providing substance dependency services at the level of prevention, early prevention as well as reunification and aftercare. The proposed model also emerged as a result of the formulated objectives for this study as indicated in section 1.4. Thus, it is developed from a social work perspective in an effort to provide social work practitioners with a framework on how parents can be utilized in the substance dependency services to their youth.

As indicated in Chapter 3, under item 3.2.3.4, the researcher concluded this study with the first step of Phase four, namely, the development of a prototype or preliminary intervention. It is envisaged that Steps 2 and 3 of Phase 4, namely conducting a pilot test as well as applying design criteria to the preliminary intervention concept will form part of a post-doctoral study. The proposed model took into consideration the current systematic and departmental challenges within DSD that impact negatively on social workers' efforts to provide professional and quality substance dependency service. It is therefore implementable within the confinement of the current social workers' setting.

Although in many instances the primary focus of social work intervention is the substance dependent youth, parents play a valuable supportive role in assisting the user towards a successful recovery. Therefore, parents' support is required in the social work intervention process because it is a predictor of youth well-being. The successful implementation of this model is therefore, strongly dependent on the effectiveness of the social work program for substance dependent youth.

This proposed model is aligned with the current legal requirements; hence all the social workers actions in implementing it should be guided by the profession's core values, ethical principles and communication skills. Professional values and ethics such as respect, acceptance, individualisation, confidentiality and self-determination as well as communication skills such as basic empathy, active listening and attentiveness should also guide the social workers' action in implementing this model. Once the social worker has been granted permission to engage parents by the user, the implementation of this model commences as describe below. It is important to note that this proposed model follows the same sequential steps used in other areas of social work intervention. Figure 6.1 below depicts the steps followed in the proposed model for social work practitioners.



Figure 6.1: Steps in the proposed model for social work practitioners

6.3.1 Engagement

Engagement is the first step in the proposed model as well as in the social work helping process. Ambrosino et al. (2012:106) referred to this step as a social study. Notably, engagement is not once-off event but takes place throughout the social work intervention process. However, the initial step sets the scene for the entire intervention process.

Continuous engagement between the social worker as a therapist and parent throughout the process will lead to the positive therapeutic alliance and better intervention outcomes. Utilizing parents as a resource in the substance dependency services to their youth is essential as it can accelerate progress towards achieving a substance free society. The social worker, as a frontline worker, is instrumental in ensuring that parents are utilized as a resource during the intervention in the substance dependency services to their youth. As informed by the empirical findings of this study, the model proposes certain activities that the social worker undertakes to this end. Figure 6.2 below shows the proposed activities that the social worker should undertake during the engagement step of the social work intervention process with the parents of substance dependent youth.

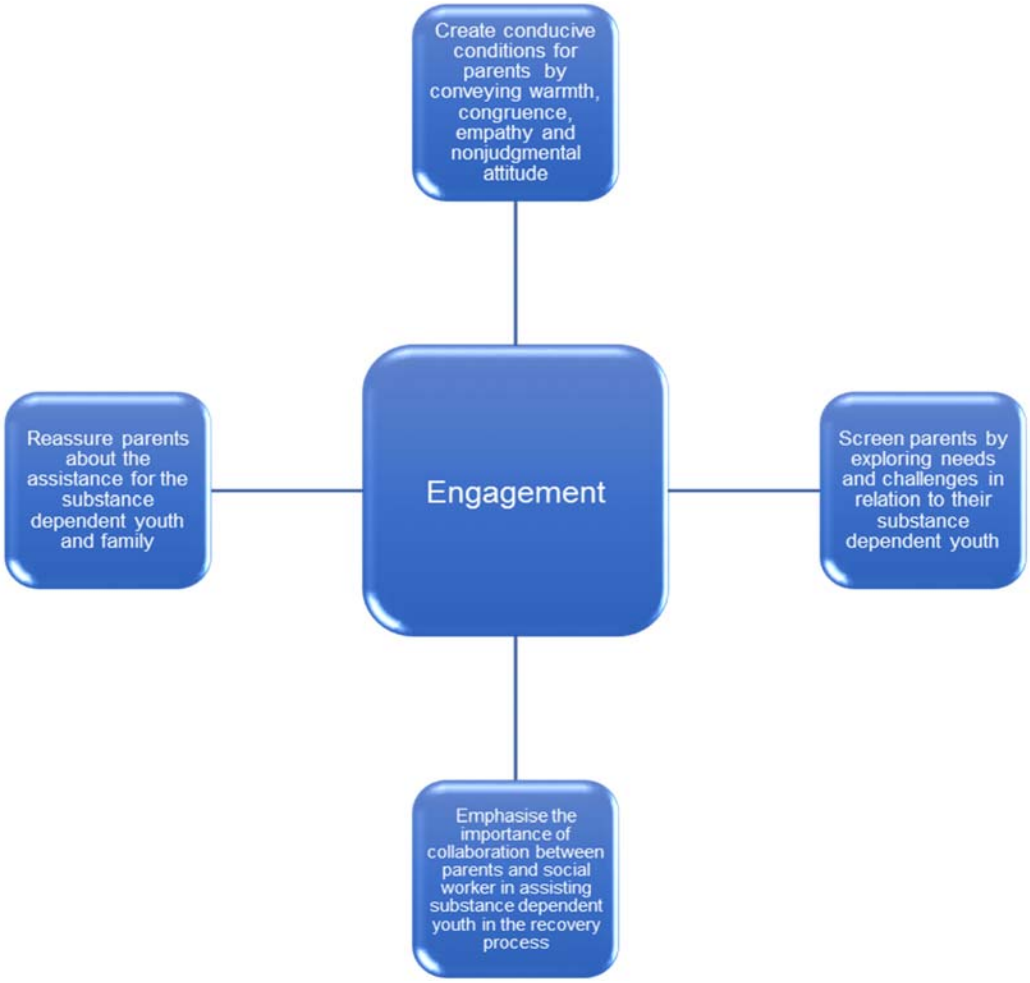


Figure 6.2: Step 1-Engagement

A cordial helping relationship between the social worker and client system is the backbone of a successful social work intervention process. Sekudu (2015:84) pointed out that the social worker's failure to establish a conducive helping relationship is unlikely to achieve the client's goals. In this regard, Ruch (2010:22) observed that relationship-based social work is not new to social work practise and there is a call for social workers to return to interventions based on effective engagement with clients within a therapeutic relationship.

A conducive helping relationship can be created by a social worker by averting blame, condemnation or judgement but displaying care, friendliness, positivity and warmth to the parents. It is important to realize that parents who approach a social worker's office in relation to their substance dependent youth are ashamed and demoralized, therefore, the social worker should reassure them that they will receive support in relation to user's journey of recovery. It is also important for parents to know that the social worker is with them throughout the process. The parents should know that without their support, the user's journey is likely to bear no fruit. In addition, parents need to take cognizance of the fact that they are an important component in the recovery process of the user, hence the need to work collaboratively in the best interest of their youths.

It is significant that the social worker shows unconditional positive regard towards the parents. It needs to be emphasized to parents that the user's recovery is a long and challenging journey. In order for the user to realize the dream of a substance free life, parents need to know from the onset that their support, care, time and love is paramount and it is through it that the dream can come true. In cases where parents have disengaged with the user, the social worker should ensure that counselling is provided with the view to mending the damaged relationship. As a point of departure in the engagement step, social workers need to explore parents' previous attempt to assist the user, parents' strength and coping mechanism in relation to the user's situation, as well as allow the parents to offload their needs and challenges in relation to the user's situation.

With the permission of the user, the social worker can engage parents and elicit their support by responding to the following questions during the engagement step:

- How resourceful will the parent or parents be in the recovery process of the user?
- Why do you think parents should be part of your intervention process?
- What outcomes/goals are to be achieved at the end of the intervention process by utilizing parents in the substance dependency services to their youth?
- Which conditions can be created for parents to be utilized as a resource for the substance dependency services to their youth?

6.3.2 Assessment

As indicated in Chapter 2, under item 2.2.11.2, assessment follows after engagement. Assessment is described as a process during which the social worker analyses gathered information to determine pressing issues for the client system (Segal et al., 2016:200). In a similar vein, Sekudu (2015:86) pointed out that assessment refers to a process in which the social worker analysis and synthesises the collected information to determine the client's needs and strengths. In assessing parents of substance dependent youth, social workers need to look at the parents' strengths and capacity in coping with the user. Bolger and Walker (2014:174) postulated that an assessment that explores strengths can reveal an individual's or family's ability to resolve their difficulties using their own skills and expertise without becoming disempowered through service involvement. The process of assessment can help individuals or families to identify and utilize latent strengths and thus reduce dependency on professionals. Below in Figure 6.3 are proposed activities that the social worker should undertake during the assessment step of the social work intervention process with the parents of substance dependent youth.



Figure 6.3: Step 2-Assessment

Examining parents' needs, challenges, goals and resources should take precedence for the social worker during the assessment step. This process will give a clear picture and understanding of the parents' situation and what needs to change and why, as well as generate ideas relating to how they can be utilized as a resource in the substance dependency services to their youth. It is also important to remember that most likely; parents have made many attempts to cope and manage the situation long before engaging with the social worker, hence the need to assess how parents functioned prior engagement. This will give the social worker a comprehensive picture about parents' strengths and capabilities.

During assessment, it might emerge that the unfavourable circumstances have clouded parents' experiences and perceptions, making them prone to expressing vulnerability,

negativity, hopelessness, weakness, risks, failures and defeat. It is through assessment that the social worker allows parents to reclaim their strengths in order to see the possibility, hope and victory in the situation. Based on the outcome of assessment, it might be necessary for the social worker, parents and user to form a strong therapeutic alliance that brings together the different strengths of each partner to achieve their common goal. This therapeutic alliance should be viewed like a united front with common goal of realizing a society that is free from substance dependency. In the same vein, it might be necessary for the social worker to consider a joint counselling session between the user and parents as a mechanism to repair and revive the lost relationship as a result of unfavourable circumstances brought by substance dependency.

Based on the outcome of assessment, the need for collaboration might develop. Collaboration is a tool for making an intervention and effective through making use of resources and by combining professional competences because it is unlikely that a single organization can holistically and successfully meet the needs of client, hence a need for collaboration. The Framework for Social Welfare Services (2013:16) purports that the social welfare services in South Africa should be based on the collective responsibility of and the collaborative partnerships between the public sector, private sector, NGO's, civil society, training institutions and research institutions. Every stakeholder in the collaborative partnership plays a critical role in ensuring the provision of equitable services to meet client's needs in society. In the context of this model, it might also be necessary for a social worker during the assessment step to link the user and parents with community-based resources such as the family-based support group at SANCA. This family-based support group at SANCA is appropriate and facilitated by the social worker to support parents and their substance dependent teenager (Mathibela, 2017:114).

In addition, the social worker might deem it necessary to refer parents to an organization called Al-Anon. Al-Anon is a family group that can provide parents with mutual support and communication skills. Kirst-Ashman (2017:296) pointed out that through self-help programmes such as Parents Anonymous, parents are able to learn from fellow parents and can discover how others are managing stress and coping with an alcohol-dependent

family member. A support group can assist parents to understand that they are not alone and learn how others in a similar situation are dealing with the situation.

The following open-ended questions can be used as a guideline by social workers to facilitate the engagement step and ensure that parents are utilized as a resource in the substance dependency services to their youth:

- In your view, has the substance dependency impacted on parents-child relationship?
- What has been done to repair the parents-child relationship?
- What is your knowledge and understanding in relation to the addiction of your substance dependent youth?
- Do you have hope and believe that he/she will recover from substance dependency?
- What resources do you require in relation to your substance dependent youth?
- Is there any role that you believe parents can play in assisting their substance dependent youth?
- Do you believe that it will be beneficial for you to attend a support group for parents who are in the similar situation as me?

6.3.3 Planning

Much like the preceding step, planning is about developing a strategy to achieve the goal. This means that both the social worker and parents collaborate to create specific steps in order to attain goals of the intervention. In this regard, Kirst-Ashman (2017:131) identified the following important aspects of planning:

- The social worker should not dictate or impose the treatment plan to the client but work together to develop it.
- The social worker and client should work together in prioritising the needs so that the most critical ones are addressed first.
- The social worker must take a lead in identifying alternative interventions.

- Evidence-based intervention should lead any course of action.
- The social worker should be the champion in assisting the client to evaluate the pros and cons of each course of action.
- The social worker and client should develop goals that they both seek to accomplish.
- The course of action and goals of the intervention must be guided by the contract that details the goals, time frames and responsibilities of each party involve in the intervention process.

Based on this empirical study, other parents of substance dependent youth might present with the following needs during the planning step:

- Need to understand substance dependency and treatment process;
- Need to deal with a damaged parents/child relationship;
- Need for personal support;
- Need to understand the role of SAPS in dealing with user and substance dependency in the community;
- Need to instil hope;
- Need to for reassurance and increase of self-esteem;
- Need to learn appropriate parenting skills; and
- Need for inter-sectoral and interdepartmental service integration.

In view of client's needs, Hepworth, Rooney, Rooney, Gottfried and Larsen (2010:39) pointed out that exploration of clients' problems often reveals that resources or services beyond those provided by the agency are needed to resolve presenting problems. This is especially true of clients who have multiple problems and unmet needs. In such instances, referrals to other resources and service providers may be necessary. Sekudu (2015:125) suggested that before the referral can be made, it is essential for the social worker to assess the client's motivation and ability to utilize the resource referred to. This is critical because some clients might not be able to follow through on the referral due to various factors that are mostly beyond their control, for instance, long travel distances to reach the new resource or service provider. Services and programmes are crucial, as

they build trust and confidence in the social welfare service delivery system. There are different forms of referrals, including the following:

- A referral to the social welfare service delivery system from other sectors and departments, for example, from the public sector to NGO and the DSD to the Department of Education.
- A referral to the social welfare service delivery system from the community or collaborative partners, for example, from a civil society organization.
- Referrals within the social welfare service delivery system, between programmes or services, for example, between social assistance and relief services and social support services.
- Referrals out of the social welfare service delivery system into other sectors or departments.
- Referrals back into the social welfare service delivery system.

Figure 6.4 below depicts proposed activities that the social worker should undertake during the planning step of this proposed model, with the parents of substance dependent youth.

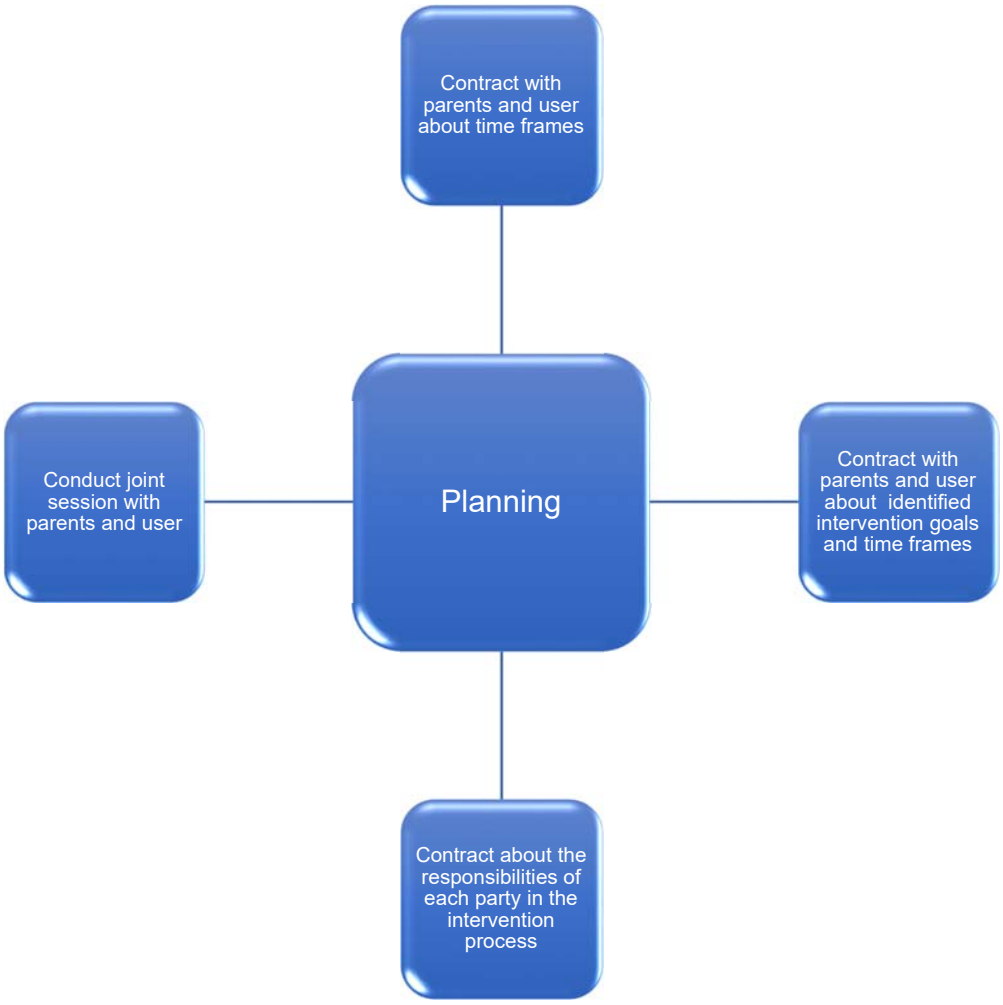


Figure 6.4: Step 4-Planning

During planning, parents might decide that the relationship between them, the user and siblings is strained. As a mechanism, the social worker and parents might agree that family therapy, individual counselling or group therapy would be an appropriate intervention. In order to achieve the set goal, both the social worker and parents should commit to time frames, number of sessions and responsibility of each party involved in the process. It is advisable that this approach from the social worker should not be one-size-fits-all as the dynamics of each relationship and family are unique. Some families might require more sessions than others. It is important that there be agreement about the responsibilities and role of each party involved, for instance, the one who will be responsible for inviting family members to the sessions. While planning, it is also

important to address issues that involve the location for the sessions, time and other logistics.

Substance dependency may lead to impaired family relations, thus causing conflict. Subsequently, other parents might identify couple therapy and parenting techniques as a need. The social worker might find it important to link parents with a Family and Marriage Society of South Africa (FAMSA) branch that is near their home. FAMSA is a registered NGO that provides counselling, education, training and social development programmes for couples and families who need assistance with relationship issues. In planning the intervention, the social worker and parents should agree about the time to initiate services at FAMSA. It is highly recommended that the social worker should secure an appointment and provide a referral letter to both FAMSA and parents. This proposed model is founded on the ISDM (2005:10) value that the DSD should work in partnership with the people they serve and with other stakeholders. This value promotes partnership with the clients system, organizations in civil society, the private sector, NGOs and other government departments.

The planning stage should be embedded in the principle of collectivity and client participation. In adhering to the principle, it is pivotal for the social worker not to impose or assume an expert role. Instead, the social worker should assume the role of a collaborator who does not come up with ready-made plans and prescribed solutions to fix parents' situations. This proposed model is also grounded in one of the strengths-based approach principles that emphasizes the principle that clients are best served through by collaborating with the social worker. Through planning with parents, they will be able to commit to changing their social functioning and support the user in recovery. As part of planning, it is necessary for the social worker to be resourceful about community-based organizations that can provide additional services to parents of substance dependent youth. Segal et al. (2016:202) asserted that social workers have an obligation to make referrals so that the client can have access to needed services outside the organizations.

The following are questions that can be used by social workers to facilitate planning step:

- What do you think is the appropriate action to achieve your goals?
- Are you aware of services and resources available in your community to assist parents of substance dependent youth?
- Will you be open to explore services from other organizations in the community to assist with your situation?

As the intervention process continues, it becomes important for the social worker and parents to implement the intervention. The discussion below is on the next step of this proposed model.

6.3.4 Implementation

During implementation both the social worker and parents should translate their plans into actions in order to achieve the goal of the intervention. This step is an action stage in which the actual intervention is done on the plans and contract made between parents and social worker. Egan (2014:305) postulated that the following are the kinds of questions that the social workers can provide to clients to help them during the implementation phase:

- Now that you have a plan, how do you move into action?
- What obstacles lie in your way?
- How can you manage these obstacles?
- What do you do when you feel like giving up?
- What kind of support will help you keep going?

As part of implementation, the social worker might facilitate a joint session between the user and parents to repair the parents-child relationship. This is the heart of the intervention process because it provides the client system with a safe space as well as the opportunity to release pain, frustrations and challenges that hinder them from functioning optimally. It is through the effectiveness of this step that parents will be able to debrief and reclaim their strength and capabilities in order to be resourceful in the substance dependency services to their youth. The social worker plays an instrumental role during the implementation step by ensuring that parents' goals are achieved accordingly. Figure 6.5 below displays the proposed activities that the social worker

should undertake with parents of substance dependent youth during the implementation step of this proposed model.

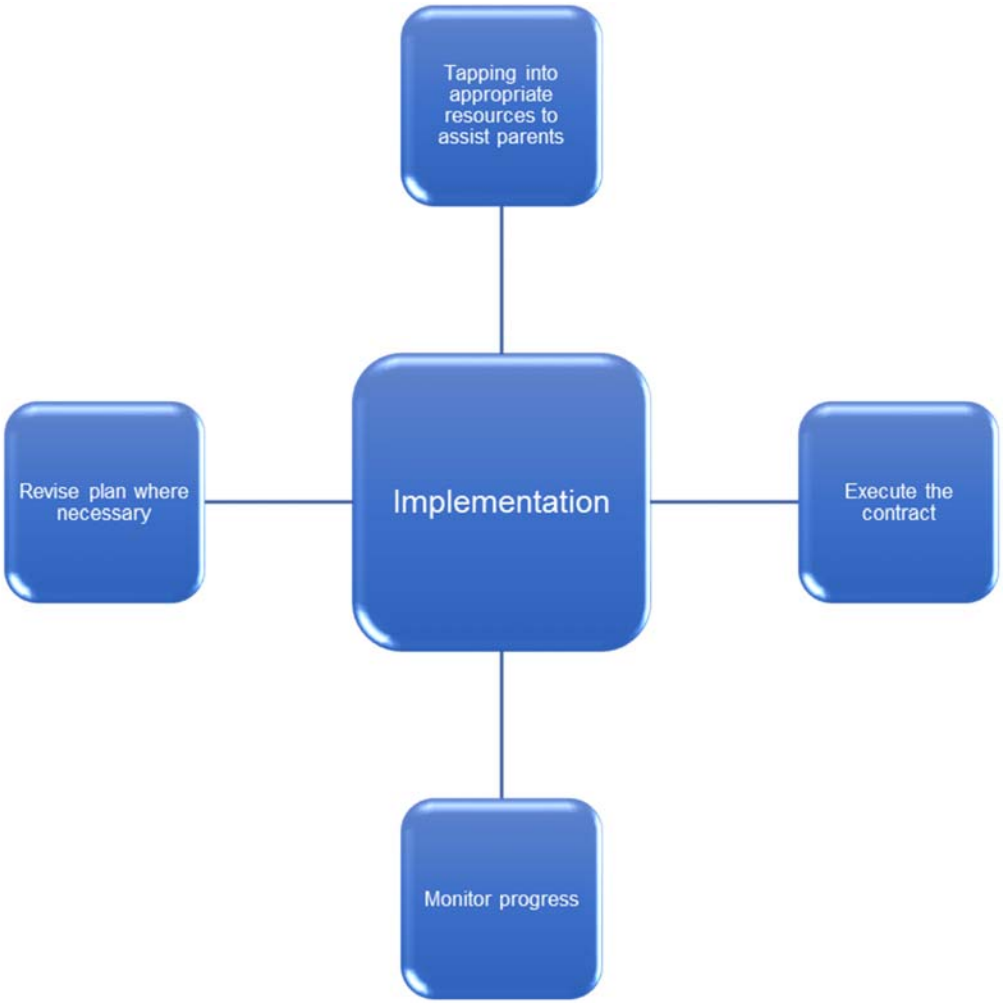


Figure 6.5: Step 4-Implementation

There is no single way of implementing a plan; hence some of the activities in this step might overlap with those in the assessment and planning step. Similar to the preceding steps, implementation is a joint process between parents and social worker. Where necessary, both parties should revise the plan because it is fluid. According to the NASW for Social Work Case Management (2013:38), throughout the implementation phase, monitoring enables the social worker to respond promptly to changes in client needs and help the client alter services accordingly.

6.3.5 Evaluation

The penultimate step of the proposed model is evaluation. According to the researcher, evaluation is about assessing and drawing conclusions about the value of intervention. Evaluation is described by Kirst-Ashman (2017:131) as a process that is undertaken by the social worker and client system to determine and assess the extent to which a given intervention was effective or not, in achieving the goals of the client. Zastrow (2017:96), postulated that social workers need to be skilful in evaluating their effectiveness in providing services as well as identify unmet client needs and service gaps. Figure 6.6 below presents proposed activities that the social worker should undertake with parents of substance dependent youth during the evaluation step of this proposed model

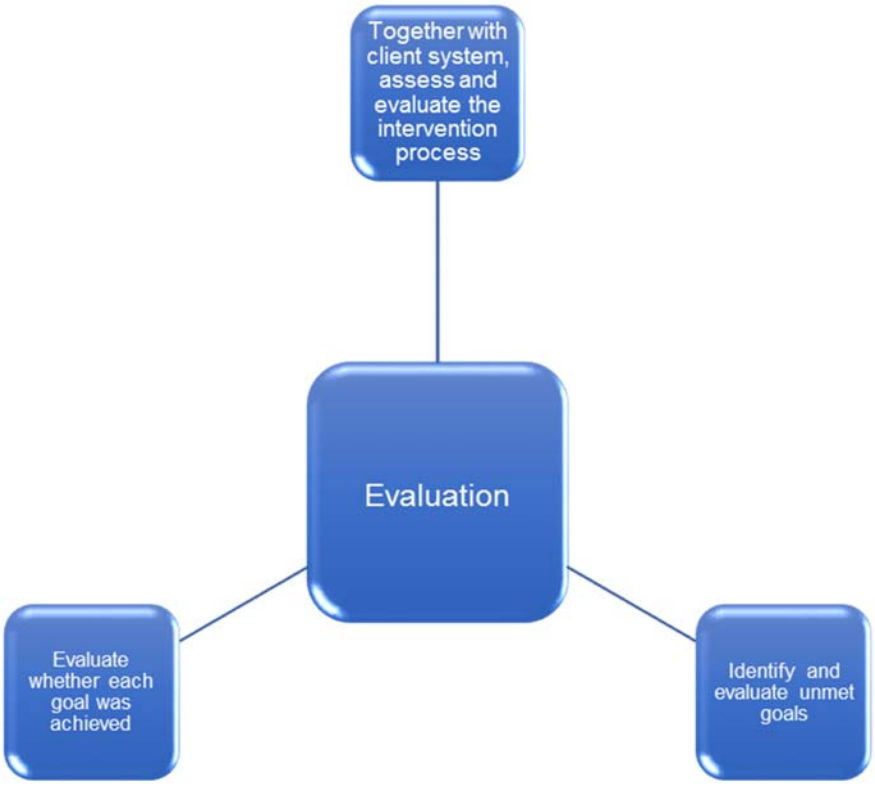


Figure 6.6: Step 5-Evaluation

Zastrow (2017:96) maintained that during evaluation it is important to examine reasons for not achieving the set goals, adding that these might be related to unrealistic goals that are being set or perhaps intervention techniques that are ineffective. Furthermore, goals might not be achieved due to some components of the intervention having adverse effects in clients. Both the social worker and client system must take into consideration the above-mentioned aspects when conducting evaluation. Alternatively, if the intervention successfully managed to reach goals, the information can be used as a benchmark in future interventions.

Similar to the preceding steps of this model, evaluation is a joint step between the social worker and parents. Evaluation provides the social worker with an opportunity to be accountable to clients and him/herself as well as the organization. It is through evaluation that social workers know that their intervention is working and having a positive impact on the client. During the evaluation, gaps between the actual and planned implementation are identified and corrective measures are taken.

The following questions can be used as a guideline by social workers to facilitate evaluation step:

- Have the goals of the intervention been achieved?
- Has the client system's situation changed to the desired direction?
- If there is no change at all, what was the cause?
- Looking at the process from the beginning, is there anything that can be done differently?
- Do you think as a parent you have been or are empowered enough to be able to assist and support the recovering youth?
- Based on your experience with other organizations, was this intervention in any way different?

6.3.6 Disengagement

This is the last step in the proposed model. This step is also known as termination. Sekudu (2015:91) described disengagement as the phase where the social worker and client system jointly agree to terminate the helping relationship that was established at the beginning of the intervention. Accordingly, Kirst-Ashman (2017:133) pointed out that it is unprofessional for a social worker to get up one day and decide to terminate the helping relationship without warning. Appropriate disengagement is discussed by the social worker and client at the beginning and throughout the process of intervention. Therefore, the client should not be forced to reach the goal in order for the disengagement to take place. Figure 6.7 depicts proposed activities that the social worker should undertake with the parents of substance dependent youth during the disengagement step of this proposed model.

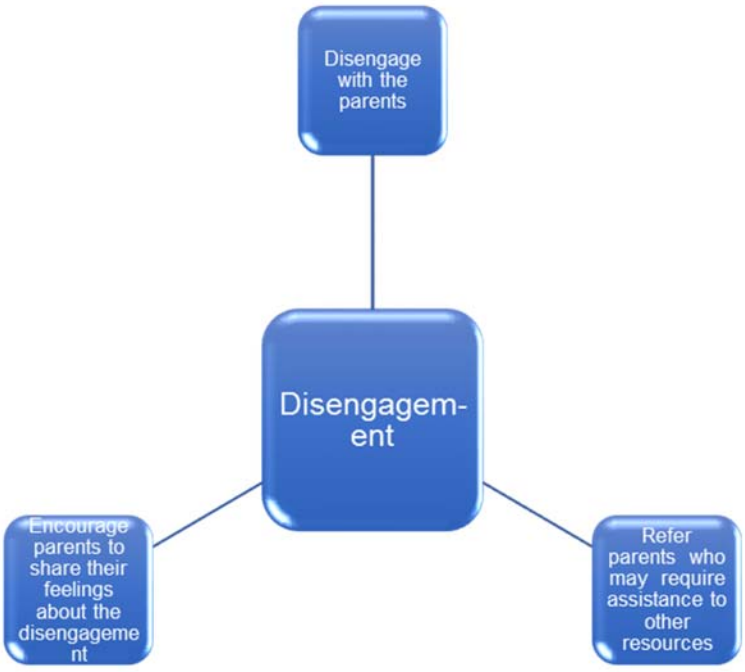


Figure 6.7 Step 6-Disengagement

The relationship between the social worker and client system cannot be permanent. Following the achievement of the desired goals, the professional relationship must come to an end. However, regardless of the level of intervention, termination cannot be done abruptly. Throughout the process, it is important for the social worker to prepare parents for disengagement by informing them about the number of outstanding sessions. As part of preparation for disengagement, it is advisable for the social worker to encourage clients to come in for a termination session instead of doing telephonically.

Disengagement provides an opportunity for the client system to move towards independence outside the therapeutic relationship. This step relies on the premise that a client is ready for disengagement when agreed-upon goals have been met. This type of termination, which is also referred to as planned termination, is predictably expected. Kirst-Ashman (2017:134) explained that often, unplanned termination can occur depending on unforeseen circumstances. These maybe instances where a social worker might leave the position because of relocation, resignation, illness or a client might leave an institution for some reason or lose eligibility to receive services. A client might fail to come back or, maybe, other aspects of the client's life take precedence over the problem he or she originally came to the social worker to help solve. In all cases, social workers should acknowledge the importance of termination and make sure that the client is comfortable with this step (Kirst-Ashman, 2017:134). Clients need to know that they can also seek help if the need arises in future.

The following questions can be used as a guideline by social workers to facilitate the disengagement step:

- What has it been like to be part of this intervention process?
- What are your feelings about the disengagement?
- What has been helpful about this intervention process?
- What has been least helpful about this intervention process?
- Do you have any fears of continuing independently, outside this helping relationship?
- Do you feel that you have achieved all your goals?

6.4 Summary of the chapter

This chapter offered a proposed model for social work practitioners in utilizing parents for substance dependency services to their youth. The model was presented in the same sequential steps used in other areas of social work intervention, namely, engagement, assessment, planning, implementation, evaluation and disengagement. The proposed activities that the social worker can carry out on how to utilize parents of substance dependent youth were presented in each step. The following chapter presents the summary, conclusions and recommendations based on the literature and empirical findings of the study.

7. CHAPTER SEVEN - SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The focus of this study was on parents as an underutilized resource for the substance dependency to their youth. In response to the identified gap and through the findings from the parents of substance dependent youth and social workers providing substance dependency services, a model was developed from a social work perspective, on how social workers can utilize parents as a resource for the substance dependency service to their youth. This final chapter presents a summary of previous chapters, conclusions drawn from this study and recommendations for society, professionals, social workers as well as future research related to utilizing parents as a resource for the substance dependency services to their youth.

7.2 Summary of chapters

This research study consists of seven chapters; below is the summary of the previous six chapters.

Chapter one presented a general orientation to the study by introducing substance dependency amongst youth not only as an individual and South African problem but also as a multifaceted phenomenon which is worldwide, continental and family-oriented. The problem statement and significance of the study were presented with the support of relevant literature. The research questions, goals and objectives derived from the topic were also presented in the chapter. A brief literature overview and theoretical framework that guided this study were introduced. The qualitative research approach which was followed by the researcher in the process of conducting the current study was briefly presented. The chapter presented ethical considerations that guided the researcher's conduct during the study. These comprised of beneficence, anonymity, privacy, confidentiality, no harm to the participants and debriefing of participants. The demarcation of the study, classification of key concepts and structure of the report and limitation of the study were also presented.

Chapter two presented an overview of the literature review of the study. This comprised of an overview of the current global trends regarding substance dependency, a continental overview of substance dependency as well as the overview of substance dependency in South African. The global, continental and South African trends in an estimated number of people who use drugs were also presented. The chapter also outlined the international standards on drug prevention, which include the characteristics of an effective prevention intervention. The continental minimum quality standards for drug dependence, which include, core principles on which the National drug strategies should always be based in the continent, were specified as well. In addition to the above, Minimum Norms and Standards for out-patient treatment centres in South Africa were presented with the special focus on levels of service delivery that include prevention, early intervention and statutory treatment was presented . As part of the literature review, this chapter described the parents' role in encouraging teenage substance dependence, the benefits of involving parents in the treatment of their substance dependent adolescent, themes characterizing families of substance dependents, key elements of effective treatment for adolescents, stages of change, social welfare intervention process, intervention programs for substance dependent persons and South African legislative and policy framework for social work practise with substance dependent persons. Attention was also paid to the theoretical frameworks underpinning this study. These comprised of strengths-based and family systems approach.

Chapter three presented a detailed description of the application of qualitative research approach adopted in this study. An explanation of the application of the research design with special focus on explorative, descriptive, contextual and intervention research designs was provided. This chapter orientated the reader to the application of Phases and Steps of the Rothman and Thomas intervention research model. In addition, the justification for selecting the sample, sampling methods, preparing participants for data collection, data-collection tools, pilot test, data analysis, trustworthiness of the overall design and a comprehensive account of ethical considerations were presented.

Chapter four began with a description of the biographical data of parents with special consideration on their gender, race, ethnicity, marital status, employment status,

municipality ward, highest educational qualification, youth age and youth gender. This was followed by the presentation and discussion of the findings according to the themes, sub-themes and categories derived from the data collected from parents of substance dependent youth. Literature control was utilized to compare and contrast the findings with other similar studies.

Chapter five presented findings that emanated from the analysis of data collected from the DSD social workers at the 10 service points of DSD Gauteng, in the CTMM. The presentation began by addressing the biographical data of social workers who participated in the study with special consideration of their gender, race, ethnicity, service point of DSD and years of experience in providing social work services at DSD. Thereafter, findings were described according to the themes, sub-themes and categories that were identified. Literature control was utilized to compare and contrast the findings with other similar studies.

Chapter six presented a proposed model for social work practitioners in utilizing parents for substance dependency services to their youth. The model was presented in the same sequential steps used in other areas of social work intervention, namely, engagement, assessment, planning, implementation, evaluation and disengagement.

The last chapter presents the summaries, conclusions and recommendations for future research and for the social work profession.

7.3 Conclusions drawn from this study

7.3.1 General conclusions

- **The general orientation, research problem, research questions, aim and objectives of this study**

Upon the completion of this study, the researcher made the following conclusions regarding the research problem, research questions, aim and objectives:

- With regard to the general orientation, it was established that youth substance dependency is not only an individual and South African phenomenon but a global,

continental and family problem. Therefore, there is no doubt that parents' utilization as a resource in the substance dependency services to their youth will bear positive results in the recovery process of the user.

- The research problem of this study was confirmed by parents of substance dependent youth and social workers providing substance dependency services from the 10 service points of DSD Gauteng, in the CTMM. Participating parents and social workers reported a lack of parents' utilization as a resource for the substance dependency services to their youth.
- Research questions that guided this study were threefold as follows: (i) What are parents' experiences of the substance dependency services to their youth? (ii) From the perspective of the social workers, what services or intervention methods are available in utilizing parents as a resource for the substance dependency services to their youth? (iii) Which social work model could be developed to ensure the utilization of parents as a resource for the substance dependency services to their youth? In view of the above-formulated research questions, the research concludes that they were relevant specific and in terms of responding to the identified gap regarding parents as an underutilized resource for the substance dependency services to their youth.
- This study aimed at exploring how parents can be utilized as a resource for the substance dependency services to their youth. The aim of the study was achieved through the intervention research (see application from Chapter 3 to Chapter 6) and the following formulated objectives: (i) To explore and describe parents' experiences as an underutilized resource for the substance dependency service to their youth; (ii) To determine existing gaps in the social worker's services or intervention methods in utilizing parents as a resource for the substance dependency services to their youth; (iii) To review literature that relates to parents as an underutilized resource for the substance dependency to their youth; and, (iv) Based on the findings, to draw conclusions and make recommendations in order to develop a model from a social work perspective, on how social workers can utilize parents as a resource for the substance dependency service to their youth. All research objectives were achieved. With regard to the first objective, in Chapter

4 of this report, the detailed description of parents' experiences as an underutilized resource for the substance dependency services to their youth was presented. Furthermore, with regard to the second objective, in Chapter 5 of this report, a detailed description of existing gaps in the social workers' services or intervention methods in utilizing parents as a resource for the substance dependency services to their youth was given. Regarding the third objective, Chapter 2 of this report presented an extensive literature review that relates to parents as an underutilized resource for substance dependency services to their youth. Lastly, in Chapter 6, the fourth objective was realized in the presentation of the proposed model for social work practitioners on how parents can be utilized as a resource for the substance dependency services to their youth.

- **Ethical considerations**

The following conclusions were drawn in relation to the ethical considerations observed in this study:

- Regarding informed consent, the researcher concluded that this was successfully observed in this study as all participants consented to participate. The researcher ensured that the participation was purely voluntary by informing participants about the purpose, implications and risk associated with the study before signing informed consent forms from the professional independent person.
- With regard to beneficence, the researcher concluded that it was successfully implemented as both the researcher and a professional independent person ensured that from the onset of the study participants were fully informed regarding non-monetary remuneration for participating in the study. The researcher and professional independent person respectively, informed participants that the study would be conducted for academic purposes and that the information collected would assist in providing recommendations and developing a model that would be used to utilize as a resource for the substance dependency service to their youth.
- The researcher concluded that anonymity, privacy and confidentiality had been successfully maintained in this study. For instance, to uphold the principle of

anonymity and confidentiality, the researcher used pseudonyms instead of participants' real names so that they could not be linked to the data collected. Furthermore, the principle of privacy was implemented by emphasising to all the participants the right to withdraw at any stage and to refuse to answer certain questions.

- The researcher concluded that the principle of no harm to participants was well implemented. Throughout the study, the researcher ensured that participants were free from harm by thoroughly informing them about the aim of the study from the onset.
- Regarding the debriefing of participants, even though none of the participants needed to undergo for debriefing sessions at SANCA, it is concluded that it was an ethically conscious and proactive move for the researcher to anticipate the possibility that participants might be affected following their participation in the study.

- **Conclusions: Literature review and theoretical orientation**

With regard to the literature review and theoretical orientation, the following conclusions were drawn:

- It is concluded that the literature review was of utmost importance as it provided the researcher with a comprehensive overview of previous and current studies in relation to the phenomenon under investigation. Through the literature review, the researcher was able to identify gaps and identify functional elements of successful models which assisted in developing a model for social work practitioners.
- The researcher concluded that the two theoretical approaches adopted for the purpose of the study, namely, strengths-based and family systems approaches were appropriate as they assisted in providing an in-depth understanding of the importance of social work services to substance dependents and their families.

- **Conclusions: Research methodology**

Regarding the research methodology, the following conclusions were drawn:

- The researcher concluded that the qualitative research approach which was adopted for the purpose of this study was appropriate as it allowed the capturing of data directly from individual participants. This allowed the researcher to obtain first-hand information from the participants and put them into an expert position.
- The researcher implemented the exploratory, descriptive, contextual and intervention research designs, employing the IDD-Model of Rothman and Thomas (1994:3-51). It is concluded that the exploratory research design was helpful as it allowed the researcher to gain an insight into the phenomenon, especially because it was relatively new and unstudied. In view of the descriptive research design, it is concluded that it was appropriate since it enabled the researcher to provide an accurate account of the participants' experiences and views in relation to the phenomenon being studied. In addition, it was concluded that a contextual research design was appropriate as it allowed the participants to share their unique realities within the South African diverse context. The researcher also arrived at the conclusion that the use of intervention research through employing the IDD-model was helpful as it provided the basis for developing a model from a social work perspective, on how parents can be utilized as a resource for the substance dependency service to their youth (see Chapter 6).
- With reference to the population and sampling process, the researcher concluded that the two categories of population included in this study, namely, parents of substance dependent youth and social workers from the 10 service points of DSD Gauteng, in the CTMM proved to be appropriate as they provided accurate and in-depth information such that the research questions were answered adequately. In addition, the individual face-to-face semi-structured interviews chosen as the main method of data collection proved to be successful in the context of this study. As for the sampling method, the researcher concluded that the use of purposive sampling was fruitful as both the parents of substance dependent youth and social workers provided rich insights into the phenomenon under investigation. Regarding the analysing of data, the researcher concluded that the use of Tesch's eight steps to analyse data as outlined by Creswell (2009:189) was appropriate and user-friendly.

7.3.2 Conclusions on adopted themes relating to findings from parents of substance dependent youth

In the following section, conclusions arising from the research findings with the parents of substance dependent youth will be presented. This involves the presentation of conclusions derived from 7 themes (see Chapter four).

Theme 1: Experiences with the substance dependency services to their youth

- The researcher concluded that participants needed to start by describing their initial experience of how they found out about their youth problem through school.
- It was established that some participants found out about their youth substance dependency problem by being subjects/victims of theft.
- It was also concluded that their youth initiative to seek help about their substance dependency problem linked the participants with DSD.
- Furthermore, it was concluded that a majority of participants did not receive direct service from the social workers at DSD as the focus was only limited to the substance dependent youth.

Theme 2: Services offered to them and their substance dependent youth

- Although participants did not comment about services offered to them, the researcher concluded that they appreciated the intervention offered to their substance dependent youth by the social workers from DSD.

Theme 3: Challenges in receiving the services from the social worker

- The researcher concluded that some participants expressed no challenge in relation to services received from social workers because for them the service was for the user only.
- With regard to challenges, the researcher concluded that some participants were dissatisfied with the level of communication by the social worker.

- The researcher concluded that some participants felt excluded by the social worker during the provision of services to their substance dependent youth.
- Participants bear a financial burden and intimidation as a result of youth dependency to substances.
- It was established that participants' health had taken a strain as a result of youth dependency on substances.
- The researcher concluded that some participants were unhappy with the services from SAPS.

Theme 4: Knowledge and understanding in relation to the substance dependent youth's addiction

- The researcher concluded that participants had limited or no knowledge and understanding in relation to the addiction of substance dependent youth.

Theme 5: Resources they require in relation to their substance dependent youth

- The researcher concluded that the participants needed support from anywhere or anyone.
- The researcher also concluded that participants needed support from social workers and counselling.
- It was established that participants needed education and employment on behalf of their substance dependent youth.

Theme 6: Role they can play in assisting their substance dependent youth

- The researcher concluded that participants could play a supporting role in assisting their substance dependent youth.
- The researcher also concluded that some participants were uncertain about their role in assisting the substance dependent youth.

Theme 7: Recommendations regarding what should be changed in the substance dependency services for their youth

- The researcher concluded that participants needed a broader as well as the alternative intervention.
- The researcher also concluded that participants needed parents' involvement.
- Furthermore, the researcher concluded that some participants needed no changes in the current substance dependency services for youth.

7.3.3 Conclusions on adopted themes relating to findings from social workers providing substance dependency services

In this section, conclusions arising from the research findings with the social workers providing substance dependency services will be presented. This involves the presentation of conclusions derived from 7 themes (see Chapter five).

Theme 8: Intervention process in providing substance dependency services to youth

- Drawing from the participants' responses, it is concluded that the intervention process in providing substance dependency services to youth differs from one social worker to another and from one service point to another.
- It is established that each social worker uses his/her own discretion when providing substance dependency services to youth.
- The researcher concluded that there are five aspects that define social work intervention in providing substance dependency services, namely, engagement stage, individual session, joint session and a home visit, preparatory group session, admission to and treatment in a treatment centre as well as aftercare and reintegration services.

Theme 9: Challenges faced in providing substance dependency services

- The researcher concluded that there are three main challenges faced by participants in providing substance dependency services, namely, internal challenges at DSD, challenges related to the substance dependent youth

- It was established that under internal challenges at DSD, participants face a lack of resources as well as the disintegration of services within DSD.
- It was also established that in relation to challenges related to the substance dependent youth, participants face difficulty in dealing with users who are impatient, dishonest and non-committed.
- With reference to challenges related to the parents of substance dependent youth, the researcher concluded that participants face a challenge with parents' availability and cooperation.

Theme 10: Stage of utilizing parents of substance dependent youth in the intervention process

- Drawing from the participants' responses, it is concluded that there is no consistency about the stage when participants utilize parents in the intervention process. Therefore, individual discretion dictates this process.
- It was established that some participants prefer to utilize parents from the beginning while others prefer to utilize them after the first session with youth. There are those who prefer to utilize them at the later stage and lastly, some who prefer to utilize them during aftercare and reintegration stage.

Theme 11: Significance of utilizing parents as a resource for the substance dependency services to their youth

- The researcher concluded that participants regard parents as the main source of support; hence it is significant to utilize them as a resource for the substance dependency services to their youth.
- The researcher also concluded that parents are viewed by participants as reliable sources of providing information; it is, therefore, important to utilize them as a resource for the substance dependency services to their youth.

Theme 12: Resources to empower parents of substance dependent youth

- It was established that some participants pointed to a lack of resources to empower the parents of substance dependent youths.
- It was proven that the use of professional skills and knowledge by some participants was considered as an available resource to empower parents of substance dependent youth.
- The researcher concluded that as a resource to empower parents of substance dependent youth, participants also referred to how they involve parents in awareness campaigns.

Theme 13: Framework and guide used when dealing with parents of substance dependent youth

- It was concluded that various participants confirmed that they use no specific framework when dealing with parents of substance dependent youth.
- It was established that participants referred to the Act, NDMP and Minimum Norms and Standards as frameworks they use when dealing with parents of substance dependent youth.
- It was established that Cognitive Behavioural Therapy and Systems Theory are frameworks used by some participants when dealing with the parents of substance dependent youth.

Theme 14: Recommendations on the strategies for effectively addressing substance dependency

- The researcher concluded that availability of more resources, provision of relevant training of social workers providing substance dependency services, assessment of current treatment programmes and use of halfway houses, community education and awareness as well as weakening the position of drug lords in the community are strategies recommended by participants to be in place in order to enable them to effectively address substance dependency.

- It was established that in relation to the availability of more resources, participants recommended the provision of cars and office space, development of a guiding framework and provision of more centres as strategies that should be in place to enable them to effectively address substance dependency.

7.4 Recommendations

The recommendations for this study are derived mainly from the research findings and the subsequent conclusions drawn, and they are presented in terms of future research, social work intervention, DSD, and SAPS.

7.4.1 Recommendations for future research

Since the setting of this study was the 10 service points of DSD within the CTMM in Gauteng Province, it is recommended that a broader and similar study that includes other Provinces be conducted in order to generate comparative data.

Given the fact that only Black Africans participated in the study, it is recommended that the research drawing participants from various racial groups be conducted to explore and describe parents' experiences as an underutilized resource for the substance dependency service to their youth.

In view of the responses that were limited to parents of substance dependent youth and social workers providing substance dependency services, it is recommended that a similar study that includes substance dependent youth be conducted.

There is a need to investigate whether the kind of training offered to social work students at undergraduate level by institutions of higher learning adequately prepares and equips them to provide effective substance dependency services in practise.

7.4.2 Recommendations for social work intervention

In view of the fact this study revealed that individual discretion dictates the provision of substance dependency services, it is recommended that the provision substance dependency services be evidence-based. Therefore, the use of appropriate scientific

intervention should direct all activities for the provision of substance dependency services.

This study proved that there is inconsistency in the delivery of substance dependency services to youth, therefore, a recommendation is made to standardise substance dependency services by having a uniform program that integrates parents in the intervention process.

This study also revealed that parents are not aware about the youth substance dependency problem therefore, it is recommended that awareness campaigns be carried out by social workers with the purpose of educating parents about this phenomenon.

This study further found that social workers often experience challenges in dealing with impatient, dishonest and noncommitted substance dependent youth. To mitigate these circumstances, it is recommended that social workers intensify their assessment method by involving parents who will authenticate information. To intensify the substance dependent's commitment to the recovery process is further recommended that social workers should explore the possibility of committing the user in terms of Section 33 of the Act.

Training in the form of continuous professional workshops is recommended to empower social workers on how parents can be utilized in the provision of substance dependency services

It is recommended that social workers should be continuously trained on relevant legislation and policy frameworks such as the Act, Framework for Social Welfare Services, and NDMP.

7.4.3 Recommendations for DSD

This study found that there are internal challenges at DSD that undermine the social workers' efforts to provide quality substance dependency services. It is recommended that DSD should consider employing more social workers who will provide professional substance dependency services.

It is also recommended that DSD should place social workers in the communities that they serve.

Furthermore, it is recommended that DSD social workers be provided with sufficient cars and adequate office space to allow them to carry their duties in a professional manner.

The study also revealed that there is disintegration and fragmentation of services within DSD. In other words, DSD social work substance dependency services provided at community level are not aligned with DSD social work substance dependency services at the treatment centre/level. Therefore, it is recommended that substance dependency services within DSD be integrated at all intervention levels.

7.4.4 Recommendations for the SAPS

In an effort to combat substance dependency, it is recommended that a special unit be established by the SAPS to deal with substance-related crimes and extensively look at protecting the rights of parents with substance dependent youth.

This study proved that there is a disconnection between community (particularly parents of substance dependent youth) and the SAPS. It is therefore recommended that both the community and the SAPS collaborate in an effort to remove the scourge of substance dependency in the family and community.

7.5 Summary of the chapter

This chapter aimed at presenting summaries and conclusions as well as put forward some recommendations. An introduction was provided at the beginning and this was followed by a brief summary of each chapter. Conclusions drawn from this study were presented; they comprised of conclusions reached about the general research orientation, research problem, research questions, aim and objectives of this study. Furthermore, conclusions were drawn on ethical considerations, literature review and theoretical orientation, research methodology, findings from parents of substance dependent youth and social workers. Finally, recommendations based on the conclusions and findings were made. These were presented in terms of future research, social work intervention, DSD, and the SAPS.

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Annexures

ANNEXURE 1: Approval from Health Research Ethics Committee

NWU®
NORTH-WEST UNIVERSITY
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Health Sciences Ethics Office for Research, Training and Support
Health Research Ethics Committee (HREC)
Tel: 018-285 2291
Email: Wayne.Towers@nwu.ac.za

Dr NF Maforah
Social Work
COMPRES

8 October 2018

Dear Dr Maforah

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

Ethics number: NWU-00025-18-51

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

Study title: Parents as an underutilized resource for the substance dependency service to their youth: Developing a model for social work practitioners

Study leader: Dr NF Maforah

Student: J Masombuka-29865638

Application type: Single study

Risk level: Medium (monitoring report required six- monthly)

Expiry date: 31 October 2019 (Monitoring reports are due at the end of February and August annually until completion).

You are kindly informed that after review by the HREC, Faculty of Health

Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 08/10/2018. It, however, requires the following further conditions specific to *the progress* of the study:

a. Please provide the HREC with copies of the goodwill permission letters from the 10 service points in Gauteng to be included in the study, indicating access to these facilities.
b. Please submit the various interview schedules to be used during the study, to the HREC for approval before they can be implemented in the study.

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

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

Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECMonitoring@nwu.ac.za. Annually, a number of studies may be randomly selected for an internal audit.
The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to Ethics-HRECApply@nwu.ac.za with a cover letter with a specific subject title indicating e.g. “Amendment request: NWU-XXXXX-XX-XX". The letter should

include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in yellow highlight in the amended documents. The *e-mail,* to which you attach the documents that you send, should have a *specific subject line* indicating that it is an amendment request e.g. "Amendment request: NWU-XXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to Ethics-HRECincident-SAE@nwu.ac.za. The *e-mail,* to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXXXX-XX-XX". Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

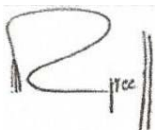
The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

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

Yours
sincerely



Prof Wayne Towers
HREC Chairperson



Prof Minrie Graeff
Ethics Office Head

ANNEXURE 2: Approval from DSD

ANNEXURE 2



Enquiries: Dr. Sella Mokoena
Tel: (011) 3557949
File no.: 2/9/04

MR JAN MASOMBUKA

Dear Mr Jan Masombuka

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on "**Parents as an** Underutilized **Resource for the Substance Dependency Service to their Youth: Developing a Model for Social Work Practitioners"** has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 05th of July 2018. In order for the department to learn and draw from the findings and recommendations of your study, please note that you are requested to provide the department with a copy of your dissertation/thesis once your study has been completed.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Ms A HARTMANN
Deputy Director General: Support Services
Date: *10/7/2018*

ANNEXURE 3 Permission letter from SANCA: Debriefing purpose

SANCA

60 CELEBRATING Years

PRETORIA
SOSHANGUVE/HAMMANSKRAAL

SANRA

South African National Council on Alcoholism
& Drug Dependence
Suid-Afrikaanse Nasionale Raad i/s Alkoholisme
en Dwelmafhanklikheid

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E-mail: sanca.pta@absamail.co.za
Website:www.addictionrehab.co.za

Registered as Nonprofit organization
001-675 NPO
Geregistreer as Nie Winsgewende organisasie
001-675 NPO

Date: 23 November 2017

To whom it may concern

This is to acknowledge that Mr Jan Masombuka has requested our services to debrief his research participants if and when required. Mr Hendrick Lefoka the social worker stationed at SANCA Soshanguve will be offering free counseling to the research participants as requested.

For further enquiries do not hesitate to contact me.

.....

Operation manager
K M S Kolokoto (Mrs}

ANNEXURE 4: Interview-guides

INTERVIEW-GUIDE: PARENTS OF SUBSTANCE DEPENDENT YOUTH

SECTION A: BIOGRAPHICAL INFORMATION

1. From which ethnic group are you?
2. What is your current employment status?
3. What is your highest educational qualification?
4. What is the gender of your dependent youth?
5. What is his/her age?

SECTION B: TOPICAL QUESTION

1. Please explain your experience of substance dependency services to your youth?
2. What is your opinion of the services offered to you and your substance dependence youth?
3. What challenges have you encountered in receiving the services from the social worker?
4. What is your knowledge and understanding in relation to the addiction of your substance dependent youth?
5. What resources do you require in relation to your substance dependent youth?
6. What role can parents play in assisting their substance dependent youth?
7. Based on your experience, what things would you wish they should be changed regarding the substance dependency services directed to the substance dependent youth?

ANNEXURE 4

INTERVIEW-GUIDE: SOCIAL WORKERS PROVIDING SUBSTANCE DEPENDENCY SERVICES

SECTION A: BIOGRAPHICAL INFORMATION

1. From which ethnic group are you?
2. From which service of point of DSD, within the CTMM are you employed?
3. How long have you been providing service at DSD?

SECTION B: TOPICAL QUESTIONS

1. Please explain the intervention process in providing substance dependency services to youth.
2. Please outline challenges you face in providing substance dependency services?
3. At what level or stage do you utilize parents of substance dependent youth during your intervention?
4. In your own view, what is the significance of utilizing parents as a resource for the substance dependency services to their youth?
5. What resources are available to you to empower parents of substance dependent youth?
6. What framework do you use to guide you when dealing with parents of substance dependent youth?
7. What strategies do you think should be in place to enable you to effectively address substance dependency?

ANNEXURE 4

INTERVIEW-GUIDE: SETSWANA TRANSLATION FOR PARENTS OF SUBSTANCE DEPENDENT YOUTH

PUISANO TSHUPETSO: KAELO MO BATSADING KA TIRISO YA BAINEELA DIRITIBATSI BA BAŠA BONA

KAROLO A: TSHEDIMOSETSO KA LEMORAGO LA BOTSHELO BA MOTSEA KAROLO

1. O tswa mo letsong lefe?
2. Maemo a gago a jaanong a tiro ke eng?
3. Maemo a gago a lenyalo ke afe?
4. Ke maemo afe a a kwa godimo a thuto a o nang le ona?
5. O nna mo mmasepaleng wa karolo efe?
6.

KAROLO B: SETLHOGO POTSO

1. Ka kopo thlalosa maitemogelo a gago ka ditirelo tsa tiriso ya baineela diritibatsi ba baša.
2. Kakanyo ya gago ka ditirelo tse o di netsweng le moineela diritibatsi wa moša wa gago ke efe?
3. Ke dikgoreletsi/dikgwetlo dife tseo o kopaneng le tsone mo go neelweng thuso ke modiredi-loago?
4. O itse le go thlaloganya eng ka go ineela ga moša wa gago kgotsa go nna lekgoba la diritibatsi?
5. Ke didirisiwa thuso dife tseo o di thlokang kgotsa tse di ntseng jang go ka thusa moša wa gago wa moineela diritibatsi?
6. Ke karolo e fe eo batsadi ba ka e tsayang mabapi le go thusa moša wa bona o o eleng moineela kgotsa lekgoba la diritibatsi?
7. Go ya ka maitemogelo a gago, ke dilo dife tseo o eletsang gore di ka fetolwa mabapi le tiriso-diritibatse mo ditirelong tseo di lebisitsweng mo mošeng wa moineela diritibatsi?

ANNEXURE 4

INTERVIEW-GUIDE: ISIZULU TRANSLATION FOR PARENTS OF SUBSTANCE DEPENDENT YOUTH

INHLOLOKHONO YABAZALI BENTSHA ECIKE EZIDAKAMIZWENI

ISIQEPHU A: IMININGWANE NGAWE

1. Uhlobo luni lohlanga?
2. Siyini isimo sakho somsebenzi/Uyasebenza noma cha?
3. Siyini isimo sakho somshado/Ushadile noma cha?
4. Yiziphi izifundo zakho eziphakeme?
5. Umasipala wangakini umuphi?

ISIQEPHU B: IZIHLOKWANA ZEMIBUZO

1. Chaza ngokwazi kwakho ngosizo nezinsiza ezinikezwa intsha esincike ezidakamizweni.
2. Uthini owakho umbono ngosizo/uxhaso owanikwa lona, nentsha yakho encike ezidakamizweni?
3. Yiziphi izinkinga/ izingqinamba osekewahlangabezana nazo ngenkathi uthola uxhaso noncedo kuSonhlalakahle?
4. Yikuphi okwaziyo nokuqondisisayo mayelana nentsha yakho nokuncika kwayo ezidakamizweni?
5. Yiziphi izinsiza ongazidinga mayelana nentsha yakho encike ezidakamizweni?
6. Yiliphi iqhaza elingadlalwa ngabazali ekusizeni intsha encike ezidakamizweni?
7. Ngokuya ngokwazi kwakho, yiziphi izinto ongafisa ukuthi zishintshwe mayelana noncedo olubhekiswe entsheni encike ezidakamizweni?

ANNEXURE 5: Confidentiality undertaking



CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms _____

Identity Number: _____

Address: _____

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

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

(hereinafter the “NWU”)

1. Interpretations and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 “Confidential Information” shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally,

financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

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

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

2. Preamble

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

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

3**. Title to the Confidential Information**

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

4. **Period of confidentiality**

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

5. **Non-disclosure and undertakings**

I undertake:

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

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

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

5.4. not to use any research data for publication purposes;

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

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

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

6. Exception

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

7. Jurisdiction

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

8. Whole agreement

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

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

Dated at this _____ 20____

Witnesses:

1

2

(Signatures of witnesses) (Signature)

Original details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\HREC\9.1.5.6_Ethics_Confidentiality_Agreement_June2018.docm

26 June 2018

File reference: 9.1.5.6

ANNEXURE 6: Informed consent documentation





TITLE OF THE RESEARCH STUDY: PARENTS AS AN UNDERUTILIZED RESOURCE FOR THE SUBSTANCE DEPENDENCY SERVICE TO THEIR YOUTH: DEVELOPING A MODEL FOR SOCIAL WORK PRACTITIONERS

ETHICS REFERENCE NUMBERS: NWU-00025-18-S1

PRINCIPAL INVESTIGATOR: DR NOPASIKA MAFORAH

POST GRADUATE STUDENT: JAN MASOMBUKA

ADDRESS: P.O.BOX 18125 PRETORIA NORTH 0116

CONTACT NUMBER: 0835229222/0728212708

You are being invited to take part in a **research study** that forms part of my studies in fulfilment of my PhD degree in Social Work at the North West University, Mafikeng Campus. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary and** you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00025-18-51) and** will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- This study will be conducted at the 10 service points of Department of Social Development, within the City of Tshwane Metropolitan Municipality and will involve parents of substance dependent youth and social workers, with experienced interviewing researchers trained. Parents of substance dependent youth and 295 social workers at the 10 service points of Department of Social Development, within the City of Tshwane Metropolitan Municipality will be included in this study. The interviews will be conducted at homes of parents, and social workers' place of work. Semi-structured face-to-face interviews following an interview-guide will be used as a data collection method. The researcher will use the questions contained in the interview-guide to gain insight into the phenomena under investigation. The interview-guide will consist of two sets of questions: to obtain the participants' biographical information; and their responses on phenomena under investigation.
- We plan to explore and describe parents' experiences of the substance dependency service to their youth.
- To also develop model from a social work perspective, on how social workers can utilize parents as a resource for the substance dependency service to their youth.

Why have you been invited to participate?

- You have been selected because according to the researcher, you are information bearers of the phenomenon. You have been invited to be part of this research because you are parent who is living with substance dependent youth and have reached out for help at Department of Social Development, within the City of Tshwane Metropolitan Municipality.
- You also fit the research because you are a social worker registered with the South African Council of Social Service profession, employed by Department of Social Development and have been providing services for more than 2 years. You will not be able to take part in this research if you are a minor parent and reside outside the boundaries of City of Tshwane Metropolitan Municipality. You will also not be able to take part in this research if you are a social worker who is not employed by the Department of Social Development in the Gauteng Province, particularly within the City of Tshwane Metropolitan Municipality.

What will be expected of you?

- You will be expected to take part in a once-off semi-structured face-to-face interview of 45 minutes to I hour with 7 questions, respectively. The study will commence in May 2018. For parents, the interviews will take place at their home and for social workers, will be at their place of work. The researcher will conduct all interviews.

Will you gain anything from taking part in this research?

- There is no direct benefit for you in joining this study.
- No form of monetary incentive or reimbursement will be offered to participant. However, immediately after completion of data collection process, the researcher will award a mug to each participant, as a token of appreciation to take time and personal effort to participate. During the data collection, only refreshment in a form of cold water will be made available by the researcher.
- The study outcomes will benefit the substance dependency services to the youth by utilizing parents as a resource for the substance dependency services to their youth.
- The other gains of the study is for researchers and scholars in the field of substance dependency to conduct further research on the phenomenon and generate new knowledge to pave the way towards the future policies and new intervention strategies.

Are there risks involved in you taking part in this research and what will be done to done to prevent them?

- The risks to you in this study is harm but will be limited by ensuring that information that can endanger you and your significant others and relationships will not be divulge. To avoid causing both physical and emotional harm to you, the researcher will ensure that emotionally provocative topics are avoided. You will be informed thoroughly about the aims of the study.
- The research might stir up emotions of such intensity. Debriefing sessions will be conducted, during which you will get an opportunity after the study to work through the experience.
- The researcher has already made arrangements with the South African National Council on Alcoholism and Drug Dependence (SANCA) to provide free debriefing sessions or any kind of counselling that the you might need after data collection. The relevant person to be contacted is Mr Hendrick Lefoka, a registered social worker with South African Council for Social Service Profession at 012 542 1121 (see the attached letter).

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

- Anonymity of your findings will be protected by researcher and codes instead of participant's real names will be used so that you will not be linked to the data collected. Your privacy will be respected by ensuring that you are nameless and unidentifiable by any person. Your results will be kept confidential by ensuring that your records or information will not be accessible to other who are unauthorised. Only the researchers, translator (if needed), independent coder and the study leader will be able to look at your findings. The research study leader, the translator and the independent coder will each sign an undertaking to treat the information shared by the participant in a confidential manner
- Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office at the University of South Africa and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the recorders. Data will only be stored for period of 2 year thereafter it be destroyed.

- The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings. The interview-guides, together with the device containing the recorded information will only be retain for a period of two years, thereafter will be destroyed completely. Paper records such as interview-guides will be shredded and recycled. The researcher will ensure that instead of carelessly tossed in the garbage. All the electronic records stored on a computer hard drive will be erased using commercial software applications designed to remove all data from the storage device. For data stored on audio-recorder, the storage devices will be physically destroyed. The researcher will ensure that all the records stating what records were destroyed, and when and how it was done is kept

What will happen with the findings or samples?

- The findings of this study will primarily be presented in the form of a thesis for the fulfilment of an academic qualification. The findings will also be disseminated in the form a report to those who assisted with the research, as well as those individuals in the community and practise who can contribute to better client service. Manuscripts will also be prepared and submitted for review and possible publication in professional journals.

How will you know about the results of this research?

- We will give you the results of this research upon the completion of an academic qualification in the form of report.
- You will be informed of any new relevant findings by telephone.

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

- This study is self-funded.
- You will not be paid to take part in the study because its voluntary.
- There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- You can contact Jan Masombuka at 0835229222 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

Declaration by person obtaining consent

I *(name)* …… declare that:

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

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

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

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

Declaration by researcher

Jan Masombuka declare that:

- I explained the information in this document to……
- I did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them

  or was available should he/she want to ask any further question
- The informed consent was obtained by an professional independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

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

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

Declaration by researcher

Jan Masombuka declare that:

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

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

Signature of researcher **Signature of witness**