The emergency removal and safety placement of children at risk: A model for planning interventions

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Promoter: Dr C van Wyk

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It all starts here ™

NORTH-WEST UNIVERSITY
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This research study is dedicated to all the children that have to be removed from their families due to abuse and neglect.

DECLARATION BY THE RESEARCHER

I hereby declare that this research manuscript "**The emergency removal and safety placement of children at risk: A model for planning interventions"**, is my own work and all sources used have been referenced and acknowledged.

I also declare that this dissertation was edited and proofread by a qualified language editor as prescribed.

Finally, I declare that this research was submitted to Turn-it-in and a satisfactory report was received.



Jacqueline Hope

17 November 2016

DECLARATION BY THE LANGUAGE EDITOR

Hereby I declare that I have language edited and proofread the thesis **The emergency removal and safety placement of children at risk: A model for planning interventions** by Jacqueline Hope for the degree PhD in Social Work. I am a freelance language practitioner after a career as editor-in-chief at a leading publishing house.



Lambert Daniel Jacobs (BA Hons, MA, BD, MDiv)

17 November 2016

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ABSTRACT

KEY WORDS: Child abuse, emergency child protection, temporary safe care, social work, designated social worker, residential social worker, child and youth care worker, best interests of the child, social work theories, practice model.

Child abuse remains a major problem within communities, despite all efforts to date to try to intervene with children and families. There have been countless policies drawn up which aim to protect children's rights and prevent child abuse including the United Nations Convention on the Rights of the Child, African Charter, South African Constitution, and the Children's Act 38 of 2005. Some cases of severe abuse result in children being statutorily removed from their families in order to protect them from further abuse. Internationally, there are policies in place which guide professionals in how to go about this emergency removal and safety placement of children at risk. However, within a South African context, this model for practice within emergency child protection situations appears to be greatly lacking.

Without a model to guide social workers in these already difficult and challenging situations, this leaves professionals separating children from their families without the proper frameworks for practice. The removal of children from their families is often traumatic and devastating for the children, family, and even social work professionals involved; and this situation is further aggravated by the fact that professionals are not working from a standardised, evidence-informed, ethically based, and theoretically founded practice model.

This study aimed to address this gap identified in literature and observed in practice by means of developing a model for planning interventions for the emergency removal and safety placement of children at risk. Although emergency child protection takes place immediately, it is important for professionals to be working from a structured intervention practice model which sets out the necessary strategic interventions which need to be followed, to ensure effective services are rendered to children and families.

The study utilised the design and development model of intervention research, consisting of six phases. The first phase involved interviews and focus groups with designated and residential social workers and child and youth care workers, to explore and describe the current intervention strategies used for the emergency removal and safety placement of children at risk. The findings showed that there are many challenges in the field of social work which are contributing to the poor services received by children and families, which included: lack of supervision, no multi-disciplinary team approach to services, limited infrastructure and a lack of resources, staff shortages and high caseloads. These challenges obstruct child protection services, leading to an approach to child protection which is very rushed, chaotic, paperwork focused, and is deficient of an emotionally caring response towards children and families involved. Results from the first phase of this study showed that there was no practice model to guide social workers in how to remove children and place them in safety. As there is no practice model, and a gross lack of supervision, participants from this study indicated that child protection practice is instead guided by their gut instincts and cultural values.

The second phase of this study consisted of interviews and discussion groups with participants who provided information on various social work theories and how the best interest of the child standard should be incorporated into a model for planning child protection interventions. Significantly, the findings showed that the best interest of the child standard is not applied as a whole principle throughout the child protection process, but rather in a fragmented way whereby bits and pieces of the standard are used to justify specific actions. The findings from phase two highlighted the need for an integrated and holistic approach to incorporating the best interest of the child standard and social work theories throughout the child protection process.

For phase three, the researcher developed an observational system (after the model was developed) as a means by which to observe and assess the implementation of the model to provide further insights into its effectiveness.

In phases four and five, the knowledge, skills, and experience of designated social workers, residential social workers and child and youth care workers were used to inform the development of the model. The participants provided information on intervention strategies, procedures involved with the emergency removal and safety

placement, and integrated the best interests of the child standard and social work theories into the development of a model for planning interventions for the emergency removal and safety placement of children at risk.

Based on all the data collected from the above-mentioned phases, as well as an in-depth literature study, phase five of this study involved the development of a model for the emergency removal and safety placement of children. The model was discussed with and evaluated by social workers in the field of children protection as well as a legal expert from the children's court. Feedback obtained from the evaluations was used to adapt and finalise the model.

Phase six consisted of the writing up of the research findings within three journal articles that will be submitted for publication in various academic journals.

The results of this study have addressed the gap identified in literature and practice by means of developing a model for planning interventions for the emergency removal and safety placement of children at risk.

OPSOMMING

SLEUTELWOORDE: Kindermishandeling, nood-kinderbeskerming, tydelike veilige bewaring, maatskaplike werk, toegewysde maatskaplike werker, residensiële maatskaplike werker, kinder- en jeugversorger, beste belange van die kind, maatskaplikewerkteorieë, praktykmodel.

Kindermishandeling bly ’n probleem binne ons gemeenskappe, ten spyte van al ons pogings tot op datum om by kinders en families in te gryp. Vele beleidsdokumente is al opgestel in ’n poging om die regte van kinders te beskerm en kindermishandeling teen te werk. Hieronder tel die Verenigde Nasies se Konvensie oor Kinderregte (UNCRC), die Afrikaverdrag, die Suid-Afrikaanse Grondwet en die Kinderwet, Wet 38 van 2005. Sommige gevalle van ernstige mishandeling lei daartoe dat kinders statutêr uit hulle familie verwyder word ten einde hulle teen verdere mishandeling te beskerm. Internasionaal is daar beleid in plek om as riglyn te dien vir professionele persone oor hoe om te werk te gaan by die noodverwydering en veilige plasing van bedreigde kinders. Binne die Suid-Afrikaanse konteks blyk daar egter ’n dringende behoefte te wees aan ’n praktykmodel vir situasies van nood-kinderbeskerming.

Sonder ’n model wat as riglyn kan dien vir maatskaplike werkers in sulke reeds moeilike en uitdagende situasies, laat dit professionele persone wat kinders uit hulle familie verwyder sonder ’n behoorlike praktykraamwerk. Die verwydering van kinders uit hulle familie is dikwels traumaties en vernietigend vir die kinders, die familie en selfs die maatskaplike werkers wat betrokke is. Hierdie situasie word verder vererger deurdat die professionele persone nie vanuit ’n gestandaardiseerde, getuienisgebaseerde, eties verantwoorde en teoreties gefundeerde praktykmodel werk nie.

Hierdie studie beoog om in hierdie behoefte wat uit die literatuur geblyk het en in die praktyk waargeneem is, te vervul deur ’n model te ontwikkel waarmee die intervensies beplan kan word om bedreigde kinders te verwyder en veilig te plaas. Alhoewel nood-kinderbeskerming dadelik plaasvind, is dit belangrik vir professionele persone om vanuit ’n gestruktureerde intervensiepraktykmodel te werk wat die

noodsaaklike strategiese intervensies uiteensit wat gevolg behoort te word, ten einde te verseker dat effektiewe dienste aan kinders en families gelewer word.

Hierdie studie benut die ontwerp- en ontwikkelingsmodel van intervensienavorsing, wat uit ses fases bestaan. Die eerste fase het onderhoude en fokusgroepe met toegewysde en residensiële maatskaplike werkers en kinder- en jeugversorgers behels, in ’n poging om die huidige intervensiestrategieë wat vir die noodverwydering en veilige plasing van bedreigde kinders gebruik word, te ondersoek en te beskryf. Die bevindinge het getoon dat daar baie uitdagings in die veld van maatskaplike werk bestaan wat bydra tot die swak diens wat kinders en families ontvang. Dit sluit in die gebrek aan supervisie, geen multidissiplinêre benadering tot dienste nie, beperkte infastruktuur en ’n tekort aan fasiliteite, personeeltekorte en groot gevalleladings. Hierdie uitdagings staan in die pad van kinderbeskermingsdienste en lei tot ’n benadering van kinderbeskerming wat baie gejaagd en chaoties voorkom, gefokus is op papierwerk, en mank gaan aan ’n emosionele versorgingsrespons teenoor die kinders en families wat betrokke is. Resultate uit die eerste fase van hierdie studie het aangetoon dat daar geen praktykmodel is om leiding aan maatskaplike werkers te gee oor hoe om kinders te verwyder en in veiligheid te plaas nie. Aangesien daar geen model is nie en ’n reusetekort aan supervisie, bestaan, het deelnemers aan hierdie studie aangetoon dat kinderbeskermings-praktyk gerig word deur instink en kulturele waardes.

Die tweede fase van hierdie studie het bestaan uit onderhoude en besprekingsgroepe met deelnemers wat inligting verskaf het oor verskillende maatskaplikewerkteorieë en hoe die beste belang van die kind standaard geïnkorporeer behoort te word in ’n beplanningsmodel vir kinderbeskermingsintervensies. Dit was opmerklik dat die beste belang van die kind standaard nie as ’n geheel toegepas word in die kinderbeskermingsproses nie, maar eerder op ’n gefragmenteerde manier waarin stukkies en brokkies van die standaard gebruik word hoofsaaklik om bepaalde optrede te regverdig. Die bevindings van fase twee het die behoefte aan ’n geïntegreerde en holistiese benadering uitgelig om die beste belange van die kind standaard en maatskaplikewerkteorieë by die totale kinderbeskermingsproses te betrek.

In fase drie het die navorser ‘n waarnemingsisteem ontwikkel as 'n wyse om te observeer en die implementering van die model te assesseer, ten einde verdere insigte in terme van die doeltreffendheid te bekom.

In fases drie en vier is die kennis, vaardighede en ervaring van toegewysde maatskaplike werkers, residensiële maatskaplike werkers asook kinder- en jeugversorgers gebruik om tot die ontwikkeling van die model by te dra. Die deelnemers het inligting verskaf oor intervensiestrategieë, die prosedures wat gevolg word by die noodverwydering en veilige plasing, en het die beste belange van die kind standaard en maatskaplikewerkteorieë geïntegreer in die ontwikkeling van ’n model vir die beplanning van intervensies vir die noodverwydering en veilige plasing van bedreigde kinders.

Gebaseer op al die versamelde data uit bogenoemde fases, sowel as uit ’n indiepte literatuurstudie, het fase vyf van hierdie studie die ontwikkeling van ’n model vir die noodverwydering en veilige plasing van kinders behels. Die model is bespreek met en geëvalueer deur maatskaplike werkers in die veld van kinderbeskerming sowel as deur ’n regskenner van die Kinderhof. Terugvoering wat vanuit die evaluerings verkry is, is gebruik om die model aan te pas en af te rond.

Fase ses bestaan uit die opskryf van die navorsingsbevindinge in drie joernaalartikels wat by verskeie joernale aangebied sal word vir publikasie.

Die bevindings van hierdie studie het die behoefte wat in die literatuur en in praktyk uitgewys is, aangespreek deur ’n model te ontwikkel vir die beplanning van intervensies vir die noodverwydering en veilige plasing van bedreigde kinders.

PREFACE

- The article format was utilised in the presentation of the research results, as described in Academic rule 2.4.1.2.2.2, stipulated by North-West University postgraduate faculty manual (2016).
- This thesis consists of four sections: introduction, literature study, three articles, summary and recommendations; as well as addenda.
- Different referencing styles are used in this document. The North-West University's Harvard (2012) referencing style are used in Section A, B and D.
  The referencing style and format of the journal articles in Section C is in accordance with the journal's author guidelines, which are indicated before each journal article:

  Article 1 – Social Work/ Maatskaplike Werk (Harvard)

  Article 2 – Child Abuse & Neglect (APA)

  Article 3 – The Social Work Practitioner-Researcher (Harvard)

- Section A Part 1 reflects the planning phase and is thus written in the future tense, whereas Section A Part 2 provides feedback on the research process and is thus written in the past tense.
- Any reference made herein to "researcher" will refer to the student, Jacqueline Hope.
- The references for Section A, B, and D are included at the back within a consolidated list of references. However, the references related to each of the journal articles are included immediately after each journal article.

SECTION A

PART 1: ORIENTATION TO THE STUDY

1. ORIENTATION AND PROBLEM STATEMENT

The role of professionals in undertaking the protection of children, as opposed to the parents, community or church (Corby, Doig & Roberts, 2001:14), emanated from the late 20th century (Johnson, 2013:106). It was cemented after the recognition of battered child syndrome in 1962, and lead to the development of various laws for the protection of children (Johnson, 2013:106). However, almost 60 years later, there is still global recognition that children in need of protection (or "looked after children" as they are referred to internationally) are not receiving sufficient services from professionals and are still experiencing poor outcomes (Bessell & Gal, 2009:283; Coman & Devaney, 2011:37; Corby *et al.*, 2001:36; Garrett, 2008:312; Hansen & Ainsworth, 2013:105; Turcotte & Hélie, 2012:125). Some international and national governments have undergone changes to their legal policies in the last few years focusing on improving child protection services (Davis, McCaffery & Conticini, 2012:11; Garrett, 2008:311; Gaskell, 2010:136). Davis *et al.* (2012:12) in a working paper on strengthening child protection services in Sub-Saharan Africa state that, "a broad array of child protection stakeholders at community, national and global levels have called for a more holistic strengthening approach in order to improve national responses to violence, abuse and exploitation of children". The post-apartheid South African government, with its legacy of discrimination, marginalisation and inequality, in response to the dire circumstances and recognition of vulnerable children, have strived towards creating a children's right's based welfare practice (Walsh, 2011:202). More specifically, it is the Children's Act 38 of 2005 which provides the legal parameters for implementing child protection practices in South Africa.

Child protection terminology used within the South African Children's Act (RSA, 2005) is different to some internationally recognised terms, and thus needs clarification here (Maree, 2012:34). Internationally, children who are removed from their caregivers and placed into alternative care are referred to as "looked after children" or "children in out of home care" (Bessell & Gal, 2009:284; Courtney, Flynn

& Beaupré, 2013; Garrett, 2008:311; Gaskell, 2010:136). This “out of home care” or alternative care placement (i.e. where children do not live with their biological parents) refers to places of safety, children’s homes, foster care, or residential facilities and is also called “corporate care” or “corporate parenting” in some research (Cameron & Maginn, 2008:1151; Gaskell, 2010:13; McLeod, 2010:773). Within a South African context and within this research, these children are referred to as *children in need of care and protection*. Children who are at risk and in need of care and protection, are described in Section 150 of the Children’s Act (RSA, 2005), as those children (0-18 years old) who: have been abandoned; display behaviour which cannot be controlled by their parents; live or work on the streets; are addicted to dependence-producing substances; have been exploited; are exposed to circumstances which may harm their well-being; may be at risk if returned to the parent’s care; are in a state of neglect; or are being abused. A question that may be asked is how does one come to the conclusion that a child is at risk and in need of care and protection? There are various reporting protocols (Van der Schyff, 2014; Regulation 33, 53-55 and form 22 of the Children’s Act 38 of 2005) and assessment tools (Regulation 35 and 38 of the Children’s Act 38 of 2005) that aid the social worker in determining if a child is in need of care and protection; these types of actions or services are referred to as child protection services.

Child protection services are a broad term referring to those services that are rendered when a child is at risk and in need of care and protection (according to Section 150 of the Children’s Act 38 of 2005). Regulations within the Children’s Act (RSA, 2005) and recent research conducted by Van der Schyff (2014) provides a clear outline of reporting protocols (procedures and steps to be followed, forms to be completed) that are undertaken by social workers when cases of child abuse are reported to child protection organisations. Besides the reporting of child abuse and how those reports should be managed at an intake level, there is also an assessment that needs to be done by the social worker. Assessment is the most common and accepted practice in child protection work (Stanley & Hannan, 2007) and there are various models and theories for how to go about assessment including the ecological, developmental, strengths based, and child-centred approaches (Lèveillè & Chamberland, 2010; Milne & Collin-Vèzine, 2015; Stanley & Hannan, 2007; Toros, Tiko & Saia, 2013). The Children’s Act (RSA, 2005) also provides clear

outlines of what needs to be included when conducting a risk assessment. The assessment is done to determine the level of risk, danger and safety that the child is experiencing, which leads to a conclusion of whether the child needs to be removed and placed into safety, also referred to as “entry into care” (Coman & Devaney, 2011:41).

The emergency or immediate nature of child protection services (the focus area for this research) refers to situations whereby a child must be removed immediately because the child’s safety and well-being are in jeopardy due to abuse, abandonment or neglect (Ball, 2012:111; RSA, 2005: Section 152). In South Africa, for emergency situations, the social worker uses a legal document or court order called a “form 36” (RSA, 2005) to remove a child and place him or her in *temporary safe care* (place of safety). This research is concerned with those emergency child protection situations that often occur after hours. Within the Western Cape of South Africa, the after-hours child protection centre run by the Department of Social Development in Cape Town, has social workers on duty after hours to remove children in emergency situations.

This research is concerned with those emergency situations as described in Section 152 (RSA, 2005) whereby a social worker must remove the child *immediately* due to serious risk to the child; in cases where there is often not time to even conduct a full assessment of the family’s circumstances. For example, when the police call an after-hours on duty social worker to remove a child because the parents were arrested for shop lifting or because they are intoxicated (the child cannot stay with the parents in jail, and there is no family that can be contacted at that moment). This research is not focusing on other child protection situations whereby a child is assessed and identified as being at risk, but is not removed “then and there” as the safety of the child is not an immediate concern – such as a child that is in hospital and cannot be discharged to their parents (i.e. the child is safe in the hospital while the social worker tries to find family to care for the child or place the child in a place of safety); or where the child is presenting with behavioural problems and the parents have complained to the social worker that the child needs to be removed (i.e. the child remains with the family while the social worker conducts their assessment and tries to find a suitable placement). This research is only concerned with *emergency* child protection scenarios as described in Section 152 of the

Children's Act (RSA, 2005). The form 36 which is issued in the emergency to remove the child is only valid for 48 hours, meaning that the temporary safe care placement is only legitimate for 48 hours. This placement can be extended for a further period only after the social worker presents the case at a children's court (RSA, 2005: Section 152 (2) (b), 155).

Social workers that conduct the removal of children in need of care and protection are referred to in the Children's Act (RSA, 2005) as *designated social workers,* also known in other literature as "child protection workers" (Davidson-Arad & Benbenishty, 2010:1). These social workers are employed at child protection organisations (within the Western Cape of South Africa, these child protection organisations include: Department of Social Development, Child Welfare Society, ACVV, and Badisa), and are registered as social workers with the South African Council for Social Service Professionals (SACSSP) (RSA, 2005; RSA, 1978). With respect to child protection services, designated social workers are responsible for the intake of child abuse cases, assessment of risk, removal of children, placement of children in safety, court proceedings, case management, etc. (Arruabarrena & De Paúl, 2012:666; Children's Act practice note 01/2010).

A child that is removed and placed into temporary safe care is often placed at a place of safety or *child and youth care centre* (which will be referred to as a CYCC from here on), which is new terminology used within the Children's Act (RSA, 2005) for what was previously referred to as "children's homes" or "orphanages" and is sometimes referred to as "institutional" or "residential care" (Kendrick, 2013:77; Southwell & Fraser, 2010:209). A CYCC is a facility that is registered with the Department of Social Development to care for more than six children in need of care and protection (RSA, 2005). The social workers employed at the CYCC are referred to as *residential social workers*; and the carers that are employed at the CYCC for the day-to-day care of the children are referred to as *Child and Youth Care Workers* (which will be referred to as CYCWs from here on) (RSA, 2005).

CYCWs are also referred to internationally as residential child care workers, youth counsellors, and social pedagogues (Fulcher, Garfat & Digney, 2013:4) and they work hand-in-hand with the residential social workers with children and youth in the following areas: Developmental assessments; behaviour management; designing

and implementing programs; the care and development of children in terms of their physical, emotional, spiritual, cognitive and social developmental needs; as well as the promotion of children's rights (Social Service Professionals Act 110 of 1978). CYCWs have an important role to play within child protection services as they admit the child at the place of safety or CYCC – welcoming the child, orientating the child to the CYCC, informing the child of their rights and responsibilities, and informing the child of the routine and programs at the CYCC (RSA, 2005: Regulation 73, 75). This research is concerned with those professionals who work with children who are at risk and in need of emergency child protection; which includes designated social workers, residential social workers, and CYCWs, and how they can effectively carry out the tasks of removing children and placing them in safety.

Social workers and CYCWs are guided by the *best interests of the child* standard (RSA, 2005) in making decisions and working directly with children. The "best interests of the child" is a universal concept first introduced in the United Nations Convention on the Rights of the Child (1989) and is well recognised as a guiding principle in child protection services, but even in some first world countries such as Australia, the principle is not yet clearly defined (Hansen & Ainsworth, 2013:106). The Children's Act (RSA, 2005) indicates that the child's best interests must be of paramount importance in all matters concerning the child and Section 7 of the Act (RSA, 2005) defines the best interests standard by indicating the following aspects which need to be considered: The nature of the personal relationship between the child and caregivers; the attitude of the caregivers towards the child; the exercise of the caregivers parental rights and responsibilities towards the child; the capacity of the caregivers to care for the child; the likely effect on the child of any changes in their circumstances; the need for the child to remain in the care of their family; the child's age, maturity, gender and background; the child's physical and emotional security; the child's emotional and intellectual development; any disability or chronic illness the child may have; the child's need to be brought up in a stable home environment; the need to protect the child from any physical or psychological harm; any family violence affecting the child; and which actions will limit further legal procedures. Professionals in the field of child protection need to make use of the "best interest of the child" standard to guide their assessment decisions about whether a child is at risk and in need of emergency protection and should be

removed from their caregivers (Davidson-Arad & Bendenishty, 2010:2). Wilson and Farkas (2014:184) state that professionals need to "find ways to improve the integration of knowledge and service delivery" and in recognition of this, Johnson (2013:108-109) emphasises the importance of social workers needing a practice model to work from in order to implement the best interest of the child standard.

A practice model refers to a conceptual map that will guide the practitioner in how intervention should be undertaken in certain situations (Lave & March, 1993:3). A model needs to contain clearly written definitions and explanations which prescribe procedures (set out practice guidelines) for how action or intervention should be undertaken (National Child Welfare Resource Centre, 2008:1). A practice model should include: an integration of values and concepts which provide practitioners with a framework for practice; needs to be founded within the values and ethics of social work; a model needs to accurately reflect the reality of the social work field; a model needs to consist of practice principles, standards of professional practice, and integrated strategies, methods and tools; it needs to be grounded in theory (e.g. systems theory, attachment theory, strengths-based approach) and demonstrates to the practitioner how to implement theories in practice to bring about change (i.e. practice guidelines) (Cameron & Keenan, 2010:64; National Child Welfare Resource Centre, 2008:2; Rivers, 1993:2; Staff, 2014).

Despite various governmental policies which aim to ensure the best interest of children, including Section 28 of the Constitution (1996), the African Charter (1999), the Children's Act (2005), Criminal Law (Sexual offences and Related Matters) Amendment Bill (2015), and the White Paper on Families in South Africa (2012), a number of authors concur that there appears to be a gap in terms of providing professionals with a practice model for planning interventions with children at risk (Anon., 2005:854-887; Bessell & Gal, 2009:284; Coman & Devaney, 2011:37; Department of Social Development, 2012:4; Jackson & Feit, 2011; Janssen, Van Dijk, Malki & Van As, 2013; Johnson, 2013:112; Schmid, 2007:500; Schmied & Walsh, 2010:165; September, 2006:65; Walsh, 2011:213). While there have been some improvements internationally, notably in Australia (Southwell & Fraser, 2010), England (Department for Education and Skills, 2007 and Northern Ireland (Department of Health, Social Services and Public Safety, 2008 with policy frameworks to improve outcomes for children in need of care and protection, the

researcher could find no in-depth literature or research, especially within the South African context, which describes a practice model which sets out practice guidelines for planning interventions for the emergency removal and safety placement of at risk children.

Some of the current research that is being done within the field of child protection has focused on the following: applying safety science principles to child protection (Cull, Rzepnicki, O'Day & Epstein, 2013; Keddell, 2014); working with resistant and difficult parents (Gladstone, Dumbrill, Leslie, Koster, Young & Ismaila, 2014; Tuck, 2013); child and parent participation in child protection decisions (Kelleher, Cleary & Jackson, 2012; Van Bijleveld, Dedding & Burdens-Aelen, 2014; Vis, Holtan & Thomas, 2012); mandatory reporting and reporting protocols (Hansen & Ainsworth, 2013; Van der Schyff, 2014) conducting assessments and making decisions (Davidson-Arad & Benbenishty, 2010; Hughes & Chau, 2013; Stokes & Schmidt, 2012; Suomi & Lawrence, 2013; Toros, Tiko & Saia, 2013); and children's experiences of being in care (Barnes, 2012). Beckett and McKeigue (2010:2087) in their study on caring for children during care proceedings attested that for children, child protection services are "not simply a decision making *moment*" but instead form "part of their childhood". This resonates with this study as it is not solely about the "decision making moment" (It is not just about the reported case of child abuse, or the assessment that determines if a child is at risk and in need of protection) as described above, but it is rather concerned with the child's removal *and* placement into the CYCC (the process of entry into care). Although various studies have been conducted on children's progress during and soon after placement (Little, Khom & Thompson, 2005:202; Southwell & Fraser, 2010:210), there is little research about the emergency removal period just prior to placement. One possible reason for this, is that the law has tried to move away from residential care as a means to intervene in child abuse cases (child protection intervention) towards more focus on the family as the "best placement for the child" (early intervention and prevention work), and as a result there has been little research into this area (Corby *et al.*, 2001:38; Kang'ethe & Makuyana, 2014; Kriel, 2014; Parton, 2005:19).

The current research has also identified that there is a need for a more "child-friendly", relationship-based "ethic of care" approach in child protection social work services (Barnes, 2012; Dybicz, 2012; Gaskell, 2010; Gladstone et al., 2014;

Holland, 2010; Rasmusson, Hyvönen, Nygren & Khoo, 2010; Toros *et al.*, 2013). Higgins (2011:9) states that: "An effective system for protecting children is more than just providing protective interventions … It is also about a comprehensive system of responses to 'treat' children, to care for them and provide therapeutic responses …" Of concern to the researcher is that social workers and CYCWs who are involved in child protection services, may be focusing too much on the formal, "paper work" aspect of child protection (completing forms) and not enough on the emotional care of and connectedness to child clients as described by Holland (2010:1664-1680) as the "ethic of justice" versus the "ethic of care". Holland (2010) explains that there is a need for child protection services to move away from the "ethic of justice" (fulfilment of statutory duties) towards a focus on the "ethic of care", whereby relationships, attentiveness, responsiveness to need, and trust are central to work with children. Dybicz (2012) and McLeod (2010:773) also recognise this issue by reporting that social workers struggle with the dual role of being a professional and a friend towards clients. Hansen and Ainsworth (2013:106) support this viewpoint with their acknowledgment that there is a loss of a relationship-based model in child protection services.

Some current research has looked at the views of children in care and how they perceive their social workers (Barnes, 2012; Holland, 2010; McLeod, 2010). The research found that children often viewed their social workers as not caring as they focused too much on filling in forms (Holland, 2010:1676), and that the children expressed a desire to have a more enduring relationship with the social worker who would be friendly, listened to them, and treated them with respect (Barnes, 2012:1279). The researchers found that outcomes for children in care can be improved, if there is a positive relationship between the child and their social worker (Barnes, 2012:1278; Kendrick, 2013:82; McLeod, 2010:773).

There is also a plethora of research evidence indicating that the separation experience of children removed from their families and placed into alternative care, is in fact traumatic for children and has detrimental effects on their well-being and development (Appelton & Stanley, 2010:383; Barnes, 2012:1276; Bilson, 2009:1389; Blower, Addo, Hodgson, Lamington & Towlson, 2006:117; Brearley, 1980:42-43; Coman & Devaney, 2011:38; Davidson-Arad & Bendenishty, 2010:1; Everson-Hock, Jones, Guillaume, Clapton, Goyder, Chilcott, Payne, Duenas, Sheppard & Swann,

2011:162; Gaskell, 2010:137; Guest, 2012:109; Johannisen, Greef, Hanekom, Webb & Meintjes, 2013; McAuley & Davis, 2009:147; Milburn, Lynch & Jackson, 2008:31; Rocco-Briggs, 2008:192; Van IJzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, Le Mare, Bakermans-Kranenburg, Dobrova-Krol & Juffer, 2011:8; Whyte & Campbell, 2008:194). In view of all the above concerns, it is imperative that professionals are guided by a practice model that takes into consideration the trauma experiences of children in need of care and protection.

There appears to be very little research which describes a practice model which can be used by professionals in the field of child protection, specifically in relation to removing children and placing them in safety. The researcher believes that there is a need for child protection services to be reframed by a practice model which is developed by those professionals in the field (making use of the knowledge, skills and experiences of designated social workers, residential social workers, and CYCWs) for planning interventions for the emergency removal and safety placement of at risk children. The consequence of this not being in place, as identified by Johnson (2013:111) and Davidson-Arad and Bendenishty (2010:1), is that social workers and CYCWs are not able to recognise the emotional dangers children may be experiencing, and that children's trauma is left uncared for. Without a practice model which describes intervention planning (practice guidelines) for social workers and CYCWs, there is a high probability that children will continue to be removed and placed into care without the proper emotional care being implemented. There is a need to re-establish child protection services within a practice model which focuses on an ethic of care approach and foundational social work theories, as opposed to the "bureaucratic and impersonal" paper work focused practice that is currently in place (Barnes, 2012:1278; Hackett, 2012:125).

The use of a theoretical model is important for evidence-informed practice (Bartholomew, Parcel, Kok, Gottlieb & Fernández, 2011:8; Mercer, Idler & Bartfai, 2014:120;). Evidence-informed practice is a growing interest in the research field which refers to an integration of various sources of research studies, literature, current practice, and recognises the crucial role that people in the field (professionals, experts) have to play in terms of their opinions and experiences being used to guide practice (Branom, 2012:260; Thyer, 2006:35-36; Wilson & Farkas, 2014:183) and ensure that interventions are effective (Bartholomew *et al.*, 2011:8;

Bowen & Zwi, 2005). This research is concerned with the gathering of evidence, from various sources such as research studies, literature, as well as experts or professionals in the field (of child protection services) including designated social workers, residential social workers and CYCWs, to inform the development of a model for professionals to use when planning interventions for the emergency removal and safety placement of children at risk. Evidence-informed practice recognises the value of theory (Mercer *et al*., 2014) as well as clinical experience and insights guiding practice (Bowen & Zwi, 2005; Nevo & Slonim-Nevo, 2011:1176; Wilson & Farkas, 2014:183); and in this respect, this research also aims to acknowledge the skills of social workers and CYCWs in the field, and collaborate their information with research and literature to develop a model for planning interventions for the emergency removal and safety placement of children at risk.

Based on the above mentioned discussion, the following problem can be formulated for this study:

Both locally and internationally it is recognised that overall child protection services do not appear to be effective, despite the numerous policies and legal frameworks in place. There seems to be a gap in literature and within governmental policies which present a practice model for planning interventions for the emergency removal and safety placement of at risk children. What the current literature (Barnes, 2012; Holland, 2010; McLeod, 2010) shows is that there is a need for child protection services to be re-framed within the best interest's standard (RSA, 2005), taking into consideration the emotional needs of children at risk and an understanding of children's trauma related to being removed from their caregivers. The research question is described by Maxwell (2013:73) as what the researcher "specifically wants to understand by doing the research", which for this study is: What needs to inform and guide the development of a model for use by professionals in planning interventions for the emergency removal and safety placement of children at risk? In order to answer the research question, the following sub questions need to be addressed:

- What are the current intervention strategies used by designated social workers, residential social workers and CYCWs for the emergency removal and safety placement of children at risk?

- Which social work theories and paradigms can provide guidance and inform the development of a model of planning interventions for the emergency removal and safety placement of children at risk?
- How do designated and residential social workers and CYCWs incorporate the Best Interest of the Child Standard when planning interventions for the emergency removal and safety placement of children at risk?
- What insights can be drawn from the knowledge, skills and experiences of designated and residential social workers and CYCWs to inform the development of a preliminary model for planning interventions for the emergency removal and safety placement of children at risk?
- What information, gathered from the above mentioned questions, can be used to finalise the development of a model for planning interventions for the emergency removal and safety placement of children at risk?

2. AIM AND OBJECTIVES

2.1 GENERAL AIM

The aim of a research study is described by Thomas and Hodges (2010:38) as the main goal or purpose of the research, what the researcher aims to do (Fouché & De Vos, 2011:94). The aim of this research is to develop a model that can aid professionals (social workers and CYCWs) in planning interventions for the emergency removal of children and their placement in safety. While there are some international policies related to this topic, this research is looking specifically at a South African context.

2.2 OBJECTIVES

The objectives of research refer to the practical steps taken to achieve the research aims (Fouché & De Vos, 2011:94; Thomas & Hodges, 2010:39), which for this research are:

- To explore and describe the current intervention strategies used by designated social workers, residential social workers and CYCWs for the emergency removal and safety placement of children at risk (*see* Article 1).
- To explore and describe how designated social workers, residential social workers, and CYCWs incorporate the Best Interest of the Child Standard when planning interventions for the emergency removal and safety placement of children at risk (*see* Article 2).
- To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk (*see* Article 3).
- To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a preliminary model for the emergency removal and safety placement of children at risk (*see* Article 3).
- To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated with designated social workers, residential social workers and CYCW's (*see* Article 3).
- To finalise a theoretical model for planning interventions for the emergency removal and safety placement of children at risk (*see* Article 3).

3. CENTRAL THEORETICAL ARGUMENT

The policies and legal frameworks that are currently in place seem to have excluded incorporating a model for use by professionals in planning interventions for the emergency removal and placement in safety of at risk children. Research (Barnes, 2012; Dybicz, 2012; Holland, 2010; McLeod, 2010) has highlighted that at risk children have reported a need for child protection services to become more child friendly and relationship-based, but there are limited resources to guide professionals in implementing this type of service. This research will explore and describe various social work theories and paradigms (systems theory, strengths-based approach, problem solving (crisis intervention), attachment theory), to identify

how these theories can be used to inform and guide the development of a model for planning interventions for the emergency removal and safety placement of children at risk. Furthermore, information collected in this research through interviews, focus groups and discussion groups with designated social workers, residential social workers and CYCWs will be used to guide the development of a model for planning interventions for the emergency removal and placement in safety of at risk children.

This research may contribute to the limited existing knowledge on rendering effective interventions in the field of child protection, both globally and within South Africa. It may also broaden the theoretical grounding of an approach which can guide interventions where children are removed from their families and placed into places of safety during emergency situations. Research (Appelton & Stanley, 2010:383; Barnes, 2012:1276; Bilson, 2009:1389; Blower *et al.*, 2006:117; Coman & Devaney, 2011:38; Everson-Hock *et al.*, 2011:162; Guest, 2012:109; McAuley & Davis, 2009:147; Milburn *et al.*, 2008:31; Van IJzendoorn *et al.*, 2011:8; Whyte & Campbell, 2008:194) has shown that some children that are removed from their families do experience this separation as traumatic; and for this reason, having a model may provide professionals with a framework to provide more effective interventions (Bartholomew *et al*., 2011; Bowen & Zwi, 2005), which may subsequently also reduce the trauma experienced by those children when removed from their families.

4. PARADIGMATIC ASSUMPTIONS AND PERSPECTIVES

In considering an enquiry into the topic of child protection, the researcher recognises that there are various philosophical assumptions which will shape the acquisition of knowledge. These philosophical assumptions have been termed differently (and sometimes contradictorily) (Gray, 2009:16) by various authors, such as worldviews (Creswell, 2009:6), paradigms (Lincoln & Guba, 2000; Maree, 2012:34), methodologies (Sandelowski, 2010:79) and epistemologies (Crotty, 1998; Gringeri, Barusch & Cambron, 2013). For the purpose of this research, epistemologies and paradigms will be further discussed. Gringeri *et al*. (2013:761) define epistemology as “the understanding a researcher brings to his/her work about the process of knowing, and is the foundation which guides the research question, methods, analysis and interpretation”. Paradigms are the filters, views, lenses and theoretical

models which guide the research process and which we use to understand and interpret data; it is our way of looking at the world (Creswell, 2009:6; Fouché & Strydom, 2011:40; Lincoln, Lynham & Guba, 2011; Maree, 2012:35).

The paradigm with which the researcher approaches this research is based upon empirical assumptions which have been inductively reasoned (Lapan, Quartaroli & Riemer, 2012:4; Thomas, 2009:88) through the researcher's personal experience in the field of child protection and residential social work. This research will be approached with an epistemological paradigm as described by D'Cruz and Jones (2004:49) in that it is based on knowledge from the researcher's own experiences and observations in social work practice. The epistemological paradigm that this research adopts views knowledge as arising from insights from communication with the research participants about their experiences (D'Cruz & Jones, 2004:51; Lapan *et al.,* 2012:8; Maree, 2012:35; Thomas, 2009:85-87). The epistemological nature of this research means that it will involve consultation with professionals in the field, including designated and residential social workers as well as CYCWs, whose clinical experiences, opinions and skills in the field of child protection will be used to develop a model for planning interventions for the emergency removal and safety placement of children at risk. As such, the study depends on knowledge and experiences of both the researcher and the study participants. The researcher's belief system accepts subjectivity and is keenly interested in the way in which other social workers have constructed their understanding of the research topic (Thomas, 2009:78-83). These paradigms fall within the scope of postmodernist thinking whose key concepts recognise openness and a celebration of local knowledge (Milovanovic, 1997). Postmodernism as a paradigm for this study, views reality as being a social construct and understands that knowledge is relational (born from social relations) (Milovanovic, 1997).

The researcher holds a social constructivist paradigm (Gray, 2009:18) in looking at this research. Social constructivism is described by Creswell (2009:8) as a worldview that views individuals as seeking understanding within their contexts; that individuals construct their understandings of the world through the subjective meanings that they ascribe to their experiences. This means that the research will entail multiple realities and perspectives of the same phenomenon from various professionals who work in the field of child protection (as they each ascribe their own subjective

meanings to their experiences), providing what the researcher believes will be rich and detailed data for the development of the model.

Holding social constructivist and epistemological paradigms indicates that multiple realities of experiences will be presented in this study, thereby supporting the development of a model for practice which takes cognisance of diversity in practice. However, a possible limitation of this paradigm is that it may not fully support the development of a standardised model of practice. The researcher aims to address this possible limitation by also exporing various foundational social work theories which will ground the research findings in terms of developeing a standardised model of practice.

This research is concerned with the development of a theoretical model for planning interventions for the emergency removal and safety placement of children at risk; and as such, it is essential for a model in practice to be guided by existing theories (Unwin & Hogg, 2012:19). Various authors have referred to the importance of including existing theories when constructing a model for professional practice (Beebee & Abdulla, 2014:20; Frey, Alvarez, Sabatino, Lindsey, Dupper, Raines, Streeck, McInerney, & Norris, 2012:133; Megahead & Soliday, 2013:58; Ruch, 2012:1315; Unwin & Hogg, 2012:19), also referred to by other authors (Bartholomew *et al.*, 2011; Bowen & Zwi, 2005; Branom, 2012; Mercer *et al.*, 2014; Nevo & Slonim-Nevo, 2011; Thyer, 2006; Wilson & Farkas, 2014) as evidence-informed practice. Hackett (2012:122) explains that theories are different to other research evidence as they provide a "cluster of ideas from research that is developed into a coherent explanatory framework", and Lakshman, Griffin, Hardeman, Schiff, Kinmonth and Ong (2014:2) state that theories provide an "overarching framework for psychological and environmental factors that explain behaviours to be targeted by interventions". Furthermore, Hackett (2012:123) states that theories are relevant for the child protection context as they: "assist in describing factors linked to child protection; they provide hypotheses about why a problem has occurred; they assist with the identification of likely future problems; and theories have the potential to identify the interventions needed to bring about change".

For this reason, this research will explore how social work theories can guide the development of the proposed model for planning interventions for the emergency

removal and safety placement of children at risk. There are numerous social work theories that may provide valuable contributions towards the development of the proposed model, including: systems theory (Bronfenbrenner, 1989; Compton, Galaway & Cournoyer, 2005; Gauvain & Cole, 1993; Härkönen, 2007; Teater, 2010; Yontef, 1993), strengths-based approach (Compton *et al.,* 2005; Saleebey, 2006; Teater, 2010), problem solving approach (Compton *et al*., 2005; Lee & Greene, 2009; Teater, 2010), and attachment theory (Bowlby 1979; Bowlby 1988a, 1988b; Teater, 2010). However, only systems, strengths-based approach, and problem solving theory will be briefly mentioned here. These and other relevant theoretical frameworks for this study are further discussed later in this paper at Section B, Part 2.

4.1 SYSTEMS THEORY

General systems theory originated with Ludwig von Bertalanffy (1956) who introduced the fundamental concept that 'the whole is greater than the sum of its parts'. Systems theory has been expanded upon by various authors over time but is more recently explained by Bronfenbrenner (1989:272), Gauvain and Cole (1993:39-40), Härkönen (2007:10-12) and Teater (2010:18) as an interaction between the individual and the systems in their environment, which includes: the microsystem (activities, roles and relations with the school, family, peers, work), mesosystem (connections, links, and relationships between the elements of the microsystem such as the connection between school and home), the exosystem (connections, links, and relationships between the elements of the microsystem that indirectly influence the individual, such as the community), and the macrosystem (changes between the other systems over time). Systems theory indicates that individuals grow and develop by means of an interaction with the systems in their environment (Härkönen, 2007:4). There is a simultaneous dual focus as it draws on sociology, with a focus on the situation or environment, and it draws from psychology, with a focus on the person – joining these two elements into the "person-in-situation" perspective (Compton *et al.*, 2005:6; Härkönen, 2007:6).

Systems theory informs social workers that it is essential to consider both the individual (person) and their environment (situation) when dealing with and assisting

clients in social work practice (Hepworth, Rooney, Rooney, Strom-Gottfried & Larson, 2010:16). The theory states that social functioning of individuals cannot come about by focusing on the individual themselves; but rather also looking at and understanding that the individual is in interaction with their environment (Compton *et al.*, 2005:6). From this perspective, there is an understanding that individuals are in constant interaction with their environments, each affecting the other; thus problems and difficulties for the individual occur as a result of a poor fit between the individual and environment – the needs of the individual and resources in their environment do not match (Compton *et al*, 2005:7; Karakurt & Silver, 2014:81; Teater, 2010:24). Social workers have to work with the individual and the individual's environment (including resources and other people in their environments) in order to help them adjust and function optimally (Compton *et al*, 2005:7; Greene, 2009:6; Hepworth *et al.*, 2010:17; Teater, 2010:29).

Applying systems theory to child protection services, means that designated social workers cannot work in these contexts by simply assisting the individual – the child concerned who is identified as being at risk and in need of emergency child protection. The social worker uses knowledge of systems theory to focus on the child's environment, engaging with all the parts of the system, to explore how the environment has contributed to the child being at risk, and how the environment can possibly provide resources to assist the child (Hepworth *et al.,* 2010; Karakurt & Silver, 2014; Mandin, 2007). This perspective is essential for risk assessment in child protection intervention. The social worker needs to consider the child's whole environment – school, home, family, friends, resources, etc. – to determine if the child is at risk and in need of emergency protection.

4.2 STRENGTHS-BASED APPROACH

The strengths-based approach is the essential work of social workers to focus on the strengths of the clients as opposed to focusing on their problems, deficits and labels/diagnoses (Teater, 2010:38). Saleebey (1996; 2000; 2006) confronted social workers' usual focus on client problems and pathologies, indicating that the strengths-based approach is not about ignoring the problems presented by clients or the pain they are experiencing, but to rather focus treatment on the clients' strengths

within themselves and within their environments. Saleebey (2006) identified principles of the strengths-based approach, which includes:

- Valuing and respecting the client's dignity;
- Recognising that problems and challenges can be a source of opportunity and growth;
- Social workers need to use the client's own motivations and reasons for change to encourage them to address their problems, recognising that clients have the potential and ability to bring about change; and
- An unwavering belief in the potential of the environment, that strengths and resources can be found anywhere (Compton *et al.*, 2005:12).

The strengths-based approach is about being able to draw out and identify strengths, potentials, education, skills, life experiences, coping abilities, talents, resiliencies, support networks, passion, and aspirations (Ligon, 2009:217; Teater, 2010:40) in the individual and their environment; and using these to strengthen the individual to deal with and address their challenges.

When planning interventions for the emergency removal and placement in safety of children at risk, designated social workers need to consider the strengths of the child and their family, which will assist and enable the child to cope with the separation and removal. The residential social workers and CYCWs that admit the child at the place of safety, need to make use of the strengths perspective when working with the child to identify strengths within the child and their family that will assist the child in coping with the situation.

4.3 PROBLEM SOLVING APPROACH

The problem solving approach in social work, originally presented by Perlman (1957), is essentially about the social worker and client working together to identify the problem being presented, looking at possible solutions to address the problem, as well as exploring the pros and cons of each possible solution, trying the identified best solution, and then evaluating the outcomes and trying another solution if the first attempt was not successful (Compton *et al.*, 2005:9). The social worker is to assist the client, to walk alongside them in addressing their problems and difficulties; not to

dictate and instruct the client on what to do. Compton *et al.* (2005:9) emphasise the importance of the social worker and client being on the same page and having an agreed understanding of the identified problem, before any attempts are made at identifying possible solutions.

Systems theory (mentioned above) needs to be incorporated when implementing the problem solving approach. Social workers need to not only focus on problem solving for the individual, but to also look at how the environment, situation and community can be used to problem solve – change within the individual and change within the environment (Compton *et al.*, 2005:9).

One of the potential challenges in implementing the problem solving approach within the field of emergency child protection, is the number of different social workers involved in a case (Connolley, 2012:39). In some situations, a single child abuse case can be dealt with by a number of different designated social workers – one removes the child, another conducts the children's court enquiry, another works with the family towards reunification, etc. The problem solving approach requires some form of consistency in the way problems and potential solutions are identified and implemented.

Having multiple social workers involved in a case will make the process of seeing through the problem solving approach to completion difficult (Connolley, 2012:39-40) – unless there is a good communication system between each different social worker ensuring that the next phase of the problem solving approach can be continued with the family. In the researcher's own experience, this has not materialised, or been a focus within child protection services.

5. RESEARCH METHODOLOGY

The research methodology for this study will be outlined below regarding the: literature study, research design and approach, research process and data analysis.

5.1 LITERATURE STUDY

A literature study, also referred to as a theoretical paradigm (Maree, 2012:35) or conceptual framework (Maxwell, 2013:145), is a body of literature from various authors which present definitions, theories, and research. The exploration of literature should discuss the main issues related to the research topic, thereby providing a knowledge base focusing on: What is known? What is unknown? And how the proposed study can contribute to existing research? (Maree, 2012:33). This body of literature will also provide a structure for establishing the relevance of the study and sets a point of reference for comparisons with other findings (Creswell, 2009:25). For the purpose of this study the literature study will entail a search within databases such as Google Scholar, Academic Search Premier and EBSCOhost with a focus on the following theoretical paradigms:

- Social work theories including the problem solving approach (Perlman & Brandell, 2011), systems theory (Bronfenbrenner, 1989; Friedman & Allen, 2011; Gauvain and Cole, 1993; Härkönen, 2007; Hepworth *et al.*, 2010; Yontef, 1993), strengths based approach (Greene & Yee Lee, 2011; Poulin, 2010; Saleebey, 2000; Saleebey, 2006), and attachment theory (Bowlby, 1988a, 1988b; Page, 2011).

- Child protection and the legal system (African Charter, 1999; Ball, 1992; Brearley, 1980; Children's Act 38 of 2005; Criminal Law (Sexual offences and Related Matters) Amendment Bill, 2015; Cull *et al.*, 2013; Davidson-Arad & Benbenishty, 2010; Department of Social Development, 2012:3; Hansen & Ainsworth, 2013; Horrocks & Karban, 1999; Hughes & Chau, 2013; Keddell, 2014; South African Constitution, 1996; Stokes & Schmidt, 2012; Suomi & Lawrence, 2013; Toros *et al.*, 2013; Van der Schyff, 2014; White Paper on Families in South Africa, 2012; Wiehe, 1996).

- Children's rights, child participation and best interests of the child standard (Children's Act 38 of 2005; Davies & Wright, 2008; Holland, 2009; Honey, Rees & Griffey, 2011; Kelleher *et al.*, 2012; South African Constitution, 1996; Van Bijleveld *et al.*, 2013; Vis *et al.*, 2012).

- Children, separation and trauma (Atwoli, Stein, Williams, Mclaughlin, Petukhova, Kessler & Koenen, 2013; Bezuidenhout, 2008; Botha, Van Ede, Louw, Louw &

Ferns, 1998; Brearley, 1980; Davies & Wright, 2008; Ensink, Robertson, Zissis & Leger, 1997; Jewette, 1994; Kaminer & Eagle, 2010; Monahon, 1993; Shields, Nadasen & Pierce, 2008; Ward, Flisher, Zissis, Muller & Lombard, 2001; Ward, Martin, Theron & Distiller, 2007).

- Skills used by social workers when working with children (Barnes, 2012; Davies & Wright, 2008; Dybicz, 2012; Gaskell, 2010; Gladstone *et al.*, 2014; Holland, 2010; Mitchell, Theron, Stuart, Smith & Campbell, 2011; Moore, 1992; Oaklander, 2007; Oelofsen & Grobler, 2013; Rasmusson *et al.*, 2010; Schaefer, 2010; Toros *et al.*, 2013).

5.2 RESEARCH DESIGN AND APPROACH

The research approach, or methodological paradigm (Maree, 2012:35), refers to how the research will be conducted (Lapan *et al*., 2012:10). Qualitative research is concerned with describing reality as it is experienced by respondents (Adams, Kahn & Raeside, 2014:6); whereas quantitative research is concerned with relationships between variables (Leedy & Ormrod, 2005:94). While quantitative approaches are relevant for research aimed at establishing, confirming or validating relationships between variables which can be measured numerically and with the use of statistical analysis (Leedy & Ormord, 2005:95), this research is rather concerned with understanding and describing a phenomenon from the participants point of view (Leedy & Ormrod, 2005:94). This research seeks to obtain rich and detailed information about a social phenomenon, and for this reason the approach is qualitative, in that it seeks to understand and describe social phenomena (Adams *et al.*, 2014:6; Creswell, 2009:4; Fouché & Delport, 2011:64-65) – the phenomena being, the emergency removal and safety placement of at risk children.

While there are various methodologies or designs within qualitative research, including case studies, ethnography, phenomenology and grounded theory, this research will employ a qualitative descriptive design as discussed by Sandelowski (2010). Qualitative descriptive designs are described by Sandelowski (2000:336) as a “comprehensive summary of an event in the everyday terms of those events”. Qualitative descriptive designs allow for a clear description of a phenomenon by those experiencing the phenomenon (Magilvy & Thomas, 2009:299). Qualitative

descriptive designs are less interpretive than other designs and therefore leads to results that more accurately reflect the data (Sandelowski, 2010:78). The qualitative descriptive design of this research means that the researcher will qualitatively gather information (by means of interviews and focus groups) from participants (designated social workers, residential social workers and CYCWs) as to their expertise, skills and experiences of the phenomenon in question (removing children, placing them in safety, and admission at the CYCC – the first 48 hours of the form 36) and then will use this information to describe the phenomenon.

This research aims to develop a model for planning interventions for the emergency removal and safety placement of at risk children, and for this reason applied research goals, which are aimed at solving problems and assisting professionals in accomplishing tasks, are adopted (Adams *et al.*, 2014:7; Fouché & De Vos, 2011:95; Rothman & Thomas, 1994:4). The objectives of this research are exploratory and descriptive in nature (Babbie, 2014:94-95; Fouché & De Vos, 2011:95-98) as they seek to gain insight into intervention strategies used for removing children and placing them in safety. Exploratory research goals are particularly used when not enough is known about a phenomenon (Gray, 2009:35), as is the case with this research topic. The objectives are descriptive in that the researcher wants to not just explore the phenomenon but to also intensely and accurately describe the phenomenon (Babbie, 2014:95; Fouché & De Vos, 2011:96).

5.3 RESEARCH PROCESS

The researcher intends to develop a model for use by professionals in planning interventions for the emergency removal and safety placement of children at risk, and as such, the Design and Development (D&D) model of intervention research as discussed by De Vos and Strydom (2011:475), Du Preez and Roux (2008:78), Comer, Meier and Galinsky (2004:250), Le Grange (2000:194) and Rothman and Thomas (1994) is considered an appropriate design for this study. Intervention research is defined by Fraser and Galinsky (2010:459) as the “systematic study of purposive change strategies” which highlights the design and development of interventions. Fraser and Galinsky (2010:460) describe the process of designing an intervention as “evaluative and creative”, in that it entails the merging together of

research, literature, and knowledge from practice in order to generate an intervention strategy.

Mishna, Muskat and Cook (2012:135) indicate that intervention research is essential for social work practice as it allows for the efficacy testing of interventions, leading to evidence-informed practice. Jenson (2014:564), LeCroy and Williams (2013:706), Soydan (2010:457) and Fraser (2004:210) also emphasise the importance of intervention research in social work practice for its focus on the need for developing and implementing interventions to bring about change.

Rothman and Thomas (1994:9) present the D&D model in a process of six phases occurring in a sequential pattern; and within each of the six phases are a number of steps which need to be followed. They also recognise that within research there is sometimes a need for flexibility and fluidity to progress through and between each of the phases and steps (a movement forwards and backwards). The six phases of the D&D model as related to this research will be presented and described below.

Table 1 indicates the D&D model for this research process:

Table 1: Research process (D&D model)

D&D model phases	**D&D model steps**	**Population**	**Data collection**	**Objectives**
1. Problem analysis and project planning	1 Identifying and involving clients	Designated social workers, residential social workers, child and youth care workers	Designated and residential social workers: Semi-structured interviews CYCWs:	To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social
	2 Gaining entry and cooperation from settings			
	3 Identifying concerns of the population			

	4 Analysing identified problems 5 Setting goals and objectives		focus groups	workers, residential social workers and CYCWs.
2. Information gathering and synthesis	1 Using existing information sources 2 Studying natural examples 3 Identifying functional elements of successful models	Designated social workers, residential social workers, child and youth care workers	Focus group	To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk. To explore and describe how designated social workers, residential social workers, and CYCW's incorporate the "best interest of the child" standard when planning interventions for the emergency

				removal and safety placement of children at risk. To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.
3. Design	1 Designing an observational system 2 Specifying procedural elements of the intervention	Designated social workers, residential social workers, child and youth care workers	Develop observational system	To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk.
4. Early development	1 Developing a prototype or	Designated social	Focus group	To develop a preliminary model

and pilot testing	preliminary intervention 2 Conducting a pilot test 3 Applying design criteria to the preliminary intervention concept	workers, residential social workers, child and youth care workers		for planning interventions for the emergency removal and safety placement of children at risk that will be discussed with designated social workers, residential social workers and CYCW's to obtain their input.
5. Evaluation and advanced development	1 Selecting an experimental design 2 Collecting and analysing data 3 Replicating the intervention under field conditions 4 Refining the intervention	As this research is qualitative, no experimental design will be conducted for this phase of the research process.		To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated by designated social workers, residential social workers and CYCWs.
6.	1 Preparing the product for			To finalise a theoretical model

Dissemination	dissemination			for planning interventions for the emergency removal and safety placement of children at risk.
	2 Identifying potential markets for the intervention			
	3 Creating a demand for the intervention			
	4 Encouraging appropriate adaptation			
	5 Providing technical support for adopters			

5.3.1 Phase 1: Problem analysis and project planning

De Vos and Strydom (2011:477) and Rothman and Thomas (1994:27-31) indicate that Phase 1 involves the following steps: identification and involvement of clients, gaining entry, identifying concerns of the population, analysing problems, and setting goals and objectives.

5.3.1.1 Step 1: Identifying and involving clients

The first step of Phase 1 in intervention research is to identify the client base or population with whom the research will be conducted (De Vos & Strydom, 2011:477; Fawcette, Suarez-Balcazar, Balcazar, White, Paine, Blanchard, & Embree, 1994:29-30); and for the purposes of this research, the population will include designated social workers, residential social workers, as well as CYCWs. Wilson and Farkas (2014:185) emphasise this engagement and collaborative process with the “service

practitioners" (professionals in the field – designated and residential social workers as well as the CYCWs) as an essential element of successful intervention research.

The researcher plans to approach registered child protection organisations and child and youth care centres within the Cape Peninsula of the Western Cape, and address the supervisors or managers of those organisations to request permission for the designated social workers, residential social workers and CYCWs to participate in the proposed study.

5.3.1.2 Step 2: Gaining entry and cooperation from settings

Entry into the selected population group will take place via the gatekeepers (De Vos & Strydom, 2011:478), who are described by Crowhurst and Kennedy-Macfoy (2013:457) and Clark (2011:487) as the facilitators who can permit or deny access for the researcher to the participants. For the purposes of this research, the gatekeepers refer to the managers, and the mediators refer to supervisors of the respective child protection organisations and CYCCs.

To gain entry and get permission via the gatekeepers, the research will first contact the local child protection organisations and CYCCs by making telephonic or email contact with the managers of those organisations. The researcher will briefly discuss the research proposal with the manager and request an appointment where the research will be more formally introduced and discussed with them at a suitably convenient time and venue. The supervisor will then act as the mediator in that they will be requested to contact social workers and CYCWs within their organisation who meet the selection criteria and to provide them with the information sheet and consent form. The researcher will allow one week for the prospective participants to go through the information, ask any questions they may have about the research, and consider participating in the research; after which the researcher will contact the supervisor/manager and ask which social workers and CYCWs have indicated an interest in participating in the research. The researcher will then make direct contact with the prospective participants and arrange an appointment at a mutually convenient time and venue where the researcher will discuss the research, any further questions, and the information sheet and consent form with the participants, prior commencement of the interview or focus group.

- Designated social workers

There are only a certain number of registered designated child protection organisations within the Western Cape (ACVV, Badisa, Child Welfare and Department of Social Development), that can be approached by the researcher. The researcher will identify at least three child protection organisations within the Cape Peninsula area. The child protection organisations will be identified by means of purposive sampling methods as described by Maxwell (2013:97) and Lapan *et al*. (2012:84). Purposive sampling methods will be used to identify participants according to predetermined selection criteria (Babbie, 2014:200) – which is described by Ritchie, Lewis, Nicholls and Ormston (2014:113) as an effective method for qualitative research. Should the identified child protection organisations choose not to participate in the research, other child protection organisations will be contacted. The researcher will approach the manager or social work supervisor at the child protection organisation, and request permission to conduct the research with some of the social workers employed there. The manager or social work supervisor at the child protection organisation will be asked to select social workers according to the criteria mentioned below, and will ask them if they would be willing to participate in the research. At least two designated social work participants from each child protection organisation will be identified, with a total of at least 10, or until data saturation occurs (Marshall, Cardon, Poddar & Fontenot, 2013:11). The number of designated social work participants was decided on by the researcher based on accessibility to the research participants (Barkhuizen, 2014:5). Accessibility to the research participants will depend on the number of designated child protection organisations, as well as the concerns that social workers have high caseloads and work in stressful environments (Calitz, Roux & Strydom, 2014; Kang'ethe & Manomano, 2014; Mills, 2012:301), and for this reason it may be challenging to gain access to numerous designated social workers. There is also the issue of there only being a certain number of designated child protection organisations within the Western Cape (Department of Social Development, ACVV, Child Welfare and Badisa), which the researcher can contact to participate in this research. The designated social workers will be identified according to the following pre-determined selection criteria:

- Registered social workers,

- Willingness to participate voluntarily,
- Give permission to be recorded,
- English and Afrikaans speaking,
- Work within the Cape Peninsula area,
- Are employed at a designated child protection agency,
- Have at least six months' experience (to ensure that the participants will have enough experience in order to have an opinion) in emergency child protection work with children as a designated social worker.

With regards to the language criterion, only participants who can speak in English and Afrikaans will be included in the study as these are the only languages which the researcher can speak and understand effectively. The researcher recognises that this may limit the generalizability of the research, however, the use of translators for non-English and non-Afrikaans speaking participants would create challenges and risks for the interview and focus group verbatim transcriptions as well as being resource intensive (Stommel & Wills, 2004:305). It should also be noted that speaking English and Afrikaans is a requirement for most social workers and CYCWs as part of their admission to study in this field at universities (UCT, 2015; UWC, 2015), as well as part of job descriptions (online job vacancy advertisements on www.ngopulse.org.za; www.indeed.co.za; www.careerjunction.co.za; etc); while other languages are viewed as advantageous, but not necessarily a job requirement. This means that most of the participants will be able to communicate in English and Afrikaans effectively.

The informed consent forms will be translated into Afrikaans for Afrikaans speaking participants as needed.

The manager will then inform the researcher of the participants who gave their permission to be contacted, and the researcher will then get in contact with the selected social workers to discuss the informed consent form (*see* Addendum C) and their participation in the research.

With regards to exclusion criteria, the managers or supervisors will be advised by the researcher to not involve participants who may be particularly overworked, stressed

or burnt out; as this could place those participants at a disadvantage with the research potentially asking questions about sensitive or difficult cases. Participants who cannot speak English or Afrikaans will also be excluded.

If during any phase of this research process, more information is needed, the researcher will obtain more participants according to the selection criteria discussed above.

- Residential social workers

There are only about 20 child and youth care centers registered within the Western Cape to provide temporary safe care for children. The researcher will identify at least three CYCCs within the Cape Peninsula area – It is most likely that more than three CYCCs will be participating as many of them will only have one or two residential social workers (and the researcher aims to obtain at least 10 residential workers). The CYCCs will be identified by means of purposive sampling methods as discussed above (Babbie, 2014:200; Lapan *et al*., 2012:84; Maxwell, 2013:97; Ritchie *et al.*, 2014:113). Should the identified CYCC choose not to participate in the research, other CYCCs will be contacted. The researcher will approach the manager at the CYCC, and request permission to conduct the research with some of the residential social workers employed there. The manager at the CYCC will select social workers and ask them if they would be willing to participate in the research. At least 10, or until data saturation occurs (Marshall *et al*, 2013:11), residential social work participants will be identified, according to the same pre-determined selection criteria discussed above.

As already mentioned above, the same language criterion, informed consent forms (*see* Addendum C) and exclusion criteria are relevant for the residential social work participants. If during any phase of this research process, more information is needed, the research will obtain more participants according to the selection criteria discussed above.

- Child and Youth Care Workers

The researcher will identify at least three CYCCs within the Cape Peninsula area. The CYCCs will be identified by means of purposive sampling methods as described by Maxwell (2013:97) and Lapan *et al*. (2012:84). Purposive sampling methods will be used to identify participants according to predetermined selection criteria (Babbie, 2014:200), which is described by Ritchie *et al.* (2014:113) as an effective method for qualitative research. Should the identified CYCC choose not to participate in the research, other CYCC's will be contacted. The researcher will approach the manager at the CYCC, and request permission to conduct the research with some of the CYCW's employed there. The manager at the CYCC will select CYCW's and ask them if they would be willing to participate in the research. At least 12 CYCW participants will be identified (or until data saturation occurs (Marshall, *et al*, 2013:11), according to the following pre-determined selection criteria:

- Child and youth care workers,
- Willingness to participate voluntarily,
- Give permission to be recorded,
- English and Afrikaans speaking,
- Work within the Cape Peninsula area,
- Are currently employed at a child and youth care centre,
- Have at least six months' experience in child and youth care (to ensure that the participants will have enough experience in order to have an opinion).

As already mentioned above, the same language criterion, informed consent forms (*see* Addendum C) and exclusion criteria are relevant for the CYCW participants. If during any phase of this research process, more information is needed, the research will obtain more participants according to the selection criteria discussed above.

- Child participants

The researcher recognises that there are various authors (Davies & Wright, 2008: 26; Holland, 2009:231; Honey *et al.*, 2011:37; Unrau, 2007:133) who emphasise the

importance of including children's views and perspectives within research. However, there are serious ethical issues related to eliciting the views of children about their experience of entry into care (Beckett & McKeigue, 2010:2088) and this possibly bringing up past trauma about when they were removed from their parents' care. In view of these ethical issues, the researcher chose not to include children within this study. As the designated social workers, residential social workers, and CYCWs work directly with the children during the emergency removal and placement in safety, the researcher feels that this population could provide meaningful insights into the research topic.

5.3.1.3 Step 3: Identifying concerns of the population

During this step, the researcher will aim to: explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers, residential social workers and CYCWs. This will be done by means of conducting semi-structured interviews with the designed and residential social workers, and focus groups with the CYCWs.

The researcher will conduct semi-structured interviews with designated social workers to gain a deeper understanding of what current strategies they use when conducting emergency removals of children and placements in safety; as well as with residential social workers and CYCWs on what strategies they use when working with children placed into safety at a CYCC. The following section will discuss the semi-structured interviews with the social workers and focus groups with the CYCWs, as well as other data collection methods that will be used in this step of the study.

- Semi-structured interviews

Qualitative interviewing is described by Babbie (2014:326-327) as a conversation between the researcher and the research participants, where the researcher has a "general plan of inquiry around the research topic". Interviews are a well-recognised method of collecting information and are described by Holstein and Gubrium

(2008:141) as a “special form of conversation”. May (2011:131) states that interviews provide rich insights into people’s experiences, opinions, attitudes and feelings.

The researcher plans on conducting one interview with each designated and residential social worker (i.e. at least 20 interviews – 10 interviews with designated social workers and 10 interviews with residential social workers). These interviews will be held at the child protection organisation or CYCC where the social worker is employed for convenience of the social worker; or at another venue chosen by the participant that suits them. The interview will be conducted in an office or board room which will be private. During the interview the researcher will gather information related to the objectives of this study by means of conducting a semi-structured interview with the use of an interview guideline. Semi-structured interviews as described by Greeff (2011:351) will be used in this research with the designated and residential social workers. Semi-structured interviews provide more freedom than structured interviews to probe and gain deeper insights, clarification and elaboration into participants’ responses (Gray, 2009:185; May, 2011:134). An interview schedule or questionnaire guideline (*see* Addendum D) (Gray, 2009:60; May, 2011:132) will be used as a data collection instrument to guide the interview with set questions to be asked to participants. In order to “test out” the interview schedule, a pilot study (Van Teijlingen, Rennie, Hundley & Graham, 2001:289) will be conducted whereby the interview guide will be given to a professional social worker who will review the questions, and feedback provided will be used to adapt the guideline. The researcher decided on the research questions based on the literature, research questions and objectives of the research. The questionnaire guideline will be used in the first two interviews as a pilot (Silverman, 2013:207), and then adapted and adjusted as needed based on feedback from the participants for the other interviews and focus groups.

Individual interviews – and not focus groups – will be used with the social workers due to practical reasons, such as the huge caseloads social workers have to deal with (and hence lack of time available), and practical difficulties in organising a number of social workers to meet at one place at the same time (challenges with coordinating diary schedules). However, because there is usually a number of CYCWs employed at a CYCC, focus groups will be used with this group of participants.

- Focus groups

There is a number of CYCWs that could possibly participate in the study from each CYCC, and the researcher is aware that the best place for the focus groups would be at the CYCC itself. As such, the researcher plans on conducting at least three different focus groups (at three different CYCCs) with the CYCWs. The room where the focus group will be held will be a selected, private office or board room at the CYCC.

Babbie (2014:329) indicates that focus groups allow a researcher to question a number of individuals simultaneously about the research topic within a comfortable and private environment. Focus groups encourage participants to comment and give their opinions on the research topic, guided by the group interviewer (the researcher) (May, 2011:138). Focus groups can consist of five to fifteen participants (Babbie, 2014:329), but for this research the focus groups will consist of four-six participants to ensure that each participant has the opportunity to present their views on the topic. The researcher is aware that CYCWs often work shift patterns (day or night shift, sometimes 3 days on 2 days off, etc.) at a CYCC and for this reason there may be challenges in being able to arrange for all the CYCW participants from the three different CYCCs to be present for the focus group. There may be challenges with the limited time available for the CYCWs in the day to be “off the floor”, and the physical amount of CYCWs that would possibly be available to participate in the focus group. As such, the researcher will conduct at least three different focus groups at each of the three CYCCs. Babbie (2014:330) recognises the dangers in only using one focus group as it does not necessarily yield results that could represent the population; which further supports the notion of conducting three focus groups at three different CYCCs with at least 12 CYCWs in total. The number of child and youth care workers within each focus group will be determined by the number of CYCWs at the specific CYCC who are available to participate in the study. The reasons for this choice of focus group is that it is a faster way of collecting data from a number of participants, and provides a more natural means of communication with the participants (Wilkinson, 2008:180).

- Other data collection aids

Babbie (2014:331) explains the benefits of conducting interviews and focus groups means that direct observations are made and can be recorded through written notes made by the researcher during and after the interview or group. Reflective notes will be done by the researcher after the interviews and focus groups, providing further data for analysis (Babbie, 2014:333). The interviews and focus groups will also be recorded by means of a Dictaphone, for which consent will be obtained from participants prior to participation (Creswell, 2009:182).

- Data saturation

In total, (at least 10 designated social workers, at least 10 residential social workers, and at least 12 CYCWs) at least (a minimum of) 32 participants will be involved in providing information for this research. Numerous authors (Charmaz, 2006:114; Creswell, 1998:64; Green & Thorogood, 2009:120; Mason, 2010; Ritchie, Lewis & Elam, 2003:84) have agreed that, within qualitative research, 20-50 interviews are an adequate sample size to achieve data saturation.

Data saturation is described by Marshall *et al.* (2013:11) as the process of continually bringing in new participants until the information being gathered is replicated and nothing new is being added. For the purposes of this research, data will continue to be collected from all participants until data saturation occurs whereby themes presented start to repeat themselves and no new additional data is found (Francis, Johnston, Robertson, Glidewell, Entwistle, Eccles, & Grimshaw, 2010:1229). While the researcher has identified that at least 10 designated social workers, and at least 10 residential social workers, and at least 12 CYCWs will be included in this study; the researcher will continue to bring in more participants as needed until data saturation occurs.

5.3.1.4 Step 4: Analysing concerns or problems identified

As discussed by De Vos and Strydom (2011:478) and Fawcette *et al.* (1994:30), the collected data from step 5.3.1.3 described above, will be analysed by the researcher.

The specific steps of the data analysis process are described in 5.4 below.

5.3.1.5 Step 5: Setting goals and objectives

Fawcette *et al*. (1994:31) indicate that at this step, the researcher should set goals and objectives based on the collected and analysed data thus far. By carefully analysing the problems (*5.3.1.4*), the researcher will be able to identify specific targets for change which are included as elements of the intervention (Fawcette *et al.*, 1994). For the purpose of this research, the researcher will formulate goals and objectives according to the collected and analysed data discussed above which will facilitate the next phase of the intervention research process.

5.3.2 Phase 2: Information gathering and synthesis

Information gathering and synthesis involve the researcher bringing together different sources of information to establish functional elements that can be incorporated into the design of the intervention (De Vos & Strydom, 2011:480-481; Rothman & Thomas, 1994:31). This will be done by using existing information sources, studying natural examples, and identifying functional elements of successful models.

5.3.2.1 Step 1: Using existing information sources

As proposed for this step by De Vos and Strydom (2011:480) and for the purpose of this research, an in-depth literature study will be undertaken as discussed in point 5.1 above (*see* Section B Literature Study). The literature study will also entail an exploration and description of the relevant social work theories and models of child protection interventions to identify functional elements of successful models that can be used for the development of the proposed model for planning interventions in child protection. The social work theories and paradigms that will be explored are indispensable for developing and expanding the existing knowledge base for practice and assisting in identifying the most suitable interventions (Fleury & Sidani, 2012:12; Jenson, 2014:567).

5.3.2.2 Step 2: Studying natural examples

A focus group (Babbie, 2014:329; May, 2011:138) will be conducted with designated and residential social workers and CYCWs to gain information from "people who have actually experienced the problem" (De Vos and Strydom, 2011:481; Rothman & Thomas, 1994:32). The focus group will be used to study natural examples from professionals in the field to make use of their knowledge, skills and experience to generate ideas of what needs to be included in a theoretical model for planning interventions for the emergency removal and safety placement of children at risk; and how the "best interest of the child" principle can be applied to this model. This is what Wilson and Farkas (2014:191) refer to as a "shared decision-making paradigm" with their emphasis on a more collaborative approach to adapting and designing interventions.

The focus group will be done with the same sample group as described in *5.3.1.2* above including designated social workers, residential social workers and CYCWs. At least three participants from each population group as described in Phase 1 (i.e. at least three designated social workers, at least three residential social workers, and at least three CYCWs) will be invited to participate in the focus group. The participants will be advised of the focus group in the informed consent form and after the interviews and focus groups conducted with the participants in Phase 1, they will be invited to join the focus group for Phase 2. The focus group will be held at a mutually convenient venue and at a date and time that suit the participants. The group will be held in a private office or secure board room. An interview guideline will be used to aid the discussion.

In situations where a focus group is not possible to arrange with participants due to challenges with arrangements (such as: transport challenges, difficulties in setting suitably convenient dates and times for the group members, or if there is only one person available at the CYCC or Child protection organisation), the researcher will plan for discussion groups (Willig, 2013:118) and or semi-structured interviews (as discussed in *5.3.1.3* above). This will only be done in cases where there are not enough participants at a child protection organisation or CYCC to participate in a focus group, and as such, smaller discussion groups or semi-structured interviews are necessary to continue gathering data from the participants.

5.3.2.3 Step 3: Identifying functional elements of successful models

This step involves the exploration and analysis of existing models, programs and policies linked to the research topic and proposed intervention that have been successful in the past (De Vos & Strydom, 2011:482). For the purposes of this research, the researcher will explore and describe social work theories and paradigms, including, but not limited to: systems theory (Bronfenbrenner, 1989; Gauvain & Cole, 1993; Härkönen, 2007; Von Bertalanffy, 1956), strengths-based approach (Saleebey, 1996; 2000; 2006), problem solving (Perlman, 1957) and crisis intervention (Caplan, 1961; Lindemann, 1944) and attachment theory (Bowlby, 1979; 1988a, 1988b). In addition, various models of child protection will also be explored to identify functional elements of those models which can be used to provide insights for the development of the model for this study.

5.3.3 Phase 3: Design

For this third phase of the intervention research process, the researcher needs to design an observational system and specify the procedural elements of the intervention (De Vos & Strydom, 2011:482-483; Fawcette *et al*., 1994:34).

5.3.3.1 Step 1: Designing an observational system

Step 1 of Phase 3 requires the researcher to design an observational system (De Vos & Strydom, 2011:482). An observational system is described by De Vos and Strydom (2011:482) as a way of observing events related to the social phenomenon which can provide insights regarding the extent of the problem being studied, as well as determining the effects of the proposed intervention. The researcher needs to identify which aspects of the phenomenon the research aims to address with the proposed intervention (based on information gathered from the above mentioned phases); and then define this change so that it can be observed (De Vos & Strydom, 2011:482). Respondents can provide self-reports by making direct observations of the phenomenon in order to measure the effects of the intervention (De Vos & Strydom, 2011:482).

5.3.3.2 Step 2: Specifying procedural elements of the intervention

As indicated by De Vos and Strydom (2011:483), for this step the researcher needs to clearly specify the procedural elements of the proposed intervention (the model) in sufficient detail to allow for replication of the intervention by other professionals in the field of child protection.

5.3.4 Phase 4: Early development and pilot testing

The purpose of Phase 4 is to develop the prototype or preliminary intervention for a trial basis so that it can be evaluated (De Vos & Strydom, 2011:483; Fawcette *et al*., 1994:36). According to Fawcette *et al.* (1994:36) phase 4 includes the following steps: developing a prototype or preliminary intervention, conducting a pilot test, and applying design criteria to the preliminary intervention concept. However, for the purposes of this research, a focus group will be used to discuss and provide input on the development of a model for planning interventions for the emergency removal and safety placement of children at risk.

5.3.4.1 Step 1: Develop prototype

The researcher will design the prototype of a model based on the collected data from the earlier phases and steps as discussed above.

5.3.4.2 Step 2: Pilot testing

The preliminary model (*5.3.4.1*) will be discussed by means of a focus group with designated social workers, residential social workers and CYCWs to identify elements that need to be revised and adapted (Fawcette *et al.*, 1994:36; Melnyk, Morrison-Beedy & Moore, 2012:52-54). The focus group will include in total at least six participants – at least two participants from each group from Phase 1 and 2 of the designated and residential social workers and CYCWs.

The participants will be identified from the interviews and focus groups in Phase 1 and 2. The researcher will ask the participants during the previous phases about

whether they would be willing and available to participate in this phase of the research process as well.

The researcher recognises that it could be challenging to coordinate residential and designated social workers and CYCWs from various agencies to participate in a focus group at a mutually convenient venue. Participants will be invited to make suggestions of a convenient time, date and venue for the group which will then be discussed by all the participants and agreed upon. Should the participants need to travel to the venue, the researcher will reimburse the participants for any travel expenses incurred.

As mentioned in *5.3.2.2* above, in situations where a focus group is not possible to arrange with participants due to challenges with arrangements, the researcher will plan for discussion groups (Willig, 2013:118) and or semi-structured interviews (as discussed in *5.3.1.3* above). This will only be done in cases where there are not enough participants at a child protection organisation or CYCC to participate in a focus group, and as such, smaller discussion groups or semi-structured interviews are necessary to continue gathering data from the participants.

The researcher will conduct the focus group (or discussion group or semi-structured interviews as the case may be) with the six participants (representatives of phase 1 sample), and the following will be discussed: the literature, the analysed data from the earlier phases, the prototype that has been developed, the pros and cons of the prototype, what is possibly missing from the prototype or what needs to be excluded or added to the prototype, and to gain their input for what amendments need to be made to the model for planning interventions for the removal and safety placement of children at risk.

5.3.4.3 Step 3: Applying design criteria

For this step, the researcher needs to evaluate the prototype according to design criteria which for this research, will be:

- Is it easy to use in practice?
- What are the pros and cons for the model?

- Is it practical?
- Is the model relevant for practice?
- What aspects of the model should be highlighted / taken out?
- Is there anything missing from the model?
- Does the model have a logical flow?
- Is it workable within different cultures?
- Is it adaptable for different CP scenarios (abuse, neglect, abandonment, etc.)?

These questions will be dealt with within the focus group discussed above in 5.4.3.2, in order to evaluate the model and discuss its effectiveness. After the participants have provided input on how the model needs to be adapted and changed, the researcher will adapt the model accordingly.

5.3.5 Phase 5: Evaluation and advanced development

For advanced development of the model, the researcher will invite at least two social workers from the child protection field to evaluate and use the model in practice with at least one theoretical child protection case. A theoretical case study will be used instead of applying the model to a real life child protection scenario due to ethical reasons of children being involved in such child protection cases. The researcher will invite social workers from various CYCCs and child protection agencies in the Cape Peninsula area who have experience in child protection cases. The social workers will be asked to make use of the model by means of applying the model theoretically to a case study. After making use of the model (applying it to the theoretical case study), the social workers will be asked to evaluate the model and provide feedback to the researcher by way of an emailed correspondence that will be guided by the questions mentioned in *5.3.4.3* above, and if necessary this will be followed up with an interview.

Furthermore, the researcher will attempt to obtain a consultation with a legal expert on the emergency removal and safety placement of children. The Presiding Officer at the Children's Court is the legal expert in all matters regarding children in need of

care and protection (RSA, 2005); and the researcher aims to consult with at least one Presiding Officer to further discuss the model and obtain final evaluations and recommendations.

The data collected thus far from all the above-mentioned phases will be brought together to make changes to, adapt, and finalise the model for planning intervention for the emergency removal and safety placement of children at risk.

5.3.6 Phase 6: Dissemination

De Vos and Strydom (2011:487) and Fawcette *et al.* (1994:39-43) indicate that for this final phase of the research process, the intervention should be distributed to the community, and they propose the following steps to make this happen: preparing the product for dissemination, identifying potential markets for the intervention, creating a demand for the intervention, encouraging appropriate adaptation, and providing technical support for adopters.

However, for the purposes of this research, dissemination will take place, as described by Bailey-Simpson and Reid (1996:221), by means of the journal articles that will be submitted for publication in various academic journals, as well as a feedback presentation which will be provided to the participants where the results of the study will be presented.

5.4 DATA ANALYSIS

Data will be collected from the designated social workers, residential social workers and CYCWs. The individual interviews, focus groups and discussion groups will be recorded by means of a Dictaphone and then transcribed and typed verbatim (Gray, 2009:494). The verbatim transcriptions will then be analysed by means of thematic analysis (Gomm, 2008:244). Thematic analysis is described by Braun and Clarke (2006:77; 2013) as a qualitative analytic method which searches for themes and patterns, and will be utilised to identify, analyse and report on patterns and themes in the data collected. Vaismoradi, Turunen and Bondas (2013:400) state that thematic analysis is a “reliable qualitative approach to data analysis”.

The following phases as discussed by Braun and Clarke (2006:16-23; 2013) will be undertaken with regards to thematic analysis of the data: becoming familiar with the data collected, generating initial codes, searching for themes, reviewing themes, naming themes and producing the report.

5.4.1 Phase 1: Becoming familiar with the data collected

The researcher will have collected the data herself by having conducted the interviews, focus groups and discussion groups with the participants, and as such starts the data analysis already familiar with the data. Braun and Clark (2006:16) propose that the researcher first go through the data (i.e. the Dictaphone recordings of the interviews) to obtain initial ideas about the data.

The Dictaphone which was used to record the interviews and focus groups will be used to transcribe the data into written form – typed verbatim (word for word) by the researcher. Maxwell (2013:104) makes a valuable suggestion in this regard, that the researcher immediately begins with data analysis after the first interview is done (i.e. start transcribing the interview as soon as possible), as opposed to allowing numerous interview recordings to pile up.

5.4.2 Phase 2: Generating initial codes

Generating initial codes refers to organising the data into meaningful groups (Braun & Clark, 2006:18). The researcher will be coding the data manually by identifying parts of the data which can be linked to the main objectives of the research. Coloured pens and highlighters will be used to systematically go through the transcriptions and identify codes related to the objectives of the research.

5.4.3 Phase 3: Searching for themes

During this phase the researcher will go through the transcriptions to identify themes and sub-themes within the codes that are linked to the objectives and questions of this research.

5.4.4 Phase 4: Reviewing themes

This stage will entail reviewing themes in order to refine them, identifying which themes are most important, which themes can be grouped together, which themes need to be divided again, and considering which themes are most valid and represent the data as a whole.

5.4.5 Phase 5: Naming themes

Once a thematic map of the data has been established through the coding and identification of themes and subthemes, those themes will be named.

The following table (Table 2) will be used for data analysis and submitted as an Addendum (*see* Addendum G) in the final report:

Table 2: Thematic analysis of data

OVERARCHING THEMES	**THEMES**	**SUBTHEMES**	**CATEGORIES**	**QUOTES FROM TRANSCRIBED INTERVIEWS**

5.4.6 Phase 6: Producing the report

Producing the report refers to the process of telling the story of the data collected by way of the themes and subthemes presented in the analysis. Here, extracts from the data (i.e. direct quotations) will be used to support the themes identified. Literature is also used to analyse and corroborate the data collected.

Data is being analysed from various sources including literature, interviews, focus groups and discussion groups with designated and residential social workers, and child and youth care workers, which Ellingson (2009) describes as “crystallisation” and states that this provides a deeper and richer account of the phenomenon being studied.

6. TRUSTWORTHINESS

The quality of research is a crucial methodological issue that needs to be addressed. This issue is referred to by numerous authors as validity and reliability (Creswell, 2009; Kvale, 1995), credibility (Kline, 2008), rigour (Tobin & Begley, 2004), or trustworthiness (Lincoln & Guba, 1985). Tobin and Begley (2004), and more favourably recognised within the research community are Lincoln and Guba (1985), present a query into the concepts of validity and reliability and how relevant they are for qualitative research. Instead they propose the concepts of trustworthiness (Kline, 2008: 210) and rigour (Tobin & Begley, 2004: 390) as aspects which provide integrity and quality to the research.

Lincoln and Guba (1985) suggest that trustworthiness can be promoted when the researcher provides in-depth information about the participants and the environment so that readers can decide for themselves how applicable the research is for their own settings (Kline, 2008). With this in mind (as well as the ethical need to keep participant's information confidential), the researcher has tried to provide information on the research participants in the selection criteria, so that readers can determine how relevant the research is for themselves.

Loh (2013:5) and Kline (2008:211) further explain Lincoln and Guba's (1985) issue of trustworthiness, by means of establishing consistency within data findings using triangulation. Triangulation is described as the process of using multiple research methods to test the same findings (Babbie, 2014:121; Maxwell, 2013:102). This research will aim to achieve triangulation, and thereby trustworthiness, by means of using multiple research methods; including several interviews with designated and residential social workers, group interviews with child and youth care workers, as well as visual data. This is similar to Ellingson's (2009) description of crystallisation as the use of multiple sources of data collection in order to provide a deep and rich account of the data, which the researcher hopes to achieve by means of the interviews, focus groups, and visual data from the designated and residential social workers and CYCWs. Gray (2009:193) also refers to "space triangulation", when data is collected from various sites. In this respect, this research will be done at several CYCCs in the Cape Peninsula area in order to achieve triangulation.

Tobin and Begley (2004:390) indicate that, for them, rigour in research comes about through the ethical aspects of the research, which will be discussed in point 8 below. They also suggested that rigour is achieved by the research findings having implications for practice (Tobin & Begley, 2004:391). This is the goal of this research – to develop a model for planning interventions for the emergency removal and safety placement of children at risk.

Another way in which trustworthiness can be accomplished within research is through peer reviews (Creswell, 2009: 191; Gringeri *et al*., 2013: 762; Loh, 2013: 6). Peer reviews are referred to by Master (2011:104) as "the main control mechanisms used to ensure quality and integrity of research". It is the process of having objective peers evaluate and provide feedback on the research (Gringeri *et al*., 2013: 764). As part of the data analysis, the researcher will ask two social work colleagues in the field of child protection to review the information and provide feedback which will be used to improve the research report.

Creswell (2009:190-191) describes various steps that can be taken to improve the validity and reliability of the research. Such steps for this research will include: ensuring that the verbatim transcripts are written up correctly with no obvious mistakes, and ensuring that the themes and patterns identified in the data analysis maintain their meanings throughout the research process (Creswell, 2009:190). Other authors also refer to this idea indicating that the use of a recorder (Dictaphone) during interviews (Peräkylä, 2008:285) and verbatim transcripts of interviews (Maxwell, 2013:126) are a means of ensuring reliable research is presented – as opposed to the use of field notes and observations which cannot be accessed easily. Peräkylä (2008:285) states that transcriptions that are based on recordings provide meticulous depictions of those social interactions.

Tracey (2010:840) describes eight criteria for excellent qualitative research: worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethical and meaningful coherence, of which three will be discussed here. Tracey (2010:840) explains that in order for qualitative research to be of sound quality, the research topic must be worthy, relevant, interesting and significant. The researcher believes that the research topic is significant as it has a great impact on the lives of numerous children in need of care and protection. Considering the gap within literature between

governmental policies which exists and the practical implementation of guidelines to assist professionals working with children, this research is also very significant.

Tracey (2010:840) further explains that quality qualitative research needs to entail rich rigour, meaning that it needs rich, detailed and in-depth data sources. This research is gathering data from social workers involved in child protection, residential social workers at CYCCs, as well as from child and youth care workers. This is a valuable and representative sample from which to collect data on the research topic. The researcher will explore the topic with the participants until data saturation occurs, which will mean spending a good amount of time with the participants gathering data, evidencing rigour.

Sincerity is another element of Tracey's (2010:841) aspects of quality in research which refers to the researcher's openness, honesty and reflectivity. To provide evidence of this, the researcher needs to become vulnerable and honest with the readers. In this respect, the researcher feels immersed within the research topic as it has emanated out of her of own work in the field and with issues that the researcher has struggled with personally. The researcher is also aware that her own subjective experiences of the research topic will be influencing the way in which the data is collected (researcher's paradigm). The researcher has worked in the field of child protection for many years and has felt a strong inkling towards this research topic. In this regard, the researcher feels engrossed within this research and keenly looks forward towards the end results and contributing to the field of child protection.

Tracey (2010:842-843) further explains her understanding of research needing to be credible. This involves thick descriptions, crystallisation and triangulation, and multivocality (Tracey, 2010:843-844). This research will be conducted with three different populations and will be done using various data collection strategies including individual interviews, group interviews and visual data, and in this way hopes to achieve what Tracey (2012:843) refers to as thick descriptions of in-depth data needed to ensure credible quality research.

Finally, Shenton (2004:68) supports Lincoln and Guba's (1985) notion that member checking also boosts the research's validity. The researcher will send the verbatim interview transcriptions to the participants via email so that they can check that the

information collected is an accurate reflection of what transpired and what was discussed during the interview and focus group (Shenton, 2004:68).

7. ETHICS

Research ethics refers to the “moral principles that guide the research” and includes avoidance of harm to participants, informed consent of participants, respecting the privacy of participants and avoiding the use of deception (Gray, 2009:69 & 73). Holland (2009) reviewed 44 journal articles published between 2003 and 2008 which looked at the experiences of young people in alternative care (foster care, temporary safe care, child and youth care centres). One of the problematic methodological issues that she identified with those 44 articles, was that there was little discussion on ethical aspects of the research (Holland, 2009:230). Research within this field of child protection is embedded with emotional issues including trauma and separation, and as such, research within this domain cannot neglect the importance of ethical considerations. The following ethical considerations will be discussed: ethical accountability, informed consent, voluntary participation, anonymity and confidentiality, no harm, falsifying information, participants’ rights to see the research, risks vs. benefits, and remuneration.

7.1 ETHICAL ACCOUNTABILITY

One way in which the researcher is being held accountable for ethical conduct, is that the researcher is a registered social worker with the South African Council for Social Service Professions and as such is guided by the ethical principles of the council’s code of ethics. Acting in an unethical way could lead the researcher to being disbarred from the SACSSP and unable to practice as a social worker.

With regards to the expertise of the researcher, the researcher has had training in qualitative research methodology during Honours and Masters level studies at the University of Cape Town and North-West University. The researcher has completed qualitative research studies for her Honours and Masters Degrees. The researcher has also facilitated numerous groups and interviews over the course of her 9 years in the field of social work. The researcher has had over 9 years of experience in the

field of social work and has conducted numerous groups (including: child and youth care worker support and supervision groups, social work journal article review groups, etc.) within which the researcher has been able to learn how to run a group specifically with those professionals that will be included in this research. The researcher will be guided by her supervisor, Dr Carlien van Wyk, who is a social worker by profession and registered with the SACSSP. Dr van Wyk has obtained her PhD in Social Work and has supervised many students successfully. Dr van Wyk has guided several Masters and PhD students over the last 15 years in qualitative research approaches.

To further develop the researcher's skills in qualitative research, the researcher will:

- Have regular supervision sessions with her supervisor prior to data collection where interview and focus group facilitation skills may be discussed;
- Role play interviews and group facilitation skills with the supervisor to ensure the researcher's competencies;
- Broaden her knowledge base and understanding of facilitation of interviews and focus groups by continually reading literature on this topic.

The ethics committee of North-West University will need to approve the research, ensuring that the research complies with the university's ethical standards. The researcher will also apply to the Department of Social Development for ethical approval to conduct the research.

7.2 INFORMED CONSENT

Informed consent is a means by which participants can be protected from potential harm in research by ensuring that participants are fully informed about the research before they consent to participate (Creswell, 2009:88-89; Lapan *et al*., 2012:32). The onus rests on the researcher to ensure that all research participants are fully informed of any potential risks, discomforts and benefits of their participation in the research.

For this research this will be done by means of a written document (*see* Addendum C) detailing the information about the research which participants will need to read

through and which will be explained by the researcher. This form will include information on: the identification of the researcher, aim of the research, what kind of information is being sought, how participants were selected, benefits for participating, level and type of participant involvement, risks to participants, confidentiality, assurance that the participant can withdraw at any time, who will have access to the data collected, and names of persons to contact for any queries (Creswell, 2009:89; Gray, 2009:75).

After giving permission to be contacted, the informed consent form will be emailed to the research participants who will then be given at least one week to read through the document. After reading the document which details all the relevant information about the research, the participants will be asked by the researcher via email or telephonically if they have any questions and if they wish to participate or not. If the participants do wish to participate, the researcher will then set up a time and date at a venue that is suitable and convenient for the participant(s) for the interview or focus group.

Prior to the interview or focus group, the researcher will again read through the informed consent form with the participants and offer an opportunity for any questions to be asked. If the participants are satisfied, they will be asked to sign the informed consent form, giving their permission to participate in the study.

7.3 VOLUNTARY PARTICIPATION

Babbie (2014:66) explains that “subjects must base their voluntary participation in the research on a full understanding of the possible risks involved” (possible risks are discussed below). After having been fully informed of the research by means of the “informed consent form”, participants have a choice about whether they will participate. Participates do not have to participate in the research and they can withdraw from the research at any time. Participants will also not suffer any consequences at work for not participating in the research. This voluntary participation will also be fully disclosed in the informed consent form (*see* Addendum C) and discussed with the participants prior to the interviews and focus groups.

7.4 ANONYMITY AND CONFIDENTIALITY

It is the responsibility of the researcher to ensure that the information provided by the participants is kept confidential (Babbie, 2014:68). The Dictaphone recordings, reflective notes and interview transcriptions will be kept on the researcher's own computer (which is password protected) while the research is being done (to transcribe and analyse the data). The researcher's computer is private, password protected and no one else has access to the computer. The computer will remain stationary at the researcher's home, and will not travel with the researcher. With regards to anonymity, the participants' names and identifying details will not be provided in the research report and all participants will be allocated a number which is known only to the researcher and in this way protects the anonymity of the participants (Creswell, 2009:91). After the research report has been completed and submitted to the NWU, the Dictaphone recordings, reflective notes and interview transcriptions will also be submitted to the NWU for safe keeping for a period of five years.

As part of respecting the participants' right to confidentiality, the interviews and focus and discussion groups will be held at a venue chosen by the participants themselves. The researcher believes that most of the social workers may prefer the interviews conducted in their own offices where they work, which the researcher will do. However, the venue for the interviews and groups will be chosen by the participants and the researcher will respect their right to confidentiality in this way, by giving the participants the choice of where they feel comfortable to conduct the interview or group. The interviews and groups will be conducted in a private office or board room.

During the focus group and discussion groups with the participants the researcher will need to emphasise this issue of confidentiality – that only partial confidentiality can be guaranteed (Webster, Lewis & Brown, 2014:98). As the participants in the group will be disclosing their information to one another as well as the researcher in the group, the participants will need to sign in the "informed consent" form that they will not disclose what is discussed in the focus group and discussion group (Powell & Single, 1996:502). The researcher will discuss the issue of confidentiality and "not

repeating who said what" outside of the group. Thus, the researcher aims to address partial anonymity by means of the following strategies:

- By having all participants sign the informed consent forms – a written agreement to not disclose what is discussed outside of the group;
- Group rules established at the start of the focus group session;
- The researcher will repeatedly remind the group members of their agreement to not disclose confidential information that is discussed within the group.

7.5 NO HARM TO PARTICIPANTS

With regards to ensuring no harm, Babbie (2007: 27) says that "the fundamental ethical rule of social research is that it must bring no harm to participants" (in Strydom, 2011:115). There is an ethical obligation on the researcher to ensure that the participants are in no way emotionally harmed by the research. The researcher is aware that during the interviews, the information being discussed could trigger some difficult memories for the social workers and CYCWs about the removal process. The researcher will stop the interview immediately if it appears to be causing any emotional distress for the participants. With permission from the participants, the researcher will refer the participants for supervision, debriefing or counselling as needed.

Each participant (as a social worker or CYCW) will have a supervisor where they are employed. With consent from the participants, the researcher will inform the participant's direct supervisor if there is a need for a referral for further debriefing or counselling. The direct supervisor will guide the researcher with respect to if they would be able to provide the counselling themselves or if a referral is needed, in which case the researcher would offer to assist the supervisor with this referral, to a counsellor connected to the organisation or to an external agency (such as the Western Cape Veterans Forum which is a group of mature social workers who provide supervision, mentorship and support to social workers in the Western Cape). This information will also be explained fully in the "informed consent" form. If there are any costs involved for participants to receive debriefing or counselling after the research, the researcher will cover these costs.

7.6 FALSIFYING INFORMATION

Creswell (2009:92) indicates an ethical concern with some researchers potentially "falsifying, suppressing or inventing the findings to meet the researchers' or audience's needs". The researcher takes a strong intrinsic stance against this type of practice and pledges to ensure that accurate and honest information collected from the participants is presented. The researcher will bracket (Tufford & Newman, 2012) her own experiences and opinions to not influence the research process and to be as objective as possible.

7.7 PARTICIPANTS' RIGHTS TO SEE THE RESEARCH

The participants also have the right to see the results of the research (Webster *et al.*, 2014:83). As such, the researcher will strive towards meeting this need by inviting participants to a meeting where the results of the research will be presented after the final report has been completed.

7.8 RISKS vs BENEFITS

The potential risks and benefits of the research need to be fully disclosed to the research participants in the "informed consent" form (Webster *et al.*, 2014:101). With regards to the potential risks to participants, they need to be informed that the interview questions related to the child removal process could possibly trigger memories for them which could possibly be emotionally difficult for them. The participants need to be informed that in this case, the interview or focus group can be stopped by the researcher or the participants themselves and that the participants could be referred for further debriefing if they wanted.

With respect to benefits of the research, the participants will be informed in the "informed consent" form that there are no direct benefits, but indirectly they will be contributing towards the knowledge base and literature on child protection services. The information the participants provide will be used to develop an intervention strategy for a relationship-based ethic of care approach for use by professionals when removing children and placing them in safety. This may improve child

protection services being rendered, thereby assisting social workers in undertaking their tasks. In doing so, it may also contribute towards reducing the trauma experienced by children who must be removed.

7.9 REMUNERATION

Participants will be informed of whether there is any monetary or otherwise compensation for their participation in the research (Webster *et al.*, 2014:93-94). For this research participants are not provided with any incentive for participation. However, the researcher will provide cool drink and biscuits to participants during the interviews, focus group and discussion groups. There will be no transport expenses incurred as the researcher will go to the participants to conduct the interviews and focus groups. If the participants do have to travel, the researcher will provide remuneration for any travel expenses incurred.

8. REPORT LAYOUT

This report will be laid out as follows:

SECTION A – PART 1: ORIENTATION TO THE STUDY

This is the first section of the report which introduces the research study. The orientation and problem statement, aims and objectives, central theoretical statement, paradigmatic assumptions, and research methodology are described in this section. This section of the report is written in the future tense as it describes the research process that was planned.

SECTION A – PART 2: THE RESEARCH PROCESS

This section will describe the steps of the research process and provide feedback as to how the research actually took place.

SECTION B: LITERATURE STUDY

This section of the report will entail a complete and concise study of the current literature. The literature study is divided into two sections: PART 1) Child protection in context, and PART 2) social work theories.

SECTION C: ARTICLES

Section C will consist of three journal articles:

1) Intervention strategies used by social workers in emergency child protection
2) Integrating the Best Interests of the Child into emergency child protection practice
3) A model for emergency child protection interventions

The researcher plans to submit these articles for publication in the Social Work / Maatskaplike Werk Journal, Child Abuse & Neglect Journal, and The Social Work Practitioner-Researcher respectively.

SECTION D: SUMMARY, CONCLUSION AND RECOMMENDATIONS

Section D will entail the summary, conclusion and recommendations of the research study. Limitations of the study and the researcher's reflections on the research process will also be described here.

SECTION A

PART 2: THE RESEARCH PROCESS

1. INTRODUCTION

This section of the report will present the research process that actually took place in relation to the steps as outlined in Part 1 above.

2. ETHICAL APPROVAL

The research proposal received ethical approval and clearance (*see* Addendum A and B) from various Ethics Committees as follows:

Name of Ethics Committee	**Date of Approval**
CYCFS	22 April 2014
Auther Panel	12 May 2014
Department of Social Development REC	27 May 2015
HREC	31 May 2015

Following final approval and clearance on 31 May 2015, the researcher commenced with phase 1 of the research proposal on 1 June 2015.

3. RESEARCH PROCESS

The research process as it actually occurred will be discussed here. Please refer to **Table 1: Research process (D&D model)** in Section A, Part 1 above.

3.1 PHASE 1: PROBLEM ANALYSIS AND PROJECT PLANNING

Phase one included five steps: identifying and involving clients, gaining entry, identifying concerns of the population, analysing problems, and setting goals and objectives.

3.1.1 Step 1: Identifying and involving clients

The population for this study included designated social workers (DSWs), residential social workers (RSWs), and child and youth care workers (CYCWs) who were employed at child protection organisations (CPOs) and child and youth care centres (CYCCs) within the Cape Peninsula of the Western Cape of South Africa.

With regards to the DSWs employed at CPOs, the Department of Social Development (DSD) (Western Cape) REC provided contacts for their DSD offices that could be contacted to participate in the research.

Other CPOs based in the Cape Peninsula were contacted by the researcher, including ACVV, Child Welfare and Badisa as the primary CPOs within the Western Cape that provide emergency child protection services.

In terms of the CYCCs the researcher obtained a list from the DSD of registered CYCCs within the Western Cape (all CYCCs need to be registered with DSD). Of the total 46 registered CYCCs within the Western Cape, only 17 of those CYCCs focused on working with emergency child protection cases whereby they admit children for emergency temporary safe care, which is the focus area of this research. Those 17 CYCCs that focus on emergency child protection were contacted by the researcher.

Following ethical clearance, the researcher started in June 2015 to contact the gatekeepers (managers) and mediators (supervisors) at various CPOs and CYCCs to enquire about the participation of their DSWs, RSWs and CYCWs in this research study.

3.1.2 Step 2: Gaining entry and cooperation from settings

The Department of Social Development (Western Cape) REC provided contacts for their DSD offices that could be contacted to participate in the research. The researcher contacted the social work managers (gatekeepers) at the department, discussed the research with them and they contacted their DSWs to see who was interested in participating in the study. From DSD, only two offices were willing to participate, and from those offices, five DSWs agreed to participate in the study.

Other CPOs based in the Cape Peninsula were contacted by the researcher, including ACVV, Child Welfare and Badisa as the primary CPOs within the Western Cape that provide emergency child protection services. The social work managers (gatekeepers) of those organisations were contacted by the researcher, and permission was requested for the research. Of those four CPOs, only one of them was willing for their DSWs to participate in the study. Three DSWs from a non-profit CPO agreed to participate in the study.

The researcher had planned on making appointments with the gatekeepers and mediators of the CPOs and CYCCs in order to further discuss the research. However, the gatekeepers and mediators indicated that they were not available (time limitations) to do this. They had asked their respective DSWs, RSWs and CYCWs who wanted to participate, and then provided the researcher with the prospective participants' email addresses for further contact.

The researcher then made direct contact with the participants and sent them the informed consent form. Following which the interviews and focus groups were arranged with the participants and the consent form was further discussed with them prior to the interview or focus group.

In total, eight DSWs participated in this study. The proposal indicated that at least 10 DSWs (or until data saturation occurred) would participate, but no other DSW participants were put forward by their respective gatekeepers (managers) and mediators (supervisors). Despite having fewer DSW participants than planned, data saturation was achieved.

In terms of the CYCCs the researcher obtained a list of registered CYCCs within the Western Cape from DSD. Of the total 46 registered CYCCs within the Western

Cape, only 17 of those CYCCs provide for emergency temporary safe care of children, which is the focus area of this research. The facility managers (gatekeepers) of the 17 CYCCs were contacted by the researcher to request permission for the research. Of those, nine CYCCs (just more than half) agreed to participate in the study – some gave permission for both their RSW and CYCWs to be involved, while others only gave permission for their RSW to be involved due to challenges with CYCW staff shortages.

In total, 10 RSWs and 20 CYCWs participated in this study. The proposal required at least 10 RSWs and at least 12 CYCWs – hence, more CYCW participants were involved in the study than originally planned. This may have been due to the fact that focus groups were conducted with the CYCW participants. (Focus groups were not possible with the RSWs as typically there is only one RSW at each CYCC).

In total, there were 38 participants for phase 1 which included: eight DSWs from three CPOs; 10 RSWs from nine CYCCs; and 20 CYCWs from six CYCCs. All of the participants were selected in terms of the pre-determined selection criteria as discussed in *5.3.1.2* in Section A, Part 1 above. All the participants could speak English or Afrikaans – even though for some this was not their first language.

3.1.3 Step 3: Identifying concerns of the population

Step 3 involved the exploration and description of the current intervention strategies for the emergency removal and safety placement of children at risk that are used by DSWs, RSWs and CYCWs. This was achieved by means of conducting interviews and focus groups with the 38 participants.

As per the proposal, individual semi-structured interviews were conducted with all of the DSWs and RSWs, and focus groups were conducted with the CYCWs. The focus groups consisted of between four and eight participants. In total, 18 interviews and five focus groups were conducted to collect data for phase 1.

Reflective notes were also taken by the researcher as discussed in *5.3.1.3* in Section A, Part 1. Some of the researchers' reflections are included in Section D.

As per the proposal, the interview schedule (*see* Addendum D) was submitted to other social workers for peer review before the researcher started with the interviews. Feedback was obtained via email correspondence, and the interview schedule was adjusted accordingly. After the first two interviews, the researcher adjusted the interview schedule again in order that information collected was in line with the objectives.

The proposal indicated that at least 32 participants would be involved in phase 1; however, in total there were 38 participants. Data saturation did occur as the same themes were emerging in the data.

3.1.4 Step 4: Analysing concerns or problems identified

During the interviews and focus groups, the researcher collected in-depth information from the participants on the current intervention strategies that they use when removing and placing children in safety at CYCCs. The interviews and focus groups were digitally recorded with a Dictaphone. The recordings were used to transcribe the interviews and focus groups verbatim. Data collected was analysed by means of thematic data analysis (*see* Addendum G) as discussed in Section A, Part 1. Data saturation did occur as the same themes were emerging.

The following table represents a summary of the data collected from the participants in phase 1:

Table 3: Summary of findings (data analysis – phase one)

THEMES	**SUBTHEMES**	**CATEGORIES**
Circumstances which require the emergency removal and safety placement of	Child abuse and neglect	Physical abuse; Sexual abuse; Neglect (poverty); Abandonment.

children	Substance abuse	Children abusing substances; Caregivers abusing substances.
Challenges in the emergency removal and safety placement of children at risk	Lack of information in child protection cases	DSW does not have info – because it is an emergency situation; RSW does not get a lot of info from DSW; CYCWs are not given enough information. *Causing a lot of frustrations and lack of multi-disciplinary team approach.*
	Challenges with CYCCs	Limited resources available (few CYCCs); Not able to meet the best interests of the child (siblings are separated, children placed too far for family to visit); Negative environment within the CYCC (bullying).
	Challenges with service rendering	Lack of practical resources (car seats, telephones, car, nappies); Lack of human resources (staff shortages); High caseloads; Transfer of cases between social workers and CP agencies. *Results in a rushed process of removing the child and placing them in safety: "drop and go", chaotic, not focused on the child.*
Guidelines for the current intervention strategies (what	External guidelines	Children's Act (not used fully); Standardised practice model (no practice model); Training (no training received);

guides practice?)		Theory *(*no reliance on theory or used intermittently); Supervision *(*lack of supervision); CYCWs receive some training.
	Internal guidelines	Self-reliance (follow gut instincts); Cultural values *(*Ubuntu); Colleagues (for support).
The current intervention strategies for the emergency removal of children at risk (DSW)	Intake	First report of abuse; Risk assessment; Prevent removal (early intervention).
	Statutory removal process	Finding a placement (at CYCC); Issuing a Form 36; Court opening / Ratify F36 at court; Medical examination.
	After hours	Lengthy process.
	Assistance/support in rendering child protection services	Colleagues; Police; Children's Act (removal of alleged offender).
	Working with the caregivers	Lack of insight; Aggressive caregivers; Informing the caregivers; Role of DSW.
	Working with the child	Informing / preparing the child for the removal; Use of transitional objects;

		Leaving the child at the CYCC.
The current intervention strategies for placing children in safety (RSW, CYCW)	Intake	Request for placement by DSW; Documentation needed for application; Pre-admission conference.
	Admission	Reception of the child; Handover from DSW; Family present on admission; Meeting basic needs. *DSW "dumps" the child at the CYCC – "drop and go", lack of emotional care for child.*
	Orientation	Orientation (welcome, basic needs, rules and routine, tour of facility); Working with the children (relationship building).
	Post admission	Medical (referral to clinic); School placement; Counselling.
Current intervention strategies after the child is removed and placed in safety	Post placement intervention strategies	Contact with DSW; Family reunification.

For the full data analysis spreadsheet, please refer to the CD at the back of this document (*see* Addendum G).

3.1.5 Step 5: Setting goals and objectives

Based on the data collected in phase one, the researcher was able to identify certain targets for change which are included as elements in the final model for planning interventions. These were then set as goals and objectives to address and further explore within phase two.

3.2 PHASE 2: INFORMATION GATHERING AND SYNTHESIS

Phase 2 involved the gathering and bringing together of different sources of information to identify functional elements that can be incorporated into the design of the intervention. This phase entailed three steps: using existing information sources, studying natural examples, and identifying functional elements of successful models.

3.2.1 Step 1: Using existing information sources

As per the proposal, the researcher conducted an in-depth literature study (*see* Section B) and explored relevant social work theories, as well as other models of child protection to identify functional elements that could be incorporated into the development of the model.

3.2.2 Step 2: Studying natural examples

For phase 2, the researcher had initially planned on conducting a focus group with three DSWs, three RSWs and three CYCWs from the first phase. However, the researcher experienced major challenges in trying to arrange the proposed focus group. The participants were not able to agree on a suitably convenient time, date and venue for the focus group. Four different dates, times and venues were negotiated, as well as the researcher committing to covering any transport costs for the participants, however it was not possible to arrange a set time, date and venue for the proposed focus group with enough participants. A few of the participants had indicated that they were willing to participate in phase 2, but needed the researcher to come to their office as they were unable to get time off work to attend the focus group.

The challenges experienced were precisely what had also been reported by the participants in phase 1 (and what is highlighted in literature about social workers in the field of child protection) in terms of: severe time constraints, staff shortages, high caseloads, stressful working conditions, etc. The participants are all currently working in the field of emergency child protection, which is what this research is concerned with; but this means that they are under extreme stress due to working challenges and this made it very difficult to conduct the research with the participants.

Hence, the researcher applied to the Ethics Committee for a change to the research proposal on 11 March 2016 – to rather have discussion groups with the participants instead of the focus group; and where it was still not possible for participants to attend the discussion group, that individual semi-structured interviews would be conducted. The proposed changes were approved on 22 April 2016 (*see* Addendum B) and the researcher was then able to continue with the research.

Few participants responded to the researcher to participate in phase 2. However, three DSWs, three RSWs and three CYCWs did agree to participate in the discussion groups and interview for phase 2 as per the proposal's goal for this phase.

The researcher conducted: one discussion group with two DSWs at a CPO; one interview with one DSW at a CPO, one discussion group at a CYCC with two RSWs and two CYCWs, and another discussion group with one RSW and one CYCW at a CYCC.

For the purpose of this phase, the researcher needed to gather knowledge, skills and experiences from DSWs, RSWs, and CYCWs to inform the development of the model; as well as exploring how social work theories and the best interest of the child could be incorporated into the model.

From phase 1, the participants provided information about the process of the emergency removal and safety placement of children at risk – the intervention strategies or steps that are undertaken when they remove a child and place them in safety.

Based on information from participants in phase 1 a basic outline of the child protection process was created by the researcher, and is represented in table 4 below:

Table 4: Steps in the child protection process (data analysis – phase one)

STEPS	DESCRIPTION
Intake	Allegations of abuse are reported; Challenges: high caseloads, lack of SWs, high staff turnover, interferes with usual work load ("juggling everything, have 10 other things to do")
Risk assessment	To determine if allegations of abuse are true or not; Conduct home visit, interview parents, interview child, consult with neighbours; Challenge: Lack of info available (DSW, RSW, CYCW not sharing info) Challenge: Difficulty with decision making; Early intervention and prevention work (try place with family first).
Finding placement at a CYCC	Challenges – lack of resources (not enough); Documentation required – care plan, IDP, clinic card, background report, medical, school report, birth certificate, etc. Pre-admission conferences.
Form 36 *The actual physical removal of the child from the*	Issue form 36 (statement); Informing the parents – lack of insight, aggressive parents, trauma; Explaining role of SW to parents and child; Working with the child – informing the child, "preparing" the child, explaining what will happen, transitional objects (but RSW says

caregiver	child is <u>not</u> prepared); Use of police (accompany SW, aggressive parents, removal of alleged offender); Use of colleagues (car, support, hold child, witness); Lack of practical resources – car seat, bottle, food, clothes, nappies, telephone, emails, etc.
Medical examination	Why important? – provides evidence of abuse (proof for case); Take child to district surgeon; J88 (sexual abuse cases); After hours / long procedure / travelling a lot; RSWs say medical is not done in emergencies.
Admission and orientation at the CYCC	Parents should come with to CYCC; Handover between DSW and RSW – child clings to DSW, trauma when DSW leaves, special relationship between child and DSW; Admission is: Drop and Go / rushed / chaotic / DSW in a hurry / paperwork focused / miss emotional connection to child / onto the next crisis / dumped; CYCWs not involved (but want to be); CYCW challenge: no info given Admission – paperwork focus on admission; Orientation – welcome the child, medical examination / check (in-house at CYCC), meeting basic needs, tour of the CYCC / show around, meet and greet others at CYCC, discuss rules and routine. Buddy system – children welcome new children; Do orientation all at once or over a few days; CYCW – comforting the child, relationship building, help to settle.

Post placement	Contact with DSW – challenges with transfer of cases, high staff turnovers, DSWs keep on changing, lack of contact; Child wants to see their DSW again, but limited / no contact post placement; Medical follow up at local clinic; Arrange for schooling; Counselling with RSW – check in, debriefing, play therapy; Family reunification – visitations, phone calls, sleep overs (parents don't visit – breaks attachment); Transfer of cases to another DSW; Home visits – CYCWs want to do this.

In the discussion groups and interviews for phase 2, the table above representing an outline of the child protection process (intervention strategies / steps) which was discussed by participants in phase 1, was presented and the participants discussed the intervention strategies and provided further details on what needs to inform the development of the model.

The researcher also provided participants with two worksheets: 1) an outline of Section 7 Best interest of the child as described in the Children's Act (RSA, 2005), and 2) a brief outline of some of the social work theories that they had mentioned in phase one (*see* Addendum D). This was not new information to the participants – the worksheets presented data collected and information provided by the participants from phase 1. Due to time constraints, this assisted the participants to conceptualise their thoughts and understandings around the topics for discussion. The participants referred to these worksheets during the interviews and discussion groups in phase 2 to show how the best interests of the child and social work theories could be incorporated into the model.

All the interviews and discussion groups were recorded with a Dictaphone, which was used to transcribe the interviews and groups verbatim. The researcher

transcribed all the interviews and groups herself and analysed the data by searching for themes and subthemes as discussed in Section A, Part 1.

Table 5 below presents a summary of the findings from phase two data analysis:

Table 5: Summary of findings (data analysis – phase 2)

THEMES	SUBTHEMES	CATEGORIES
Intake	Social work theories	Systems theory
	Best interests of the child	Protection from harm
Risk assessment	Social work theories	Developmental theory; Systems theory; Problem solving approach; Attachment theory.
	Best interest of the child	Parenting capacity; Need for the child to remain with family; Chronic illness / disability.
Finding placement at a CYCC	Social work theories	Systems theory; Developmental theory; Attachment theory.

	Best interests of the child	Disabilities / illness; Schooling (child's intellectual development); Contact with family; Language, culture, religion; The child's age, stage of development, background, other relevant characteristics.
Form 36 removal	Social work theories	Developmental theory; Attachment theory; Systems theory.
	Best interest of the child	Effect on the child of any changes; Parents attitude and relationship; Age, maturity, gender, of the child.
Medical	Social work theories	Systems theory
	Best interest of the child	Violence affecting a child
Admission at CYCC	Social work theories	Attachment theory: - Relationship with DSW - Relationship with CYCW - Relationship with family Developmental theory; Systems theory; Maslow's hierarchy of needs.

	Best interests of the child	Parents attitude and relationships; Need to remain with family; Language, gender, culture.
Post placement	Social work theories	Systems theory; Attachment theory; Strengths based approach.
Approach to child protection intervention	A holistic, eclectic, multidisciplinary team approach	Eclectic use of social work theories; Holistic approach to using the Best interests of the child principle; Multi-disciplinary team work approach; Training and skills needed.

For the full data analysis spreadsheet, please refer to the CD at the back of this document (*see* Addendum G).

As indicated in the table above, the participants provided further information and clarity around the child protection process (intervention strategies / steps) and how the best interest of the child standard, as well as various social work theories, could be incorporated into the process of emergency removals and safety placement of children.

3.2.3 Step 3: Identifying functional elements of successful models

As per the proposal, the researcher conducted an in-depth literature study (*see* Section B) of various social work theories and paradigms which need to inform the development of the model. The literature study also included an exploration of child protection models used within the field of emergency child protection practice. Functional elements of those models were identified to assist with the development of the model for this study (*see* Section B, Part 2).

3.3 PHASE 3: DESIGN

Phase 3 involved two steps: developing an observational system, and specifying procedural elements of the intervention. The observational system was only developed at the end of this study, but for flow of the discussion of phases it is presented here.

3.3.1 Step 1: Designing an observational system

In accordance with the proposal, the researcher developed an observational system (after the model was developed) as a way of observing the implementation of the model to provide further insights into its effectiveness. The researcher developed the observational system by means of identifying aspects of emergency child protection interventions which the model aims to address. These aspects of the observational system then provide insights which indicate whether change has occurred or not by using the model.

Table 6 below presents the observational system, of which the procedural elements are further discussed in 3.3.2 below:

Table 6: Observational system

Please use this reflective exercise to evaluate your use of the model in practice and identify any potential growth areas:			
	Yes	**No**	**Reflective notes**
Have you received training in the use of this model?			
Have you received training in rendering effective child protection interventions?			
Are you provided with the necessary resources to render effective child protection services? (organisational infrastructure, resources, etc.)			

Did you make use of relevant legislative policies? (Children's Act, Constitution, UNCRC, Developmental Social Welfare approach)			
Were you able to follow each of the steps in sequential order?			
Did you make use of multiple theoretical frameworks (systems, attachment, strengths, problem solving) in understanding and assessing the child and family's circumstances (risk assessment)?			
Were you able to consult with your supervisor when you needed guidance / support?			
Did you act in accordance with your professional ethical values and principles (participation, inclusion, respect, valuing dignity, etc.)?			
Did you engage positively with a multi-disciplinary team (DSW, RSW, CYCW) while removing the child and placing them in safety? (sharing information, working collaboratively, proving support, etc.)			
Did you base your actions and decisions in terms of both the short term and long term best interests of the child?			
Did you find a suitable CYCC placement (place of safety) for the child that is based on the best interests of the child? (Keeping siblings together; close enough for family to visit; recognising and respecting the child's language, religion and culture)			

Did you ensure the child's emotional safety during the removal and safety placement? (informing the child; involving them, ensuring that they participate; giving the child an opportunity to say goodbye to family and take a transitional object with them; spending enough time with the child at the CYCC to help the child settle in; reassuring, containing and supporting the child emotionally)			
Have you followed all legislative requirements? (submitted Form 22, completed Form 36, medical assessment (J88, Form 7), ratify form 36 at court within 48 hours, notified family of court proceedings)			
Are all post placement procedures identified and in place? (proper, informed, referral of services; school placement; medical follow up; referral for therapy; family reunification services)			
Can you identify any growth areas (challenges, gaps, developmental areas) in your own practice in implementation of this model? Note here for discussion at next supervision session: …… …… …… …… …… ……			

3.3.2 Step 2: Specifying procedural elements of the intervention

Once the model has been finalised, social workers need to receive the necessary training so that they can implement the model in practice (*see* Section D: Recommendations). The model will provide social workers with a guideline for planning interventions for the emergency removal and safety placement of children at risk. The model sets out a step-by-step plan for intervention strategies and how they need to be carried out in practice.

After using the model in practice, social workers are provided with the above mentioned observational system. The observational system is used to address three areas: 1) to evaluate use of the model in practice, 2) to provide a reflective exercise for social workers for self-evaluation, and 3) to identify growth areas for further discussion within supervision.

Firstly, the observational system is used as a means by which to evaluate the model in practice. Social workers complete the observational system to provide insights into how the model is used in practice. The reflective exercise is then returned to the researcher as feedback on the model and provides insights into the model's effectiveness for use in the field. This will allow for gaps within the model to be identified, and can thus be further changed, adapted and addressed.

Secondly, the observational system is used as a self-reflective exercise for social workers. The social worker is given the opportunity to reflect on their own practice and implementation of the model. Areas for their own professional growth can thus be identified, and indicates where additional support may be needed.

Finally, this reflective exercise can be used as a tool within supervision for the social worker to identify gaps within their own practice which can be addressed by the supervisor. Any additional training, upskilling and support needed for implementing effective and efficient child protection services can thus be identified and provided for.

3.4 PHASE 4: EARLY DEVELOPMENT AND PILOT TESTING

Phase four of this study involved three steps: developing a prototype, pilot testing, and applying design criteria.

3.4.1 Step 1: Develop prototype

The researcher gathered all information collected from phase 1 and phase 2, as well as information collected from the in-depth literature study, and using this information, a preliminary model was developed for a trial basis so that it could be evaluated. The preliminary model was developed in line with the intervention strategies as described by the participants in phases 1 and 2 for how the emergency removal and safety placement of a child is, and should be, conducted. The best interest of the child standard and social work theories were also included into the model based on the literature study and data collected from the participants.

3.4.2 Step 2: Pilot testing

There were again challenges experienced with regards to conducting a focus group with the participants, and as such, discussion groups and semi-structured interviews were conducted with participants instead (*see* Addendum B).

As per the proposal, the preliminary model (*3.4.1*) was discussed with two DSWs, two RSWs and two CYCWs as follows: one interview with one RSW, a discussion group with one RSW and two CYCWs, and a discussions group with two DSWs (in total = six participants). During the interviews and discussion groups, the following was discussed with the participants: the literature, analysed data from earlier phases, preliminary model, and pros and cons of the model in order to gain further insights for any changes that were needed to inform the development of the model.

3.4.3 Step 3: Applying design criteria

As per the proposal, the literature, analysed data from earlier phases, and the preliminary model were discussed with the participants by means of discussion

groups and a semi-structured interview. The participants were asked to evaluate the preliminary model and provide feedback on the same points as mentioned in *5.3.4.3* in Section A, Part 1 above.

The following data was collected from participants with regards to the evaluation of the preliminary model:

- The order of the intervention strategies was corrected;
- The intervention strategies were described in more detail;
- Conducting a risk assessment before considering the removal of the child was highlighted;
- The urgency with which emergency child protection cases need to be dealt with was emphasised;
- Essential documentation needed for the removal and safety placement of the child was clarified (birth certificate, care plan, medical report, court order, etc.);
- The admission and orientation of the child at the CYCC was distinguished as two separate “steps” within the child protection intervention process;
- An ethic of care approach, recognising and addressing the child’s trauma and providing emotional support, was highlighted;
- Participants recognised the value of integrating social work theories and use of the best interests of the child standard in the model;
- The preliminary model was described by participants as “structured, easy to use, simple, understandable, practical, relevant for practice, comprehensive, and adaptable within different contexts”;
- The importance of a multi-disciplinary team approach and collaborative working relationship amongst the DSWs, RSWs and CYCWs was emphasised;
- Post placement services (especially continued contact with the DSW) and the importance of working with the aim of family reunification was corroborated;
- Further recommendations were provided for changes needed at governmental and organisational level for the model to be effectively implemented in practice (training, resources, specialised child protection officers, etc.);
- The need for training in the model before the model can be implemented in practice was confirmed.

The participants evaluated the preliminary model and overall provided positive feedback. All recommendations made by the participants were taken into consideration and the preliminary model was adapted accordingly. The adapted preliminary model was then used within phase 5 for the final evaluation and advanced development of the model.

3.5 PHASE 5: EVALUATION AND ADVANCED DEVELOPMENT

The adapted preliminary model was sent to an independent researcher for critical review of the model. Positive feedback was received and the recommendations for changes (training needed before social workers can use the model in practice was reinforced) were made to the model accordingly.

In accordance with the proposal, for final evaluation and advanced development of the model, the researcher invited two RSW participants, as well as two other additional social workers from the child protection field, to evaluate the model with a theoretical child protection case study.

Instead of sending the model to the social workers and asking them to provide email correspondence with feedback as indicated in the proposal, the researcher conducted one semi-structured interview with a RSW and one discussion group with the three other social workers to evaluate the model. The social workers were asked to make use of the model by applying it to a theoretical case study which was then discussed.

The participants provided feedback on the model in terms of the same feedback points as mentioned in *5.3.4.3* above. In evaluating the model, the participants provided the following feedback:

- Social workers need to receive training in the model before they can implement it in practice;
- An ethic of care (emotionally responsive) approach to children when removing and placing them in safety was endorsed;
- Certain terms within the model needed more clarification in the glossary;
- The participants indicated that the model is “good, makes sense, is practical and effective and can be adapted in different contexts”.

The researcher also met with a legal expert, a presiding officer from the Children's Court, to further discuss and obtain final evaluations and recommendations for the model. The legal expert referred to specific sections of the Children's Act (RSA, 2005) which needed to be highlighted in the model.

As per the proposal, all information collected from throughout the data collection process as well as the in-depth literature study was used to finalise the model for planning interventions for the emergency removal and safety placement of children at risk.

The model that was finalised will be briefly discussed below in relation to various elements that need to be included in the development of a practice model.

3.5.1 A model for planning interventions for the emergency removal and safety placement of children at risk

In developing this model for practice, literature highlights various elements of what is necessary to include in a practice model. These important aspects of what a practice model is and needs to entail will be briefly discussed here.

3.5.1.1 Elements of a practice model

A practice model refers to a conceptual map that will guide the practitioner in how intervention (action) should be undertaken in certain situations. Lave and March (1993:3) explain that a model provides a picture of a real-world situation … and that like in pictures, it may be simpler than the real phenomenon it is describing.

A model needs to contain clearly written definitions and explanations which prescribe procedures for how action or intervention should be undertaken (National Child Welfare Resource Centre, 2008:1). Rivers (1993:2) and Cameron and Keenan (2010:64) say that a model should include an integration of values and concepts which provide practitioners with a framework for practice; and that a model for social work needs to be founded within the functions, values and ethics of social work. Rivers (1993:2) furthers his discussion on social work models for practice, indicating that they need to accurately reflect the reality of the social work field.

According to the National Child Welfare Resource Centre (2008:2), a practice model should include: values (e.g. social justice, respect, competency, integrity, professional responsibility (SACSSP Code of Ethics)), practice principles (for example: child-focused, family-centred, collaborative, culturally sensitive, etc.), standards of professional practice, and integrated strategies, methods and tools (Rivers, 1993:5). A practice model also needs to be grounded in theory (e.g. systems theory, attachment theory, strengths-based approach) and demonstrates to the practitioner how to implement theories in practice to bring about change (Lave & March, 1993:4; Staff, 2014). A practice model is a means for understanding and connecting social work theories to each other and to real-world tasks in social work.

Based on insights gained from literature (discussed above), of what needs to be included in a practice model, these aspects were incorporated into the development of the model in this study and will be briefly mentioned here: legislation, social work theories, ethical values and practice principles, and intervention strategies.

- Legislation

The model has been developed in accordance with several legislations and policies, including: The Children's Act (RSA,2005), Constitution (RSA, 1996), United Nations Convention on the Rights of the Child (UNCRC) (1989) and developmental social welfare (RSA, 1997) (*see* Section B, Part 1: 3. Legal framework). The only piece of legislation highlighted by the participants as relevant to inform the model was the Children's Act (RSA, 2005) (*see* Section C, Article 1); however, the literature (*see* Section B Part 1) provided deeper insights into the reliance on other judicial policies to inform the development of the model.

The essence of all the various legislations and policies is that the best interest of the child is the primary determining factor in all decisions and actions regarding a child (RSA, 2005). Article 2 (*see* Section C) describes the best interests of the child standard in more detail and how it needs to inform the planning of interventions for the emergency removal and safety placement of children at risk. The model has been developed in accordance with the best interest of the child standard as the most important guiding principle throughout the process.

- Social work theories

Several social work theories and paradigms can be utilised within the field of social work and child protection. In this study, however, the participants indicated that systems theory, problem solving, strengths-based approach, attachment theory and developmental theory are the primary influencing paradigms within emergency child protection practice. Similarly, the literature study (*see* Section B, Part 2: 2.1 Systems theory; and Section C, Article 3) also highlighted that systems theory was especially significant for risk assessment within emergency child protection work.

Article 3 (*see* Section C) describes some social work theories and how they inform the planning of interventions for the emergency removal and safety placement of children at risk. Accordingly, the model has been developed in terms of the various influencing social work theories and paradigms.

- Ethical values and practice principles

Only one participant referred to the importance of social work ethical values and their important influence on practice. However, the literature (*see* Section B Part 1: 5.1) confirmed that ethical values are a crucial element within a practice model, and the South African Council for Social Service Professionals (SACSSP, 1978) provides for strict adherence from social service professionals to ethical values as a requirement for registration and practice in social work. As such, ethical values and practice principles have been included in the development of the model. The ethical values in social work need to be used as guiding practice principles when working with children, families, and managing child protection cases.

- Intervention strategies

The model includes a table which sets out the intervention strategies used for the emergency removal and safety placement of children at risk. These intervention strategies where described in literature (*see* Section B Part 1) as well as by the participants (*see* Section C, Article 1 and 3). Of note, is that there was a gap in literature in terms of the emergency removal intervention strategy, which this study

specifically aimed to gain further information on. The participants in this study provided a dearth of information with regards to the full process of removing children and placing them in safety, which was used to develop this model.

The intervention strategies are set out in the model in a table which includes a description of each of the steps that need to be taken when removing children and placing them in safety, and describes them in detail with various actions steps that are needed. Furthermore, the best interest of the child standard and various social work theories are highlighted at each of the steps within the intervention strategies.

3.5.1.2 Other aspects of the model

Please refer to Article 3 in Section C for more information on the development of the model. Addendum E provides the full model with detailed information.

The model provides a structured layout for the planning of interventions for the emergency removal and safety placement of children at risk, and guides social workers in implementing child protection services which are based on legislation, the best interests of the child, social work theories, and professional ethical values and principles.

The model has been created for use by professionals (designated social workers, residential social workers, child and youth care workers) in the field of emergency child protection. In situations where children must be immediately removed from their family (due to abuse or neglect) and placed into temporary safe care at a CYCC, professionals can make use of the model to guide their interventions.

Although the model has been developed with combined insights and knowledge from DSWs, RSWs and CYCWs, during this study, it became clearer that the model is mainly for use by DSWs as they are primarily responsible for the statutory nature of the child protection work. However, the final steps within the model (orientation and admission) are specifically for the RSW and CYCW at the CYCC who work directly with the child in the place of safety. The participants indicated that it was still important for the RSW and CYCWs to be aware of the other intervention strategies, and as such it was recommended that the model is also made available to them as a point of reference.

The diagram below is a graphical presentation of the model (a summary). The diagram presents the step-by-step process of intervention strategies that are undertaken in the emergency removal and safety placement of children at risk, which includes: intake, risk assessment, removal, find a CYCC, medical, admission, orientation and post placement. Underneath each step is briefly bulleted important actions that need to be taken by the social worker during that step. For example, at step 1 (intake): cases of abuse are reported to the CPO, the case is then allocated to a DSW, a form 22 is completed and sent to the Department, and the allegations of abuse are investigated. The diagram also demonstrates that while each of the intervention strategies (steps) are undertaken, that ethical values, legislation, and various social work theories need to guide the social worker's intervention (shown by the parentheses).

Figure 1 below is a diagrammatical representation of the model for planning interventions for the emergency removal and safety placement of children at risk that has been developed by this study.

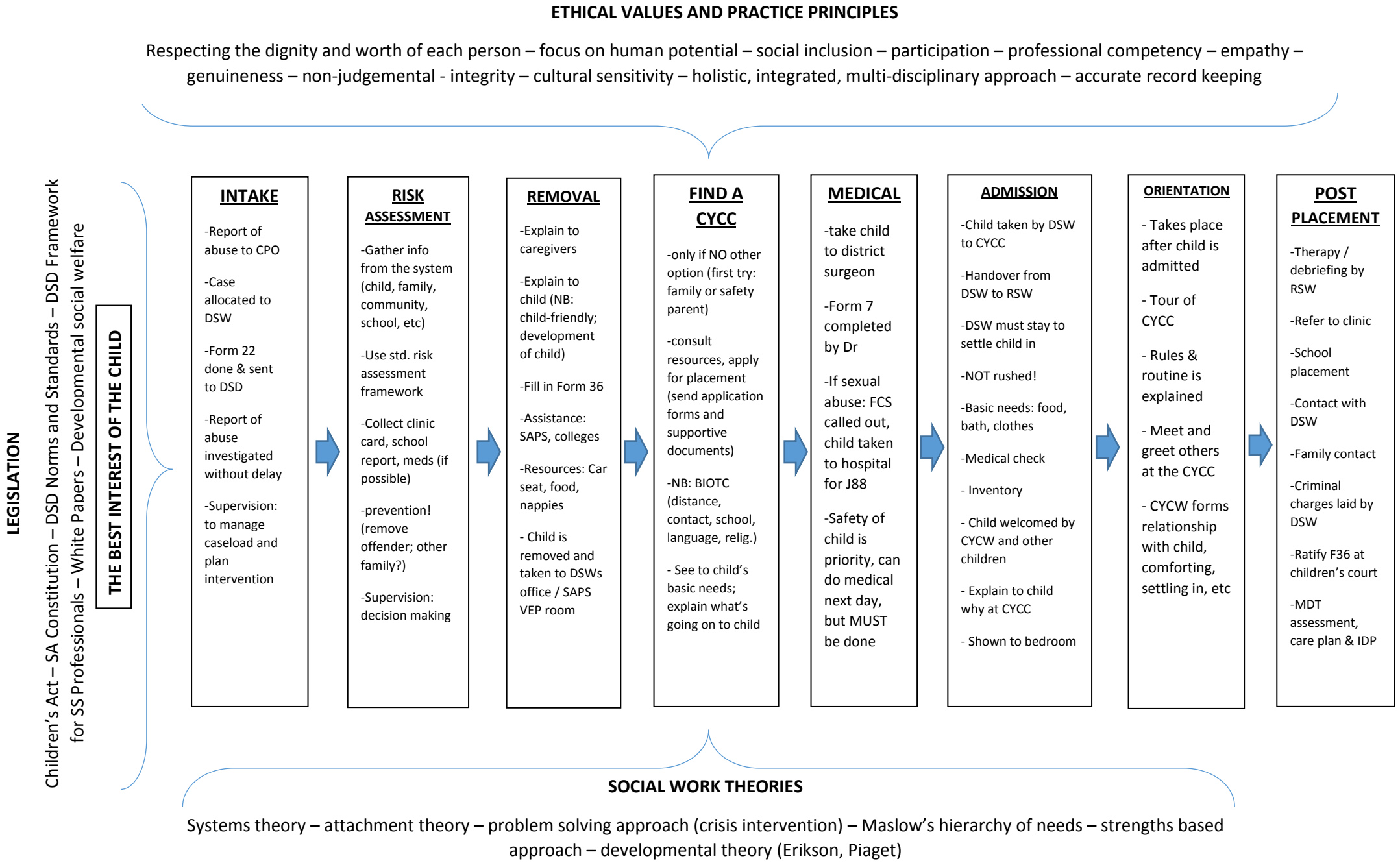


Figure 1: Diagram of the model

- Info-graphic

In addition, the researcher met with a graphic designer in the field of adult education. The research process, data collected, literature study and findings of this study as well as the finalised model were discussed in detail with the graphic designer. Based on this collated information, the graphic designer has created an “info-graphic” representation of the finalised model (*see* Addendum Fin envelope).

The info-graphic provides a visual representation of the model. The info-graphic can be used by social workers as a user-friendly, easy to use reference point whereby the images are used as visual reminders of each of the steps described in the model. For further information regarding the steps and descriptions of the images, social workers can refer to the full model.

The info-graphic can be displayed on a wall at the child protection organisation or CYCC; or it can be utilised in the field (as part of the DSWs “child protection pack”) as a quick reference guide to remind the social worker of the intervention strategies and important elements of good child protection practice (social work theories, ethical values, best interests of the child).

3.6 PHASE 6: DISSEMINATION

As per the proposal, following the data collected in phase 1, a journal article was completed (“*Intervention strategies used by social workers in emergency child protection*”) and submitted to the Social work/Maatskaplikewerk academic journal. The article is currently pending an outcome for publication.

The second journal article (“*Integrating the Best Interest of the Child Standard into child protection practice*”) was written after completion of phase 2. It will be submitted to the Child Abuse & Neglect academic journal after it has been edited.

The third article (“*A model for emergency child protection intervention*”) was written after completion of all the phases of this research. It will be submitted to the Social Work Researcher-Practitioner academic journal after it has been edited.

With regards to final feedback for the participants: following the completion of this thesis, the researcher will invite all the participants to a feedback meeting to thank

the participants for their contributions and to present the findings of this study to them.

4. TRUSTWORTHINESS

This research study aimed to achieve trustworthiness by means of: participant information, triangulation, data saturation, Dictaphone recordings, member checking, peer reviews, and rigour.

- The participants in this research were described in detail at 5.3.1.2 in Part 1 of Section A above. This information allows for the readers to determine how applicable the research is to them.
- Triangulation was achieved by means of using multiple research methods including semi-structured interviews, focus groups and discussion groups in order to collect data from multiple sources including designated social workers, residential social workers, and child and youth care workers. This was also achieved by means of the various sites from which data was collected including several different child protection organisations and child and youth care centres.
- Rich, in-depth data was collected from participants until data saturation occurred and the same themes were emerging in the data.
- A Dictaphone was used to record the interviews, focus groups, and discussion groups. The researcher then transcribed the interviews, focus groups and discussion groups verbatim (word for word). These verbatim transcriptions were used to analyse the data and ensure reliable data was collected.
- The findings from phase one (*see* Addendum G) were submitted to all the participants for member checking. Two participants provided email correspondence confirming that the information was correct and representative of what was discussed.
- The researcher met with an external researcher (a researcher with an honours degree in sociology and social anthropology) and an expert in the field of child protection (social worker / play therapist specialising in working with children and families in child abuse cases) for peer reviews. Objective peers were provided with the findings which were discussed at length with them to deepen the

researcher's understanding of the data collected and provide feedback on the research.

- Rigour was achieved by means of these research findings having implications for practice (by the development of a model for practice).

5. ETHICAL CONSIDERATIONS

Ethical considerations for this research were addressed by means of: ethical accountability, informed consent forms, voluntary participation, anonymity and confidentiality, and no harm to participants.

- Ethical accountability was achieved in this study by means of the researcher being registered as a social worker with the SACSSP, receiving on-going, regular supervision from the research supervisor, and ensuring ethical clearance from NWU and the Department of Social Development prior to initiating any research with participants.
- See Addendum C with regards to the informed consent forms. All participants were provided with the consent forms prior to participation and were given the opportunity to ask questions. All the requirements as stipulated in the consent forms were adhered to by the researcher.
- All of the research participants were voluntary and only agreed to participate after reading through the informed consent form and given an opportunity to ask questions. All participants were reminded that their participation was entirely voluntary and that they could withdraw at any time.
- No identifying information about the participants has been used within this study. All participants were assigned a participant code to identify their interview transcripts. All Dictaphone recordings, reflective notes, and interview transcriptions were kept confidentially on the researcher's own, private computer which was password protected and not accessible to other users. All Dictaphone recordings, transcripts and reflective notes will be submitted to NWU for safe keeping for a period of five years.

  Before, during and after all interviews, focus groups and discussion groups, the researcher discussed with the participants about the importance of confidentiality.

- No harm was caused to any participant during this research study. The researcher discussed with the participants after the interviews, focus groups and discussion groups whether they wanted to be referred for any additional support or counselling. None of the participants indicated that they felt harmed during the research and none of them indicated the need to be referred for support or counselling following the interviews, focus groups and discussion groups.

6. CONCLUSION

The researcher was able to proceed with the majority of the originally proposed plans as set out in the research proposal. However, there were challenges experienced in running focus groups with the participants, and as such, discussion groups had to be implemented instead.

The target of 10 RSWs was reached, and more CYCWs (20) participated in the study than originally planned (12). Unfortunately, only eight DSWs participated, instead of the desired 10 DSWs. The researcher struggled to obtain access to the DSWs due to the research process of going through the gatekeepers and mediators. Despite these challenges, detailed, in-depth and rich data was collected from the participants and data saturation did occur.

The aim of this study to gather information, skills and experiences from professionals in the field to inform the development of the model was achieved. From all the data collected as well as the literature study the researcher was able to develop a model for planning interventions for the emergency removal and safety placement of children at risk.

SECTION B

PART 1: LITERATURE STUDY – Child protection in context

1. INTRODUCTION

A literature study, also referred to as a theoretical paradigm (Maree, 2012:35) or conceptual framework (Maxwell, 2013:145), is a body of literature from various authors which present definitions, theories, and research. This exploration of literature will discuss the main issues related to the research topic, thereby providing a knowledge base from which to understand the collected data (Maree, 2012:33). This body of literature will also provide a structure for establishing the relevance of the study and sets a point of reference for comparisons with other findings (Creswell, 2009:25). For the purpose of this study this literature study entailed a search within databases such as Google Scholar, Academic Search Premier and EBSCOhost, as well as local university libraries with a focus on the following theoretical paradigms: International models of child protection, child protection in South African (child protection organisations and professionals, child protection legislations and policies, intervention strategies); and working with families and children in child protection.

Various international models of child protection will be discussed to explore how child protection is done in other countries, and to identify functional elements from those models which can inform the development of the model for this study. The literature study will then narrow its focus to child protection in South Africa. To give the reader a background understanding for this study, the context of children living in South Africa (Apartheid, poverty and child abuse), as well as legislative frameworks (such as the UNCRC, African Charter, Constitution, White Paper and Developmental Social Welfare, and the Children's Act) which guide the protection of children in South Africa, will be discussed. Child protection within South Africa will be further explored by means of a discussion on the organisations and professionals that render child protection services, the challenges they face, and what intervention strategies are undertaken in the emergency removal and safety placement of children at risk. Finally, this literature study will explore direct work with children and families in child protection.

As this study is concerned with the development of a model, following from each section of discussion it will be highlighted what information from the literature needs to inform the development of the model.

2. INTERNATIONAL MODELS OF CHILD PROTECTION

This research is concerned with the development of a practice model which can be implemented in emergency child protection situations. As a point of reference, a few examples of child protection systems and practices from various other countries will be presented here as there is limited literature on child protection models within low-income countries (Child, Naker, Horton, Walakira & Devries, 2014:1647). Quiroga and Hamilton-Giachritsis (2014:422) remark that the variety of different child protection systems all over the world indicate that there is no "one system fits all" and that there is value in exploring other countries' systems and models of child protection to broaden our knowledge, better develop our policies, and deepen our understanding of how best to work with vulnerable children.

2.1 MODELS OF CHILD PROTECTION IN OTHER COUNTRIES

Child protection models and practices from the United Kingdom, United States of America and Germany will be mentioned here, to identify functional elements of those models which can provide insights and inform the development of the model for this study.

2.1.1 Child protection in the United Kingdom

Over the last couple of years, child protection efforts within the United Kingdom (UK) have been linked to media outrages regarding individual cases where children have died due to alleged negligence of child protection professionals (social workers, organisations, health care professionals, etc.) to respond adequately and timeously to reports of child abuse (Cooper & Whittaker, 2014:251; Mansell, Ota, Erasmus & Marks, 2011:2076; Rogowsky, 2015:101). Many of those children's deaths however, have led to reviews within the UK's legislative and policy frameworks to identify

where improvements could be made for earlier and more effective interventions with children and families who are at risk (Rogowsky, 2015:104). The Children's Act 1989, Children's Act 2004, "Every Child Matters" (Green Paper), and the Common Assessment Framework (CAF) are currently the primary legal frameworks for child protection within England, Wales, Scotland and Northern Island (Adams, 2009:305).

Assessment of risk, determining if children need care and protection, is determined in the UK by means of the child-centred Common Assessment Framework (CAF) for Children in Need and their Families (Holloway, 2009:235; Rassmusson *et al.,* 2010:452). The CAF emphasises multi-agency and multi-professional assessment and planning to determine the needs and protection of children (Holloway, 2009:235). The CAF entails a systematic assessment of the child's developmental needs, the parenting capacity, and family and environmental factors; which leads to a prioritisation of needs according to high, medium and low priority needs (Adams, 2009:307). Child protection plans are an essential component of the child protection process within the UK – multidisciplinary case conferences are held to draw up child protection care plans when children are at risk of significant harm (Holloway, 2009:236). Furthermore, Holloway (2009:235) says that the CAF includes a focus on permanency planning (future placement plans) to stop children from "floating around the system". However, Rogowsky's (2015:105-107) analysis of the UK's child protection system acknowledges its heavy reliance on bureaucratic "form filling" and depersonalisation: "*A more humane practice is required, one where children are seen as relational beings, parents recognised as people with needs and hopes, and families are understood as having extraordinary capacities for care and protection*".

2.1.2 Child protection in the United States of America

Child protection within the United States of America (USA) is slightly different. Within the USA, each state is primarily responsible for its own child protection services (Steen & Duran, 2014:869), and there is a strong emphasis on preventing children being removed from their families, and reintegrating children back to their families if they were removed (Berrick, 2011; Dickens, Beckette & Bailey, 2014:104). Cases are referred to welfare departments by means of referrals from community members, police, etc. which are then screened to determine which are investigated further

(Steen & Duran, 2014:868). The USA has legislative mandates related to reporting cases of child abuse (Steen & Duran, 2014:869), much like those in other countries (and even in South Africa) (Palusci & Vandervort, 2014:20), which are put in place to ensure that cases of child abuse and neglect are reported to the respective authorities for proper investigation.

Steps within the USA child protection procedures usually vary between states with regards to timelines (which hearing takes place after how many months), but generally are as follows: preliminary protective hearing (which is initiated when a child is removed due to emergency circumstances); then there is an adjudicatory hearing (a trial or fact-finding hearing); followed by a dispositional hearing (where a decision is made on where to place the child in temporary safe care); every six months there is a review hearing to evaluate the progress of the case and well-being of the child; and this is followed by a permanency hearing (where decisions are made about the permanent placement of a child) (Dickens *et al.*, 2014:105). Dickens *et al* (2014) highlight concerns about the length of time between these hearings and the subsequent result of children being left "in the system" for unnecessarily long periods of time without any permanent placements.

2.1.3 Child protection in Germany

Child protection in Germany is run by the youth welfare office, and is the primary responsibility of social workers, who are engaged in recording allegations of abuse, managing risk assessments and protective responses, conducting court hearings, and overall managing the cases (Alberth & Bühler-Niederberger, 2015:151). It is also highlighted that Germany adopts an adult-centred model whereby services to families are prevention orientated and focuses on the parent's responsibilities towards the child and family (Alberth & Bühler-Niederberger, 2015:151; Deutscher Bundestag, 2008). In their research with social workers, Alberth & Bühler-Niederberger (2015) found that this adult-centred model of child protection leads to social workers being less considerate of children's views. In Deutscher Bundestag (2005:3134) it is stated that in Germany's Social Code, a mandatory "two-man rule" was established whereby reports or allegations of abuse must be screened by at least two different professionals. Furthermore, following the concerns of battered

child syndrome, Germany has also made provisions so that paediatricians must report (breaching confidentiality) suspicious cases of abuse to agencies for screening, thereby also improving a multi-disciplinary approach to managing child abuse cases and implementing early intervention strategies (Alberth & Bühler-Niederberger, 2015:151; Deutscher Bundestag, 2011:2975).

As can be seen from the above discussion, many countries are in the process of adapting and strengthening their systems of child protection in hopes of better addressing and preventing child abuse and neglect (Barnes, 2012; Davis *et al.*, 2012:11; Dybicz, 2012; Fiorvanti & Brassard, 2014:349; Hart, Lee & Wernham, 2011:972; Holland, 2010; Holt & Kelly, 2014:1012; Mansell *et al.*, 2011:2076; Merkel-Holguin, Hollinshead, Hahn, Casillas & Fluke, 2015; Rasmusson *et al.*, 2010; Toros *et al.*, 2013; Wessells, 2015). One such significantly popular model of child protection which is being implemented in many countries is the signs of safety model, which needs to be specifically highlighted here for its insights of what needs to inform the development of a model for child protection.

2.2 SIGNS OF SAFETY MODEL OF CHILD PROTECTION

The Signs of Safety model of child protection, is currently an internationally recognised and utilised model of child protection which is being implemented in over 12 different countries including America, Australia, Canada, New Zealand, Sweden, and England (Bunn, 2013; Gibson, 2014; Keddell, 2014:71; Salveron, Bromfield, Kirika, Simmons, Murphy & Turnell, 2015:127). The Signs of Safety approach was developed by Turnell and Edwards (1999) in Western Australia and is based on the strengths based and solution focused approaches to therapy with the aim of child safety and building on the family's strengths (Bunn, 2013; Gibson, 2014:67; Hackett, 2012:129; Keddell, 2014:71; Salveron *et al.,* 2015:127). The model focuses on ensuring the child is safe, what is currently working well within the family (strengths based), what needs to happen to improve outcomes for the children and family (working collaboratively with the family, participation, future focused), and basing decisions on the safety of children (Burns, 2010; Keddell, 2014:71; Salveron *et al.,* 2015:127). The Signs of Safety model is especially useful within the context of child

protection as it draws on systems and strengths based approaches (Hackett, 2012:129).

Some of the principles of the Signs of Safety approach include: respecting clients and believing in their ability to change, building relationships with the family, focusing on safety, focusing on small changes and attainable goals, and offering choices (Bunn, 2013: 12; Gibson, 2014:67; Turnell, 2012). There are also core practice elements of the Signs of Safety approach, which include: understanding the position of each family member; finding exceptions to the problems (creating hope, looking for past solutions); discovering family strengths and resources; focusing on goals to improve the children's safety and how these can be achieved; the use of scaling questions to plot progress; assessment of willingness, and confidence and capacity to undertake tasks (Bunn, 2013:16; Turnell & Edwards, 1999:51).

The Signs of Safety approach to child protection involves a risk assessment and safety planning. The risk assessment involves answering the questions – What are we worried about? What is working well? And what needs to happen? – by looking at: past harm, future danger, and complicating factors to determine the level of risk or harm the child may be exposed to (Bunn, 2013:21; Salveron *et al.,* 2015:127). The safety planning aspect of the risk assessment involves planning how change can be achieved to ensure the safety of the children (Bunn, 2013:28; Turnell, 2012). This process involves a collaborative working relationship with the family whereby safety goals are clearly stated and understood; and involves the network of support and resources available to the family (Bunn, 2013:28; Turnell, 2012).

Furthermore, the Signs of Safety approach makes use of tools for children, enabling them to better understand what has happened to them and why child protection services are needed (Bunn, 2013:29). Such tools include: the three houses tool (the social worker draws three empty houses for the child to talk about their house of worries, house of good things, and house of dreams/wishes/hopes); wizard and fairies tool (the social worker makes use of a wizard for boys and fairy for girls exploring the same three questions by asking the child what needs to be changed) (Bunn, 2013:31); and the safety house tool (a picture of a house is drawn with a roof, path and garden and the children describe who they want to live with, who can visit them, and who is not allowed in the house) (Bunn, 2013:28; Turnell, 2012).

The above discussion on international models of child protection highlights the following aspects which need to be incorporated into a model for planning interventions for the emergency removal and safety placement of children – the model should include:

- Prescribed procedures which guide interventions;
- Describe clear definitions and explanations;
- Standards of ethical practice and values;
- Integration and implementation of social work theories in practice;
- Standardised risk assessment framework;
- Speedy responsiveness to reports and allegations of abuse;
- Based on systems and strengths based approaches;
- Ensures the child's safety;
- Collaborative working relationship with the family;
- Focused on participation of the child, family, and various role players;
- Includes mandatory reporting of abuse, a risk assessment and safety plan;
- Use of child-friendly approaches, techniques and tools to working with children;
- Multi-agency, multi-professional, multi-disciplinary involvement and approaches;
- Focus (at onset) on permanency planning and long term goals of family reunification;
- Movement away from "form-filling";
- Regular reviews (case discussions, judicial reviews, permanency planning).

These are the highlighted functional elements (*see* Section A, Part 1: 5.3.2.3; and Part 2: 3.2.3) of what a practice model should look like, based on an understanding of practice models, and other international models of child protection.

3. CHILD PROTECTION IN SOUTH AFRICA

This section of the literature study will shed light on child protection in South Africa. The context of children living in South Africa as well as the various legislative frameworks which guide child protection interventions will be discussed. Furthermore, the organisations and professionals rendering child protection services

will be discussed as well as the specific intervention strategies which are carried out for the emergency removal and safety placement of children at risk.

3.1 CONTEXT OF CHILDREN LIVING IN SOUTH AFRICA

This research was conducted within the Western Cape of South Africa, and as such the study needs to be framed within a South African context. South Africa's history is embedded within a legacy of apartheid policies, which involved the racial segregation, oppression and marginalisation of its people for almost five decades from 1948-1994 (Abdullah, 2015; Atwoli *et al.*, 2013:182; Coleman, 2014; Collins & Burns, 2014:350; De la Sablonnière, Auger, Taylor, Crush & McDonald, 2012; HSRC, 2014).

In 1994, when Nelson Mandela was elected as President in the first multiracial elections in South Africa, a new Constitution (adopted in 1996) was established and apartheid was officially put to an end (Collins & Burns, 2014:356; De la Sablonnière *et al*., 2012:2; Richter & Dawes, 2008:79; Shapiro & Tebeau, 2012:1). However, just over 20 years later, South Africa is still living in the aftermath of the effects of apartheid (Abdullah, 2015; Atwoli *et al*., 2013:182; Collins & Burns, 2014:356; De la Sablonnière *et al*., 2012:2; HSRC, 2014; Roby & Maistry, 2010:12; September, 2006:65).

It seems evident that while South Africa has made progress in its post-apartheid years, there are still major challenges facing the country (high rates of violent crime, exposure to trauma, poverty and high mortality rates due to HIV / AIDS) which have left children marginalised, oppressed and vulnerable (Abdullah, 2015; Atwoli *et al.*, 2013:182; Collins & Burns, 2014:356; Department of Social Development, 2012:3; Kaminer & Eagle, 2010; Seedat, Van Niekerk, Suffla & Ratele, 2014:136). The current social profile of South Africa indicates that: 60% of the country's children live in poverty; 2 million children are orphaned; and South Africa has the highest HIV infection rate in the world (6.4 million persons are infected) (Allsopp, 2011:79; Coleman, 2014; Molepo & Delport, 2015:150; Seedat *et al*., 2014; STATSSA, 2012; White Paper on Families, 2012). South Africa presents with some of the highest levels of child poverty in the world, which leaves children especially vulnerable to abuse and neglect (Lombard, 2008; Shapiro & Tebeau, 2012; STATSSA, 2014;

White Paper on Families, 2012; Whitworth & Wilkinson, 2013). Research has shown that there is a strong link between poverty and child abuse – that rates of abuse and neglect are higher amongst poor families due to the additional stresses of living in poverty (Algood, Hong, Gourdine & Williams, 2011; Hannan, 2012; Hope & Van der Merwe, 2013; Jedwab, Benbenishty, Chen, Glasser, Siegal & Lerner-Geva, 2015; Qualtieri & Robinson, 2012; Richter & Dawes, 2008).

Information on child abuse in South Africa is difficult to conceptualise because of the various definitions of child abuse (Janssen *et al.*, 2013:216; Richter & Dawes, 2008:81-82; White Paper on Families, 2012), as well as the lack of data on child abuse cases (Janssen *et al.*, 2013:216; Richter & Dawes, 2008:83). For the purposes of this research, the South African Children's Acts' (RSA, 2005) definition of child abuse will be used, where child abuse is described as any form of harm or ill-treatment deliberately inflected on a child, and includes: assaulting a child or inflicting any other form of deliberate injury to a child, sexually abusing a child or allowing a child to be sexually abused, bullying by another child, a labour practice that exploits a child, or exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally. Child abuse is an overarching term which includes neglect, physical abuse, emotional abuse, and sexual abuse. Neglect appears to be the most common form of child abuse, both internationally and in South Africa (Jedwab *et al.*, 2015:139; Qualtiere & Robinson, 2012:29), and is described in the Children's Act (38 of 2005) as a failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional or social needs.

Children that have been neglected and abused may experience a wide range of physical, cognitive and emotional problems, including: excessive tantrums, soiling and bed wetting, frequent physical complaints (somatic symptoms), developmental delays, poor health, below average educational achievement requiring special remedial education and often resulting in early school drop-out; anxiety, suicidal behaviour, substance abuse, and low self-esteem (Child *et al.*, 2014:1648; Hope & Van der Merwe, 2013:319; Janssen *et al*., 2013:224), as well as substance abuse and poor relationships (Qualtieri & Robinson, 2012:30-31). Monahon (1993:12) recognises that child abuse has devastating effects on the child and can result in chronic post-traumatic stress. She also identifies community violence, specifically

children exposed to parental domestic violence, as a real source of trauma for children (Monahon, 1993:13), which is especially the case for many children living in South Africa.

These conditions (apartheid, poverty, child abuse) have a profound effect on the current condition of social work services within the country (Abdullah, 2015:43), and present social workers in South Africa with unique challenges. For the purposes of this research, which is concerned with interventions with children that have to be removed from their family environment due to abuse and neglect (where poverty and crime are often a significant causal factor), the Western Cape of South Africa provides an intriguing context for this study. Within this framework of the South African context, the legal parameters which have been put into place to deal with these issues and protect children will be further discussed here.

3.2 LEGISLATIVE FRAMEWORKS IN SOUTH AFRICA

Many countries have undergone a paradigm shift and made changes to their legislation and policies to ensure better outcomes for children who are at risk of abuse and neglect (Barnes, 2012; Davis *et al.*, 2012:11; Dybicz, 2012; Fiorvanti & Brassard, 2014:349; Hart *et al.*, 2011:972; Holland, 2010; Holt & Kelly, 2014:1012; Mansell *et al.*, 2011:2076; Rasmusson *et al.*, 2010; Toros *et al.*, 2013; Wessells, 2015). There are various judicial policies which have been implemented to address the needs of children in South Africa, especially those that are at risk of abuse and neglect (Abdullah, 2015; Molepo & Delport, 2015:150). Some of the primary legislation which has contributed towards child protection in South Africa will be briefly mentioned here: the UNCRC, African Charter, Constitution, White Paper, and the Children's Act.

3.2.1 United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC is the most widely accepted international document which marked a change in how the world understood children and their rights (Eugene, 2000; Imoh, 2014:1; Olowu, 2002:127; Rasmusson *et al.*, 2010:452; Woodhouse, 1999:15). It was established in 1989 as the first document to focus intentionally and solely on the

rights of children around the world, and was based on principles of non-discrimination, best interest of the child, and child participation (Imoh, 2014:1). Within the 54 articles, the UNCRC sets out rights for children including: the responsibility of family and government to protect children's rights; non-discrimination; parental guidance; children having the right to live, to a name and nationality, to live with their parents; for their views to be respected; freedom of expression, religion, thought; and the right to privacy, etc. (UNCRC, 1989).

The UNCRC establishes a broad range of rights for children, and there are specific rights within the UNCRC which are relevant to this study and need to be highlighted. The UNCRC guides social workers placing children into care at residential care centres (child and youth care centres) in that they need to take into consideration the child's religious views and beliefs as well as their cultural and linguistic background (Sen, 2012:261). Article 12 emphasises the importance for social workers to consult with the child about decisions that affect them, asserting that children need to be consulted with during the child protection process (Sen, 2012:261). Article 9 and 18 reinforces that children need to maintain connections to their family (Sen, 2012:261); and for social workers placing children in alternative care, this means ensuring that the family can maintain regular contact with the child.

South Africa became a signatory to the convention in 1995, which means that the country agrees to uphold the rights of children as described within the UNCRC (Molepo & Delport, 2015:150). This was a significant contributor towards recognising and enforcing the rights of children, because before this, South African policies did not protect its children (Singh & Singh, 2014). This positive change can be seen in other legislative policies which have adopted and incorporated children's rights from the UNCRC into the fundamental and underlying values within the policies.

3.2.2 African Charter on the Rights and Welfare of the Child

The African Charter on the Rights and Welfare of the Child (1990) was developed as a means by which to expand upon the UNCRC specifically for children in Africa, and was entered into force in 1999 (Lloyd, 2002:179-180; Olowu, 2002:128). While the UNCRC focused on children's rights in general, it did not include some cultural issues that were unique to children living in Africa (such as African children's

experiences of poverty, HIV/AIDS, and cultural practices) (Imoh, 2014:5; Lloyd, 2002:179). Both pieces of legislation are complimentary (both based on similar principles of non-discrimination, best interests, and participation), and contribute towards the protection of children's welfare; but the African Charter was developed with a deeper understanding of the different cultural experiences of African children (Imoh, 2014:6; Lloyd, 2002:180; Olowu, 2002:128).

One significant difference between the two pieces of legislation is regarding children involved in armed conflicts: Within the UNCRC, there is a provision for this for children above the age of 15 years (Article 38); whereas the African Charter (in recognition of the continent's own struggles) outrightly prohibits the involvement of any child in armed conflict (Article XXII (2)) (Olowu, 2002:130). Furthermore, in recognition of the unique experiences of African children being forced to customarily marry at a very early age (child marriages), Article XXII (2) of the African Charter also prohibits the marriages or betrothals of children (Olowu, 2002:130).

3.2.3 The Constitution of South Africa

Influenced by the UNCRC and African Charter, the post-apartheid South African government set out to establish a Constitution (1996) that was non-discriminatory, inclusive, and focused on the rights of people as a means by which to eradicate the oppressive laws and policies from apartheid (Allsopp; 2011:79; Imoh, 2014:2; Janssen *et al*., 2013:217; Nicholas, Rautenbach & Maistry, 2010:53; Richter & Dawes, 2008:79; Sloth-Nielsen & Kruuse, 2013:646). The Constitution became the foundation within South Africa on which all other policies and legislation were based. It encapsulated the countries struggle with apartheid and outlined the imperatives of human dignity, equality, and freedom (Lombard, 2008:156). The new Constitution (Act No. 108 of 1996) includes a specific section (Section 28) which focuses on attributing special rights to children – the right to a: name and nationality; family care; basic nutrition, shelter, health care; be protected from maltreatment and abuse; etc. (Constitution, 1996; Martin, 2010:3; Nicholas *et al.,* 2010:54; Richter & Dawes, 2008:79; Singh & Singh, 2014). This is in line with the influences of the UNCRC and the African Charter.

3.2.4 Developmental Social Welfare

The post-apartheid South African government also aimed to address the oppressive and racial welfare policies that were in place (it's "war on poverty"), by introducing a Developmental Social Welfare approach to social services through the development of the White Paper for Social Welfare (1997) (Abdullah, 2015; Allsopp; 2011:80; Hölscher, 2008:117; Lombard, 2008:155; Martin, 2010:21; Patel, Schmid, Hochfeld, 2012:212; Schmid, 2007:500-501, 508). The White Paper (1997) is a promise by the new government to provide a social welfare service to all people that rests on the following principals: equality, non-discrimination, democracy, human rights, sustainability, partnerships, collaboration, and transparency (Nicholas *et al.,* 2010:35-36). To implement social welfare services with these principles, the Developmental Social Welfare approach was put forward in the White Paper (Nicholas *et al*., 2010:36; Parliamentary Bulletin, 1997).

Developmental Social Welfare (DSW) is an integrated approach to social welfare, focusing on rights-based interventions, whereby the participation and collaboration of clients (individuals, families, communities, etc.) is highlighted (Lombard, 2008:160; Nicholas, *et al.,* 2010:79; Patel *et al*., 2012:214-215; Schmid, 2007:501). DSW is a holistic, multi-disciplinary, and strengths-based approach to intervention with welfare clients (Schmid, 2007:501) which aims to provide services and programs which focus on addressing poverty alleviation, vulnerability and the impact of HIV/AIDS (Martin, 2010:21; Patel *et al*., 2012:215). While the apartheid government's social welfare structure focused on statutory intervention; the post-apartheid government, with its implementation of a DSW approach, instead focuses services on early intervention and prevention work (Allsopp; 2011:80; Hölscher, 2008; Martin, 2010:21; Patel *et al*., 2012:214).The adoption of this developmental social welfare approach which is being integrated into numerous policies, although not fully implemented or functional yet, is a positive step in the right direction towards eradicating poverty and improving the lives of children and families in South Africa (Hölscher, 2008:116).

3.2.5 Children's Act 38 of 2005

With these various legal frameworks as reference points, the South African government determined to establish the South African Children's Act (Act No. 38 of

2005) to focus on the rights of children, child-centeredness and the best interests of the child (Imoh, 2014:4; Singh & Singh, 2014). The Children's Act (RSA, 2005) is the legal framework for implementing child protection practices and welfare services in South Africa. The objectives of the Children's Act are to: promote the preservation and strengthening of families; to give effect to the constitutional rights of children; to make provision for the structures, services, and means for promoting and monitoring the development of children; to strengthen and develop community structures; to protect children from any harm; to provide care and protection to children who are in need of care and protection; and to recognise the special needs of children with disabilities (RSA, 2005).

The Children's Act (RSA, 2005) consists of general principles which guide the implementation of legislation applicable to children as well as all proceedings and decisions concerning children. Some of these general principles include: the best interest of the child; child participation; children with disabilities; and social, cultural and religious practices; of which two of the most relevant for this study shall be further elaborated on here.

The Best Interests of the Child is a standard within the Children's Act (RSA, 2005) that guides professionals about decisions and direct work with children. Section 7 of the Children's Act (RSA, 2005) defines the best interests standard by indicating the following aspects which need to be considered: The nature of the personal relationship between the child and caregivers; the attitude of the caregivers towards the child; the exercise of the caregivers parental rights and responsibilities towards the child; the capacity of the caregivers to care for the child; the likely effect on the child of any changes in their circumstances; the need for the child to remain in the care of their family; the child's age, maturity, gender and background; the child's physical and emotional security; the child's emotional and intellectual development; any disability or chronic illness the child may have; the child's need to be brought up in a stable home environment; the need to protect the child from any physical or psychological harm; any family violence affecting the child; and which actions will limit further legal procedures. Social workers should use this best interest's standard to guide their assessment decisions about whether a child is in need of emergency protection and should be removed from their caregivers (Davidson-Arad & Benbenishty, 2010:2).

Another important principle within the Children's Act (RSA, 2005), similarly linked to the best interest principle, is that of child participation. Section 10 of the Children's Act (RSA, 2005) states that "*every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration*". This principle stems from the UNCRC and is universally recognised that children (and their families) have the right to participate in decisions that affect them (Hannan, 2012:90; Vis *et al.*, 2012:8).

A recent study by Van Bijleveld *et al.* (2014:253) on child participation, specifically with reference to child protection matters, highlighted that children who are given opportunities to be involved and participate in decisions, leads to more effective interventions and more positive outcomes for children's development (increasing their self-esteem and sense of mastery). It is also recognised in research, that even though the laws emphasise child participation as a fundamental principal, that this is not being implemented in practice (Gallagher, Smith, Hardy & Wilkinson, 2012; Van Bijleveld *et al.*, 2014:253). One possible reason for this is social workers' lack of training and skills in how to communicate with children and adolescents effectively (Vis *et al.*, 2012:10).

The post-apartheid South African government, with its legacy of discrimination, marginalisation and inequality, in response to the dire circumstances and recognition of vulnerable children, have strived towards creating children's right's based welfare policies for practice (Davis *et al.*, 2012; Walsh, 2011:202). However, it is also recognised that despite these legislative policies being in place, many children in South Africa remain vulnerably affected by poverty, abuse and neglect (Molepo & Delport, 2015:150).

3.2.6 Discussion of legislation and policies in South Africa

In analysing the existing legislation, it seems that there are polar views: while some authors celebrate the success of the Children's Act, others highlight that there are still serious obstacles in being able to effectively implement the laws in practice (Alvarez, 2014; Arnold, Goeman & Fournier, 2014; Ball, 2012; Fisher & Garrett, 2008; Gouty, 2015; Nevondwe, Odeku & Raligilia, 2016; Peskind; 2004; Reed, 2014;

Ross, 2013; Schrumpf, 2012; Silva, 2011; Singh & Singh, 2014; Van Bijleveld *et al.*, 2015; Young, McKenzie, Schjelderup, More & Walker, 2014). One of the major challenges to effective implementation, is the lack of resources and funding needed to operate fully in accordance with the legislative guidelines (Singh & Singh, 2014).

In critique of the current legislation within South Africa, the White Paper for Social Welfare (1997) highlights and acknowledges that the current legislation within South Africa: is duplicated, overlaps with each other, was not created in consultation with relevant stakeholders, legislations do not contain adequate policy guidelines, enshrines the fragmented welfare system of the past, and many policies are open to interpretation making them confusing and difficult to implement in practice. Earle (2008:63) supports these critiques by stating that many of the legislative frameworks within South Africa "have been closely linked to Apartheid policies and addressing the 'poor white' problem. However, Earle (2008:63) also acknowledges that despite its historic challenges, democracy within South Africa has led to the development of welfare policies which are more integrated, inclusive and "now focus more on the needs of the disadvantaged black population". Policies such as the Constitution (1996) and White Paper for Social Welfare (1997) specifically upturn previous racial policies.

In developing a model for planning interventions for the emergency removal and safety placement of children at risk, the above discussion highlights several influencing policies (Children's Act, UNCRC, Constitution, Developmental social welfare) which need to inform the development of the model and provides insights that:

- A practice model must be influenced by existing judicial policies;
- A practice model must be developed in accordance with a children's rights-based approach;
- A practice model must provide for the Best interest of the Child standard being a primary consideration and determining factor in all matters concerning the child;
- A practice model needs to provide practical guidelines on how to translate and implement legislative policies in practice;
- Broader governmental agencies are needed to ensure resources and funding are in place to implement legislative requirements.

3.3 CHILD PROTECTION INTERVENTION

This section of the literature study will present a discussion on how child protection services are rendered within the Western Cape of South Africa by focusing on: child protection organisations, child protection professionals, challenges, and intervention strategies.

3.3.1 Child protection organisations

Child protection services refer to those services that are rendered when a child is in need of care and protection (Martin, 2010:47; RSA, 2005: Section 150). Child protection services include: reports of child abuse (mandatory reporting of abuse), assessment of risk (investigative responses), and intervention (removal and placement) in cases of child abuse (Jones, LaLiberte & Piescher, 2015:57).

Child protection services in South Africa are rendered by the government (Department of Social Development), and other designated child protection organisations (RSA, 2005: Regulation 31). Some non-profit (NPO) and non-governmental (NGO) organisations are contracted with the Department of Social Development to operate as designated child protection organisations in specific communities or areas (such as: Child Welfare, ACVV, Badisa) (Nicholas *et al*., 2010:28; Patel *et al*., 2012:216; RSA, 2005: Regulation 31).

3.3.2 Child protection professionals

Regulation 36 of the Children's Act (RSA, 2005), sets out specific criteria for determining suitable persons to investigate and intervene in cases of child abuse and neglect:

- The professional must be registered as a social worker with the South African Social Service Professionals (SACSSP) Council. The SACSSP has been established in accordance with the Social Service Professions Act (No. 110 of 1978) which sets forth the norms and standards of practice for social work professionals (Nicholas *et al.,* 2010:36).

- The professional must be employed by the Department of Social Development, or at a designated child protection organisation;
- The professional must be a suitable person to work with children (i.e. has a police clearance certificate indicating no criminal record, and have a name clearance from the National Child Protection Register indicating no cases of child abuse or neglect against their name);
- Must have sufficient experience in the field of child protection, or be supervised by a social worker with at least five years of experience in the field of child protection;
- Upholds the rights of children and the best interests of children in all matters concerning the child.

The SACSSP is the statutory body that regulates social service professionals including student social workers, auxiliary social workers, social workers, and more recently also includes child and youth care workers (Earle, 2008:67). The SACSSP prescribes certain values (equality, respect, worth, dignity, meeting human needs, developing potential, social justice, alleviation of poverty, promote social inclusion), theory (systematic body of evidence-based knowledge derived from research and practice, theories of human development and behaviour), and practice (use of skills, techniques and activities to intervene in a variety of complex situations by means of individual, group and community based work) for social service professionals. Ethical values within the SACSSP are also recognised globally as general values within social work, which focus on: client self-determination, non-judgemental attitude, confidentiality, participation and social inclusion (Shardlow, 2009:42). The SACSSP (1978) requires that registered social service professionals act in accordance with the prescribed ethical values within the SACSSP's ethical code of conduct at all times when performing social work services. Failing which could result in the social service professional facing disciplinary action by the SACSPP, or being de-registered and unable to practice (SACSSP, 1978). Furthermore, the SACSSP calls for a holistic and interdisciplinary working relationship between the different social service professionals: social workers and child and youth care workers.

Social workers that are involved in child protection services are referred to in the Children's Act (38 of 2005) as *designated social workers,* also known in other

literature as “child protection workers” (Davidson-Arad & Benbenishty, 2010:1) or “protection officers” (Jedwab *et al,* 2015:133). These social workers are employed at child protection organisations (within the Western Cape of South Africa, these child protection organisations include: The Department of Social Development, Child Welfare Society, ACVV, and Badisa), and are registered as social workers with the SACSSP. With respect to child protection services, designated social workers are responsible for the intake of child abuse cases, assessment of risk, removal of children, placement of children in safety, court proceedings, case management, etc.

The social workers employed at the Child and Youth Care Centre (place of safety) are referred to as *residential social workers* (Brannen, Statham, Mooney & Brockmann, 2007:7-8). They provide social work and counselling services to children placed at the CYCC (Brannen *et al*., 2007:8). Residential social workers are responsible for the overall management of the Child and Youth Care Centre (CYCC) and to ensure that the norms and standards (RSA, 2005) for the CYCCs are adhered to. Residential social workers are also usually primarily responsible for rendering therapeutic services to children placed at the CYCC.

The carers that are employed at the CYCC for the day-to-day care of the children are referred to as *Child and Youth Care Workers* (CYCWs) (Barford & Whelton, 2010:273; Children’s Act 38 of 2005; Molepo & Delport, 2015). CYCWs are also referred to internationally as residential child care workers, youth counsellors, and social pedagogues (Allsopp, 2011:80; Fulcher *et al.*, 2013:4; Molepo & Delport, 2015:149) and they work hand-in-hand with the residential social workers with children and youth placed at the CYCC (Barford & Whelton, 2010; Molepo & Delport, 2015:149). Their work focuses on the following areas: developmental assessments; behaviour management; designing and implementing programs; the care and development of children in terms of their physical, emotional, spiritual, cognitive and social developmental needs; as well as the promotion of children’s rights (Social Service Professionals Act 110 of 1978).

In trying to understand the difference between the RSWs’ and CYCWs’ role at a CYCC, Noddings (2002) and Smith (2012:281) refer to a differentiation between caring about and caring for. Whereby caring for (CYCW) refers to the direct day to day provision of practical care for the child’s needs, and caring about (RSW) refers

to the concern for the child's well-being. Urie Bronfenbrenner (1979:262) stated that a child needs an "*enduring, irrational involvement of one or more adults in care and joint activity … Somebody has to be crazy about that kid*", and when an adult is crazy about a kid, Noddings (2002:25) states that the child can "glow and grow" – This is the role of the residential social worker and CYCWs within the CYCCs (Smith, 2012:281).

3.3.3 Challenges in child protection

Although some authors (Nevondwe, Odeku & Raligilia, 2016) acknowledge that South Africa has a few good policies in place (which should improve social work practice), there are still overhwleming challenges being faced by social workers. It is well recognised that there are challenges within the field of social work as it is a job intrinsically associated with high stress levels (Boyas, Wind & Kang, 2012; Burns, 2010; Chung & Chun, 2015; Holloway, 2009:238; Lizano & Barak, 2015; Lonne, Harries, Featherstone and Gray, 2016:3; Marc & Osvat, 2013; McFadden, Campbelll & Taylor, 2015; Wilberforce, Jacobs, Challis, Manthorpe, Stevens, Jasper, Fernandez, Glendinning, Jones, Knapp, Moran & Netten, 2014:812). Lonne *et al.* (2016:3) say the following, in recognition of the stressful working conditions that challenge social workers:

> *"Child protection is not for the fainthearted; it is intellectually and emotionally demanding, and sometimes exceedingly stressful. It entails relating to others with integrity and thinking through fraught human interactions, while simultaneously winding one's way through a complex web of legal, organisational and ethical requirements. It can involve dealing with confronting events and egregious behaviours, particularly where children and other vulnerable people have suffered greatly. Such cases can expose practitioners to secondary trauma as the result of being involved with confronting matters that offend one's moral sensibilities. All the while there is an imperative of assuring other's safety through considering all the relevant factors when making assessments and decisions regarding the protection of children".*

Several authors (Baverstock, Bartle, Boyd & Finlay, 2008:64; Burns, 2010:520; Calitz *et al.*, 2014; Hannan, 2012:91; Horwitz, 2006; Lombard, 2008:164; Lonne *et al.*,

2016; Martin, 2010; Kang'ethe & Manomano, 2014; McFadden *et al.*, 2015; McPherson & Barnett, 2006:194; Mills, 2012:301; Russ, Lonne & Darlington, 2009:324) have indicated that challenges for social workers in rendering child protection services include:

- Shortage of social workers;
- High staff turnover;
- Lack of adequate resources;
- High caseloads;
- High levels of stress, exposure to traumatic events/situations, and burnout due to dealing with extremely difficult and complex cases;
- Time constraints due to high caseloads;
- Lack of adequate training in social work, child protection, and working with children;
- Lack of supervision and support;
- Lack of competencies; and
- Lack of adequate compensation (poor salaries).

These challenges create a difficult working environment within which to render effective and efficient child protection services. Calitz *et al.* (2014) stress the drastic state of affairs for social workers in South Africa indicating that there is a critical decrease in the number of social workers in the country (due to the exit from the country of social workers after it was classified as a "scarce skill"); which has also contributed towards high caseloads (McFadden *et al.*, 2015). With fewer social workers available to meet the enormous needs, all the cases fall to those few professionals in the field (i.e. high caseloads) (Calitz *et al.*, 2014; Kang'ethe, 2014:424; McFadden *et al.*, 2015; Wilberforce *et al.,* 2014:825). Research conducted by Naidoo and Kasiram (2006) on experiences of South African social workers found that many social workers described their high caseloads as frustrating, very stressful and unmanageable – often in excess of 120 cases per social worker. The issues of high caseloads within social work, was also recognised by Wilberforce *et al.*

(2014:825) in their research on social workers and stress in England. Their research findings suggested that high caseloads were a significant contributor towards stress, burnout and illness, which lead to further absenteeism and staff turnover, cycling back to increased caseloads on remaining staff.

Research conducted by Dagan, Ben-Porat and Itzhaky (2015), McFadden *et al.* (2015) and Marc and Osvat (2013:129) indicate that social workers in the field of child protection are especially more prone to stress and trauma due to the types of cases they deal with (as opposed to social workers in other agencies who may work with families for different reasons (providing support, mediation, conflict resolution, etc.), as well as factors such as excessive work demands, time constraints, limitations of social work intervention, and a lack of supervision. Having time constraints and a lack of resources also means that social workers are unable to do their work effectively as they are under a lot of pressure to get things done quickly (Lonne *et al*, 2016:4). Other factors such as threats to safety and a lack of law enforcement support also contribute towards the stressful working environment for social workers (Chung & Chun, 2015). The overwhelming stress and chaos that many child protection social workers face makes it difficult to ensure good decision making and appropriate placement planning (Holloway, 2009:238). Boyas *et al.* (2012) highlight that stress within the field of emergency child protection is related to the burden of having to make immediate decisions in difficult cases about the safety and protection of children. Dagan *et al.* (2015) and McFadden *et al* (2015) put forth that social workers in child protection are susceptible to secondary traumatisation as they work with victims of trauma (child abuse, neglect, sexual abuse, violence, etc.). Dagan *et al.* (2015) recognise that there is a heavy burden of responsibility placed on child protection workers to ensure the protection of children; which is intensified by their challenges regarding limited infrastructure, few resources, and high caseloads. Moreover, Boyas *et al.* (2012:50) indicate that young social workers are more susceptible to stress and burnout as they have not yet developed the skills needed to deal with the high stress levels especially associated with child protection cases.

There have been some studies on the training received by social work students at tertiary level – suggesting that social work students are not adequately prepared by university for practice (Flynn, Kamasua, Brydon, Lawihin, Kornhauser & Grimes,

2014; Osteen, Jacobson & Sharpe, 2014; Tham & Lynch, 2014). McFadden *et al.* (2015:1547) state that there are high levels of inexperience especially within the field of child protection. Research conducted by Osteen *et al.* (2014) highlighted this area of concern indicating that social workers work with vulnerable population groups who are at high risk, and as such require specialised knowledge and skills which are not adequately passed on to social workers as students during their training at university.

The challenges for new social work students entering the workforce has been described by some authors as a "baptism of fire" or "a reality shock" as research confirms that students report that they feel they are not adequately prepared for "real life" social work (Bates, Immins, Parker, Keen, Rutter, Brown & Zsigo, 2010:152; Jack & Donnellan, 2010:309; Tham & Lynch, 2014). Various authors recognise that this is especially concerning within the field of child protection for new social workers entering the field (Burns, 2010; Gillingham, 2008; Tham & Lynch, 2014:705). Tham and Lynch (2014) and Bates *et al* (2010) emphasise that the result is a desperate need for training of social workers within the field, as well as a heavy reliance on experienced colleagues for support and managers for supervision. Of course, the reliance on experienced colleagues is problematic with high staff turnovers (McFadden *et al.*, 2015) within organisations, as well as the lack of supervision that is provided to social workers.

Warman and Jackson (2007:35) state that many social workers, especially those in the field of child protection who work with complex family problems, highlight the desperate need above all else for more (good quality) supervision. Good quality supervision is characterised by social workers being supported, offered advice in difficult cases, encouraged to engage in reflective practice and professional judgement – a type of supervision which requires a skilled and experienced supervisor (Warman & Jackson, 2007:36). The need for skilled and experienced supervisors connects with the earlier discussion on challenges with retention of social workers discussed by various authors (Dagan *et al*., 2015; Lizano & Barak, 2015; McFadden *et al.*, 2015) – organisations struggle to retain social workers (due to low salaries, difficult working conditions, high caseloads, etc.), and as such have fewer social workers, and not enough "mix" of experienced and newly qualified in order that effective supervision can be provided (Warman & Jackson, 2007:36).

Although most of this literature and recent research has focused on challenges within the field of social work, it is notwithstanding that this is also the case for child and youth care workers. Molepo and Delport (2015:157) conducted research on challenges faced by CYCWs within South Africa, and found similar results for CYCWs including: heavy caseloads, exposure to traumatic situations, safety threats, insufficient supervision, and inadequate resources. Lizano and Barak (2015) highlight that the challenges experienced by social workers (as mentioned above) leads to job dissatisfaction, affecting work performance and ultimately creating a situation where social workers are providing poor quality of services to children and families in need.

In terms of developing of a model for practice, the discussion above highlights many issues that need to be addressed. For social service professionals to implement effective and efficient child protection interventions, the following elements need to be addressed within a practice model:

- Training and skills development;
- Supervision and de-briefing opportunities;
- Changes are needed at organisational and governmental levels to improve working conditions for social workers (salary increases, more social work vacancies (to reduce caseloads), improve working conditions (incentives, perks, etc.), better infrastructure and resources to do the work, etc.).

3.3.4 Child protection intervention strategies

This section of the literature study will present a discussion of child protection intervention strategies undertaken by social workers in emergency situations when children need to be immediately removed due to abuse (where any delay in removing the child may result in the child being further harmed) and placed into safety at a CYCC. Typically, cases are reported to child protection organisations (intake), the allegations are first investigated, and then if necessary to protect the child (risk assessment), the child may be statutorily removed (emergency removal) and placed into safety (temporary safety placement at a CYCC).

3.3.4.1 Intake

Cases of child abuse are initially reported to child protection organisations in many ways – referrals from local clinics and hospitals, reports from concerned community members, anonymous tips, school referrals, by the police, etc. (Jedwab *et al.,* 2015:133; Martin, 2010:47; RSA, 2005: Regulation 33(1); Wiehe, 1996:85). Reporting of child abuse and neglect is mandatory (Jedwab *et al.*, 2015:133); and within South Africa, Regulation 33(1) of the Children's Act (RSA, 2005) indicates that when concerns of child abuse are reported to child protection organisations, that a specific form (RSA, 2005: Form 22) needs to be completed and submitted to the Department of Social Development.

Regulations (33, 53-55, and form 22) within the Children's Act (RSA, 2005) and recent research conducted by Van der Schyff (2014) provide clear outlines of reporting protocols (procedures and steps to be followed, forms to be completed) that are undertaken by designated social workers when cases of child abuse are reported to child protection organisations.

Initial reports of child abuse and neglect (reasonable suspicion) made to child protection organisations are usually dealt with at an intake level whereby the allegations of child abuse and neglect are further investigated (Jedwab *et al,* 2015:133). Intake workers (can be social workers or auxiliary social workers) are often the first to receive concerns about child abuse and neglect and initiate the assessment process to investigate the reported allegations of abuse and to determine if they can be substantiated (Jedwab *et al.,* 2015:138). In some situations, cases of child abuse are referred to different organisations and individuals – for example, the first report may be received by the local hospital or school, which is referred to the police or a child protection organisation who would then allocate the case to a designated social worker. Jedwab *et al.* (2015:138) emphasised in their research the importance of sharing of information between these different child protection agencies (hospitals, schools, child protection organisations, social workers, police, etc.) highlighting this as essential for early intervention and prevention work and ensuring that all allegations are properly managed and investigated.

3.3.4.2 Risk assessment

After allegations of abuse and neglect are reported to child protection agencies, an assessment of the level of risk to the child is done to determine if the allegations of abuse and neglect can be substantiated – is there any evidence of the allegations? (signs of abuse or neglect) (Janko, 1994:33; Jedwab *et al.*, 2015:133; Martin, 2010:47; Russell, 2015; Stanley & Hannan, 2007:31; Wiehe, 1996:86). The assessment of risk is an important area within child protection – determining the level of risk, if the child is in danger, the likelihood of future harm, the decision of what actions need to be taken next, and the important need for social workers to respond preventatively to potential risk or harm to children (Jedwab *et al.*, 2015:133; Keddell, 2014:71; Martin, 2010:47; Wiehe, 1996:86). In terms of assessment of risk, Regulation 35 (RSA, 2005) provides an outline of what needs to be included when conducting a risk assessment. There is also a number of risk assessment models, frameworks and tools (Russell, 2015; Salveron *et al.,* 2015) available to social workers to work from. The assessment is done to determine the level of risk, danger and safety that the child is experiencing, which leads to a conclusion of whether the child is in need of care and protection.

According to the Children's Act (RSA, 2005), c*hildren in need of care and protection* refer to those children who: have been abandoned; display behaviour which cannot be controlled by their parents; live or work on the streets; are addicted to dependence-producing substances; have been exploited; are exposed to circumstances which may harm their well-being; may be at risk if returned to the parent's care; are in a state of neglect; or are being abused (RSA, 2005: Section 150 (1)). Children in need of care and protection are those children that are at risk of abuse and neglect and thus should be removed from their primary caregivers to ensure their safety and well-being. Internationally, children who are removed from their caregivers and placed into alternative care are referred to as "looked after children" or "children in out of home care" (Bessell & Gal, 2009:284; Courtney *et al.*, 2013; Gallagher & Green, 2012:437).

Social workers may conduct their risk assessment in various ways including conducting a home visit, calling the family into the office for an interview, gaining collaborative information from neighbours, etc. It is understandable that families may

experience this “sudden invasion” of welfare services as intrusive and it is not surprising that many families respond with extreme emotions (Merkel-Holguin *et al*., 2015:19). Merkel-Holguin *et al.* (2015:19) summarise research into this area indicating that families describe these interactions as “judgemental, fear-inducing, inhumane, difficult, humiliating, intimidating, shaming, and adversarial”. It is important to link this issue with the undeniable power imbalance that exists within the social worker-client relationship, and especially in the field of child protection. Lonne *et al.* (2016:5) highlight this ethical concern: that there is a power imbalance as the designated social worker has statutory authority to invade the families’ space and can remove the children. They indicate that these powers often are so polar to the vulnerability of the families that are involved and that it is important for social workers and professionals in the field of child protection to be acutely aware of this power imbalance and ethically respond accordingly (Lonne *et al.*, 2016:5). This also provides a deeper understanding of the response from families to avoid child protection social workers and their intentional lack of disclosure of information to designated social workers (Buckley, Carr & Whelan, 2011:101; Dumbrill, 2010:194; Merkel-Holguin *et al*., 2015:19-20).

Making the decision of whether a child is at risk and should be removed is a complex task, and Rodrigues, Calheiros and Pereira (2015:35) describe it as ambiguous, heavily subjective and full of uncertainty (often resulting in serious errors in judgement). Beckett and McKeigue (2010:2087), in their study on caring for children during care proceedings, stated that for children, child protection services are “not simply a decision making *moment*” but instead form “part of their childhood”. Numerous authors (Berrick, Peckover, Pösö & Skivens, 2015; Rodrigues *et al*., 2015) concur that difficulties in decision making in child protection cases are experienced in many countries, and that there is little literature in this area to provide clear guidance for practitioners.

Rodrigues *et al.* (2015) note that many professionals base their decisions on their personal and professional experiences (intuition), which they suggest leads to irrational and obscure decision making processes. Other issues related to decision making in child protection cases include the lack of: research-based tools to guide professionals in making such decisions; a grasp of and understanding of principles such as the best interests of the child; and basing decisions on collaborated

information free of subjective bias (Berrick *et al.,* 2015). Decision making challenges are also recognise by Dagan *et al.* (2015), who indicate that there is a heavy burden of responsibility placed on child protection workers to ensure the protection of children.

Warman and Jackson (2007) link these concerns about the challenges in child protection with decision making to the challenges with the lack of adequate supervision. They argue that social workers in child protection are faced with very difficult decisions about children's safety and whether to remove a child or not from their caregivers; and that within this context, it is essential for these professionals to have access to good quality supervision "so that ambiguity and conflict can be acknowledged, and workers are able to make decisions which are in the best interests of the children" (Warman & Jackson, 2007:38). Lonne *et al.* (2016:4) also support these arguments and state that the media often blame social workers for making "wrong decisions", which adds unnecessary stress to these already difficult decisions.

It is recognised by Kelly and Milner (1999:103) that within the Children's Act (RSA, 2005), the best interests of the child include 1) for the child to be protected from harm and 2) for the child to remain in the care of their family – in most child protection scenarios these two aspects contradict one another (e.g. The parents are abusing the child – the child needs to be protected from harm and so the child cannot remain with the parents), creating difficulty for social workers in making decisions about whether or not a child should be removed in relation to the best interests of the child. To address the challenges with decision making in child protection, Kelly and Milner (1999:100) propose that decisions are made within a multi-disciplinary group context with other professionals in settings such as group case conferences. According to them, effective decision making in groups "emphasises group members working together through an understanding of each other's roles, commitment to a shared objective and ability to reach a shared consensus" (Kelly & Milner, 1999:101). However, they warn that group case conferences can be subjected to bias and defective decision making (how the problems are presented to the group by the case manager, exclusion of members who disagree, support of the first alternative suggested by influential group members, etc.).

Following on from completing a full risk assessment, evaluating the risk posed to the child of any harm by conducting home visits, interviews and investigations, the social worker decides whether the risk is high and the child should be removed, or low and the child can remain in the care of their family with supportive or monitoring services (RSA, 2005).

3.3.4.3 Emergency removal

There are various outcomes from a risk assessment which determine that the child is in fact at risk and in need of care and protection. Jedwab *et al.* (2015:133) indicate that a child may need to be removed from the family, criminal charges may be laid against the perpetrators, or providing support to the family as a means of early intervention services. If the child is believed to be in any danger and at risk of further abuse, the child will be removed and placed into a place of safety (Janko, 1994:33; Martin, 2010:47-49).

The emergency or immediate nature of child protection services (the focus area for this research) refers to the situation whereby a child has to be removed *immediately* because the child's safety and well-being is in jeopardy due to abuse, abandonment or neglect (RSA, 2005: Section 152). The immediate nature of emergency child protection indicates that any delay in removing the child would leave the child at risk of further abuse, and as such, to prevent any further harm, the child needs to be removed immediately (RSA, 2005: Section 152).

In South Africa, a designated social worker is authorised to make use of a legal document called a Form 36 (RSA, 2005) to remove a child in emergency situations (Martin, 2010:48). The Form 36 issued in the emergency to remove the child is only valid for 48 hours, meaning that the temporary safe care placement is only legitimate for 48 hours. This placement can be extended for a further period, but only after the social worker presents the case at a children's court (RSA, 2005:Section 152).

Further to this indication that a child that is assessed to be at risk can be removed by means of a Form 36, there is very little in the way of legislation and a practice model which consists of practice guidelines to inform the social worker of what to do next. Section 152 (RSA, 2005) states that after Form 36 is issued, that the matter needs to

appear before a Children's Court Magistrate for judicial review by no later than the next court day (RSA, 2005). It seems that social work professionals have no other guidelines for practice, bar from issuing the Form 36 (filling in the form) and appearing before a magistrate 48 hours later.

What appears to be missing from literature and legislation is a practice model for how to practically remove a child and place them in safety. There seems to be a gap from filling in a Form 36, and the child appearing at the place of safety – what takes places between these two steps seems to not be fully explored or described in literature. This gap is the area of focus for this research study – how do professionals remove a child and place them in safety? How is this gap between completing a risk assessment and placing a child in safety filled (what intervention strategies are undertaken?)? What are the procedural guidelines for this stage within the child protection process?

3.3.4.4 Safety placements

Within child protection services, after a case of child abuse has been reported, and an assessment is done to determine that a child is in need of care and protection, the child is then removed and placed into a place of safety. This "out of home care" or alternative care placement refers to places of safety, children's homes, child and youth care centres, foster care, or residential facilities and is also called "corporate care" or "corporate parenting" in some research (Cameron & Maginn, 2008:1151; McLeod, 2010:773).

A child that is removed and placed into temporary safe care is often placed at a place of safety or *child and youth care centre* (CYCC) (RSA, 2005). Regulations 72 to 90 (RSA, 2005) stipulate Norms and Standards for CYCCs within South Africa. All CYCCs need to be registered with the Directorate for Facility Management at the Department of Social Development, within their respective provinces within South Africa. A CYCC can be registered with the Department of Social Development to care for more than six children in need of care and protection (RSA, 2005). Further to Regulations 72-90, Annexure B, Part V of the Children's Act (RSA, 2005) establishes various programs for all CYCCs, including: residential care programs, therapeutic programs, developmental programs, permanency plans, individual

development plans, temporary safe care, protection from abuse and neglect, assessment of children, family reunification and reintegration, after care, access to and provision of adequate health care services, access to schooling, education and early childhood development, security measures for CYCC's, and measures for the separation of children in secure care programs from other children in other programs. The legislation also provides regulations for the management of children's behaviour, core components of programs, reporting protocols, skills and training required for staff and matters relating to the management of the CYCC.

Stanley (2012) puts forth that there are eight essential tasks regarding children within residential care centres (CYCCs): care and protection, building secure attachments and close relationships, positive self-perception, emotional compliance, self-management skills, resilience, a sense of belonging, and taking personal and social responsibility. There has been some debate about the role and tasks surrounding the care and treatment of children in residential care by those professionals working with children (the residential social worker and the CYCWs) (Smith, 2012:278-279) – is their task to provide everyday care for the child or to provide treatment? Life space approaches have provided insights into this question which looks at the provision of therapeutic work with children within their life space (the arena where they live, their here and now actual living situations) (Smith, 2012:279), recognising the value and opportunities of working with children as they go about their usual everyday experiences for powerful interventions (Smith, 2012:278). Regarding Maier's paper on 'The core of care' (1979), Smith (2012:279) discusses a framework for working with children within their life space: by ensuring that children's bodily comforts are seen to (providing good basic care), and providing interventions that adjust to the individual needs of each child's uniqueness and own rhythm, that this creates rhythm and predictability which allows children opportunities to become more independent. Various aspects of the CYCC are important for ensuring a positive experience for children – such as having well-maintained physical environments and good food (Kendrick, 2012:294-295). This is what Bolger and Millar (2012:306) refer to as creating a positive life space environment for the child within which emotional healing can take place.

Of course, it cannot go unmentioned that residential care of children is also overcome with problems regarding institutional abuse. Institutional abuse is common

within residential care and often encapsulates bullying between children (peer violence), sexual abuse of children, physical abuse from CYCWs, neglect of children's needs, inappropriate use of restraint, etc. (Kendrick, 2012:291; Steckley & Kendrick, 2008). Although it is recognised that institutional abuse is a real concern within residential care settings, what needs to be stressed is the importance of the relationship between the children and the staff (CYCWs, RSW). Relationship-based residential care focuses on empathy, listening skills, being approachable, being sensitive to the needs of the child, making an effort to celebrate with the young person (birthdays, special events / occasions), and being reliable (Houston, 2011; Kendrick, 2012:292).

A final note on residential care is related to the importance of the relationship with parents. Russell (2015:186) states that we need to go further in implementing interventions to address the risks identified in the first place – that interventions cannot end with placing the child at the CYCC. CYCCs need to play a role in strengthening and supporting the parent-child relationship in that the child has contact with the family while they are at the CYCC (Kendrick, 2012:294), thereby working towards family reunification (RSA, 2005). Kendrick (2012:294) noted, however, that it can be challenging for parents to maintain contact with their children once placed in residential care if they are placed far away from home (long distance to travel can be costly).

Based on the literature discussion above, the following elements need to inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk (*see* Section A, Part 2: 3.5.1):

- Procedural intervention strategies for removing a child and placing them in safety;
- Mandatory reporting of abuse;
- Regulatory documentation;
- Need for a standardised risk assessment tool or framework (to also guide decision making);
- All decisions and actions to be guided by the Best interest of the child standard;
- CYCC placements need to be made in accordance with the best interest of the child, (programs available at the CYCC to meet child's needs);

- Relationship-based, ethic of care approaches to working with children and families;
- Focus on permanency planning and family reunification post placement at the CYCC.

4. WORKING WITH CHILDREN AND FAMILIES IN CHILD PROTECTION

Research evidence indicates that simply protecting children and keeping them safe is not enough – professionals also need to focus on the emotional well-being of children and families (Jones *et al.*, 2015:66). “By failing to address issues of trauma and well-being at early points of contact within child protection systems, these children may be at increased risk for placement instability, behaviour problems, etc.” (Jones *et al*., 2015:66). As such, it is imperative that recognition is given to the specialised skills and interventions needed when working with children and families in child protection.

4.1 WORKING WITH THE FAMILY

Tarleton (2013) and Platt (2012) propose that working with families within child protection is not simply about having the parents work with the social workers to meet the needs of the child; but is rather about the *working alliance* within the parent and social worker’s relationship – their *engagement* together.

As discussed earlier, the context of South Africa is embedded within poverty, violent communities, unemployment, HIV / AIDS, substance abuse and domestic violence. These compounding and interacting factors create highly stressful living environments for families which often lead to abuse and neglect of the children (Anderson & Fallesen, 2010; Gourdine, Smith & Brown, 2013:221). According to Section 150 of the Children’s Act (RSA, 2005), children are removed from their caregivers due to abuse, neglect, abandonment, substance abuse, exposure to harmful living circumstances, etc. It is sometimes the case that children are removed from their families due to reasons that are completely out of the family’s control (e.g. poverty, unemployment, etc.).

Furthermore, Zhang and Anderson (2010) indicate that exposure of families to violent communities often results in aggressive parenting styles. In their research, it was described that while many parents living in violent communities adopted more aggressive parenting styles, that these are often undertaken as a means of corporal punishment and not necessarily with the intention of causing physical harm or injury to the child (Gourdine *et al.*, 2013; Zhang & Anderson, 2010). It is recognised in research that the investigative nature of child protection services (sudden, immediate, and intrusive) can have a negative effect on the relationship between the family and the social workers (Buckley *et al,* 2011; Dumbrill, 2010; Merkel-Holguin *et al.*, 2015:19). It is understandable that families may become defensive, and even aggressive when faced with allegations of abuse and neglect. Little, Jodrell and Karakurt (2012:100) similarly affirm that most parents will respond to being advised of their 'parenting mistakes' by social workers with aggression and even violence. Lonne *et al.* (2016:3-4) likewise recognise the enormous challenges in working with families where awkward, intrusive questions about painful events and situations have to be asked which can cause emotional, grief and trauma responses from families. Merkel-Holguin *et al.* (2015: 20) in their research on factors that influence parent perspectives of child protection involvement, indicate that it is not only the attitudes and behaviours of the caregivers that affect this relationship, but also the attitude and the ability of the social worker to work with the difficult dynamics within that relationship.

Merkel-Holguin *et al.* (2015) propose a framework for engagement with families in child protection. This framework takes consideration of the process of child protection, recognising that at the first contact between the family and the social worker, there are pre-existing factors which influence and shape their interactions. The child protection system's pre-existing states include their policies, practice guidelines, resources, workforce and structure of the organisation; whereas the families' pre-existing states include their own history, culture, family development, prior engagement with the CP system, readiness to change, neighbourhood factors, and personal attributes (Merkel-Holguin *et al.*, 2015:21). Once the first report of child abuse is made, this initiates an engagement between these two systems (via a home visit or phone call to investigate the allegations of child abuse and neglect); and the success of this interaction depends on the state of these two systems and the ability

of the systems to adapt to one another (Merkel-Holguin *et al.*, 2015:21). Merkel-Holguin *et al.* (2015:21) further deduce that the skills, experience and stress levels of the social worker from the child protection agency have a mediating influence on the emotional responsiveness of the family system. Their research found that high quality social work services (modelling empathy, focusing on the needs of the family, and respecting the family's desire to participate in decision making) positively influenced parents' perspectives of the social worker and their emotional responses (Merkel-Holguin *et al.*, 2015:29).

In addition, Tarleton (2013) and Platt (2012) propose that there are various internal and external factors that have an impact on the engagement of families within child protection. Internal factors include: the parents' intellectual abilities (how they think and understand), beliefs, attitudes, expectations, support available, identity, motivation to engage, etc.; and external factors include: the circumstances, resources available, support from family/friends/professionals, services available, and the skills of the worker (Tarleton, 2013:676). It is the culmination of these internal and external factors which determine how engaging (or not) a family is.

While child protection often starts with the process of removing children from their families, in terms of Section 7 (1) (f) ("The need for the child to remain in the care of their family") and Section 156 (3) (ii) ("Rendering the placement of a child subject to reunification services being rendered to the child and family") of the Children's Act (RSA, 2005), a large portion of the work following the placement of children in alternative care (post placement services), is family reunification work – working with the family towards placing the child back into the family's care (Fernandez & Lee, 2013:1374; Merkel-Holguin, *et al.,* 2015). However, family reunification remains a largely un-invested aspect of social work (Fernandez & Lee, 2013). Fernandez and Lee (2013:1374) emphasise that the goal in child protection work is to have the child placed in alternative care for the least amount of time to reduce the separation of children from their families. Evidence suggests that extended periods of separation from families has a detrimental effect on family connections and attachment, reducing the chances of family reunification (Delfabbro, Fernandez, McCormick & Kettler, 2013; Fernandez & Lee, 2013) However, it is also recognised that huge caseloads, time constraints, and the shortage of social workers, severely hinder the capacity of social workers to render effective and efficient family reunification

services (Fernandez & Lee, 2013:1375). Various authors (Cheng, 2010; Delfabbro *et al.*, 2013:1593; Yampolskaya, Sharrock, Armstrong, Strozier & Swanke, 2014:196) also suggest that because of poverty, poor housing, substance abuse, domestic violence, mental health issues and financial problems, these factors further constrain the possibility of family reunification; as well as the severity of the neglect and abuse which reduce the likelihood of reunification.

Based on the above, the following needs to inform the development of a model for planning child protection interventions:

- Need a collaborative working alliance with the family;
- Acknowledge the power imbalance in the relationship between the social worker and the caregivers (role clarification);
- Special skills are needed to work with aggression in families and to reduce tension;
- Focus on family reunification as part of permanency planning.

4.2 WORKING WITH THE CHILD

It needs to be acknowledged and recognised that the children involved in child protection cases have been exposed to traumatic life experiences (abuse, neglect, abandonment), and that in addition to this, their removal from their family, siblings, friends, school and community adds to their experiences of loss and trauma. This understanding needs to inform practice and direct work with children, and as such, it also needs to inform the development of a model for planning interventions.

There is research indicating that children who have been removed from their caregivers have experienced trauma – such as parental abandonment, physical abuse, emotional neglect, and exposure to domestic violence (Briggs, Greeson, Layne, Fairbank, Knoverek & Pynoos, 2012; Collin-Vèzina, Coleman, Milne, Sell & Daigneault, 2011; Dale, Baker, Anastasio & Purcell, 2007; Milne & Collin-Vèzina, 2015). Of note, is that these traumatic experiences often lead to the child being removed from their families; and that the removal from their families is an additional trauma (loss experience) for the child. On top of this, is that the experiences for children in care is also sometimes described as traumatic (Botha *et al.*, 1998:269;

Howe, 1996:7-8; Howe, Brandon, Hinings & Schofield, 1999:13, Kang'ethe & Makuyana, 2014:120; Rocco-Briggs, 2008:192), resulting in children experiencing multiple traumas (Milne & Collin-Vèzina, 2015; Tarren-Sweeney, 2013). Numerous authors (Kang'ethe & Makuyana, 2014:117; Van IJzendoorn *et al*., 2011:8) recognise the damage and ill effects caused by early institutional care and state that there is evidence that children exposed to institutional care suffer delayed development in terms of their physical growth, attachment security, and cognitive development; which is further supported by research on neurobiology and children in care indicating developmental damage to the brain caused by institutionalisation (Bilson, 2009:1389). Guest (2012:109) explains that there is ample research indicating that children who grew up in care suffer with "stigmatisation, low self-esteem, poor educational achievement, unemployment, mental health issues and imprisonment".

Liabo, Gray and Mulcahy (2013:341) surmised in their research on the educational achievements of "looked after children", that children that had been removed from their caregivers and placed into institutional care (CYCCs) were experiencing very poor educational outcomes compared to the rest of the population (and that this was recognised internationally). Mendis, Gardner and Lehman (2015) provide further research evidence that the educational achievements of children in "out-of-home care" are lower compared to their peers, with many of these children dropping out of school early. This is supported by other studies, which indicate that children do not do well academically due to: traumatic experiences before they were removed; loss due to separation from their family; expulsion from school because of behavioural issues; changes in schools; bullying and discrimination at the school; learning difficulties; lower expectations from teachers, carers and social workers; and even abuse experienced in residential / institutional care (Jackson, Ajayi & Quigley, 2005; Mendis *et al.,* 2015:484; Owusu-Bempah, 2010; Stein & Munro, 2008). This is likewise documented by Gallagher and Green (2012:443) in their research on children in residential care settings, where it was also stated that children in care are presenting with inadequate educational outcomes.

Liabo *et al.'s* (2013:344) research found that reasons for poor educational outcomes for looked after children were attributed to: a failure in "the system" in not prioritising education due to placement difficulties; a lack of educational materials within institutional care; low expectations for children in care; and the emotional impact of

abuse and neglect on the child. In response to the recognised need to address the poor educational outcomes of these children; Liabo *et al.* (2013:344) suggested that tutoring, mentoring, and reading encouragement were needed to address these concerns.

Coman and Devaney (2011:38) state that there have been many research studies that have found children in need of care to be some of the "most severely troubled and disturbed groups within the child and youth population". Rocco-Briggs (2008:191) likewise supports this by stating that "children come into care with extremely disturbing experiences and may therefore express very worrying behavioural difficulties". Gallagher and Green (2012:441), in their research on children in residential care settings, similarly state that many children in residential care do have mental health and even broader emotional and behavioural needs. Barnes (2012:1276) also states that there have been multiple studies which show that children have felt powerless within the care system. Even John Bowlby's (1988a, 1988b) well recognised research on attachment concluded that children suffered from the effects of institutional care even when their physical needs were being met (Rocco-Briggs, 2008:192; Van IJzendoorn *et al*., 2011:15).

There is also a plethora of research into the correlation between children in the child protection care system and high rates of risk and vulnerability towards mental health issues (Appelton & Stanley, 2010: 383; Arora, Kaltner & Williams, 2014:782; Blower *et al.*, 2006:117; Coman & Devaney, 2011:38; Everson-Hock *et al.*, 2011:162; Kang'ethe & Makuyana, 2014:117; McAuley & Davis, 2009:147; Milburn *et al.*, 2008:31; Whyte & Campbell, 2008:194). This can be attributed to the trauma the children have experienced while in the care of their caregivers (abuse, neglect, poverty, etc.), as well as the actual experience of being removed or separated from their caregivers (Briggs *et al.*, 2012; Collin-Vèzina *et al.,* 2011; Dale *et al.,* 2007; McAuley & Davis, 2009:149; Milburn *et al.*, 2008:31; Milne & Collin-Vèzina, 2015). This alludes to the need for highly skilled staff within residential care settings (Horrocks & Karban, 1999; Packman & Hall, 1995).

Furthermore, in terms of the effects of statutory removal on the children, there are concerns presented in the literature with regards to children being separated from their siblings in child protection matters. Although dated research, Smith (1995 &

1998), Thorpe and Swart (1992) and Staff and Fein (1992) found that the placement of siblings together in alternative care results in better outcomes for children including fewer emotional and behavioural problems, positive peer interactions, and better performance at school. Even though it is acknowledged in research that the separation of siblings has a negative effect on the child, it is often the case that children that are removed from their families are in fact separated from their siblings (Herrick & Piccus, 2005; Lundström & Sallnàs, 2012; Tucker & Mares, 2013:205).

Section 7 (1) (d) (ii) of the Children's Act (RSA, 2005) specifies that any decision involving a child *must* take into consideration "the likely effect on the child of any separation from any brother or sister or other child". While the best interest of the child compels the social worker to be mindful of sibling relationships, often priorities such as the safety of each child override this principle (Herrick & Piccus, 2005:846). In recognition of the challenges in finding appropriate and suitable sibling placements together, Ward (1984) states that decisions should be made according to the needs of the child, and not the difficulty in finding homes. Herrick and Piccus (2005:845) support this notion that sibling connections are very important (they can even reduce the trauma experienced by children that are removed and placed into alternative care) and that social workers need to make the effort of ensuring they are placed together in alternative care. However, other research also recognises that in some circumstances, the separation of siblings is necessary. In cases where the relationship between the siblings is abusive, where there is severe sibling rivalry, or where siblings reinforce each other's negative behavioural problems, it is sometimes necessary to separate siblings (James, Monn, Plinkas & Leslie, 2008; Linares, Li, Shrout, Brody & Pettit, 2007; Lundström & Sallnàs, 2012:397; Moyers, Farmer & Lipscombe, 2006).

It is clear from the research that residential / institutional care has far reaching detrimental consequences for a child's emotional and psychological development (Dziro & Rufurwokuda, 2013; Kang'ethe & Makuyana, 2014:117), however, it is still used as a placement option for children in need of care and protection. In this regard, Kendrick (2012:296), Forrester (2008), and Forrester, Goodman and Cocker (2009) noted that, while it is difficult to generalise about the effectiveness of residential care for children, that it also cannot be ignored that many children do generally do better following placement in residential care.

The above discussion further highlights the need for specialised skills for social workers in the field of child protection (Schmied & Walsh, 2010:171), to address and care for children's multiple traumas (Milne & Collin-Vèzina, 2015; Tarren-Sweeney, 2013).

In addition, a number of authors (Abdullah, 2015:44; American Psychological Association, Task Force on Resilience and Strength in Black Children and Adolescents, 2008; Davies & Wright, 2008:27; DuMont, Widom & Czaja, 2007; Eagle, 2004; Gilligan, 2001; Guest, 2012:109; Healy & Darlington, 2009:420; Houston, 2011:116; Jewette, 1994; Jones, 2008:293; Kaur, 2014; Kekae-Moletsane, 2008:367; Masten & Wright, 2010; Misca, 2009; Mitchell, 2011; Newman & Blackburn, 2002; Oelofsen & Grobler, 2013; RSA, 2005; Smeeton, 2012:155; Southwell & Fraser, 2010; Stein, 2005; Ungar, 2013:111; Van Bijleveld *et al.,* 2014:254; Woodier, 2011:262;) have documented guidelines for working with children in child protection, including:

- The child must be addressed in a language that s/he can understand.
- The child must be accompanied by a support person of the child's choice.
- The child is treated with empathy, care and understanding, and given due regard for their rights to privacy and confidentiality.
- The child must be examined in a child-friendly environment.
- Listening to the voice of the child – making use of effective communication systems to try and understand what it is like for *that* child within *that* context of their family.
- Being able to hold the child in mind while working with the parents and family and not becoming too distracted, side tracked or overwhelmed by the family's problems.
- Acknowledging power and purpose – partnering with families to bring about change, and being open and honest about the power imbalance in the social worker's statutory role.
- Promoting resiliency in children by: giving them a sense of mastery (participation in the decision making process); focusing on their strengths; ensuring that children maintain connections with significant others.

- Giving children opportunities to say goodbye to significant others. Making use of transitional objects to help children separate from their family (taking with a photo, teddy, clothes, etc. from home to the CYCC).
- Engaged with children in non-verbal interactions (such as drawing and playing) which are less threatening for the child. (play based interventions and techniques).
- Culturally sensitive practitioner – multicultural approach that takes cognisance of the country's history of apartheid and multiple ethnicities, languages and religions. Consider the whole environment of the child – including family, neighbours, language, religion, cultures, values, belief systems of the family, cultural identity and belonging, religion and spirituality, traditional foods and cooking, cultural traditions and customs to work holistically with the child and family.
- Culturally sensitive approaches for practitioners whereby they are acutely aware of speaking to the child in their own language, providing food to the child that recognises special dietary requirements (Halaal, vegetarian, vegan).

The above mentioned literature indicates that in order to work effectively with children in child protection, professionals need to:

- Acknowledge the gravity of the loss and grief experienced by children that are separated from their families;
- Give opportunities for goodbyes and use of transitional objects when removing the child;
- Work from a trauma-informed perspective (understand the impact of trauma experiences on the child);
- Speak to the child in their own language;
- Be empathetic, genuinely caring and emotionally supportive towards the child;
- Ensure participation of the child by listening to and considering their views;
- Work from a strengths based approach;
- Use play therapy techniques and tools to engage with the child;
- Need to understand child development for approaches to children to be age and developmentally appropriate;
- Cultural sensitivity.

These crucial elements inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.

5. CONCLUSION

This section of the literature study has provided insights into the various legislative policies within South Africa and explored different models for child protection practice. The literature also highlighted child protection practice with regards to professionals involved and intervention strategies. The discussion ended with an exploration of necessary aspects to consider when working with children and families in child protection. The study identified several important elements which need to inform and be incorporated into the development of a model for planning interventions for the emergency removal and safety placement of children at risk.

SECTION B

PART 2: LITERATURE STUDY – SOCIAL WORK THEORIES

1. INTRODUCTION

The following literature study will present a discussion of social work models and paradigms, including: systems theory, problem solving, strengths-based approach, attachment theory, developmental theory, and Maslow's hierarchy of needs. This discussion of theoretical models includes different theories to those mentioned in Section A, Part 1. The theories mentioned here were identified throughout the research study (highlighted by the participants during data collection, and with the literature study) as essentially relevant for child protection.

2. MODELS, THEORIES AND PARADIGMS OF SOCIAL WORK AND CHILD PROTECTION PRACTICE

According to Hackett (2012:121), "*Social workers in child protection are working on constantly shifting sands, dealing with complex and multidimensional cases in an increasingly bureaucratic system that all too often emphasises procedural compliance over quality of services*", and as such, stress the importance of a sound theoretical base to guide social work practice. Payne (2014:5) defines a theory as a "generalised set of ideas that describes and explains our knowledge of the world around us in an organised way. A social work theory is one that helps us to do or to understand social work". Hackett (2012:122) furthers this definition of a social work theory describing it as representation of a group of ideas from research which is developed into an explanatory framework. Payne (2014:5) presents a debate amongst writers regarding the practical implementation of theories in practice: that there are differences in social work theories (which some regard as being too abstract (Sheldon & Macdonald, 2009:35)), and social work *practice* theories which translate in practice (D'Cruz, 2009; Nash, O'Donoghue & Munford, 2005). From the arguments, Payne (2014:5) deduces that there is a difference between theory and knowledge (whereby knowledge describes reality while theory is about thinking

about something), and theory and practice (while theory is about thinking about something, practice is about doing something). Healy (2005:92) states simply that social work theories are used to guide and explain social work practice.

It is also recognised in literature that some professionals may feel that the use of theory and theoretical frameworks in practice is not practical, that theories are irrelevant and cannot translate into practice (the differences between theory and practice) (Healy, 2005:94; Payne, 2015:11). Healy (2005:95) describes social workers as "throwing theory out of the window", and some being unable to even name theoretical frameworks. One of the barriers to the use of theory in practice is described by Healy (2005:94) as occurring because theory is often a product of academia, as opposed to a "co-participation of knowledge development". However, several authors have presented numerous advantages to the use of theory in practice as bringing about accountability, control, cultural understanding, effectiveness, focus, professionalism, understanding, and a more effective way to understand client problems and bring about the needed interventions (Gray & Webb, 2009; Greene, 2008; Healy, 2005:95; Payne, 2014:12; Walsh, 2010).

Parrish (2010:1) puts forth that it is essential that social workers understand human behaviour due to the nature of their work – that having a theoretical foundation from which to understand human behaviour is indispensable in informing assessments and practice within social work. Social workers in the field of child protection are faced with a variety of scenarios, problems and complexities to manage in a single moment when they are removing children – drug abuse, relationship conflict, aggression from parents, mental illness, the child's trauma and emotional state, etc. As such, they often need to rely on a variety of approaches to best manage a situation – for example conflict resolution (between parents that are argumentative and violent), crisis intervention and problem solving (to identify resources and address the urgent need of keeping the child safe from harm), attachment theory (being mindful of the child's separation difficulties). With this contextual understanding of the nature of and complexities surrounding emergency child protection work, it can be said that social workers in child protection need to make use of an eclectic approach in terms of their reliance on a variety of theoretical frameworks (Hackett, 2012:128).

Payne (2014:40) refers to eclecticism as the taking of ideas from many different theories, and Beckett and Horner (2016:18) refer to it as a practice of "mixing and matching" various sources of ideas. Although everyday social work practice is considered to require an eclectic approach, various authors (Beckett & Horner, 2016:18; Lehman & Coady, 2007) give caution as this can be a naïve approach which results in inconsistencies (Payne, 2014:40) as it is done without a full understanding of each of the different theories used. With regards to eclecticism, Beckett and Horner (2016:19) conclude that it is important for social workers to understand the different theories they are using; and how the same problem can be viewed differently by several theories and as such need to be weighed up against one another. Hackett (2012:125) also remark that the issue is not about the lack of theories within child protection, but rather that those theories are not integrated. Linked to this is the concern that some theories may even contradict others, creating challenges for social workers (Hackett, 2012:126; Macdonald, 2000:31-32). It seems that the literature recognises that social work does rely on an eclectic use of different theories, but that in these situations, social workers must fully understand the theories they are using and how they can be integrated with one another to better understand and intervene in the situation or problems they are dealing with.

Furthermore, theoretical frameworks organise bodies of knowledge in a systematic way by setting out a range of situations and methods (sequence of actions) which can be used in practice (e.g. systems theory) (Payne, 2014:8-9). Theories inform social workers of how to understand and assess behaviours and circumstances (risk assessment, decision making), and how to intervene and help people and families (Hackett, 2012:122; Parrish, 2010:6). Parrish (2010:2) argues that this can save time and energy instead of social workers "reinventing the wheel", which is invaluable with the time constraints of child protection work. To understand the ways in which social workers practice, one needs a knowledge base of the theoretical or conceptual frameworks that guide social workers in practice and inform their understanding of people and their behaviour (i.e. those practice theories which are used in social work practice, specifically in the field of child protection). There are various theoretical frameworks in social work, of which the following will be further discussed here: systems theory, problem solving approach (crisis intervention), strengths-based approach, attachment theory, developmental theories and Maslow's hierarchy of

needs. These theoretical frameworks or practice theories indicate ways in which social workers understand clients, their behaviours and their presenting challenges or problems, and how they go about addressing these concerns. Jones *et al.* (2015:59) highlight that systems theory, attachment theory and Maslow's hierarchy of needs, specifically relate to child protection interventions.

2.1 SYSTEMS THEORY

Systems theory was brought about in the 1970's to counteract the challenges within psychodynamic theories of not including the broader system in understanding individuals (Payne, 2014:193). Friedman and Allen (2014:3) indicate that systems theory does not provide the social worker with specific intervention strategies, but instead acts as a conceptual framework for understanding the client holistically within their contexts. Urie Bronfenbrenner describes the systems theory with the foundational understanding that individuals grow and develop by means of an interaction with their environment (Härkönen, 2007:4; Kail & Cavanaugh, 2010:1). There is a simultaneous dual focus as it draws on sociology with a focus on the situation or environment, and psychology with a focus on the person – joining these two elements into the "person-in-situation" perspective (Compton *et al.*, 2005:6; Friedman & Allen, 2014:3; Härkönen, 2007:6).

Various authors (Bronfenbrenner, 1989:272; Gauvain & Cole, 1993:39-40; Härkönen, 2007:10-12; Jones *et al.,* 2015:59; Kail & Cavanaugh, 2010:16; Teater, 2010:18) explain the systems theory by describing numerous systems and subsystems within the environment including the microsystem (activities, roles and relations with the school, family, peers, work; people and objects in the immediate environment), mesosystem (connections, links and relationships between the elements of the microsystem such as the connection between school and home), the exosystem (connections, links, and relationships between the elements of the microsystem that indirectly influence the individual, such as the community; government and social policy), and the macrosystem (changes between the other systems over time). Friedman and Allen (2014:4) show a correlation between systems theory and social work within microsystems (individuals and families),

mesosystems (groups, support networks and extended families) and macrosystems (community and organisations).

Figure 2 below is a diagrammatic representation of the various systems described in systems theory:

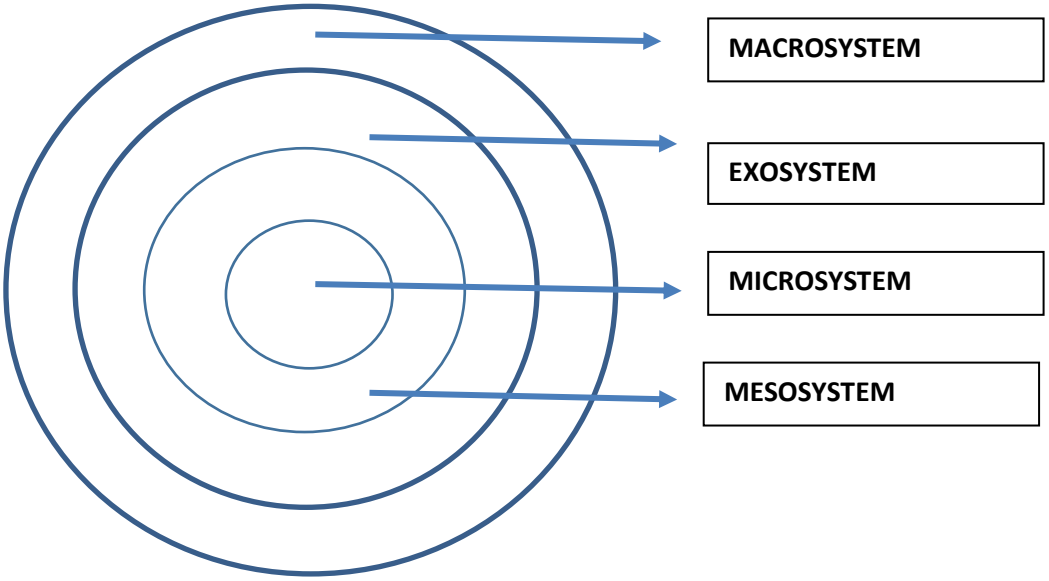


Figure 2: Bronfenbrenner's systems theory

Adapted from: Kail & Cavanaugh, 2010:16

Yontef (1993:297) describes the system (or as he refers to it, as the "field") as a "totality of influencing forces that together form a unified whole". His description of the field is that it consists of everything that exists, including religion, culture, traditions, and even climate which are all parts of the field (environment) which are mutually influencing and affecting one another (Yontef, 1993:297). Field, or systems theory, recognises that the individual does not exist in isolation, but rather is part of a field made up of a number of different parts which are all influencing and interacting with one another (Hope & Van der Merwe, 2013:311).

Systems theory is beneficial to social work practice as it balances the focus on the individual, as well as the environmental context, and highlights the many different levels of influence on the individual and on human development (Kail & Cavanaugh, 2010:16. Payne (2014:186) and Johnson (1999) describes this as being unique to social work as opposed to other professions where the focus is centred on the

individual. One debate against the use of systems theory in social work is that the interconnectedness between different parts of the system means that any change in the system will affect other parts of the system, but that this change is unknown; that it is difficult to predict what influence any change in the system will have on other parts of the system, and if the desired outcomes will be achieved (Payne, 2014:187).

The systems theory informs social workers in child protection that it is essential to consider both the individual (person) and their environment (situation) when dealing with and assisting clients in social work practice (Betancourt, Williams, Kellner, Gebre-Medhin, Hann & Kayiteshonga, 2012:1504; Jones *et al*., 2015:59). The theory states that social functioning of individuals cannot come about by focusing on the individual themselves; but rather also looking at and understanding that the individual is in interaction with their environment (Compton *et al.*, 2005:6). From this perspective, there is an understanding that individuals are in constant interaction with their environments, each affecting the other; thus, problems and difficulties for the individual occur because of a poor fit between the individual and environment – the needs of the individual and resources in their environment do not match (Compton *et al.*, 2005:7; Teater, 2010:24). Social workers have to work with the individual and the individual's environment (including other people in their environments) in order to help them adjust and function optimally (Compton *et al.*, 2005:7; Teater, 2010:29).

A systems perspective is useful within the context of risk assessment in child protection cases. As it views the individual as existing within a system, this encourages the social worker to gather information from various parts of the system to understand the individual, their problems and needs, and how the problems are affecting and influencing each other and the individual (Baldwin & Walker, 2009:213). Friedman and Allen (2014:16) present a variety of tools that can be used in risk assessment, based on systems theory. Assessment tools for information gathering include genograms, ecomaps, and social network maps which can be completed with the family to map out and determine the context of the family and other influential systems (Friedman & Allen, 2014:16-17). Connections between systems can also be charted and provide valuable information to the social worker on system strengths and weaknesses (e.g. where family ties are strong, which support systems are available, etc) (Baldwin & Walker, 2009:213).

Figure 3 below is a diagram of the assessment framework used within the systems theory:

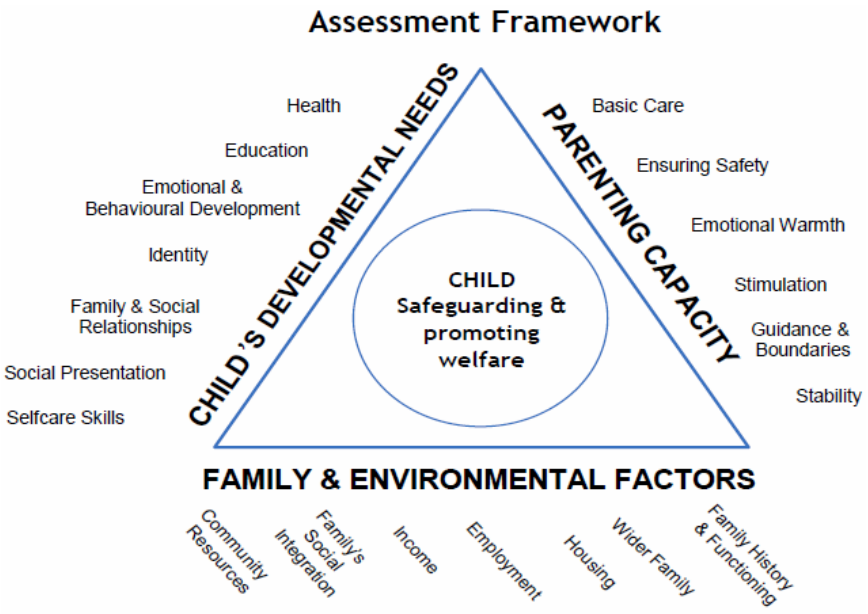


Figure 3: Systems theory assessment framework

Adapted from: Baldwin & Walker (2009:214)

Rodrigues *et al* (2015:37) also find usefulness in adapting an ecological systems approach to risk assessment and decision making within child protection. They refer to an exploration of the legal / institutional context of the social work professional's decision to remove a child or not with respect to: barriers to the placement (caseload, own competencies, skills), other's views (supervisors, magistrates, media), and the consequences for the family (emotional impact on the child, family disorganisation) (Rodrigues *et al.,* 2015:37). Significantly, they also included "value-laden variables" into their ecologically based psychosocial model for decision making, which includes the consideration of cultural values (e.g. the perception of adequate parenting practices) (Rodrigues *et al.*, 2015:37).

Baldwin and Walker (2009:215) recognise the importance of the interdisciplinary nature of information gathering from various sources within the systems approach, which is critical to establishing an effective intervention plan for the child and family. The interdisciplinary and inter-professional collaboration needed for child protection cases cannot be understated, as a lack of intersectoral partnerships have sometimes

lead to delays in managing child abuse cases with severe and sometimes even fatal consequences (Baldwin & Walker, 2009:218; Beckett & Horner, 2016:97; Cooper & Whittaker, 2014:251; Mansell *et al*., 2011:2076; Rogowsky, 2015:101). Coordination and cooperation between child protection professionals (DSW, RSW, CYCW) and agencies (school, police, health, criminal justice, etc.) involves an open sharing of information and willingness to work together in the best interest of the child (Baldwin & Walker, 2009:219; Holloway, 2009:232). Furthermore, accurate record keeping is also considered to be an essential component of effective services, and is especially needed within multidisciplinary approaches (Baldwin & Walker, 2009:219). Beckett and Horner (2016:91) also assert the importance of a multi-disciplinary, multi-agency, integrated and collaborated approach (which consists of excellent communication / information-sharing between professionals and agencies involved) which is needed within social work, especially child protection statutory work with children. Interestingly though, Beckett and Horner (2016:98) and other authors (Adkins, Awsumb, Noblitt & Richards, 1999; Margolin, 1997) also note a concern with the collaborative approach – whereby clients are not pleased with the amount of information being openly shared between different professionals and agencies, and that their sense of privacy and confidentiality is being breached in these situations. Trotter's (2008:85) advice in these situations is that roles need to be clarified and that social workers need to be clear with clients about what information will and won't be shared with others.

There are multiple factors which contribute towards a child being found in need of care and protection – including: their home situation, family, environment, schooling, family dynamics, etc. Bronfenbrenner's systems theory enables us to better understand the contextual factors that could be contributing towards the child being at risk (Coman & Devaney, 2011:40). Applying the systems perspective to child protection services, means that designated social workers cannot work in these contexts by simply assisting the individual – the child concerned who is identified as being at risk and in need of emergency child protection. The social worker thus has to also focus on the child's environment, exploring how the environment has contributed to the child being at risk, and how the environment can possibly provide resources to assist the child (Coman & Devaney, 2011:42; Jones *et al*., 2015:59). This perspective is essential for the initial assessment of finding a child to be at risk.

The social worker needs to consider the child's whole environment – school, home, family, friends, resources, etc. – to determine if the child is at risk and in need of emergency protection. A systems approach to risk assessment furthermore involves supportive supervision in critically analysing the information gathered and understanding it in the context of other theories (e.g. attachment theory) to take appropriate action (Baldwin & Walker, 2009:215).

2.2 PROBLEM SOLVING APPROACH

Helen Perlman put forth the problem solving approach in social work in 1957 as an improvement (not replacement) to the dominating psychodynamic approaches in practice (Healy, 2005:109). Due to the lack of resources and time limits within social work, Perlman's approach was developed in cognisance of these challenges and she believed that meaningful work was still possible under these difficult constraints (Healy, 2005:110; Perlman, 1957:29). Payne (2014:247) also recognises the need for social work practice theories to be mindful that long narrative therapeutic interventions are not always practical for the "busy practitioner".

The problem solving approach in social work essentially is about the social worker and client working together to identify the problem being presented, looking at possible solutions to address the problem, as well as exploring the pros and cons of each possible solution, trying the identified best solution, and then evaluating the outcomes and trying another solution if the first attempt was not successful (Compton *et al.*, 2005:9). The social worker is to assist the client, to walk alongside them in addressing their problems and difficulties; not to dictate and instruct the client on what to do; which is what Compton *et al.* (2005:9) refer to with their emphasis on the importance of the social worker and client being on the same page and having an agreed understanding of the identified problem, before any attempts are made at identifying possible solutions.

The systems perspective needs to be incorporated when implementing the problem solving approach. Social workers need to not only focus on problem solving for the individual, but to also look at how the environment, situation and community can be used to problem solve – change within the individual and change within the environment (Compton *et al.*, 2005:9).

One of the potential challenges in implementing the problem solving approach within the field of emergency child protection, is the number of different social workers involved in a case. Within the Western Cape of South Africa, emergency removals are sometimes done after hours by a specific child protection organisation, but the following day, these cases are often referred to other child protection organisations that work in the area where the family usually resides. Within some child protection organisations, there are social workers who would then take the matter to court within 48 hours, to confirm the child's placement in safety; and then the case may be allocated to an intervention team who would be responsible for investigating the case further and working with the family. This means that in many cases where a child has been removed and placed into safety, that there are at least three different social workers involved with the case. The problem solving approach requires some form of consistency in the way problems and potential solutions are identified and implemented. Having multiple social workers involved in a case will make the process of seeing through the problem solving approach to completion difficult – unless there is a good communication system between each different social worker ensuring that the next phase of the problem solving approach can be continued with the family. In the researcher's own experience, this has not materialised, or been a focus within child protection services.

In reflecting on child protection services in the field, the researcher is concerned that in many cases, designated social workers are still taking the stance of authority and making decisions without the client also being involved in the process (Teater, 2010:39). In emergency child protection cases, where the parents are often intoxicated (due to drugs or alcohol) – which is why the child may be identified as being at risk and in need of emergency removal – designated social workers may find it challenging to work with the parents in problem solving the situation and identifying an agreed upon solution. It is often the case that the parents are in strong disagreement with the social workers' decision for the emergency removal of the child (evidenced by the parents refusing to sign the Form 36).

Child protection work also includes working with hostile, aggressive and resistant parents and families (Stanley & Hannan, 2007:34; Tuck, 2013:5). Tuck (2013) recognises that while child protection work is often accompanied by working with resistant families, that this rarely is included within government policies and models

of practice. Tuck (2013:6) stresses the importance of social workers in this field being equipped and trained in this area of dealing with hostile, uncooperative and difficult families. Wilde (2010) proposes that social workers engage in role plays to rehearse potentially threatening scenarios within a safe environment whereby they can learn and practice skills needed to manage high-stress confrontations with resistant parents and families (Tuck, 2013:9). Tuck (2013:14) explains that there is a recognised unbalanced power dynamic within the relationship between the designated social worker (who has the authority to remove a child) and the parents (who possibly feel unheard, overpowered, and vulnerable). He suggests that social workers acknowledge this and use it when working with resistant families (Tuck, 2013:14). This is also recognised by Beckett and Horner (2016:46-47) – that it is difficult for social workers with statutory powers (authority, power) to engage with families in statutory work with a focus on relationship-based practice. They highlight that a paradigm shift is needed for a relationship-based practice within statutory services: from "doing things right" (legal compliance) to "doing the right thing" (professional integrity). Trotter (2008:4) concurs and suggests clarifying roles, collaborative problem solving, and a focus on the client-worker relationship as a means by which to address the power imbalance within statutory work with families.

Crisis intervention and task-centred practice are methods used within problem solving (Healy, 2005:125; Payne, 2014:132). Crisis intervention emerged from the works of Lindeman and Caplan and was introduced into social work from the mental health field (Caplan, 1965; Healy, 2005:125; Lindeman, 1944; Payne, 2014:132). Crises are viewed as inevitable and often occur as a result of transitions through life stages or due to hazardous / traumatic events (Healy, 2005:126; Payne, 2014:135). Both crisis intervention and task centred approach are structured, brief and time limited interventions to empowering clients to solve their own problems (Healy, 2005:126; Payne, 2014:133). However, crisis intervention is more closely connected with psychodynamic theories which focus on helping the client to resolve internal problems (focus on feelings and emotional responses) – this is often one major issue that is disrupting the client's functioning; whereas a task centred approach aims to solve "problems in living" and focuses on achieving tasks to solve problems (Beckett & Horner, 2016:182; Healy, 2005:126; Payne, 2014:132-133). Crisis intervention is brief because of an understanding that there is a window of crisis and opportunity to

change; whereas task centred approach is brief because of an understanding that individuals are best motivated by short term treatment goals (Beckett & Horner, 2016:182; Healy, 2005:126).

2.2.1 Crisis intervention

Crisis intervention would be the method described by most designated social workers that is used for emergency child protection cases (Payne, 2014:129). Essentially, crisis intervention is a brief method of intervention which focuses on utilising the client's strengths to solve the presenting problem (Teater, 2010:196). The crisis can be any event that is distressing for the individual (subjective) and renders them unable to cope (Lindsay, 2010:39; Teater, 2010:196). Systems theory helps us to understand that the individual is part of a larger system, each influencing one another; and therefore, a crisis for the individual could occur because of the interactions with their systems (their context, situation, environment) (Lindsay, 2010:40).

Lindemann (1944) developed crisis theory, which was later expanded upon by Caplan (1961), who theorised that a crisis event causes an individual's state of homeostasis (balance) to be disrupted, causing distress for the individual, and subsequent measures taken to return to the state of homeostasis – the crisis intervention strategies (Teater, 2010:197). Crisis intervention is undertaken when the individual has experienced a crisis (an emotionally disruptive event) that causes the individual to feel unable to cope (unbalanced, loss of homeostasis) (Teater, 2010:197). The social worker is tasked with assisting the client to identify their strengths and resources (similar to strengths-based approach) in order to assist them in dealing with the crisis (helping them to cope) and restoring homeostasis. A primary focus of crisis intervention is to assist clients in managing or controlling their emotional reactions to events so that they can be moved to resolving their crisis or difficulty (Payne, 2014:132).

Crisis intervention follows a similar seven stage process to that of the problem solving approach, whereby: 1) the crisis assessment is done, 2) rapport with the client is established, 3) presenting problems are identified, 4) feelings are explored, 5) alternatives are generated, 6) action plan is formulated, and 7) the plan is followed

up (Payne, 2014:142; Roberts, 2005:20; Teater, 2010:201). Furthermore, Thompson (2011:20-23) and Payne (2011:140-142) propose other strategies which should be included when assisting clients to deal with a crisis which focus on avoiding delay (time management), working intensely, and assisting the client in finding alternative and more adaptive ways to deal with crisis by: building rapport, mobilising support systems in the family and community, and facilitating the learning of more effective coping mechanisms through therapeutic interventions.

Crisis intervention focuses on immediate, here and now problems, and as such may be ignorant of the broader social challenges which have contributed to the presenting crisis (Payne, 2014:129). A further criticism of crisis intervention is that it is a short, brief, focused intervention that can overlook the need for longer term therapy and intervention needed by clients for serious issues (Payne, 2014:128; Thompson, 2011:13-14). Child protection involves working with families often involved with drug abuse, domestic violence, and past trauma and these are major issues which require long term therapeutic intervention. Payne (2014:129) recommends that practitioners utilising crisis intervention need to be mindful of the client's needs for other longer term interventions to address the underlying issues as well.

However, it is also recognised that "busy practitioners have many service responsibilities, have to juggle insufficient resources in short timescales, and do not have the time to use therapeutic approaches" (Payne, 2014:247). This highlights the importance of appropriate referrals to other professionals – a multi-disciplinary approach to working with families.

2.3 STRENGTHS-BASED APPROACH

As a movement away from the focus on problem identification, but also forming part of the problem solving approach, is the essential work of social workers to focus on the strengths of the clients as opposed to focusing on their problems, deficits and labels (Gray, 2011:5; Saleebey, 1996; Teater, 2010:38). Saleebey (1996) confronted social workers' usual focus on client problems and pathologies, indicating that the strengths-based approach is not about ignoring the problems presented by clients or the pain they are experiencing, but to rather focus treatment on the client's strengths

within themselves and within their environments (Compton *et al.*, 2005:11; Teater, 2010:38). Parrish (2010:23) explains that Saleebey's strengths perspective within social work is focused on the individual's in-born capacity to define and control their choices. Saleebey (1996) and Teater (2010:39) identified principles of the strengths-based approach: 1) valuing and respecting the client's dignity; 2) recognising that problems and challenges can be a source of opportunity and growth; 3) social workers need to use the client's own motivations and reasons for change to encourage them to address their problems, recognising that clients have the potential and ability to bring about change; and 4) an unwavering belief in the potential of the environment, that strengths and resources can be found anywhere (Compton *et al.*, 2005:12). These principles are similar to the ethical values as prescribed by the SACSSP's (1978) ethical code of conduct for social workers.

Gray (2011:6) says that the strengths-based approach is eclectic in nature, in that it embraces aspects of other theories including narrative therapy, brief solution-focused therapy, and even Erikson's life stages model. The strengths-based approach is about being able to draw out and identify strengths, potentials, education, skills, life experiences, coping abilities, talents, resiliencies, support networks, passions, and aspirations to deal with life's challenges (Gray, 2011:5; Teater, 2010:40). The strengths perspective views the client as a self-determining individual that is capable and competent to use their own strengths in dealing with problems – it holds a firm belief in the innate potential of people to solve their own problems (Gray, 2011:7).

A criticism of the strengths approach, as proposed in Gray (2011:7-8) by Saleebey (2006:6), is that it is a rejection of the social worker as expert and undermines the professional nature of social workers by fostering an attitude of "self-help" which is so prevalent in culture and media today. A further critique of the strengths based approach is that for some clients it may be very difficult to be faced with a social worker's unrelenting focus on "the positive side", which has the potential to come across as disrespectful of the client's problems and difficulties, as well as not providing enough opportunities to explore and work on problems (Payne, 2014:245; Walsh, 2010:248).

2.4 ATTACHMENT THEORY

Payne (2014:120) and Beckett and Horner (2016:125) stress the importance of understanding attachment theory for social workers in practice. Bowlby's (1973) attachment theory explains the behaviour and motivations between children and their carers (Wilkins, 2012:16). He describes the need within children to seek proximity or closeness to their carers as a primal motivator, similar to the need for food and warmth (Ferguson, Follan, Macinnes, Furnivall & Minnis, 2011:101; Howe, 1996:6).

Teater (2010:9) summarises Bowlby's attachment theory: "*He theorised that the ability or inability of a child to attach to the parent, the level of consistency of the parent to meet the emotional needs of a child, and the ability or inability of the child to feel safe and secure with the parent predicted how the child would develop emotionally and socially*". Essentially, if the parent can provide consistent nurturing care to the child by meeting their needs (i.e. to be responsive to the child's cries for feeding, nappy changes, love, etc.), the child may develop a secure attachment and thus can explore their environment and develop positive relationships with others. On the other hand, if a parent is inconsistent and does not meet the child's needs (i.e. neglect, abuse), that child may develop an insecure attachment and thus may not have positive relationships with others. Wilkins (2012:16) elucidates attachment theory by stating that children have an instinctive drive to develop an attachment to their carers who then provide a secure base from which children can explore their environment and that allows children to turn to their carers when they experience anxiety or discomfort.

Bowlby (1988a, 1988b) and Ainsworth, Blehar, Waters and Wall (1978) categorised attachments into four types: secure and insecure (including ambivalent, avoidant and disorganised) (Jones *et al.,* 2015:59; Teater, 2010:10).

Table 7 below outlines the four attachment types:

Table 7: Types of attachments

Adapted from: Kail & Cavanaugh (2010:175-6).

Type of attachment	**Description**
Secure	Baby may or may not cry when mother leaves. When mother returns, baby wants to be with her and stops crying.
Insecure avoidant	Baby is not upset when mother leaves. When mother returns, may ignore her by looking or turning away from her.
Insecure ambivalent	Baby is upset when mother leaves. When mother returns, baby is still upset or even angry and is difficult to console.
Disorganised	Baby confused when mother leaves. Baby confused when mother returns.

Children with a *secure attachment* have usually received consistent, regular and nurturing care giving in response to their needs – Secure attachments occur as a result of sensitive, consistent, responsive, and nurturing care from the parent towards the child's feelings and needs (Ferguson *et al*., 2011:101; Jones *et al.,* 2015:59; Kail & Cavanaugh, 2010:178; Teater, 2010:10; Wilkins, 2012:16). Whereas children with an *insecure attachment* have not received consistent, regular and nurturing care giving (Misca, 2009:122; Wilkins, 2012:16). *Insecure ambivalent attachments* occur as a result of parents being inconsistent with their care towards the child (sometimes they are available, and sometimes they are not); resulting in the child feeling anxious and in distress, not knowing if or when their feelings and needs would be met (Teater, 2010:10). Insecure ambivalent attachments may develop when carers show little or no interest in the child and do not always consider the child's needs, thus leaving the child experiencing ambivalence as sometimes having a responsive carer, and sometimes not (Wilkins, 2012:16). The child may believe

that they will only receive attention, affection and care from their parents, if they behave in certain ways. *Insecure avoidant attachments* come about when parents respond to the child in violent or hostile ways, or when children learn that their carers are never available for them to meet their needs and do not display affection towards the child (Wilkins, 2012:16). In these cases, the parents are responsive, but it is inconsistent and usually done in anger towards the child, leaving the child feeling unworthy of any affection. *Disorganised attachments* usually occur in cases of child abuse whereby the parent is both the source of love and hate (Rocco-Briggs, 2008:192; Sudbery, Shardlow & Huntington, 2010:1537; Wilkins, 2012:15). The parent may be affectionate sometimes (i.e. giving the child food, taking them to school, displaying affection towards the child in front of others), but is also the source of abuse (i.e. abuses or neglects the child) – leaving the child confused and anxious. Misca (2009:123) also suggests that disorganised attachment styles develop in situations where there is domestic violence, whereby the attachment figure is frightened. Disorganised attachment is often seen in children that have been living in institutional or residential care (CYCC), who present with indiscriminate attachment behaviour whereby they are friendly even towards complete strangers (Misca, 2009:123).

Ainsworth *et al*. (1978) found some children that could not be categorised within these patterns, and so the disorganised style of attachment was described for those children whose attachment figure (carer) is both the source of their attachment and fear (the carer is also the abuser), creating a polarity for the child of wanting to draw closer to the carer (attachment) and needing to stay away from the carer (due to the abuse) which is difficult for the child to negotiate (Wilkins, 2012:17). The child's movement away from the carer is created by the internal fight or flight response to stress. Wilkins (2012:19) describes a child that has a disorganised attachment style as one in which their fight or flight stress response is permanently switched on. This means that the child has high levels of cortisol (released in response to stress) which creates health problems for the child (Wilkins, 2012:19). Wilkins (2012:15-17) provides evidence that there is a link between disorganised attachment and child abuse; that 80% of children that have been abused display disorganised attachment styles. He emphasises the importance for social workers in child protection to be aware of this link as it can inform practice.

A critique of the attachment theory is that it focuses on the separation and reunion of children with the primary caregiver as the only means by which to assess the quality of the attachment (Kail & Cavanaugh, 2010:176). Furthermore, Rothbaum, Weisz, Pott, Miyake and Morelli (2000) also indicate that the child's responses to the caregiver leaving and returning may be culturally descriptive, which attachment theory does not consider.

It is recognised in research (Howe *et al.*, 1999:12) that separation from an attachment figure results in protest (crying), then despair (apathy, grief), and prolonged separation can lead to detachment (withdrawal, defence mechanisms). Separation anxiety refers to the reactions of protest and despair experienced by a child who has been (or perceives to be) separated from their parents (Botha *et al.*, 1998:269). "One of the most distressing experiences is to be separated from or lose one's attachment figure;" and the more traumatic that separation experience, the more intense are those feelings of insecurity, grief and anxiety (Howe, 1996:7-8; Howe *et al.*, 1999:13). Kang'ethe and Makuyana (2014:120) and Rocco-Briggs (2008:192) agree that for children that have been subjected to abusive and traumatic experiences (especially those children found to be in need of care protection that are removed from and separated from their caregivers), this has the potential to seriously disrupt the child's emotional attachment and ways of relating to others.

Despite some research to the contrary (Hanks & Stratton, 2005:97; Kendrick, 2013:77; Little *et al*., 2005:202-204), it is well recognised and accepted that children experience trauma and grief when separated from their caregivers (Bilson, 2009:1389; Brearley; 1980:42-43; Coman & Devaney, 2011:38; Guest, 2012:109; Little *et al.*, 2005; Roby & Maistry, 2010:12-13; Van IJzendoorn *et al*., 2011:8). As such, it is important for designated social workers rendering child protection services to have an understanding of attachment theory as child protection work involves the removal of the child from their caregivers (Jones *et al.,* 2015:59). Also, Beckett and Horner (2016:128) note the value of attachment theory in helping professionals to understand relationships within the family, which can provide insights for assessment of risk. Jones *et al.* (2015:59) posit that an understanding of attachment theory (i.e. "That negative early attachment experiences can be overcome by later healthier and secure relationships") also emphasises to social workers the importance of dealing with child protection cases in a timely manner so that children can be placed

permanently as soon as possible (as opposed to remaining in “the system” for long periods) to address attachment problems. Beckett and Horner (2016:128) state that attachment theory “provides a powerful framework for thinking about permanency planning and parental contact” which is invaluable for family reunification services post placement in temporary safe care.

2.5 DEVELOPMENTAL THEORY

The idea that individuals develop and pass through different stages of life has long been accepted in our society; and various authors have described these different life stages, recognising that there are changes in physical, cognitive, emotional, and social development as individuals progress through life stages – baby, toddler, adolescent, adulthood, old age (Austrian, 2008). Theories of development provide a “normal” baseline for assessment of the individual’s development according to their chronological age and stage of life (Austrian, 2008:4).

Parrish (2010:27), Richards (1998:35) and Misca (2009:116) emphasise the importance of developmental theory in social work and child protection for assessment and practice, as a means by which to understand developmentally appropriate behaviours (and thus hold realistic expectations of individuals’ behaviour) which occur throughout the lifespan. Child protection involves working with children at various developmental stages (0-18 years old); and as such, it is important for social work professionals to understand developmental theory in order to better understand the child and how they can best work with them. While there are various theories of development (Freud, Mahler, Piaget, etc.), Erik Erikson’s life stages of development and Piaget’s theory of cognitive development will be presented here as these theories are accepted as foundational theories of human development (Malone, Liu, Vaillant, Rentz & Waldinger, 2016:496) and are most commonly used within the field of social work (Misca, 2009).

2.5.1 Erikson’s stages of human development

Erik Erikson was heavily influenced by psychodynamic theory and proposed a theory of development based on psychosocial theories, but was also able to recognise the

impact of the environment on development (integration of systems theory) (Austrian, 2008:5; Kail & Cavanaugh, 2010:11). Erikson's (1950) theory of human development presented a series of developmental or psychosocial tasks that the individual progresses through during their life space from infancy to death (Kail & Cavanaugh, 2010:11; Malone *et al*., 2016:496). Each stage builds on the next with the individual needing to deal with a developmental "crisis" (e.g. trust vs mistrust) at each stage – the positive accomplishment of which leads to progress to the next stage (the name of each stage reflects the crisis that the individual is faced with at that particular age) (Kail & Cavanaugh, 2010:11).

Table 8 below presents an outline of Erikson's stages of human development:

Table 8: Erickson's stages of development

Adapted from: Malone *et al.* (2016:497); Pretorius and Van Niekerk (2015:36) & Kail and Cavanaugh (2010:721).

Developmental phase	**Erikson's developmental / psychosocial crisis**	**Description**
Infancy	Trust vs Mistrust	Ability to rely on consistent caregivers to meet needs. Loving caregivers to meet needs and provide consistent, regular care.
Early childhood (1-3 yrs. old)	Autonomy vs Shame and Doubt	Increased independence, learn that they control their own actions and start to do tasks on their own, and increased ability to make choices (mastering basic skills: crawling, walking, talking, feeding, dressing, etc.)
Play stage / Preschool (3-5 yrs.	Initiative vs Guilt	Approach what one desires with planning and energy. Independently

old)		exploring the environment, are curious and ask questions. Take responsibility for themselves (getting dressed).
School age / Latency	Industry vs Inferiority	Learning to work, be productive, developing a sense of competency. Engage in social interactions.
Adolescence	Identity vs Role confusion	Development of a sense of "who am I" (sameness, difference with others), social identity, values. Peer group is an important influence. Puberty and sexual maturity takes place.
Adulthood	Intimacy vs Isolation	Commit to others in partnership, maintain relationships
Old age	Generativity vs Stagnation	Concern for establishing and guiding the next / future generation

Erikson believed that the individual needs to resolve each crisis to progress to the other developmental stages; and that the family, siblings, and society had an influence on the development at each stage (Jones, Vaterlaud, Jackson & Morrill, 2014). Kail and Cavanaugh (2010:12 & 172) further explain that the later stages are built on what was established and accomplished in earlier or previous stages; and that when a crisis has not been resolved that this aspect of psychosocial development may be stunted and impeded the ability to deal with other crises.

Pinkney (2013) links Erikson's developmental theory to social work professionals working with children in child protection. She comments that trust is closely related to participation, which is imperative for work in child protection, especially within the relationship between the child and the social work professional (Pinkney, 2013:94). Erikson's theory informs that children develop trust in infancy and acknowledges the challenges in developing trust in family settings where the child does not receive

consistent, regular caregiving. A typical scenario requiring child protection intervention is when a child has been abused or neglected and has not received consistent caregiving, which according to the theory leads to the development of mistrust. Social workers intervening with children in child protection are working with children that have most likely developed mistrust due to the lack of care (neglect and abuse) experienced from their care givers. The predicament is that the social worker needs to establish a trusting relationship with the child who has most likely developed mistrust – creating a challenging foundation for the relationship before it even begins.

1.5.2 Piaget's theory of cognitive development

Cognitive theory provides insights into how individuals think about, understand and process the world around them (Kail & Cavanaugh, 2010:13). Jean Piaget was a developmental psychologist who believed that children naturally try to make sense of the world around them – they want to know how things work (Kail & Cavanaugh, 2010:13).

Piaget proposed that individuals pass through four stages of cognitive development as they learn more about how their world works and as their capacity for understanding increases (Kail & Cavanaugh, 2010:14).

Table 9 below presents an outline of Piaget's stages of cognitive development:

Table 9: Piaget's stages of cognitive development

Adapted from: Kail & Cavanaugh, 2010:14

Age	**Stage of cognitive development**	**Description**
0-2 years	Sensorimotor	Child constructs knowledge through their senses and motor skills

2-6 years	Preoperational thought	Child learns how to use symbols such as words and numbers to represent aspects of their world
7 years – early adolescence	Concrete operational thought	Child understands and applies logical operations to experiences (in here and now)
Adolescence +	Formal operational thought	Adults think abstractly, can deal with hypothetical situations, and speculate about possibilities

Piaget's theory of cognitive development explains that as infants learn about and explore their world, the information is gathered and stored into what he referred to as "schemes" (Kail & Cavanaugh, 2010:128). As children grow and have new experiences, information is either assimilated (the information matches what is in an already existing scheme) or accommodated (information in the scheme has to be changed/modified or a new scheme has to be formed to accommodate the new knowledge) into these schemes (Kail & Cavanaugh, 2010:129).

Of significance for social workers in child protection who are involved with the removal of children from their families, is Piaget's description of object permanence which occurs during the sensorimotor stage (between 0-2 years old). Object permanence refers to the understanding that objects (any physical thing – people, houses, animals, trees, etc.) continue to exist even when we do not see them (they exist independently from us) (Kail & Cavanaugh, 2010:130). Piaget claimed that infants (0-1 yrs. old) lack this understanding of object permanency; that for infants, when an object cannot be seen it no longer exists – "out of sight is out of mind" (Kail & Cavanaugh, 2010:130). This can be observed practically with babies (4-8 months old) whereby a toy is placed under a blanket and the child does not reach for it because for the child, it is no longer there. For an infant that is being removed from their parents, their home, and all that they know, it is important for social workers to be aware of this cognitive developmental stage and how it may impact on the child's understanding of what is happening.

During the preoperational stage of cognitive development (2-6 yrs. old), Piaget explains that children are egocentric suggesting that children have difficulty viewing the world from another's perspective (Kail & Cavanaugh, 2010:131). For the social worker in child protection, working with a child at this developmental stage suggests that they may blame themselves for what happens in their world – i.e. the child may believe that their removal from their families is because they are bad or have done something wrong. Social workers' explaining to a child between the ages of 2-6 yrs. old that they are being removed because mommy and daddy are drinking is difficult for the child to understand as they are egocentric and believe that everything happens for them and because of them.

A criticism of Piaget's understanding of cognitive development in children, is that children are much more able than Piaget's description, that he tends to underestimate the competence of children (Kail & Cavanaugh, 2010:135). Furthermore, the theory does not allow for variability in children's thinking, that they may be more developed or sophisticated in some areas and less in others (Kail & Cavanaugh, 2010:136). Piaget's theory also neglects systems theory and does not consider the influence of various elements of the environment (family, school, community, health care, etc.) on the child's development (Kail & Cavanaugh, 2010:136).

Finally, Maluccio, Pine and Tracy (2002:14) reinforce that: "*human development is a dynamic process that involves complex and interdependent connections amongst individuals, families, and their social environments*". This demonstrates a correlation between developmental theory and systems theory (Kail & Cavanaugh, 2010:15), and highlights the eclectic approach discussed earlier needed by social workers when intervening in the field of child protection.

2.6 MASLOW'S HIERARCHY OF NEEDS

Maslow's hierarchy of needs theory is useful for understanding human behaviour and motivations (Benson & Dundis, 2003:315; Kaur, 2013:1061). Abraham Maslow (1943) proposed the developmental stages of growth within a pyramid of needs. The satisfaction or attainment of first level needs leads to the next need: Basic survival psychological needs (food, water and shelter) are met first in order that other needs

("higher order needs") such as belonging and self-actualisation can be achieved (Henwood, Derejko, Couture, & Padgett, 2015:221; Kaur, 2013:1062).

Figure 4 below shows Maslow's hierarchy of needs within a triangle, demonstrating the upward attainment of needs:

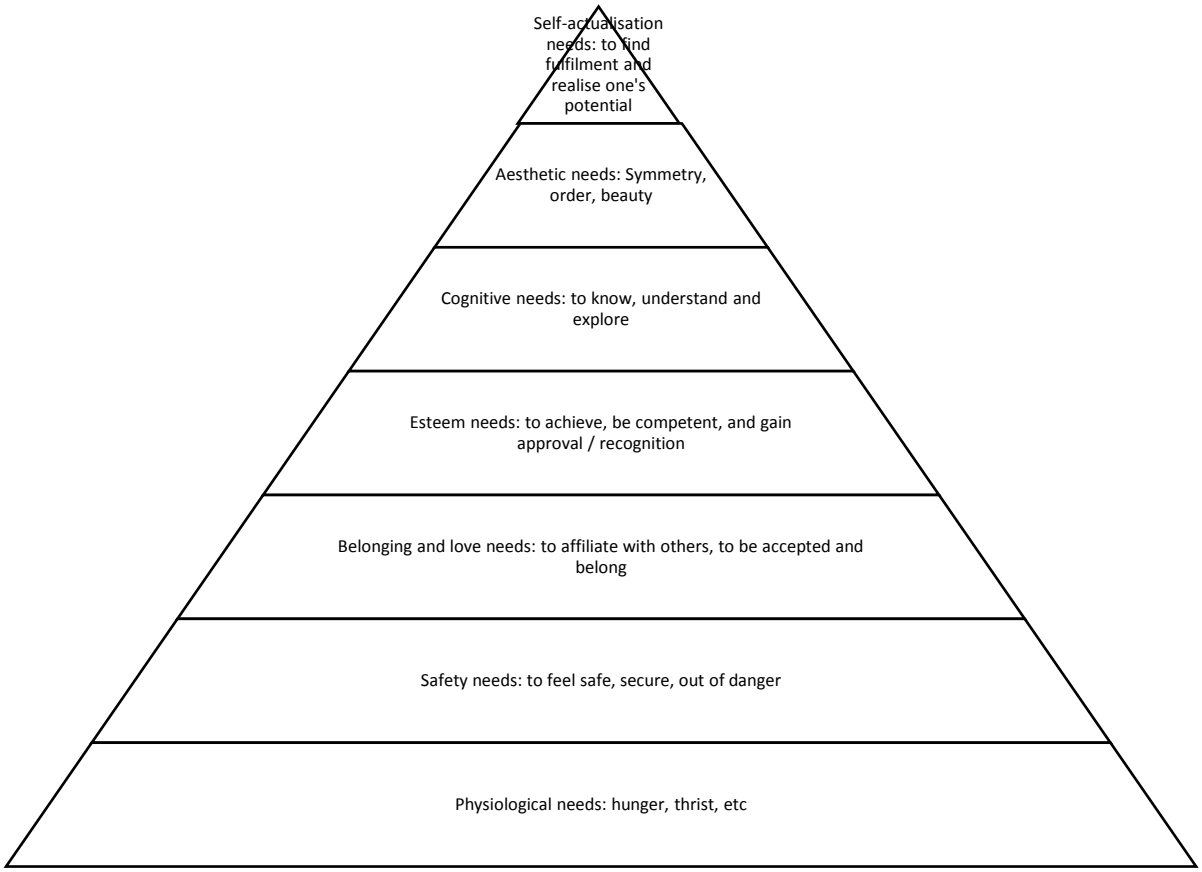


Figure 4: Maslow's hierarchy of needs

Adapted from: Brown & Cullen (2006:100)

The hierarchy shows that physiological needs for food, air, water and shelter are the most basic human needs that need to be met (Benson & Dundis, 2003:316; Kaur, 2013:1062). As these basic survival needs are met, the individual moves to the next level of needs and seeks safety and freedom from stress (Benson & Dundis, 2003:316; Henwood *et al*., 2015:221). Maslow proposed that individuals are motivated in their desires to achieve self-actualisation and as such will be motivated to meet needs and progress to next level needs and goals (Henwood *et al.*,

2015:221). Kaur (2013:1061) noted that individuals that are not able to achieve those needs are unable to function as healthy and well-adjusted individuals.

A critique of Maslow's theory is presented by Henwood *et al.* (2015:221) that the needs between basic, physiological survival needs and the attainment of self-actualisation (i.e. the needs that must be met to achieve self-actualisation) are subjective. Other critiques of the theory from Taormina and Gao (2013) highlight that it is gender biased and culture centred.

Within the pyramid the need for safety is second to basic needs for food and shelter, which is specifically relevant for this discussion on the safety of children. Jones *et al.* (2015:58) recognise that Maslow's hierarchy of needs for safety, then permanence and well-being is echoed within the child protection system. As child protection is related to the safety and protection of children whose basic needs for food, shelter and safety (free from harm) are not being met, it is clear how Maslow's hierarchy of needs can be a useful model in practice.

The researcher could find little literature of the integration of Maslow's theory in social work practice. However, research conducted by Noltemeyer, Bush, Patton and Bergen (2012) explored the relationship between Maslow's growth needs (e.g. academic success) being based on the satisfaction of deficiency needs (safety, love, etc.). They found that when safety and health needs of children were being met, that this had a positive impact on their scholastic performance (Noltemeyer *et al*., 2012). Of note was that access to health care (safety need) was especially correlated with scholastic achievement (esteem and cognitive needs).

3. CONCLUSION

This section of the literature study has reviewed several social work theories relevant for child protection. The theories are a crucial element to the development of a practice model. For social work intervention to be effective, it must be based on a sound theoretical framework; and as indicated in this literature study, an eclectic use of various theories is necessary.

SECTION C

JOURNAL ARTICLES

ARTICLE 1:

INTERVENTION STRATEGIES USED BY SOCIAL WORKERS IN EMERGENCY CHILD PROTECTION

The title of article 1 is: "*Intervention strategies used by social workers in emergency child protection*".

This article has been submitted to the Social work / Maatskaplikewerk academic journal for review and publication.

The Author Guidelines for publication in the journal will first be presented below, followed by the article as it was submitted to the journal.

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9. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "…" (Berger, 1967:12).
10. More details about sources referred to in the text should appear at the end of the manuscript under the caption "References".

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

12. Note the use of capitals and punctuation marks in the following examples.

TWO AUTHORS: SHEAFOR, B.W. & JENKINS, L.E. 1982. Quality field instruction in social work. Program Development and Maintenance. New York: Longman.

COLLECTION: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985. Competent supervision, making imaginative judgements. New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION: DURKHEIM, E. 1977. On education and society. In: KARARABEL, J. & HALSEY, A.H. (eds) Power and ideology in education. New York: Oxford University Press.

JOURNAL ARTICLE: BERNSTEIN, A. 1991. Social work and a new South Africa: Can social workers meet the challenge? Social Work/Maatskaplike Werk, 27(3/4):222-231.

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

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. Government Gazette, Vol. 368, No. 16943 (2 February). Pretoria: Government Printer.

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

INTERNET REFERENCES: McKIERNAN, G. 1998. Beyond bookmarks: schemes for organising the Web [on line]. Rev. 18 June. Available: http://www.public.iastate.edu/CYBERSTACKS/CTW.htm

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INTERVENTION STRATEGIES USED BY SOCIAL WORKERS IN EMERGENCY CHILD PROTECTION

Jacqueline Hope, Carlien van Wyk

ABSTRACT

This research provides insight into the current intervention strategies used by social workers in emergency child protection, whereby children are removed from their caregivers due to abuse and are placed at child and youth care centres. The research findings suggested that as a result of the lack of a practice model to guide professionals, as well as the significant challenges experienced by such professionals (high caseloads, staff turnover, lack of resources), the current intervention strategies in child protection are rushed, paperwork focused, and emotionally disconnected from the child and family.

INTRODUCTION

Globally, it is being recognised that children in need of protection are not receiving sufficient services from professionals and are still experiencing poor outcomes (Coman & Devaney, 2011:37; Hansen & Ainsworth, 2013:105; Turcotte & Hélie, 2012:125). Internationally, progress has been made in terms of policy frameworks to improve outcomes for children in need of protection (Southwell & Fraser, 2010:211). This includes the Signs of Safety® model for child protection developed by Turnell and Edwards (1999) in Western Australia, which is currently being implemented in over 12 countries, including the United States of America, Australia and the United Kingdom (Gibson, 2014; Keddell, 2014:71; Salveron, Bromfield, Kirika, Simmons, Murphy & Turnell, 2015:127). However, in South Africa, with various legal policies in place (Department of Welfare, 1997; Republic of South Africa, 1996, 2015), a number of authors concurred that there is still a gap in providing professionals with a model for child protection and interventions with children at risk (Coman & Devaney, 2011:37; Janssen, Van Dijk, Malki & Van As, 2013; Johnson, 2013:112; Walsh, 2011:213).

Child protection services include the services rendered when a child is at risk (abuse, neglect) and in need of care and protection, as set out in Section 150 of the Children's Act (Republic of South Africa, 2005). This research is concerned with *emergency* child protection, whereby children have to be removed *immediately* because their safety and well-being are in jeopardy as a result of abuse, and where any delay in removing such children would place them at risk of further harm – the process of entry into care (Ball, 2012:111; Republic of South Africa, 2005: Section 152). Although studies have been conducted on children's progress during and after placement (Little, Kohm & Thompson, 2005:202; Southwell & Fraser, 2010:210), not much research has been undertaken on emergency removal prior to placement.

Within a South African context, various professionals are involved in child protection services: *designated social workers* (DSWs) (employed at child protection organisations (CPOs) and managing child abuse cases (Davidson-Arad & Benbenishty, 2010:1; Department of Social Development (DSD), 2010); *residential social workers* (RSWs) (employed at a place of safety or *child and youth care centre* (CYCC) – also known as "children's homes" or "residential care" (Kendrick, 2013:77; Southwell & Fraser, 2010:209); and *child and youth care workers* (CYCWs) (carers employed at the CYCCs for the day-to-day care of children). These professionals are registered with the South African Council for Social Service Professions (SACSSP), which is a regulatory body that provides ethical guidelines for practice.

This research received ethical approval from the Health Research Ethics Committee at North-West University (Ethics #: NWU-00034-15-S1), as well as from the Research Ethics Committee at the Department of Social Development, Western Cape. The aim of this research is to develop a model that can aid professionals in planning interventions for the emergency removal and safety placement of children. This article presents the first phase of the design and development of a model for interventions for the emergency removal and safety placement of children at risk (De Vos & Strydom, 2011:475; Du Preez & Roux, 2008:78; Rothman & Thomas, 1994) with the primary objective being the exploration and description of the current intervention strategies used by child protection professionals for the emergency removal and safety placement of such children. The discussion of the findings follows from a systems perspective (Bronfenbrenner, 1989:272; Härkönen, 2007:10-12; Teater, 2010:18), identifying how various elements of the child protection system are interacting with and impacting one another. In describing their current intervention strategies, participants reported that they have no guiding practice model and received no training or supervision, and that they are faced with an array of overwhelming challenges including a lack of resources and limited infrastructure (lack of staff, high caseloads). While challenges in social work are well recognised in literature (Chung & Chun, 2015; Lizano & Barak, 2015; Wilberforce, Jacobs, Challis, Manthorpe, Stevens, Jasper, Fernandez, Glendinning, Jones, Knapp, Moran & Netten, 2014:812), the manifestation of these challenges within child protection social work has not been documented or researched as fully. What was of significance in this research, is that the challenges faced by these professionals appear to create an approach to child protection which is rushed, paperwork focused, and without an emotional response from social workers to their clients.

RESEARCH DESIGN AND METHODOLOGY

Research approach and design

A qualitative research approach, as described by Maree (2012:35) and Adams, Kahn and Raeside (2014:6), was adopted for this study. The exploratory and descriptive objectives (Babbie, 2014:94-95; Fouché & De Vos, 2011:95-98) of this phase of the study were to explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by DSWs, RSWs and CYCWs. This study utilised a qualitative descriptive design as discussed by Sandelowski (2010).

Selection of participants

This research was conducted within the Cape Peninsula in the Western Cape Province of South Africa. Registered CPOs and CYCCs were approached and permission requested from the managers (gatekeepers) and supervisors (mediators) (Crowhurst & Kennedy-Macfoy, 2013:457; De Vos & Strydom, 2011:478) for their respective social workers and CYCWs to participate in the study. The population for this research included DSWs, RSWs and CYCWs. Purposive sampling methods were used to identify participants according to predetermined selection criteria (Babbie, 2014:200; Ritchie, Lewis, Nicholls & Ormston, 2014:113) which included: registration as a social worker or CYCW, willingness to participate voluntarily, giving permission to be recorded, English and Afrikaans speaking, working within the Cape Peninsula area, and employment at a designated CPO or CYCC, with at least six months of experience. Participants were selected until data saturation (Marshall, Cardon, Poddar & Fontenot, 2013:11) occurred and the same themes were emerging in the data. In total, 38 participants agreed to participate in this phase of the study, including eight DSWs, 10 RSWs and 20 CYCWs who represented three child protection organisations and nine CYCCs. The following table presents the biographical data of the participants involved in the study:

Table 1: Biographical data of participants

Participant code	Race	Gender	Experience
DSW-1	Coloured	Female	8 years
DSW-2	Coloured	Female	8 years
DSW-3	Coloured	Female	21 years
DSW-4	Coloured	Female	1 ½ years
DSW-5	White	Female	29 years
DSW-6	Coloured	Female	1 year
DSW-7	Coloured	Female	8 years
DSW-8	Coloured	Male	1 yr, 2 months
RSW-1	White	Female	1 ½ years
RSW-2	White	Female	10 years
RSW -3	White	Female	12 years
RSW- 4	White	Female	4 years
RSW-5	Coloured	Female	2 ½ years
RSW-6	White	Female	2 years
RSW-7	Black	Female	2 years
RSW-8	Coloured	Female	1 year
RSW-9	White	Male	4 years
RSW-10	Coloured	Female	11 years
CYCW-1	Black	Male	10 years
CYCW-2	Black	Female	7 months
CYCW-3	Black	Female	10 years
CYCW-4	Black	Female	11 years
CYCW-5	Black	Female	8 months
CYCW-6	Black	Female	10 years
CYCW-7	Black	Female	7 years
CYCW-8	Black	Female	5 years
CYCW- 9	Coloured	Male	3 years
CYCW- 10	Coloured	Female	4 years
CYCW- 11	Coloured	Female	1 ½ years
CYCW- 12	Coloured	Female	18 years
CYCW - 13	Coloured	Female	13 years
CYCW – 14	Black	Male	5 years
CYCW - 15	Coloured	Female	3 years 3 months
CYCW – 16	Black	Female	1 year
CYCW - 17	Black	Female	3 years
CYCW - 18	Black	Female	6 years
CYCW - 19	Black	Female	20 years
CYCW - 20	Black	Female	4 years

Data collection and analysis

Semi-structured interviews (Babbie, 2014:326-327; Greeff, 2011:351; May, 2011:131) were conducted with the social workers, and focus groups (Babbie, 2014:329) were conducted with the CYCWs. An interview schedule (Gray, 2009:60; May, 2011:132) was used to guide the interviews and focus groups. The interviews and focus groups were digitally recorded after having obtained consent from the participants prior to participation (Creswell, 2009:182).

The interviews and focus group discussions were transcribed verbatim. The data collected was analysed using thematic data analysis as described by Braun and Clarke (2013; 2006:77) and Whittaker (2012:92-98), which searches for themes and patterns in the data collected.

RESEARCH FINDINGS

The 38 participants provided in-depth information of the current intervention strategies used in child protection in the Western Cape. The participants described situations which required emergency interventions. These situations included physical abuse, sexual abuse, neglect, abandonment and parental (and child) substance abuse. These "reasons for removal" correlate with Section 150 of the Children's Act (RSA, 2005), which describes children who are "in need of care and protection". Participants described the steps they follow when intervening with children at risk; and from this emerged a wealth of information regarding the challenges that are experienced when rendering child protection services. A critical analysis of the information presented by the participants showed that these challenges create an approach to child protection which is bureaucratic (paperwork focused) and rushed, rather than focused on meeting the emotional needs of the children involved.

The research findings will present three major themes which arose from the data collected: practice guidelines, intervention strategies and challenges. Verbatim quotes from the participants will be presented in the discussion below. These quotes are representative of the responses of the designated social workers (DSWs), residential social workers (RSWs), and child and youth care workers (CYCWs).

Theme 1: Practice guidelines

In global recognition of the desperate need for a paradigm shift within child protection, most countries have made changes to their legislation and policies in order to ensure better outcomes for children who are at risk of abuse (Dybicz, 2012; Fiorvanti & Brassard, 2014:349; Holt & Kelly, 2014:1012; Toros, Tiko & Saia, 2013; Wessells, 2015). South Africa has also undergone changes with the aim of improving outcomes for children: The post-apartheid South African government aimed to address the oppressive and racial welfare policies that were in place (its "war on poverty") by introducing a Developmental Social Welfare Approach (DSWA) to social services (Allsopp; 2011:80; Department of Social Development, 2013:9; Department of Welfare, 1997; Martin, 2010:21; Patel, Schmid & Hochfeld, 2012:212). Developmental social welfare is a holistic, multi-disciplinary, strengths-based approach which focuses on rights-based interventions and aims to provide services and programmes addressing poverty alleviation, vulnerability and the impact of HIV/Aids (DSD, 2013; Martin, 2010:21; Nicholas, Rautenbach & Maistry 2010:79; Patel *et al*., 2012:215).

The findings for this theme showed that the DSWA is not fully adopted in practice and the Children's Act is not used to its full potential. Furthermore, the lack of training and supervision results in strong reliance on culture, instinct and colleagues for support in practice.

Developmental Social Welfare

While the apartheid government's social welfare structure focused on statutory intervention (removal of children), the post-apartheid government, with its implementation of a DSWA, focuses on early intervention and prevention work instead (i.e. it focuses on the family, support services and preventing the removal of children) (Allsopp; 2011:80; Department of Social Development, 2013; Martin, 2010:21; Patel *et al*., 2012:214). Few of the research

participants made reference to early intervention and prevention work in line with a DSWA. Hence, this did not appear to be a priority within child protection work (most probably due to the emergency nature of the work):

> *"We really try and prevent removing kids. But in some cases it is in the child's best interest to remove. Sometimes we can't avoid it." – DSW-5*

> *"When the child is removed, other options have not been explored, which is to stay with a family member. It is traumatic to be suddenly placed here, suddenly removed from your home, all in a few hours." – RSW-1*

Some participants recognised the importance of early intervention and prevention work. However, it seems that their focus remains on the statutory removal of children as opposed to working with and supporting the family. This suggests that the proposed ideal of a DSWA is not implemented in practice, despite this policy framework being in place.

Children's Act

The Children's Act (No. 38 of 2005) is the legal framework for implementing child protection and welfare services in South Africa. Participants in this study made reference to the Act, but said that it was not being used to its full potential:

> *"We don't use the Act to its full potential … There is no (*picks up a book on desk and shakes it*) standard operating procedure that is mandated. That's where the gap is." – DSW-3*

Participants expressed that within child protection they are not guided by any practice model or policy. Even the Children's Act, while recognised as the primary source of guiding legislation, was viewed as not being used to its full capacity. This view corresponds with the literature (Coman & Devaney, 2011:37; Janssen *et al*., 2013; Johnson, 2013:112; Walsh, 2011:213), which recognises that even though various policies are in place, they are not being used effectively or do not provide professionals with practical guidelines for practice.

Supervision, support and training

Only one participant indicated that she received supervision. Many of the others indicated that they do not receive supervision at all:

> *"Supervisors are not giving guidance as they should to allow quality work to come out. Nowhere is there record of giving an instruction or guidance." –* DSW-3

The SACSSP's ethical guidelines for practice (RSA, 1978) mandated that all social workers have to be supervised. However, it seems that this is not done in practice.

The social work participants highlighted that their training was insufficient and could not be implemented practically:

> *"We have bits and pieces of training but it's not brought together in one solid document that we know is policy." – DSW-3*

The CYCWs indicated that they do have some guiding practice principles and did receive training in child and youth care work:

> *"We have guidelines for the CYCWs. It's more of what to do on a day-to-day basis in general." – RSW-1*

"We have the rules and consequences to know what to do, what to apply to this kind of child for this kind of behaviour." – CYCW-18

However, the practice guidelines for the CYCWs seem to be compiled by the RSWs who took it upon themselves to draw up procedures, such as how to conduct a home visit. These practice guidelines are not directly linked to any specific policy, procedure, theory or governmental practice or model.

The participants reported that they are primarily guided in practice by their colleagues, instinct and cultural values:

"There is nothing that can teach you how to do a removal. You just follow your instincts." – DSW-2

"Nobody showed us. Our culture tells us how to." – CYCW-6

"We have social workers that have been here for many years who know exactly what they are doing. They provide a lot of support, especially when the supervisor is not here." – DSW-4

This research found that child protection intervention strategies are not guided by child protection models. It also found that professionals lack training and have limited supervision. Instead, intervention strategies reportedly rely on personal experience, support from colleagues, and following one's instinct. The CYCWs reported that cultural values such as Ubuntu (Allsopp & Thumbadoo, 2002; Panse, 2006; Thumbadoo, 2013) provide guiding principles on how to work with children, as opposed to a formal policy or practice guidelines. The fact that professionals are *not* guided in their interventions by set child protection models and policies is a concern as child protection involves working with vulnerable and traumatised children who require specialised skills and interventions (Milne & Collin-Vèzina, 2015; Schmied & Walsh, 2010:171).

Theme 2: Intervention strategies

The Children's Act (RSA, 2005) provides the legal framework for the protection of children. Various sections in the Act describe child protection measures. However, in the Act, these sections do not provide step-by-step processes to guide service providers. According to the research participants, the steps they take in terms of child protection included: investigating the initial report of allegations of abuse, doing a risk assessment and making decisions, finding a placement for the child at a CYCC, issuing Form 36, informing the family and child, arranging a medical examination, and handling the admission and orientation of the child at the CYCC.

Intake and risk assessment

Intake and risk assessment is the first step in child protection. During this step, allegations of abuse are reported (intake) and social workers initiate their investigation (risk assessment) (DSD, 2013). The DSWs said that when allegations of abuse are reported to CPO's, Form 22 (Children's Act) has to be completed:

"When a person reports allegations of abuse, the Form 22 is the reporting format … Once the report is received, we do an assessment to determine whether the child is at risk." – DSW-3

After allegations of abuse have been reported in the prescribed format, the DSW assesses the risk posed to the child to determine whether the allegations are substantiated, determines the

level of risk (mild, moderate, severe) and the likelihood of future harm, and decides what actions need to be taken next (Jedwab, Benbenishty, Chen, Glasser, Siegal & Lerner-Geva, 2015:133; Keddell, 2014:71; Martin, 2010:47). Although Regulations 35 and 38 of the Children's Act (RSA, 2005) provide guidelines for risk assessment, in this study only the DSWs from one CPO seemed to work from a risk assessment framework while the others were not guided by a formalised risk assessment framework.

Decision making in risk assessment is complex. The participants eluded to some of the challenges associated with decision making during risk assessment:

> *"There is no running water. Do I remove a child? But there is running water from the neighbour. There is no electricity, but there is a candle. That makes it difficult. What are the grounds that we remove a child … The mother cares for the child but she can't help her circumstances." – DSW-6*

The DSWs described situations such as overcrowded homes with parents who were abusing substances, but the families still managed to care adequately for the children, creating an ethical dilemma for DSWs when doing risk assessments and making decisions about whether or not to remove the children. This issue is linked to the lack of clear guidelines for professionals. Berrick, Peckover, Pösö and Skivens (2015) indicated that difficulty in decision making in child protection is experienced in many countries, and that literature that provides clear guidance is lacking.

Challenges related to decision making in child protection include the lack of research-based tools to guide professionals in making such decisions, and a lack of understanding certain principles, such as the best interests of the child (Berrick *et al.*, 2015:368).

Statutory removal

Based on the risk assessment, and if the child is at risk of further abuse, the child will be removed and placed at a CYCC (Janko, 1994:33; Martin, 2010:47-49). Social workers in South Africa make use of Form 36 for the emergency removal of children when a delay in obtaining a court order may cause such children to be at further risk. All the participants were familiar with the process of issuing Form 36 (completing the form) and appearing before a magistrate in the Children's Court to ratify the court order. This process is also described clearly in Section 152(1) and (2)(b) of the Children's Act (RSA, 2005).

> *"On a Form 36, we write out all the information and the reasons for removal. You tick the applicable section on the form, and sign it off. You must make sure that the Form 36 is ratified, or appears in front of the court within 24 hours. Once the Form 36 has been ratified at court, an order is made by the court so that they can be placed in safety, on detention order." – DSW-7*

As described in the Act, no later than the next court day, the case needs to be presented at a Children's Court (Janko, 1994:34; Martin, 2010:40) where the magistrate determines whether or not the child should remain in a place of safety for 90 days, pending further investigation, or be returned to the family's care (RSA, 2005). Many of the RSWs expressed frustration in this area as cases were transferred between DSWs and different CPOs – the social worker that issued Form 36 was often not the same DSW that would deal with the matter in court the next day:

> *"With social workers, the one that did the removal is not the same social worker that will be involved the next day." – RSW-10*

It seemed that some DSWs are involved with the initial removal of the child (Form 36), after which the case is handed over to another DSW or even to another CPO.

> *"Sometimes they are brought here and dumped. Let's move onto another crisis." – RSW-8*

> *"It causes frustration with the children because the social worker promised them: 'I will come tomorrow and check if you are ok.' It's been three weeks; she hasn't come." – RSW-3*

The transfer of cases seemed to result in DSWs rushing to drop the child at the CYCC because the case may be transferred elsewhere. As such, the DSW was not as invested in caring for the child, damaging the relationship with the child and hindering family reunification services. This points to the ethic of justice (focus on form filling) versus the ethic of care (emotional connectedness to clients) concerns as discussed by Holland (2010:1164-1180) and others (Dybicz, 2012; Hansen & Ainsworth, 2013:106).

Working with the family

The DSWs explained that part of the process in child protection involves informing the family of the removal and safe placement of the child. This is in line with the Developmental Social Welfare Approach (DSWA) and the Children's Act where new post-apartheid legislation focuses more strongly on working *with* the family to obtain their participation. However, most of the participants indicated that informing the family is complicated as the family lacked insight:

> "*The mother didn't feel she was abusing the child. She hit the child and the child starts bleeding. For her it was normal. 'I am just disciplining my child'." -DSW-8*

> *"The parents were very angry. In most cases the parents don't understand what they did wrong, why their children are being taken away from them." – RSW-10*

Zhang and Anderson (2010) suggested that the exposure of families to violent communities often results in aggressive parenting styles. Their research found that such parents would often revert to corporal punishment without necessarily the intention to cause physical harm to the child (Gourdine, Smith & Brown, 2013; Zhang & Anderson, 2010). This also complicates decisions about whether or not to remove such children, as discussed earlier.

The DSWs reported that some families become aggressive towards them when the child is removed, creating a very emotional and traumatic removal for those involved:

> *"Parents performed terrible, shouting, screaming, that we had to get someone to take him away. For the children that was very traumatic." – DSW-5*

Literature confirms that the investigative nature of child protection (sudden, immediate and intrusive) can have a negative effect on the relationship between the family and the social worker (Buckley, Carr & Whelan, 2011; Dumbrill, 2010; Merkel-Holguin, Hollinshead, Hahn, Casillas & Fluke, 2015:19). It is understandable that families may become defensive, and even aggressive, when faced with allegations of abuse. Merkel-Holguin *et al.* (2015:21) further deduced that the skills, experience and stress levels of the social worker have a mediating influence on the emotional responsiveness of the family system. As a result of the family's lack of insight, as well as the aggression sometimes experienced, the DSWs and RSWs said that it was important for them to explain their role to the family:

"They told the child, 'Ek gaan vir julle social worker toe vat, en hulle sal jou wegstuur'. Then I say, 'Nee mevrou, is nie van wegstuur nie'. (English: "I am taking you to the social worker and they will send you away." Then I say, "No, Ma'am, it's not about taking them away".) – *DSW-2*

Due to the nature of the cases being dealt with, the DSWs stressed the importance of having support from colleagues and the police to assist with the removal of children:

"Social workers' emotions are high, children crying around you, mothers crying, and when the parents blame each other and argue, you don't have time to reason with anyone. You just get in there and sort things out. We had a situation where the police had to pull the dad (demonstrates by holding arms around own neck in restraint) by keeping him back, the mother had to be held, and the kids were crying. That was a horrible emergency removal." – DSW-1

Working with a family in child protection is difficult as a result of the family's aggression and lack of insight, and the subsequent need for colleagues and the police to become involved. Some participants said that in situations such as these, they often relied on their instinct as opposed to practice models on how to work with aggressive clients.

In this context it would seem imperative that professionals are guided in some way – with training, supervision support or a practice model. However, as already indicated by all the participants in this research, such guidance is not in place.

Medical examination

Once the children have been physically removed from their caregivers, the DSW's explained that they take children for a medical examination. Despite not being guided by any policy, all of the DSWs seemed to highlight the medical examination as an essential element in child protection:

"You have to do your medical to cover yourself. If there is no evidence then you don't have a case." – DSW-8

However, despite all the DSWs' insistence on the importance of medical assessment before placement, the majority of the RSWs and some CYCWs reported that this hardly ever happens in practice:

"I have never ever, ever, I can show you all my files, there is not one in there. I have never received any medical report with a Form 36 or court order!" – RSW-2

The discrepancies in practice where DSWs, RSWs and CYCWs all have different views of what should be done is further evidence of the lack of a guiding model for intervention and the urgent need for this to be implemented.

"Preparing" the child

The DSWs referred to "preparing" the child for the removal, although it was not clear whether this was done before or after the child was physically removed from its caregivers:

"We sit with the children, especially if they are small, but even if they are older, it's very difficult for them to understand why they must be removed." – DSW-5

"You need to speak to them … 'I know about what's been happening, I am here to help you, that's my job. I am here to protect you.' It's very important to explain your role." – DSW-2

Some of the DSWs acknowledged the difficulties they had in explaining the removal process to very young children, but all of them highlighted that they do "prepare" children for the removal. This "preparation" for the removal involved simply explaining to the child what was happening, which seemed to be a way of *informing* the child as opposed to actually "preparing" the child for being removed.

Even though the DSWs described their process of "preparing" children for the removal, the RSWs and CYCWs strongly emphasised that this is not happening in practice:

> *"The social worker just places them in a hurry, there was no talking to the child, no preparing the child why we are removing you." – RSW-2*

> *"We check with the children: 'Do you know why you are here?' They will always say no." – RSW-6*

> *"Many of them are placed here under false impression. The DSW told them they are coming here for a camp for four days, or you are coming to buy clothes in town!" – CYCW-17*

Discrepancies in the child protection process are also highlighted by the following: While the DSWs explained that they do "prepare" the children for the removal, the RSWs and CYCWs insisted that the children were not informed or prepared for the removal by the DSWs. This is further evidence of the lack of guiding principles for professionals working with children in child protection.

Placement at the CYCC

The placement of children at a child and youth care centre (CYCC) brings to the fore concerns about children not being properly prepared for the removal and safety placement. The DSWs reported that they will take children to the CYCC and hand them over to the RSW there. However, there are major concerns from the RSWs that the process is rushed and paperwork focused:

> *"The child will arrive, it's usually chaotic, the DSWs are rushed, it's just about the paperwork – to get it all signed, then they are gone. They (child) are usually quite shaken, afraid and quiet. This is so rushed, like* bang *(fast) you are here." – RSW-1*

> *"Unfortunately, the DSWs are in a hurry to just drop and go. They* (the child) *are not a library book that you are returning. They are actually a little person who is scared, and you are the only face they know. You can't just say, 'Here is the child, here is the forms' and go!" – RSW-3*

> *"He was crying and the social worker just left! That was disturbing to see, to not respond or do anything when a child is clearly traumatised." – RSW-4*

The RSWs and CYCWs described the current approach for placing children at a CYCC as being chaotic, rushed, "drop and go", rushing off to the next crisis, paperwork focused, and disturbing to see the lack of emotional connectedness from the DSWs.

The participants highlighted the emotional impact of the removal and safety placement on both the child and social worker:

> *"She sleeps in the car. Then she wakes up and knows, she starts crying, 'You're not going to leave me here'. She pulls my clothes and she literally clings to me.*

That is a trauma for me. I drive away crying because I can't handle leaving that child there." – DSW-1

"It is difficult because the child is clingy to the social worker because 'You removed me and now you are leaving me. I thought you were rescuing me, and now you are deserting me. You've come in and saved the day and now you are leaving.'" – RSW-2

All of the participants recognised that the child appears to form a special bond with the DSW who has removed them. Despite this awareness of the trauma experienced by children when they are removed and placed into safety, the social workers appear to maintain a focus on the paperwork aspect of the job. Various authors have voiced their concerns about social workers focusing on the paperwork as opposed to emotional connectedness with the child (Dybicz, 2012; Hansen & Ainsworth, 2013:106). Holland (2010:1164-1180) described this issue as the "ethic of justice" (fulfilment of statutory duties) versus the "ethic of care", where relationships, attentiveness, responsiveness to need, and trust are central to working with children. While literature has identified the need for a more child-friendly, relationship-based "ethic of care" approach in child protection (Barnes, 2012; Dybicz, 2012; Gladstone, Dumbrill, Leslie, Koster, Young & Ismaila, 2014; Holland, 2010; Rasmusson, Hyvönen, Nygren & Khoo, 2010; Toros *et al*., 2013), this research has found that this is not happening in practice. Higgins (2011:9) stated: "An effective system for protecting children is more than just providing protective interventions … It is also about a comprehensive system of responses to 'treat' children, to care for them and provide therapeutic responses …" A few of the participants also recognised the need for a stronger emotional focus within child protection:

"Some DSWs can be very warm and caring towards children and give them a hug and that makes a difference – but some of them are in such a rush. We need to place more emphasis on the emotional aspect of it, yes our paperwork is important to cover ourselves, but at the end of the day you do forget about that emotional aspect of the child." – RSW-1

This research found that child protection intervention strategies appear to be paperwork focused with a lack of emotional connectedness to clients, directly in support of literature on this topic. Some of the findings from Theme 3 with regard to the challenges experienced in child protection shed light on why this is perhaps the case.

Theme 3: Challenges

International and local authors concurred that certain challenges within social work are intrinsically associated with high levels of stress (Burns, 2011; Chung & Chun, 2015; Dagan, Ben-Porat & Itzhaky, 2015; Lizano & Barak, 2015; Marc & Osvat, 2013; Wilberforce *et al.*, 2014:812). Wilberforce *et al.* (2014:825) found that high caseloads contribute significantly towards stress, burnout and illness, often leading to further absenteeism and staff turnover, cycling back to increased caseloads on remaining staff. According to Marc and Osvat (2013:129), social workers are especially prone to burnout as a result of excessive work demands, time constraints, the types of clients with which they work and a lack of supervision, among others. Threats to safety and a lack of law enforcement support also contributed towards stressful working environments for social workers (Chung & Chun, 2015). Lizano and Barak (2015) stated that these challenges lead to job dissatisfaction, which impacts work performance and the quality of services rendered to families.

Calitz, Roux and Strydom (2014) stressed the dismal state of affairs for social workers in South Africa indicating that there is a critical shortage of social workers in the country (social work is classified as a "scarce skill"), which further contributes to high caseloads. Other challenges for social workers in South Africa include high staff turnover, poor working conditions, low salaries and a lack of resources, which often leads to stress and burnout (Calitz, Roux & Strydom, 2014; Kang'ethe, 2014:424).

The findings in this research support literature with regard to the challenges experienced by social workers but link these to child protection in particular. Challenges that presented strongly in this research included: limited infrastructure, limited resources and a lack of information. These challenges impact greatly on the quality and efficiency of services being rendered.

Limited infrastructure

A major challenge identified by the research is the lack of infrastructure available to render child protection services. All of the participants mentioned that they do not have access to practical resources such as staffing, car seats, nappies, clothes, and telephones, which severely impacts the way they render services:

> *"Many times we have the baby at the office. We don't have a nappy or clothes … there isn't bread for them or a bottle of milk … The child is dirty. Sometimes we found the child with a Shoprite "sakkie"* (bag) *on. We don't have car seats – they push the front seat back and put the baby on the floor! The resources isn't there for us to do our work." – DSW-2*

All of the participants recognised that the lack of resources – such as telephones, email facilities and cars – at CPOs pose major challenges to the efficient rendering of services. This was described by RSWs and CYCWs as being very frustrating as they were unable to get hold of the DSW after a child had been placed at a CYCC, causing serious delays with the child's case and family reunification. Hence, the process was not based on a developmental social welfare approach.

Another infrastructural challenge described by the participants was high caseloads. Literature highlights that high caseloads can have a serious impact on the quality of services being rendered (Lizano & Barak, 2015; Wilberforce *et al.* (2014:825):

> "*The volume of work is such that social workers become overwhelmed, and are not able to perform quality social work." – DSW-3*

Within South Africa, it is recognised that there is a significant shortage of social workers (Calitz *et al*., 2014; Kang'ethe, 2014:424). This shortage impacts social workers in the field as it increases their caseloads which are already extraordinarily high (Wilberforce *et al.*, 2014:825). According to the participants in this study, high caseloads meant that (emergency) child protection merely becomes one aspect of their job – one that is time-consuming (Marc & Osvat, 2013:129) and interfered with other work:

> *"You come to work, your whole day is planned out. Then your supervisor tells you there is a crisis … But you are busy with clients, parenting plans, substance abuse, doing everything. You feel overwhelmed." – DSW-7*

> *"You are busy with this safety placement for a whole week! Then you neglect your other work. You can never win." – DSW-1*

RSWs as well as DSWs referred to a lack of resources, including the limited number of CYCCs that are available. They said that they struggle to find CYCC placements for children as there are so few resources available, with not all of them always suited to a specific child's needs:

> *"There is such desperation to place children. There aren't many options, so you are left with 'ini-meni-mini-mo', and it isn't always in the best interests of the child." – RSW-4*

For the participants, the lack of resources had various implications. At times, they were not able to place children at CYCCs because of the following reasons: the centres were too far from the families to visit their children; the centres had certain age criteria which prevented the social workers from placing siblings from different age groups together; or the service providers at the centre did not speak the child's home language.

> *"We are setting up families to fail because we are creating a barrier for them to maintain that relationship." – RSW-2*

This sub-theme confirmed that child protection social workers are challenged by, among others, the shortage of social workers, high caseloads and limited resources, which is impacting their ability to render effective and efficient services to children and families.

Lack of information

This research is concerned with the *emergency* removal of children who are at risk and in need of protection. These emergency situations require immediate action. The DSWs have reported that they do not have sufficient time to gather the information they need in such cases. It was found that this lack of information has a domino effect throughout the whole child protection process as the RSWs and CYCWs also complained about not having enough information:

> *"What frustrates me, is when the DSW, not necessarily on purpose, although sometimes I feel they do, is not disclosing all the information about the family." – RSW-3*

> *"It is difficult because we don't get the information. It's confidential – the social workers say so. But the child stays with us, not the social worker. At 5 o'clock the social worker goes home. The CYCW is here, but you don't know what happened to that child." – CYCW-6*

The DSWs indicated that due to delays in obtaining information, parents withholding information, and the nature of emergency situations in child abuse (aggressive parents, immediate intervention), this results in a lack of information available to them at the onset of the child protection case. The RSWs spoke about the lack of information that they receive from the DSWs (as part of the application or request for placement at the CYCC), and felt that DSWs "deliberately withhold" information from them in order to secure placement. The CYCWs explained that they do not receive information from the RSWs as it is regarded as "confidential"; yet, they believe they need this information in order to work effectively with children at the CYCC. Molepo and Delport (2015:154) identified similar concerns in their research with CYCWs, mentioning that CYCWs often felt misunderstood by their team members and other stakeholders because others did not fully understand their role. Within this research, it seemed as if the various professionals were unaware of the impact of this lack of information on their respective roles in rendering child protection services to children and families, which further appears to be damaging the relationships between those professionals.

Based on this research, major challenges in child protection services included: limited infrastructure (lack of CYCCs), limited resources (shortage of social workers, high caseloads), the nature of emergency child protection (which is a time-consuming process), and a lack of information available (which has a negative effect on professionals). These challenges impact child protection professionals in their capacity to render effective, efficient and quality services to children in need of protection. This understanding of the challenges within child protection sheds light on why the presenting intervention in child protection is paperwork focused, rushed and "drop and go" with limited emotional cushioning for children. One of the major reasons is the little capacity for an "ethic of care" approach within the current system of child protection.

DISCUSSION

Systems theory was used as a theoretical framework to analyse and understand the results of this study. Various authors (Bronfenbrenner, 1989:272; Gauvain & Cole, 1993:39-40; Härkönen, 2007:10-12; Teater, 2010:18) explained systems theory as numerous interlinked systems and subsystems within the environment, including the microsystem, mesosystem, exosystem and macrosystem. Yontef (1993:297) described the system (or, as he referred to it, the "field") as a "totality of mutually influencing forces that together form a unified whole". Field, or systems theory, recognises that the individual does not exist in isolation but forms part of a field made up of a number of different parts (family, community, school system, religious system, political system and government, etc.) which are all influencing and interacting with one another (Hope & Van der Merwe, 2013:311). Systems theory emphasises that we cannot simply consider the individual client (for example, the child being removed). Instead, we should consider the client in interaction with, connected to, and influenced by the family, community, society, social agencies, government and policies.

The first theme showed that social service professionals are not being guided by legislation and policies, and that they receive little training and supervision (exosystem). Instead, they rely on cultural values, instincts and their colleagues (microsystem) for how to intervene in practice. When systems theory is applied to these findings, it seems that the lack of legislative policies within the broader exosystem has resulted in a narrower focus and reliance on the individual (own values and instincts). This clearly demonstrates a discrepancy within the current child protection system and the inability of the various systems to reinforce or support one another. This lack of integration and connectedness between systems impacts the microsystem (individuals: DSWs, RSWs and CYCWs; as well as the child and family) in a negative way in that professionals are not being guided by practice guidelines or policies, causing significant challenges, such as high stress levels, discrepancies in service delivery, and insufficient knowledge and skills to work with young children and aggressive families.

With regard to intervention strategies (Theme 2), participants mentioned the challenges in making decisions when assessing risk (within the microsystem – child and family), which again appears to be due to a lack of guiding policies and legislation (within the exosystem of the child protection system). However, the participants did describe a process of connecting with various parts of the system in order to obtain support from the local police and colleagues when doing a removal, to take children to the hospital for a medical examination, and to place children in safety at various CYCCs. This aspect of child protection does appear to involve more parts of the system (micro, meso and exosystems), showing how they are interacting, influencing and supporting one another.

The participants identified issues around the lack of information (Theme 2) in child protection cases, which causes problems for their respective roles in working with the child

and family. Systems theory provides insight into the interlinked roles of the various role players who are involved at various stages and within different parts of the system through collaboration. However, within this specific study, the research shows that this is not happening in practice (each role player is working independently of the others). Hence, each part of the child protection system is not positively interacting and influencing the other parts of the system. The underlying issue of the lack of a practice model (exosystem) complicates these concerns.

Furthermore, the participants presented examples of discrepancies within the child protection process – such as the DSWs explaining the importance of the medical examination while the RSWs say that this is not happening; or the DSWs explaining that they "prepare" the child for being removed while the RSWs and CYCWs say that most of the children are not aware of why they are being removed. These findings show that the current child protection system is not representative of the integrated, collaborative system which is presented in the Framework for Social Welfare Services (DSD, 2013) or the White Paper for Social Welfare (DOW, 1997). These discrepancies highlight the impact on the microsystem of the exosystem not providing the needed guidelines for practice.

From a systems framework it appears that the DSWs work within CPOs while the RSWs and CYCWs work within CYCCs; both of which are supposed to be guided by broader governmental systems and policies. The participants discussed major challenges (Theme 3) within their working environment systems (interaction of the micro, meso and exosystems), such as limited infrastructure and resources. The findings showed that these challenges (problems within the mesosystem) inhibited the social worker's capacity to work within the best interest of the child. Other challenges – such as the shortage of social workers, and the resulting high caseloads and time constraints, high staff turnover, and a lack of practical tools (car seats, nappies and food) – further impacted the social worker's capacity to provide effective child protection services.

Overall, the findings demonstrated the current intervention strategies used by professionals in the emergency removal and safety placement of children. The findings showed that professionals are not guided by legislative policies (exosystem) and, as a result of this, their current intervention strategies (within the microsystem) are guided by instincts and are focused on paperwork. The findings also showed that as a result of the challenges within the various systems, current interventions are rushed, crisis orientated and "drop and go" focused, resulting in insufficient emotional care towards the child and family.

CONCLUSION AND RECOMMENDATIONS

In conclusion, this research provided insights into the current intervention strategies used by DSWs, RSWs and CYCWs to render child protection services. Of note are the challenges as discussed by the participants which included the limited infrastructure and resources, the time-consuming and interfering nature of child protection work, the stressful nature of child protection work (heavy burden of care), and working with traumatised children. Based on the research findings, social workers followed an approach to child protection that is focused on paperwork and that misses the emotional concern for the child and family. With this deeper understanding of the challenges experienced in child protection, it is not surprising that the current approach, which is characterised by the absence of a practice model, training and/or supervision, relies on gut instinct and experience to guide social workers.

In recommendation, even though data was collected until the point of data saturation and the same themes were emerging, it is recommended that the study is repeated with a larger sample size in order to validate the results. The literature provided limited information on a

model of intervention for social workers in child protection within South Africa. This research supported this with findings that child protection professionals are not guided in practice by training, legislation, supervision, or any kind of practice guidelines. As such, it is also recommended that a practice model for the planning of interventions for the emergency removal and safety placement of children at risk is developed. The researchers are planning on addressing this recommendation with the next phases of the design and development of a model for interventions for the emergency removal and safety placement of children at risk.

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ARTICLE 2:

INTEGRATING THE BEST INTEREST OF THE CHILD STANDARD INTO EMERGENCY CHILD PROTECTION PRACTICE

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Integrating the Best Interest of the Child Standard into emergency child protection practice

Authors

Jacqueline Hope, Carlien van Wyk

Abstract

Literature highlights that the Best Interest of the Child Standard is difficult to translate into practice as there is no clear definition, leaving it open to interpretation and subjective bias. There is limited research on the best interest of the child in relation to child protection practice. This article provides insight into emergency child protection services with children at risk in the Western Cape of South Africa, and how the best interests of the child can be applied and integrated in practice. The findings of this study revealed that the best interests' standard is not being applied holistically throughout the child protection process, but rather as a fragmented approach which has a negative impact on children at risk. Recommendations from this study highlight the importance of the best interest of the child being applied as an integrated, whole standard within and throughout the child protection process. The theoretical framework of this study is from a rights-based perspective which is grounded in legislation (UNCRC, Children's Act, Best interest of the child standard).

Keywords

Best interest of the child, UNCRC, emergency child protection practice, social worker, child protection officer.

Introduction

This study is concerned with how the best interest of the child standard can be integrated into child protection practice with regards to the emergency removal and safety placement of children at risk. Emergency child protection refers to those situations whereby a *designated social worker* (or child protection officer) has to remove a child immediately due to serious risk (significant harm) of abuse, abandonment or neglect, and where any delay in removing the child would place the child at risk of further harm (Ball, 2012; Children's Act 2005, s152; Davidson-Arad & Benbenishty, 2010; Jones, LaLiberte, & Piescher, 2015; Martin, 2010). This research is based within a South African context, where children in these situations are referred to as being *in need of care and protection* (Children's Act, 2005) – internationally,

they are sometimes referred to as *looked after children* or *children in out of home care* (Bessell & Gal, 2009; Courtney, Flynn & Beaupré, 2013). In South Africa, provisions are made within the South African Children's Act (2005, s152) for *designated social workers* (who are employed at Child Protection Organisations (CPOs)) to use a Form 36 to remove children in these situations and place them in safety at a *child and youth care centre* (CYCC) (also known internationally as: children's homes, orphanages, institutional or residential care) (Kendrick, 2013; Smith, 2012; Southwell & Fraser, 2010). Social workers employed at the CYCC, responsible for the provision of therapy and the management of residential programs within the CYCC, are referred to as *residential social workers* (Brannen, Statham, Mooney & Brockmann, 2007); and care givers at the CYCC who are responsible for the day-to-day care of the children are referred to as *child and youth care workers* (CYCWs) (also known as: residential child care workers, youth counsellors, and social pedagogues) (Allsopp, 2011; Barford & Whelton, 2010; Children's Act, 2005; Fulcher, Garfat, & Digney, 2013; Molepo & Delport, 2015).

In such situations where children are separated from their parents, the best interest of the child must be the primary consideration and a determining factor when making these decisions (Nevondwe, Odeku, & Raligilia, 2016; UNHCR, 2008). The best interests of the child is a standard or principle that has been used in a variety of legislative frameworks, legal documents, and child protection policies which aim to ensure that children's rights are upheld and that the child's best interests guide decisions and determine outcomes (Nevondwe et al., 2016). However, the standard has proven difficult to define, and there are challenges with applying it in practice as there are many different factors (and a lack of guidelines) which need to be considered when making a determination in the best interest of the child (Alvarez, 2014; Arnold, Goeman, & Fournier, 2014; Nevondwe et al., 2016; Ross, 2013; Silva, 2011; Young, McKenzie, Schjelderup, More, & Walker, 2014).

The United Nations Convention on the Rights of the Child (UNCRC) was established in 1989 and is the most widely accepted international document which sets out the rights of children and is based on principles of non-discrimination, the best interest of the child and child participation (Imoh, 2014; Olowu, 2002; Rasmusson, Hyvönen, Nygren, & Khoo, 2010; Woodhouse, 1999). In addition, the United Nations High Commission for Refugees (UNHCR, 2008) established "Guidelines on Determining the Best Interest of the Child" (UNHCR, 2008) which sets out a formal process for determining what is in the child's best interests (best interest's determination – 'BID' abbreviation will be used from here on). The

document highlights that the BID must be undertaken immediately once a child has been identified to be at risk of harm and should be removed from their caregivers (UNHCR, 2008). The BID requires: professional judgement by those with the required skill, training and expertise (professionals who work under supervision); seeking assistance in this regard from a multi-disciplinary team of professionals (recommends a "BID panel" for case discussions and decision making); child participation – to verify information and obtain the views and wishes of the child; accurate and thorough documentation; and home visits and interviews to collect information about family history, current situation, and available safety options (UNHCR, 2008). According to the UNHCR's BID (2008), factors which need to be considered include: the views of the child, safety of their environment, family relationships and bonds with significant others, and needs of the child (development, culture, religion, education, health, emotional, etc.). The UNHCR (2008) recognises challenges in making decisions in the best interest of the child, but stipulates that this cannot be determined by one factor only, but rather by taking account the full spectrum of children's rights – considering both the short and long term impact on the child. "The primary consideration for decision-makers is to determine which of the available options is best suited to securing the attainment of the child's rights, and is thus in his or her best interests" (UNHCR, 2008:67). Although the UNHCR (2008) provides guidelines for BID, the document was written specifically for situations involving refugee and separated children. Furthermore, the guidelines are not clear enough to provide social workers with practical strategies for implementing them in practice. An example of this is that the document highlights that the child's views must be considered, but it does not indicate the means by which social workers can obtain the child's views or give guidelines for how to talk to children of different ages and developmental stages.

Following from the UNCRC, the African Charter on the Rights and Welfare of the Child (1990) was developed as a means to expand upon the UNCRC specifically for children in Africa (Lloyd, 2002; Olowu, 2002). While the UNCRC focused on children's rights in general, it did not include cultural issues that were unique to children living in Africa (such as African children's experiences of poverty, HIV/AIDS, and cultural practices) (Imoh, 2014; Lloyd, 2002). Both pieces of legislation are complimentary (both based on similar principles of non-discrimination, best interests, and participation), and contribute towards the protection of children's welfare; but the African Charter was developed with a deeper understanding of the different cultural experiences of African children (Imoh, 2014; Lloyd, 2002; Olowu, 2002).

Influenced by the UNCRC and African Charter, the post-apartheid South African government established its Constitution (1996) which was non-discriminatory, inclusive, and focused on the rights of people as a means by which to eradicate the oppressive laws and policies from apartheid (Allsopp; 2011; Imoh, 2014; Janssen, Van Dijk, Malki, & Van As, 2013; Nicholas, Rautenbach, & Maistry, 2010; Sloth-Nielsen & Kruuse, 2013). Section 28 of the Constitution (1996) focuses on children's rights – the right to: a name and nationality; family care; basic nutrition, shelter, health care; be protected from maltreatment and abuse; etc. (Constitution, 1996; Martin, 2010; Nicholas et al., 2010). Section 28 (2) of the Constitution also states that the best interest of the child is of paramount importance in every matter concerning the child (Constitution, 1996; Nevondwe et al., 2016). *Every matter* in this sentence is believed to refer to any situation in which the child's rights are involved, and as such, the child's best interest must be considered (Friedman, Pantazis & Skelton, 2006).

With these various legal frameworks as reference points, the South African government developed the South African Children's Act (2005) to focus on the rights of children in South Africa (Imoh, 2014). The best interest of the child standard is also affirmed within the Children's Act (2005) which guides professionals in decisions and direct work with children. Section 7 of the Children's Act (2005) defines the best interest's standard by indicating the following factors which need to be considered: The nature of the personal relationship between the child and caregivers; the attitude of the caregivers towards the child; the exercise of parental rights and responsibilities towards the child; the capacity of the caregivers to care for the child; the likely effect on the child of any changes in their circumstances; the need for the child to remain in the care of their family; the child's age, maturity, gender and background, physical and emotional security, emotional and intellectual development; any disability or chronic illness the child may have; the child's need to be brought up in a stable home environment; the need to protect the child from any physical or psychological harm; and any family violence affecting the child. Nevonde et al. (2016) indicate that while a definition of the best interest of the child is difficult to ascertain, Section 7 of the Children's Act does provide a clear description of factors which need to be considered. They furthermore argue that internationally, laws obligate parties to *adhere* to the best interest of the child standard, but that within the UNCRC and African Charter the best interest is referred to as the *basic consideration* in all matters concerning the child; and that the best interests are a *determining factor* in all decisions regarding the child.

Even though these ideals exist in legislation and literature, they do not always take place in practice (Van Bijleveld, Dedding, & Bunders-Aelen, 2015; Young et al., 2014). Various authors (Alvarez, 2014; Arnold et al., 2014; Ball, 2014; Fisher & Garrett, 2008; Gouty, 2015; Nevondwe et al., 2016; Peskind; 2004; Reed, 2015; Ross, 2013; Schrumpf, 2012; Silva, 2011; Young et al., 2014) have outlined a number of challenges experienced with using the Best Interest of the Child Standard in practice: It is problematic to define (different cultures, different value systems define it differently); there are different determining factors described by authors and legislative policies; and due to lack of a standard definition, factors and guidelines, the standard is open to subjective biases by the various role players (social workers, police, magistrates, the family); and it is not being applied uniformly by different courts.

It is clear that there are various legal policies (UNCRC, Children's Act, African Charter, South African Constitution, etc.) in place that make reference to the Best Interest of the Child Standard being of paramount importance in all matters concerning the child. It is also well recognised that social workers have to use the Best Interest of the Child Standard to guide risk assessment decisions and emergency child protection practice (Davidson-Arad & Bendenishty, 2010; Van Bijleveld et al., 2015). However, there are serious challenges in defining the best interest of the child and understanding the factors which need to be considered is difficult without a clear definition and description (Alvarez; 2014:68; Arnold et al. 2014:469; Nevondwe et al, 2016:103; Ross, 2013:899; Silva, 2011:416). Furthermore, there is limited literature in applying the Best Interests of the Child Standard to emergency child protection practice. Although there are policies which inform social workers in child protection to make use of the best interest of the child standard in practice, there are no clear definitions, determining factors, or guidelines in how to practically apply the standard. This suggests that in practice, children's rights are being side-lined, and that those already vulnerable children are at even greater risk of experiencing negative, adverse consequences as social workers are not making decisions in accordance with the best interest's standard (Boniface, 2013; Carbone, 2014).

Although this study has not focused on defining the best interests of the child or its factors for determination, the study has utilised the existing definitions and factors as described in the Children's Act (2005) to provide insights into how the best interest of the child can be integrated into child protection practice. The research question that this study aimed to address was: How do designated and residential social workers and CYCWs incorporate the

Best Interest of the Child Standard when planning interventions for the emergency removal and safety placement of children at risk?

Method

This article presents the second phase of a broader research study which aims to develop a practice model for the emergency removal and safety placement of children at risk. In the first phase of the study, the intervention strategies used by social service professionals for the emergency removal and safety placement of children at risk was explored. Participants from phase one also identified different steps undertaken in the child protection process. For the second phase of this study, presented in this article, participants provided information on how the best interests of the child standard is incorporated into emergency child protection practice (steps identified from phase one).

Theoretical framework

This research was approached with an epistemological paradigm (D'Cruz & Jones, 2004), based on knowledge from the researcher's own experiences and observations in social work. The epistemological paradigm was interpretative in nature (Maree, 2012; Lapan, Quartaroli, & Riemer, 2012) as it involved consultation with other professionals in the field (social workers and CYCWs) whose experiences, knowledge and skills in child protection were used to gather information on applying the best interest of the child standard to child protection practice. The findings of this research were explored through the lenses of a rights based perspective with an emphasis on enforcing children's rights through legislation (Children's Act, UNCRC, African Charter, etc.) (Ife, 2012; Thomas et al., 2015). Ife (2012) highlights that the rights based perspective is essential in social work as it emphasises social justice and the role of social workers in protecting and safe guarding children's rights.

Research approach and design

A qualitative descriptive design was utilised for this study (Adams, Kahn & Raeside, 2014; Maree, 2012:35; Sandelowski, 2010) and exploratory and descriptive objectives were adopted (Babbie, 2014; Fouché & De Vos, 2011). The goal of this study was to explore and describe how the best interests of the child standard can be incorporated into child protection practice for the emergency removal and safety placement of children at risk.

Selection of participants

This research took place in the Cape Peninsula, Western Cape Province of South Africa. Designated social workers (DSWs) from Child Protection Organisations (CPOs) as well as residential social workers (RSWs) and child and youth care workers (CYCWs) from Child and Youth Care Centres (CYCCs) participated in the study. Participants were selected by means of purposive sampling methods based on predetermined selection criteria (Babbie, 2014; Ritchie, Lewis, Nicholls & Ormston, 2014) which included: registration as a social worker or CYCW, willingness to participate voluntarily, giving permission to be recorded, English and Afrikaans speaking, working within the Cape Peninsula area, and employment at a designated CPO or CYCC, with at least six months of experience. The first phase of this study included 38 participants; and of those, three DSWs, three RSWs, and three CYCWs (nine participants in total) from the first phase agreed to participate in this second phase of the study. The following table presents the biographical data of the participants for this study:

Table 1: Biographical data of participants

Participant code	**Race**	**Gender**	**Experience**
DSW-1	Coloured	Female	8 years
DSW-3	Coloured	Female	21 years
DSW-4	Coloured	Female	1 ½ years
RSW- 4	White	Female	4 years
RSW-5	Coloured	Female	2 ½ years
RSW-6	White	Female	2 years
CYCW- 9	Coloured	Male	3 years
CYCW – 14	Black	Male	5 years
CYCW - 15	Coloured	Female	3 years 3 months

Data collection and analysis

Data was collected by means of three discussion groups and one semi-structured interview. An interview schedule (Gray, 2009; May, 2011) was used to guide the interview and discussion groups. The interview and discussion groups were digitally recorded with a Dictaphone (consent was obtained from participants) (Creswell, 2009). The recordings were used to transcribe the interviews and discussion groups verbatim, which were then analysed

using Thematic Data Analysis (Braun & Clarke, 2006; 2013; Whittaker, 2012) to identify themes and subthemes.

Ethics

This study received ethical clearance from North-West University's Research Ethics Committee (NWU-00034-15-S1), as well as from the Department of Social Development's Research Ethics Committee. All participants signed a consent form prior participation which outlined in detail the selection criteria, participant responsibilities, description of the research process, the benefits and potential risks of participation, and highlighted confidentiality of the research findings. All participants' information was kept confidential, and only a participant code (e.g. RSW-1, DSW-3, CYCW-14) was assigned to interview transcriptions for identification.

Research findings

The participants described in more detail the steps taken within the child protection process identified from phase one, and discussed ways in which the best interest of the child standard could be incorporated. Herewith a table of Section 7 of the Children's Act (2005) used by the participants:

Table 2: Section 7 of the Children's Act (2005): Best Interests of the Child Standard

Section 7	Description
1 (a) (i)	The nature of the personal relationship between the child and parents
1 (a) (ii)	The nature of the personal relationship between the child and any other caregiver
1 (b) (i)	The attitude of the parent / caregivers towards the child
1 (b) (ii)	The exercise of the caregivers' parental rights and responsibilities towards the child
1 (c)	The capacity of the parents / caregivers to provide for the needs of the child, including emotional and intellectual needs
1 (d)	The likely effect on the child of any changes in their circumstances
1 (d) (i)	The likely effect on the child of any separation from both / either parents
1 (d) (ii)	The likely effect on the child of any separation from any brother or sister or any other caregiver / person with whom the child has been living
1 (e)	The practical difficulty and expense of a child having contact with the parents,

	and whether that difficulty or expense will substantially affect the child's right to maintain personal relations and direct contact with the parents on a regular basis
1 (f) (i)	The need for the child to remain in the care of their parent, family, and extended family
1 (f) (ii)	The need for the child to maintain a connection with his / her family, extended family, culture or tradition
1 (g) (i)	The child's age, maturity, and stage of development
1 (g) (ii)	The child's gender
1 (g) (iii)	The child's background
1 (g) (iv)	Any other relevant characteristic of the child
1 (h)	The child's physical and emotional security, and his / her intellectual, emotional, social and cultural development
1 (i)	Any disability the child may have
1 (j)	Any chronic illness from which the child may suffer
1 (k)	The need for the child to be brought up in a stable family environment; and where this is not possible, in an environment resembling as closely as possible a caring family environment
1 (l) (i)	The need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour
1 (l) (ii)	The need to protect the child from any physical or psychological harm that may be caused by maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person
1 (m)	Any family violence involving the child or a family member of the child
1 (n)	Which action or decision would avoid or minimise further legal or administrative proceedings in relation to the child

The five themes that were identified in the research will now be discussed: 1) best interests of the child at intake and risk assessment; 2) best interests of the child during the removal and placement at a CYCC; 3) best interests of the child at admission and orientation at the CYCC; 4) best interests of the child for post placement; and 5) integrating the best interests of the

child into child protection practice. Direct quotes from the participants will be provided to support the themes presented.

Theme 1: Best interests of the child at intake and risk assessment

Once allegations of abuse are reported to the DSW at the CPO at an intake level, a risk assessment is completed to determine the level of risk the child is exposed to and likelihood of future harm. The social work participants indicated that their primary focus at intake is on the safety of the child, and made reference to incorporating Section 7 (1) (l) at intake level:

> "At that moment, say for instance it's a case of physical abuse, you *need to protect the child from any further harm* – that will be the main thing that will come out of your best interest." (DSW-1)

The assessment of risk is an important area within child protection and involves determining the level of risk, if the child is in danger, the likelihood of future harm, the decision of what actions need to be taken next. The participants indicated that there are various sections of the best interest of the child which they consider when conducting their risk assessments and making decisions, which included Section 7(1)(c), (f), (h), (i) and (j):

> "The best interests of the child regarding *capacity of the parents* – if that parent is able *to carry out their responsibility* or not, regardless of whether they say they can't." (DSW-4)

> "For another child it could be health needs, *where parents don't take the child for much needed medical care if the child is suffering from a terminal illness* and the parents are neglectful, not ensuring that the child receives treatment." (DSW-3)

In terms of the best interest of the child, the participants indicated that when assessing the level of risk posed to the child, it is important to consider the capacity of the parents or caregivers to meet the child's needs (Section 7 (1) (c)). The participants questioned whether the parents could meet the child's basic needs for food, shelter, clothing, education and access to health care services.

The participants further noted that at risk assessment it was important for them to remember the child's need to maintain a connection with their family (Section 7 (1)(f)).:

> "If a *child is closely attached to someone* and it is possible for the child to remain there, even if the circumstances are not ideal, you have to weigh it up. *Because of what that removal will do to that relationship*." (RSW-6)

In terms of applying the best interest's standard during risk assessment, participants indicated that they need to first investigate if there were other family members available to care for the child, as opposed to removing them from their family all together (early intervention and prevention work).

Theme 2: Best interest of the child during the removal and placement at a CYCC

Based on the risk assessment, if the child is believed to be at risk of further harm they will be removed and placed into a place of safety (CYCC). The social work participants noted Section 7(1)(d)(i) and (ii) at this stage, highlighting the need for the DSW to be mindful of the effect of the removal on the child, and the need to explain to the child what is happening:

> "The likely *effect on the child of any changes in their circumstances* – being mindful of the need for a transition period as much as possible: not just a you are in your home and now you are gone." (RSW-6)

> "Our focus should be the *best interest of the child … There should be an opportunity to explain to the child what is happening*." (DSW-3)

It is often the case that the parents may become defensive, and even aggressive when faced with allegations of abuse and neglect. The participants incorporated Section 7(1)(b) in relation to working with aggressive parents when removing children from their care:

> "Here with the involvement of the parents … I would say the *attitude of the parents*, 'I am not going, why must I go, you are taking my child you go!' Aggressiveness, swearing at us, going through all that trauma with the parents." (DSW-1)

After the child is removed, and before the child is placed at the CYCC, the DSW needs to take the child for a medical examination at the local district surgeon in order to collect physical evidence of the abuse. Only one participant linked this action with Section 7(1)(m):

> "… for the best interests … *any violence involving a child* and any action or decision that would avoid further legal processing … because if there is no evidence you can't just remove a child." (DSW-1)

Although not many of the participants reflected on the use of the best interests within this stage of the child protection process, it was made very evident in the first phase of this research study, that doing the medical exam was an important part of the process as it provided evidence and legal backing for the social worker when going to court to prove the child had been abused, as well as providing protection for the CYCC against any possible false allegations of abuse taking place while the child is placed at the CYCC.

One of the participants suggested that the primary aim in placing a child at a CYCC, is finding a CYCC that is equipped to meet the needs of the child:

> "When you are trying to find a placement, *you look at what are the child's needs, and you try to match the abilities of the CYCC* with what the child will need." (DSW-3)

However, in reality, this is very difficult to do. The participants indicated that the lack of resources available, in terms of CYCC placement options for children, was a significant challenge when trying to work within the best interest of the child:

> "… Sometimes *you need to find specialised places that the best CYCC that is most suitable for that child*. Because *sometimes you don't get a CYCC that can take a child with a chronic illness, or disability,* and then what then? And then it's difficult for the CYCC that doesn't have the facilities for those children." (DSW-1)

Other related challenges emanating from a lack of resources, included having to place the child at a CYCC that was very far away from where the child was attending school. This often meant that children would have to be removed from their school (as the only available CYCC was too far for the child to be able to continue at their same school), a new school placement would need to be found, and the child may experience additional struggles and traumas (besides just the removal) related to starting at and adapting to a new school environment.

The placement of children at CYCCs far from where the family resides, also has huge negative impacts on the child and family being able to maintain a connection, in terms of Section 7(1) (f):

> "The *practical difficulties or expenses in having contact with the parents* … If the parents are in Woodstock but you can only find placement in Mitchells Plain and they are unemployed and can't get there." (DSW-1)

> "The parents only want to survive on a daily basis, and now a CYCC is in Macassar and the child is from here … some parents would like to see their child, but because of the transport (they can't)." (CYCW-9)

The participants recognised the enormous problems that this was creating for future family reunification services – that placing the child so far from the family severely hindered any family reunification possibilities as family members were not able to maintain contact.

Further challenges experienced when trying to find an appropriate placement for the child that is in their best interest related to Section 7(1)(g) regarding the child's language, religion and culture. Participants indicated that it is important to consider the child's home language, religious practices and culture when trying to find a suitable placement:

> "Also *in the children's act, religious and cultures***,** like a Moslem child come to a Christian CYCC, for example, *we do an injustice to that child* … and this *confuses this child*. Now that child goes back home and that family tell him, "Jy moet Salaam maak" (Moslem greeting) and he is like "but I'm not." (CYCW-9)

Participants highlighted that CYCCs are situated in areas where different languages (English, Afrikaans, Xhosa) are spoken, and it is important when trying to find an appropriate placement to consider the language, religion and culture of the child and of the CYCC. However, due to the lack of available resources, the participants indicated that they do not always have the option of placing children at CYCCs close for the family, their school, or at a CYCC that practices the same religion, or even speaks the same language as the child. The participants indicated that due to these challenges, it was difficult for them to work within the best interests of the child as they were limited by the lack of available resources.

Finally, participants also commented that there was a need to look at the best interests of the child from a broader perspective than just the here and now immediate risk:

> "… In that moment, DSWs just want to place this child, but we need to think long term. *Long term best interests are not just here and now and today* … I think that with regards to the permanency planning, I think that is something where we differ from the DSWs. Because when a child comes, we automatically have that in

mind, what is the long term plan for the child? Whereas that isn't the priority at that stage for the DSW." (RSW-4)

Participants indicated that the best interests of the child need to be considered from a here and now perspective, as well as from a future perspective. That the focus is not only on keeping the child safe here and now, but also considering the future best interests of the child and how decisions made now are going to affect the child in the future, especially in relation to school placements (Section 7(1)(h)) and maintaining contact with family (Section 7(1)(f)).

Theme 3: Best interest of the child at admission and orientation at the CYCC

After the child has been removed, and the medical examination has been done, the child is transported by the DSW to the place of safety (CYCC). On admission, the DSW hands over to the RSW and CYCW at the CYCC.

Participants recognised the importance of being aware of Section 7(1)(f)(ii) and (g) when admitting children at the CYCC:

"The age of the child, *the gender of the child also, and the language of the child* also. Because if that child is Xhosa speaking I can't, because I am Afrikaans. *In the Xhosa culture also, eye contact.* Because if I say look at me … if the child looks down when he speaks to me, you are hiding something … I must understand that, another person will think this child is naughty, he is not respecting me. Like other cultures eye contact is important, and others will be intimidated if you just look at them straight in the eye." (CYCW-9)

This was especially relevant for CYCWs in understanding how best to work with the child – acknowledging and understanding the child's different cultural values and beliefs and how this impacts on how the CYCW can relate to and interact with the child at the CYCC.

Theme 4: Best interests of the child for post placement

After the child has been placed at the CYCC, the child protection process is not over. The participants discussed that for post placement, the focus is on family reunification, and made reference to the importance of Section 7(1)(f) in order that the child maintain contact with the family.

"We want to *reunite the child with the family* long term because children shouldn't be separated from their family." (DSW-3)

Even though the child has been removed from their family due to concerns of abuse and neglect, social workers emphasised that the ultimate goal is still family reunification, in line with Section 7(1) (a), (c), (d), (f), and (k).

Theme 5: Integrating the best interests of the child into child protection practice

Finally, what was recognised by the participants in connecting the best interest of the child to child protection, was that there was a need to look at the best interest of the child as a whole principle:

> "… It makes sense to *implement the best interest of the child principles with the whole process of removing the child*, it all links so nicely together. This will help you to do a more effective assessment." (DSW-1)

Participants commented that integrating the best interests' standard to child protection was not just about considering the need to protect the child from harm, but to also consider the child as a whole, and how the whole child is described within the best interest of the child (emotional, physical, intellectual development, relationships with family and siblings, etc.), and apply all aspects of the standard when assessing the risks and needs of the child.

Discussion

This discussion will review each of the themes presented in the data from a rights based perspective which incorporates the UNCRC and Children's Act's principles of the best interests of the child. Children are entitled to all human rights, and in addition, have special rights due to their stage of development (Wernham, 2007). A children's rights-based perspective calls for "duty-bearers" to collaboratively meet their obligation towards children by the provision of quality services which focus on child participation and incorporating the best interest of the child standard (Thomas et al., 2015; Vaquero, Urrea & Mundet, 2014).

Theme 1: Best interest of the child at intake and risk assessment

History and literature have shown that any delays in investigating and intervening in child abuse cases, can lead to severe and even fatal consequences (Baldwin & Walker, 2009; Beckett & Horner, 2016). It is essential that at intake level, all cases of abuse are taken seriously and that the focus is on ensuring the safety of the child (Sec 7(1)(l)) and that this is done timeously and without delay. In providing children's rights based child protection services, social workers need to conduct their risk assessment and gather information about

the allegations from various sources (child, family, neighbours, school, community, etc.) by conducting home visits, doing interviews, and gaining collaborative information through different risk assessment tools, and ensuring the participation of the child (Children's Act, 2005).

The participants questioned whether the parents could meet the child's basic needs for food, shelter, clothing, education and access to health care services in relation to Section 7 (c) of the best interests – their capacity to meet the child's needs. The challenges identified by participants were in balancing the risk to the child of not having their needs met (Section 7 (c)), with the emotional connections and significant bonds with family members (Section 7 (a)) as these factors are sometimes in conflict – although there are positive relationships, the child's need for food are not being met and that causes challenges for social workers in making decisions about whether to remove a child or not.

The UNHCR (2008) provides insight into this challenge regarding the need to keep children within their family environment. The UNCRC highlights the importance of the family unit and that the bonds between family members are important factors to consider when making a determination in the best interest of the child (UNHCR, 2008). In looking at this issue, the UNHCR (2008) indicates that whenever possible, every effort must be made to keep siblings together; and where children have to be removed due to risks of further harm, that children still have a right to maintain direct contact with their parents – and that this may require considering practical issues regarding transport, etc.; and that placements with extended family, foster care and community based placements are first options before residential care is considered.

Weighing up the factors of what is in the best interest of the child, and making the decision that a child is at risk and should be removed, is a complex task. Rodrigues, Calheiros and Pereira (2015) describe it as being ambiguous, heavily subjective and full of uncertainty (often resulting in serious errors in judgement). Numerous authors (Berrick, Peckover, Pösö & Skivens, 2015; Rodrigues et al., 2015) concur that difficulties in decision making in the child's best interests in child protection cases are experienced in many countries, and that there is little literature in this area to provide clear guidance for practitioners.

However, there are various measures, such as supervision, risk assessment tools, and making use of a multi-disciplinary approach which can aid this challenging task of making

decisions in the best interest of the child (Berrick et al., 2015; Kelly & Milner, 1999; Warman & Jackson, 2007).

Theme 2: Best interest of the child during the removal and placement at a CYCC

If the child is believed to be in any danger and at risk of further abuse, the child will be removed from their caregivers (Martin, 2010). By connecting this stage with Section 7 (1) (b) regarding the attitude of the parents, the participants reported that parents can sometimes become aggressive when confronted, and noted that it is important for them, in terms of working with a children's rights based approach, to explain their role to the family and what the concerns and reasons for removal are. They also noted that in working with families, that they can become aggressive and defensive, especially when faced with the allegations of abuse. Lonne, Harries, Featherstone and Gray (2016) likewise recognise the enormous challenges in working with families where awkward, intrusive questions about painful events and situations have to be asked which can cause emotional, grief and trauma responses from families. Merkel-Holguin, Hollinshead, Hahn, Casillas & Fluke (2015) indicate that it is not only the attitudes and behaviours of the families that affect the working relationship between the parents and the social worker, but also the attitude and the ability of the social worker to work with the difficult dynamics within that relationship. In terms of working from a children's rights based approach, the focus for social workers should not be on just removing the child and keeping the child safe, but also recognising that the child is from a family and that the child's right require social workers to work with the family (AFT, 2009).

One of the most significant challenges in child protection is the lack of resources (Calitz, Roux & Strydom, 2014; Kang'ethe, 2014). The participants in this study noted the severe consequences of not having enough resources (CYCC options for placement) meant that they could not work in the best interest of the child, which included placing children too far from their families so that contact could not be maintained – a severe contravention of Section 7 (1)(d)(e) and (f). Participants highlighted in this study that there was a need for government to provide resources, so that they could work within the best interest of the child.

Interestingly, the RSWs picked up that the DSWs tend to focus on here and now best interest of the child (Section 7 (1)(l) – The need to protect the child from any harm); whereas the CYCCs tend to focus on longer term needs of the child (Section 7 (1)(e) and (h) – the practical difficulty for contact with family and the child's educational needs). The participants described that this can sometimes cause conflict between these two professionals

as the DSW wants to remove the child and keep them safe here and now, but the RSW is querying about which school the child will attend and how the family could get to the CYCC to visit the child. Van Bijleveld et al. (2015) also acknowledge this challenge in balancing the immediate need to keep the child safe with the long term best interests. In applying a children's rights based perspective to this challenge, the UNHCR (2008) provides guidance here: "Both the short and long-term impact of each option needs to be weighed before deciding which is best suited to the individual circumstances. It follows that a BID on temporary care arrangements or other immediate protection needs should take account of longer-term prospects for a durable solution".

Theme 3: Best interest of the child at admission and orientation at the CYCC

Section 7 (1) (f) (ii) and (g) which makes reference to the child's language, religion and culture was recognised by the RSWs and CYCWs as elements that need to inform interactions with the child at the CYCC. Young et al. (2014) reinforce this and state that it is important to consider the cultural context of where the child comes from and where they will be placed, and to ensure that these two do not infringe on the child's right to practice their own culture and religious practices (Young et al., 2014). This study showed that in order to implement a children's rights based approach to child protection, it is important for professionals to consider the child's language, culture and religion when deciding on an appropriate CYCC placement (that there is a suitable match), as well as to guide interactions with the child.

As can be seen from the research findings in theme 3, there is very little information included. With regards to the admission and orientation of children at the CYCC, this study relied on feedback from the RSWs and CYCWs that work at the CYCC. However, it was found that these professionals struggled with integrating the best interest of the child standard into practice.

CYCWs in South Africa have only very recently (since October 2014 when amendments to the Social Service Professionals Act were promulgated) been recognised as professionals and required to have a formal qualification in CYCW and be registered with a statutory body (Molepo & Delport, 2015; Social Services Professionals Act, 1978). RSWs do not have any statutory (legal) obligations at CYCCs and often lack an understanding of the legal aspects of child protection, as this does not form an integral part of their work at the CYCC (Brannen et al., 2007; Children's Act, 2005). With this understanding of CYCWs and RSWs it may

provide insights into why these professionals were not able to integrate the legal aspects of the best interest of the child into their current work with children. However, this highlights a serious concern, as a children's rights based approach to child protection relies on "duty bearers" to fulfil their obligation towards children by incorporating the best interest of the child standard in practice (Thomas et al., 2015; Vaquero et al., 2014).

Theme 4: Best interests of the child for post placement

Significantly, most of the participants drew attention to the fact that child protection does not end when the child is placed in safety, and indicated that work with the child and family continues after placement. This correlates directly with Section 7 (1) (a), (c), (d), (f), and (k) of the best interest of the child standard. Fernandez and Lee (2013) emphasise that the goal in child protection work is to have the child placed in alternative care for the least amount of time to reduce the separation of children from their families. Evidence suggests that extended periods of separation from families has a detrimental effect on family connections and attachment, reducing the chances of family reunification (Delfabbro, Fernandez, McCormick, & Kettler, 2013; Fernandez & Lee, 2013).

However, family reunification remains a largely un-invested aspect of social work (Fernandez & Lee, 2013). There was little information provided by participants with regards to this issue of post placement services, highlighting that even though it is recognised as being important, in practice it is not being given the attention it needs. Challenges such as huge caseloads, time constraints, and the shortage of social workers, severely hinder the capacity of social workers to render effective and efficient family reunification services (Fernandez & Lee, 2013). Various authors (Cheng, 2010; Delfabbro et al., 2013; Yampolskaya, Sharrock, Armstrong, Strozier, & Swanke, 2014) also suggest that because of poverty, poor housing, substance abuse, domestic violence, mental health issues and financial problems, these factors further inhibit the possibility of family reunification; as well as the severity of the neglect and abuse which reduces the likelihood of reunification. In order for child protection to work from a children's rights based perspective, it is essential that family reunification services receive more intentional focus.

Theme 5: Integrating the best interests of the child into child protection practice

This study showed that the participants selected different parts of the best interest's standard that they need to consider at different stages of the child protection process. As each stage of the child protection process was discussed, the participants selected different sections

of the best interest's standard to be taken into consideration. Of concern, is that the standard was not being considered as a whole throughout each stage of the process, but rather fragmented in bits and pieces. It was as if the social workers chose and selected for themselves which aspects of the best interests they would need to justify their actions at each step. Instead of rather applying each of the determining factors of Section 7 at each step – as a holistic approach to integrating the best interest's standard. This concern was also raised by Carbone (2014) whereby authorities justify their actions by picking and choosing how to interpret and apply the best interest standard. This is also directly linked to concerns raised in literature by various authors about the challenges with the best interests' standard as it is not clearly defined, leaving it open to interpretation and subjective bias (Alvarez, 2014; Arnold et al., 2014; Ball, 2014; Fisher & Garrett, 2008; Gouty, 2015; Nevondwe et al., 2016; Peskind; 2004; Reed, 2015; Ross, 2013; Schrumpf, 2012; Silva, 2011; Young et al., 2014).

As final comments by participants, some of them did recognise this gap within their approach to child protection and highlighted that there is a need for a more holistic application of the best interest's standards throughout the child protection process. The UNHCR (2008) emphasises that best interest's decisions cannot be determined by one factor only, but rather by taking account of the full spectrum of children's rights – considering both the short and long term impact on the child.

Conclusion

This study aimed to explore how the best interest's standard was being incorporated in child protection practice. Participants identified that the best interest standard is often applied in bits and pieces whereby certain sections are used to justify certain actions. A concern raised by the participants was that the best interest's standard was not being applied as a whole approach throughout the child protection process; and that the various factors for determination were not being taken into consideration in a holistic way.

In terms of evaluating the results of this study from a children's rights based perspective, it seems that child protection is currently not being implemented effectively. This is seen by the participants' reference to: challenges with decision making (needs being met vs. family relationships); the need to work with the family and not just remove the child; the lack of resources which makes it difficult to place children at CYCCs according to their language, religion and cultural needs, as well as placing children too far for their families to maintain contact; the lack of skill, experience and training in applying the best interest standard in

practice; emphasis on the need for a focus on family reunification services; and the importance of considering all of the child's rights in order to work in the best interests of the child. These issues suggest that current child protection does not fall within the children's rights based perspective whereby "duty-bearers" are meeting their obligation towards children by the provision of quality services which focus on child participation and incorporating the best interest of the child standard (Thomas et al., 2015; Vaquero et al., 2014).

The results of this research contribute to existing knowledge on the best interests of the child, and especially connect the best interest of the child standard to emergency child protection practice. The research findings emphasized that social work professionals need to adopt an integrated and holistic application of the best interest of the child standard.

Although data saturation did occur, it would be beneficial to extend the study with more social workers in the field of child protection. This article presented the findings of phase two of a research study which aims to develop a model of intervention for use by social workers in the emergency removal and safety placement of children at risk. The finalisation of this model is currently being processed, the findings of which will be disseminated as part of a PhD thesis.

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ARTICLE 3:

A MODEL FOR EMERGENCY CHILD PROTECTION INTERVENTION

The title of article 3 is: "*A model for emergency child protection intervention*".

This article will be submitted to the The Social Work Practitioner-Researcher academic journal for review and publication.

The Author Guidelines for publication in the journal will first be presented below, followed by the article as it will be submitted to the journal.

THE SOCIAL WORK PRACTITIONER-RESEARCHER –

AUTHOR GUIDELINES

Presentation

1. A minimum length of 3,500 words and a maximum length of 6,000 words (excluding references). No footnotes, endnotes and annexures are allowed.

2. On a separate page, a title of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.

3. An abstract of 150 words plus up to six keywords, which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context. Please note that abstracts are not summaries of research studies. No subheadings should be used in the abstract. For Afrikaans articles, the abstract and keywords must be in English.

4. Headings must be short, clear and not numbered:

• Main headings to be in bold capitals

• First stage subheadings to be in bold lower case, with only the first letter of the first word to be a capital (not underlined nor italics); and

• Second stage subheadings in normal type to follow the first stage style.

5. Figures and tables:

• All figures (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with arabic numerals. Supply succinct and clear captions for all figures. The maximum portrait width should not exceed 110 mm and 160 mm depth. For landscape, the maximum width is 160mm with a maximum depth of 110 mm.

• In the text of the paper, the preferred position of all figures should be indicated by typing on a separate line the words, “Place figure (No.) here”.

• Tables must be numbered consecutively with arabic numerals and a brief title should be provided. In the text, type on a separate line the words, “Place Table (No.) here” should show the position of the table.

6. References:

• In text, publications are to be cited using one of the following examples:

(Adams, 1997), or (Mbatha et al., 2005), or Mercy et al. (2002). Use ‘and’, not the ‘&’ symbol, for two or more authors, e.g. (Weyers and Herbst, 2014).

• If a direct quote is used in text, references should include author’s name/s, date and page number, eg; … “usually to improve the working relationship between members of the group” (Barker, 2003:153). Where there are no direct quotes, page numbers should not be included.

• At the end of the paper, the reference list should be in alphabetical order. Do not use indentations when formatting your references.

• References to publications must be in modified Harvard style and checked for completeness, accuracy and consistency. Include all authors’ names and initials and give the book’s, or book chapter’s, or journal’s title in full.

• Please cross check that only references cited in the text are included in the final reference list at the end of the article (and vice versa). Use ‘and’, not the ‘&’ symbol, for two or more authors as mentioned above. References should follow the style as set out below:

For books: Surname, Initials. (year). Title of Book Place of Publication: Publisher.

Swanepoel, H. and De Beer, F. (1996). Community Capacity Building Johannesburg: Thomson.

For book chapters: Surname, Initials. (year). “Chapter Title” in Editor’s Surname, Initials. (Ed.). Title of Book Place of Publication: Publisher, Edition, pages.

Boult, B.E. (1998). “Adoption” in Bezuidenhout, F.J. (Ed.). A Reader in Selected Social Issues Pretoria: Van Schaik, Second Edition, 41-52.

For journals: Surname, Initials. (year). “Title of Article” Journal Name Volume(number):pages

Mda, C.J. (2004). “Population Ageing and Survival Challenges in Rural Ghana” Journal of Social Development in Africa 19(2):90-112.

For electronic sources: If available online the full URL should be supplied at the end of the reference.

Louisiana State Board of Social Work Examiners. (1998). “Guidelines for Child Custody Evaluations”, http://www.labswe.org/child.htm (Accessed on 23/08/2006).

For unpublished doctoral theses or master’s dissertations: Surname, Initials. (year). Title of Article (Unpublished Doctoral Thesis) or (Unpublished Master’s Dissertation) Location: University, Department.

Warria, A. (2014). Development of Psychosocial Intervention Guidelines for Transnational Trafficked Children (Unpublished Doctoral Thesis) Johannesburg: University of Johannesburg, Department of Social Work.

7. Content:

• Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

• The journal will consider articles based on research studies but we will not publish articles which are merely a summary of a research report. The article should have a clear focus that contributes to knowledge building or informs policy and/or practice.

SUBMISSION PREPARATION CHECKLIST

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

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

A MODEL FOR EMERGENCY CHILD PROTECTION INTERVENTION

Jacqueline Hope, Carlien van Wyk

ABSTRACT

Child abuse remains a major issue in South Africa. In many cases, the emergency removal of a child from their family is necessary in order to protect the child from further harm. Working with children and families in these contexts is a specialised field within social work, and as such requires specialised interventions. There is a gap in terms of providing professionals with a practice model for implementing emergency child protection interventions with children at risk. This study aims to address this gap by means of developing a model for practice. In the development of such a practice model, this article describes the various elements which need to be incorporated into the model: legislation, intervention strategies, social work theories, the best interest of the child standard and ethical principles.

KEYWORDS

Social work, emergency child protection, emergency removal, temporary safe care, children at risk, practice model

INTRODUCTION

Child abuse refers to any form of harm or ill-treatment deliberately inflected on a child, and includes physical, sexual and emotional abuse and neglect (RSA, 2005). South Africa is described as a violent society with high rates of child abuse and exposure to trauma (Collins and Burns, 2014; Jedwab, Benbenishty, Chen, Glasser, Siegal and Lerner-Geva, 2015; RSA, 2012). In many of these situations with children at risk of abuse and neglect, emergency child protection services are needed whereby a child has to be immediately removed from those negative environments in order to protect the child and prevent any further harm (RSA, 2005).

This study is concerned with Section 152 of the South African Children's Act (38 of 2005) which refers to those emergency situations which require a designated child protection social worker to immediately remove a child who is at risk (Ball, 2012; DSD, 2010; Jedwab et al., 2015; RSA, 2005). Many children removed in such emergencies are placed at child and youth care centres (CYCCs) for temporary safe care. This research also involved the residential social workers and child and youth care workers who are employed at the CYCC (Allsopp,

2011; Barford & Whelton, 2010; Molepo and Delport, 2015; Republic of South Africa, 2005). The emergency removal and safety placement of children at risk is a specialised field within social work (Milne and Collin-Vèzina, 2015). However, it seems that there is currently no practice model within a South African context to guide social workers when undertaking these specialised services.

In South Africa there is a number of governmental policies which guide child protection practice including: Section 28 of the Constitution (1996), the African Charter (1999), the Children's Act (38 of 2005), Criminal Law (Sexual offences and Related Matters) Amendment Bill (2015), and the White Paper on Families in South Africa (2012). These policies create an awareness of children's rights, and highlight the responsibility of parents, families, communities and professionals to safeguard those rights; as well as indicating that protective action is sometimes necessary to ensure the safety and wellbeing of the child. However, these policies do not provide professionals with clear guidelines or a model for implementing emergency child protection interventions – there is a recognition that this is needed for children at risk, but there is little in the way of a description of how this intervention should be done. Various authors (Coman and Devaney, 2011; DSD, 2012; Jackson and Feit, 2011; Janssen, Van Dijk, Malki and Van As, 2013; Johnson, 2013; Molepo and Delport, 2015; Schmied and Walsh, 2010; Walsh, 2011) concur that there appears to be a gap in terms of providing professionals with an effective practice model for planning emergency child protection interventions with children at risk.

A practice model refers to a conceptual map that will guide the practitioner in how to intervene in certain situations. A model contains clearly written definitions and explanations which prescribe procedures for how intervention should be undertaken (National Child Welfare Resource Centre, 2008; 2012). A model should include an integration of values and concepts, and it needs to be founded within the functions, values and ethics of social work (Camron and Keenan, 2010; National Child Welfare Resource Centre, 2012). According to the National Child Welfare Resource Centre (2008; 2012), a practice model should include: values (social justice, respect, competency, integrity, professional responsibility), practice principles (child-focused, family-centred, collaborative, culturally sensitive), prescription of intervention strategies and skills, and integrated strategies, methods and tools. A practice model also needs to be grounded in theory and demonstrates to the practitioner how to implement theories in practice in order to bring about change (Staff, 2014). The current literature (Coman and Devaney, 2011; DSD, 2012; Jackson and Feit, 2011; Janssen et al.,

2013; Johnson, 2013; Walsh, 2011) shows that there is a lack of this kind of practice model in child protection for social workers engaging in the emergency removal and safety placement of children at risk. According to Johnson (2013) and Davidson-Arad and Benbenishty (2010), without a practice model, professionals may not be able to effectively manage children's trauma.

The aim of this study was to address this gap identified in literature by developing a practice model that can aid professionals in planning interventions for the emergency removal and safety placement of children at risk. The theoretical framework for this study was from a systems theory perspective (Bronfenbrenner, 1989; Härkönen, 2007) in that various parts of the child protection system (social workers, child care workers, child protection organisations, child and youth care centres) were consulted with and involved in the development of this model. Based on the above mentioned factors of what a practice model is, the research question that this study aimed to answer was: What needs to inform the development of a model for planning interventions in the emergency removal and safety placement of children at risk?

METHODOLOGY

Research approach and design

This study adopted a qualitative research approach (Adams, Kahn and Raeside, 2014; Maree, 2012) with exploratory and descriptive objectives (Babbie, 2014; Fouché and De Vos, 2011). A qualitative descriptive design (Sandelowski, 2010) was utilised, which allowed for a description of the phenomenon (the emergency removal and safety placement of children at risk) by those experiencing the phenomenon (social workers and child care workers) (Magilvy and Thomas, 2009).

This study is concerned with the development of a model for use by professionals in planning interventions for the emergency removal and safety placement of children at risk, and as such, the design and development (D&D) model of intervention research is considered an appropriate design for this study (De Vos and Strydom, 2011; Rothman and Thomas, 1994). Intervention research is defined by Fraser and Galinsky (2010:459) as the "systematic study of purposive change strategies", which highlights the design and development of interventions. Various authors indicate that intervention research is essential for social work practice because it allows for the efficacy testing of interventions, leading to evidence-informed practice, and its focus on the need for developing and implementing interventions

brings about change (Jenson, 2014; LeCroy and Williams, 2013; Mishna, Muskat and Cook, 2012).

Selection of participants

The population for this study included designated social workers (DSWs) from child protection organisations (CPOs), and residential social workers (RSWs) and child and youth care workers (CYCWs) from child and youth care centres (CYCCs) in the Cape Peninsula in the Western Cape Province of South Africa. The sample was selected by means of purposive sampling techniques according to predetermined selection criteria (Babbie, 2014; Ritchie, Lewis, Nicholls and Ormston, 2014) which included: registration as a social worker or CYCW, willingness to participate voluntarily, giving permission to be recorded, English and Afrikaans speaking, working within the Cape Peninsula area, and employment at a designated CPO or CYCC, with at least six months of experience. In total, 41 participants were involved in this study, including: eight DSWs from three CPOs; ten RSWs from nine CYCCs; 20 CYCWs from six CYCCs; as well as an additional two social workers from the field of child protection and one presiding officer from a local Children's Court who assisted with the evaluation and finalisation of the model. The following table presents the biographical data of the participants involved in this study:

Table 1: Biographical data of the participants

Participant code	Race	Gender	Experience
DSW-1	Coloured	Female	8 years
DSW-2	Coloured	Female	8 years
DSW-3	Coloured	Female	21 years
DSW-4	Coloured	Female	1 ½ years
DSW-5	White	Female	29 years
DSW-6	Coloured	Female	1 year
DSW-7	Coloured	Female	8 years
DSW-8	Coloured	Male	1 yr, 2 months
RSW-1	White	Female	1 ½ years
RSW-2	White	Female	10 years
RSW -3	White	Female	12 years
RSW- 4	White	Female	4 years

RSW-5	Coloured	Female	2 ½ years
RSW-6	White	Female	2 years
RSW-7	Black	Female	2 years
RSW-8	Coloured	Female	1 year
RSW-9	White	Male	4 years
RSW-10	Coloured	Female	11 years
CYCW-1	Black	Male	10 years
CYCW-2	Black	Female	7 months
CYCW-3	Black	Female	10 years
CYCW-4	Black	Female	11 years
CYCW-5	Black	Female	8 months
CYCW-6	Black	Female	10 years
CYCW-7	Black	Female	7 years
CYCW-8	Black	Female	5 years
CYCW- 9	Coloured	Male	3 years
CYCW- 10	Coloured	Female	4 years
CYCW- 11	Coloured	Female	1 ½ years
CYCW- 12	Coloured	Female	18 years
CYCW - 13	Coloured	Female	13 years
CYCW – 14	Black	Male	5 years
CYCW - 15	Coloured	Female	3 years 3 months
CYCW – 16	Black	Female	1 year
CYCW - 17	Black	Female	3 years
CYCW - 18	Black	Female	6 years
CYCW - 19	Black	Female	20 years
CYCW - 20	Black	Female	4 years
SW - 1	Coloured	Female	+ 25 years
SW- 2	Black	Female	6 years
Presiding Officer	White	Male	+ 15 years

Data collection and analysis

Data collection strategies used to gather data from participants included: semi-structured interviews (Greeff, 2011; May, 2011), focus groups (Babbie, 2014) and discussion groups (Willig, 2013). In total, 22 interviews, five focus groups, and six discussion groups were conducted with the participants. An interview schedule (Gray, 2009; May, 2011) was used and the interviews, focus groups and discussion groups were digitally recorded after obtaining consent from participants (Creswell, 2009). The interviews, focus groups and discussion groups were transcribed verbatim from the digital recordings and thematic data analysis (Braun and Clarke, 2006; 2013) was used to analyse the data. Data saturation (Marshall, Cardon, Poddar and Fontenot, 2013) occurred as the same themes were emerging in the data.

Ethics

Ethical clearance was received from North-West University's Research Ethics Committee (NWU-00034-15-S1), as well as from the Department of Social Development's Research Ethics Committee. A consent form was signed by all participants and participants' information was kept confidential by means of a participant code assigned to transcriptions for identification.

Trustworthiness

According to Tracey (2010), factors which ensure trustworthiness in research include: a worthy topic; rich, in-depth data sources; and credibility. This study aims to address a gap in literature with regards to emergency child protection by developing a model for practice, and as such this research topic is worthy, relevant and significant (Tracey, 2010). Rich, in-depth data sources have been achieved in this study by means of gathering data from multiple data sources including DSWs, RSWs and CYCWs; who are also from a variety of settings (Gray, 2009) including CYCCs and CPOs. This has also contributed towards the credibility of the study. Furthermore, the use of multiple research methods (semi-structured interviews, focus groups and discussion groups), referred to as triangulation (Babbie, 2014; Maxwell, 2013), has also contributed towards the trustworthiness of this study. Rigour was achieved in this study by the researcher spending enough time with the participants, gathering information, until data saturation occurred (Tracey, 2010).

Research process

Rothman and Thomas (1994) present the D&D model of intervention research in a process of six phases; and within each of the six phases are a number of steps which need to be followed. The D&D model phases relevant for this study are presented in the table below:

Table 2: Research process

PHASE 1: Problem analysis and project planning			
D&D model steps	**Sample**	**Datacollection**	**Objective**
1 Identifying and involving clients 2 Gaining entry and cooperation from settings 3 Identifying concerns of the population 4 Analysing identified problems 5 Setting goals and objectives	8 DSWs 10 RSWs 20 CYCWs	18 semi-structured interviews 5 focus groups	To explore and describe the current intervention strategies used by DSWs, RSWs and CYCW's for the emergency removal and safety placement of children at risk
PHASE 2: Information gathering and synthesis			
1 Using existing information sources 2 Studying natural examples 3 Identifying functional elements of successful models	3 DSWs 3 RSWs 3 CYCWs	3 discussion groups 1 semi-structured interview	To explore and describe how the best interest of the child principle as well as social work theories can be incorporated into a model for planning interventions for the emergency removal and safety placement of children at risk.

PHASE 3: Early development and pilot testing			
1 Developing a prototype model 2 Conducting a pilot test 3 Applying design criteria to the preliminary intervention concept	2 DSWs 2 RSWs 2 CYCWs	1 semi-structured interview 2 discussion groups	To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed with DSWs, RSWs and CYCW's in order to obtain their input.
PHASE 4: Evaluation and advanced development			
1 Collecting and analysing data 2 Replicating the intervention under field conditions 3 Refining the intervention	4 social workers in the field of child protection and 1 Presiding Officer	2 semi-structured interviews 1 discussion group	To evaluate, develop and finalise a model for planning interventions for the emergency removal and safety placement of children at risk.

RESEARCH FINDINGS AND DISCUSSION

Besides the data collected from the participants as presented in the table above, an in-depth literature study was completed with specific focus on emergency child protection, models of intervention, the best interest of the child, social work theories, ethical values and practices in social work. From the data collected and the literature study, a practice model for planning interventions for the emergency removal and safety placement of children at risk was developed. The model is made up of five essential elements which were highlighted from the data collected (main themes) and the literature: legislation, intervention strategies, social work theories, best interests of the child standard and ethical principles. The factors mentioned in the introduction for what needs to be included when developing a practice model (ethical values, procedural explanations, accurately reflecting the reality of the social work field, integrating theories and methods), have been incorporated throughout the five

main elements of the model. The discussion of the research findings below is based on findings related to this specific study.

Legislation

Developmental social welfare is an approach to social work services which is the backbone of many laws and policies which guide practice. The developmental social welfare approach is holistic, strengths-based and emphasises a multi-disciplinary approach to interventions (DSD, 2013; Patel, Schmid and Hochfeld, 2012). Developmental social welfare aims to flip services on their head whereby statutory interventions are reduced and seen as a last resort, and early intervention and prevention work with families is prioritised (Allsopp, 2011; DSD, 2013; Patel et al., 2012). Phase one of this study found that child protection work is currently not based on developmental social welfare – there was little to no emphasis on preventing the removal of children; and child protection is not being implemented with the full force of an effective and integrated multi-disciplinary team.

The Children's Act 38 of 2005 is the primary legislation informing child protection practice in South Africa. The Act (RSA, 2005) has various sections which are especially relevant for the emergency removal and safety placement of children at risk, such as Section 153 (RSA, 2005) which provides for the removal of the alleged offender (e.g. if the father is abusing the children) instead of removing the child. Section 46 (RSA, 2005) also provides for a number of alternative strategies to removing the child (early intervention and prevention services). However, this study found in phase one that currently social workers are still maintaining the old mentality of "remove first, think later" in that children are often removed from their families without other alternatives (such as external family placement, or providing early intervention services) being considered first. The participants in this study highlighted that while the Children's Act is good, it is not being implemented to its full potential.

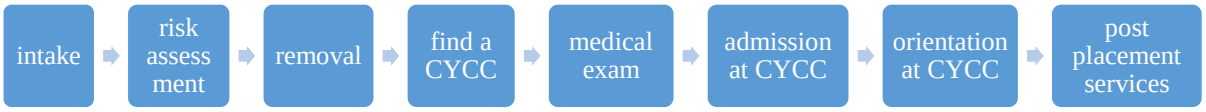
It is widely acknowledged that there are a number of polices in place, but that they are not being implemented in practice (Coman and Devaney, 2011; DSD, 2012; Janssen et al., 2013; Johnson, 2013; Walsh, 2011). This study showed that child protection practice is not guided by any model and that the existing policy frameworks and legislation were not being implemented fully. Furthermore, the participants in this study confirmed that they have not received training on the various polices, or how to implement them in practice. This is an essential element for the development of a model for child protection: that the model needs to be informed by the Children's Act, Departmental Norms and Standards, Developmental

social welfare, etc., and professionals need to receive training in the model and its various elements so that it can be effectively implemented in practice.

Intervention strategies

Section 152 of the Children's Act (RSA, 2005) speaks to the emergency removal and safety placement of children at risk. However, it does not describe intervention strategies in detail (step-by-step) for implementation in practice. Participants in phases one and two of this study described the intervention strategies undertaken in emergency child protection: intake, risk assessment, the removal of the child (issuing a Form 36), finding an appropriate CYCC placement, taking the child for a medical examination, admitting the child at the CYCC, orientation of the child at the CYCC, and post placement services:

Table 3: Intervention steps for the emergency removal and safety placement of children



Intake refers to when allegations of abuse are first reported to CPOs (Jedwab et al., 2015). According to the Children's Act (RSA, 2005) and confirmed by the participants, initial reports of child abuse are recorded in a Form 22 and submitted to the Department of Social Development for inclusion in the National Child Protection Register to monitor child abuse cases (RSA, 2005). When allegations are reported this initiates the assessment process (Jedwab et al., 2015) whereby the case is referred to a DSW to conduct a risk assessment and investigation of the allegations of abuse (RSA, 2005; Russell, 2015).

Conducting a risk assessment has been well documented in literature and there are a number of resources and models available to social workers (Salveron, Bromfield, Kirika, Simmons, Murphy and Turnell, 2015; Russell, 2015); as well as guidelines provided in Regulation 35 of the Children's Act (RSA, 2005). However, this study found that participants do not make use of standardised risk assessment tools. The participants also expressed great challenges in decision making during risk assessment – to remove the child or not. Although it is recognised that decision making is difficult in child protection practice (Berrick, Peckover, Pösö and Skivens, 2015), this study highlighted that not working from a standardised framework further exacerbates these challenges. Furthermore, there are various social work theories which can be effectively applied to decision making in child protection practice,

however, the participants in this study did not make use of existing social work theories to guide their risk assessments and decision making (which will be further discussed below).

After a risk assessment has been completed, and a decision made that the child is at risk and needs to be removed and placed in temporary safe care, the DSW is tasked with finding an appropriate CYCC placement (Martin, 2010; RSA, 2005). Participants in this study discussed the enormous challenges in trying to place children appropriately at suitable CYCCs due to the lack of resources and limited CYCCs available. The study showed that the lack of resources often leads to children being placed at CYCCs of different language and religious practices to the child, children are placed separately from their siblings, and CYCCs are too far for the family to maintain contact (which is notably, not in their best interests) (Young McKenzie, Schjelderup, More and Walker, 2014). Limited infrastructure is also acknowledged in literature as being a severe hindrance to providing efficient services (Dagan, Ben-Porat and Itzhaky, 2015). In terms of developing a model for practice, literature and this study confirm that an essential element is providing the resources necessary to implement the model (as well as the implementation of the legislative policies), such as: training, infrastructure (CYCCs, social work jobs), and practical resources (car seats, nappies, telephones).

After the child has been removed, the DSW takes the child to the CYCC where they are admitted and orientated to the CYCC. The admission of the child was described by participants as a simple handing over of paperwork from the DSW to the RSW; after which the child is orientated to the CYCC by the CYCW. Orientation involves meeting the child's basic needs for food, showing the chid around, introducing the child to other children and staff at the CYCC, discussing the rules and routine of the CYCC. The study showed that this particular stage within the child protection process was very rushed, often chaotic and that children are "dumped" at the CYCC. This was one of the major themes found throughout the study, that the current child protection practice is focused on form-filling, and that DSWs in particular lack an emotional connectedness and caring response towards children. It needs to be acknowledged however that there are a number of challenges within social work that may be contributing to this, such as high caseloads, shortage of social workers and limited time frames (Chung and Chun, 2015; Lizano and Barak, 2015; Lonne, Harries, Featherstone and Gray, 2016; McFadden, Campbelll and Taylor, 2015), which was also validated by this study. Holland (2010), Dybicz (2012) and Hansen and Ainsworth (2013) highlight that there is a need for paradigm shift in social work services to be more focused on an ethic of care

approach (emotional care for clients), instead of the current system which is based on an ethic of justice (form-filling). The findings from this study and the literature emphasise the need for a model for the emergency removal and safety placement of children to not only be focused on setting out appropriate protective interventions, but also needs to highlight a caring response towards children and families during this very difficult and often traumatic experience (Higgins, 2011).

With regards to post placement, participants in this study indicated that the following services are implemented after the child is placed at the CYCC: referral to the clinic, school placement, therapeutic services and assessments, family reunification, and ratifying the order at court. A Form 36 is used to remove children in emergency cases, but it needs to be ratified at the children's court so that a court order can be issued. Section 152 of the Children's Act (2005) indicates that after a child has been removed (by the next court day), the matter must be brought before the children's court so that the presiding officer can review the case (ensuring that the child's best interest have been met by the emergency removal), and to allow an opportunity for parents and children to participate in the proceedings and express their views (RSA, 2005). This was verified in this study whereby participants discussed the process of taking the case to court to obtain a court order to legalise the child's placement in safety.

The Children's Act (2005), as well as other internationally recognised child protection documents (UNCRC, 1989), declare that children should only be removed as a matter of last resort and that if placed in alternative care, this should be for the least amount of time possible to reduce the separation of children from their families. Evidence suggests that extended periods of separation from families have a detrimental effect on family connections and attachment, reducing the chances of family reunification (Delfabbro, Fernandez, McCormick and Kettler, 2013; Fernandez and Lee, 2013). This study showed, similarly to literature (Fernandez and Lee, 2013), that family reunification is not given due priority (as seen by children being placed at CYCCs too far for families to maintain contact). In developing a model for the emergency removal and safety placement of children, this aspect of family reunification has to be incorporated, especially in terms of placement planning and working in line with the best interest of the child.

These intervention strategies involve home visits, interviews, observations and assessments, and working directly with children at risk and families in crisis (Merkel-Holguin,

Hollinshead, Hahn, Casillas and Fluke, 2015). What was substantiated by this study in line with existing literature (Buckley, Carr and Whelan, 2011; Lonne et al., 2016; Merkel-Holguin et al., 2015), is that working with children and families in child protection is complex and difficult. Social workers in child protection need specialised skills in these contexts (Milne and Collin-Vèzina, 2015; Schmied and Walsh, 2010; Smeeton, 2012), and this study showed that this is an essential element in the development of the model for practice.

Social work theories

For many social workers, theory goes "out the window" after studying and it is often thought of as irrelevant and not applicable for the reality in practice settings (Payne, 2015). However, theories inform social workers of how to understand and assess behaviours and circumstances, and how to intervene with individuals and families (Hackett, 2012; Parrish, 2010). Parrish (2010) argues that this can save time and energy instead of social workers "reinventing the wheel", which is invaluable with the time constraints within child protection work, and Hackett (2012) affirms that a sound theoretical base is essential for rendering quality services. Therefore, a model for practice must be formulated from a sound theoretical base.

In phase two of this study, the participants provided information on which social work theories need to be incorporated when developing a model for the emergency removal and safety placement of children at risk. Although there is a number of theories which can be drawn upon, the primary social work theories found relevant for the model (based on data collected and the literature study) includes: developmental theory (Erikson, Piaget), attachment theory, systems theory, strengths based approach, problem solving approach (crisis intervention), and Maslow's hierarchy of needs. For the purposes of this article, only systems theory and attachment theory will be further elaborated on here as these were the two dominant theories which emerged from the data collected and literature as being primarily relevant for child protection practice.

Systems theory (Bronfenbrenner, 1989; Härkönen, 2007) provides a means by which to understand the individual within their environment (Friedman and Allen, 2014; Jones, LaLiberte and Piescher, 2015). Systems theory is useful within the context of risk assessment as it views the individual existing within a system, and this encourages the social worker to gather information from various parts of the system in order to understand the individual, their problems and needs, and how the problems are affecting and influencing each other

(Baldwin and Walker, 2009; Coman and Devaney, 2011). However, participants in this study said that they do not operate from a risk assessment framework, and that decisions were based on gut instincts and cultural values. The inclusion of a systems theory perspective into child protection decision making is imperative to ensure that risk assessment and decision making are based on a full understanding of the child's needs, their environment, and parenting capacity (Baldwin and Walker, 2009; Rodrigues, Calheiros and Pereira, 2015).

Furthermore, the child protection process as described by the participants in this study made reference to a number of parts within the system that are utilised: use of colleagues and police for support when removing children, conducting home visits and gathering information from neighbours, finding a CYCC, taking the child for a medical exam at the local hospital, placing the child at a school, and providing family reunification services. These various elements within the child protection process, speak to the systems theory perspective and as such emphasises the importance for the model for planning interventions for the emergency removal and safety placement of children at risk to be formulated within a systems perspective.

Bowlby's (1979) attachment theory explains the behaviour and motivations between children and their carers (Wilkins, 2012). Bowlby (1982) and Ainsworth, Blehar, Waters and Wall (1978) categorised attachments into four types: secure and insecure (including ambivalent, avoidant and disorganised). Attachment theory prescribes that if the parent is able to provide consistent nurturing care to the child by meeting their needs, the child may develop a secure attachment and thus is able to explore their environment and develop positive relationships with others. On the other hand, if a parent is inconsistent and does not meet the child's needs, that child may develop an insecure attachment and thus may not have positive relationships with others (Ferguson, Follan, Macinnes, Furnivall and Minnis, 2011; Teater, 2010; Wilkins, 2012).

Children's emotional attachment and ways of relating to others can be seriously disrupted by abusive and traumatic experiences (Kang'ethe and Makuyana, 2014; Rocco-Briggs, 2008). "One of the most distressing experiences is to be separated from or lose one's attachment figure;" and the more traumatic that separation experience (the physical removal of the child from their caregiver's arms), the more intense are those feelings of insecurity, grief and anxiety (Howe, 1996; Howe, Brandon, Hinings and Schofield, 1999).

Based on the above it is clear that social workers rendering child protection services need to have an understanding of attachment theory as they are directly involved with the separation and removal of children from their caregivers (Beckett and Horner, 2016; Jones et al., 2015). However, within this study, participants recognised that attachment theory was important, but they were not applying this knowledge into practice. This was seen by the way the child protection process was described as chaotic, drop and go, and rushed, with little focus on the emotional care of children. Although it was recognised that the effect on the child of being separated from their family, siblings, school, community, etc. needs to be considered, these important attachment issues were not directly influencing the way in which child protection is currently being done.

An understanding of the attachment that exists between the child and their caregiver can also provide insights for risk assessment and decision making. Beckett and Horner (2016:128) state that attachment theory "provides a powerful framework for thinking about permanency planning and parental contact" which is invaluable for family reunification services post placement in temporary safe care. This elucidates the need for a model for planning interventions for the emergency removal and safety placement of children to be based on attachment theory.

Best interest of the child standard

The best interest of the child standard is complex in terms of its definition, factors to be considered when making decisions, and is vulnerable to subjective interpretation bias (Alvarez, 2014; Arnold, Goeman and Fournier, 2014; Nevondwe, Odeku and Raligilia, 2016; Reed, 2015; Young et al., 2014). However, despite these challenges, the "Guidelines on determining the best interest of the child" as provided for by the United Nations High Commission for Refugees (2008) and Section 7 of the Children's Act (RSA, 2005) provide good guidelines for social workers in how to go about determining the best interests of the child (Nevonde et al., 2016). An outline of some of the factors which need to be considered when working in the best interest of the child include: the views of the child, safety of the environment, family relationships and bonds, needs of the child (religion, development, culture, education, health, emotional), the capacity of the parents to meet the child's needs, the effect on the child of any changes in their circumstances, and the need to protect the child from any harm (RSA, 2005; UNHCR, 2008).

There is very limited literature on applying the best interest of the child standard to child protection practice, especially in relation to the emergency removal and safety placement of children. In phase two of this study, participants described how they incorporate the best interest standard when removing and placing children in safety, and discussed how the best interest standard can be used within a model for practice.

This study showed that in emergency child protection cases, it is essential to consider both the short term (here and now) as well as the long term (future permanency placement) best interests of the child. The DSWs in this study focused on the here and now best interests which were centred on keeping the child safe; whereas the RSWs and CYCWs focused on the child's longer term best interests such as the distance for family to travel to maintain contact and school placements. This sometimes created conflict between these professionals in deciding what was in the child's best interests, which is also recognised in literature (Van Bijleveld, Dedding and Bunders-Aelen, 2015).

The UNHCR (2008) suggests that both the here and now as well as the long term best interest need be considered; the child's best interests cannot be determined by one factor, but instead considering the impact and effect on the child of all the determining factors both in the short and long term.

Significantly, this study also showed that the best interest of the child standard as described in Section 7 of the Children's Act, was applied in a fragmented way. The participants discussed various aspects of the best interest standard which they use during the different processes of removing the child and placing them in safety. What was found was that the participants choose which determining factors of the best interest to focus on that would justify their actions at each step.

This issue is due to the lack of a clear definition and the standard being open to interpretation (Gouty, 2015; Nevondwe et al., 2016; Silva, 2011; Young et al., 2014), and has been identified by Carbone (2014) who makes reference to judges subjectively choosing how to interpret the best interest standard to justify their decisions. In developing a model for the emergency removal and safety placement of children at risk, this study highlighted the need for a holistic incorporation of the whole best interest standard throughout the child protection process.

Ethical principles

Social workers in South Africa register with the South African Council for Social Service Professions (SACSSP), which is the regulatory body that established the code of ethics and practice principles for social workers (RSA, 1978). The SACSSP (RSA, 1978) provides a scope of practice and ethical principles for social workers, which includes: values (equality, respect, worth, dignity, social justice, social inclusion), theory (evidence-based knowledge derived from research and practice, theories of human development and behaviour), and practice (skills, techniques and activities to intervene in a variety of complex situations). The SACSSP also states that all social workers must be supervised in order that effective services can be rendered (SACSSP, 2012).

However, this study found that this is not being reflected in practice – the social work participants highlighted that they do not receive supervision. This study found that the participants were guided in practice by their gut instincts and own cultural values instead of receiving supervision, and made no reference to the profession's ethical values or codes of conduct.

The SACSSP (2012) code of ethics also establishes the importance of a holistic, integrated and multi-disciplinary approach to social work services. A major theme that emerged from this study was that the participants, who are involved at various stages of the child protection process, are not communicating effectively with one another. Each of the participant groups (DSW, RSW, CYCW) expressed frustrations with the other as they felt that information was being deliberately kept from them.

Coordination and cooperation between child protection professionals (DSW, RSW, CYCW) and agencies (school, police, health, criminal justice, etc.) involves an open sharing of information and willingness to work together in the best interest of the child (Baldwin and Walker, 2009; Holloway, 2009). This is an invaluable aspect of a model for planning interventions for the emergency removal and safety placement of children at risk.

It is imperative that child protection practice, and thus for the development of a model, is encapsulated by ethical principles and core values such as: respecting the dignity of each person, focusing on human potential, social inclusion, participation, professional competency and integrity, empathy, non-judgemental attitudes, cultural sensitivity, accurate record keeping, and a holistic, integrated multi-disciplinary approach (RSA, 1978).

CONCLUSION AND RECOMMENDATIONS

The literature provides a dearth of information of what needs to be included in a model for practice. There are also a number of legislative policies, practice guidelines and laws in place which provide guidelines for practice. However, in reality, this study found that many of those policies and laws are not being implemented in practice. The study showed that there is a desperate need for a model which focuses on planning interventions for the emergency removal and safety placement of children at risk. In terms of developing that practice model, the study showed that the following elements need to be incorporated: legislation, training, social work theories, ethical principles and practice values, and the best interest of the child standard.

This study was conducted with 41 participants, which is a relatively small sample size. Even though data saturation did occur, it is recommended that the study is repeated with a bigger sample size. Furthermore, in terms of the model for planning interventions for the emergency removal and safety placement for children at risk, it is strongly recommended that training is provided to social workers to ensure proper implementation.

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SECTION D

SUMMARY, CONCLUSION AND RECOMMENDATIONS

1. INTRODUCTION

This section will present a summary of the research findings in line with the objectives and conclusions that can be drawn from the findings. Following the summary and conclusions, limitations of the study will be highlighted and the researcher's reflections on the study and research process will be discussed. Finally, recommendations of the study with regards to practice, training, research and policy will be put forward.

2. SUMMARY AND CONCLUSIONS

This summary will be presented according to the objectives of the study. The findings from the study related to each objective will be highlighted, and conclusions will be drawn showing how the objectives were reached.

2.1 OBJECTIVE 1

To explore and describe the current intervention strategies used by designated social workers, residential social workers and CYCWs for the emergency removal and safety placement of children at risk that are.

Objective 1 was addressed in phase 1, and is further discussed in Article 1 and 3 (*see* Section C). Phase one of this study involved 18 interviews and five focus groups with eight designated social workers, ten residential social workers and 20 child and youth care workers. Participants provided a dearth of information in phase 1 with regards to the current intervention strategies used for the emergency removal and safety placement of children at risk. The findings from phase 1 are briefly summarised below:

- Social workers experience enormous challenges in implementing child protection services (high caseloads, staff shortages, time constraints, lack of resources, limited infrastructure).
- With regards to guidelines for current intervention strategies, social workers have no supervision, lack of training, no practice model, the available policies are not being implemented effectively, and there is a heavy reliance on gut instincts in practice.
- The current intervention strategies for the emergency removal and safety placement of children at risk includes: intake, risk assessment, finding a CYCC, Form 36 removal, medical exam, admission and orientation at CYCC, and post placement services.

Although phase 1 primarily aimed to achieve objective 1 by directly exploring the current intervention strategies for the emergency removal and safety placement of children, during the other phases, the current intervention strategies were indirectly further clarified by the participants. As data was collected from participants during the other phases (phase 2 (step 2), phase 4 (step 2) and phase 5), they were indirectly providing further information and clarity regarding the current intervention strategies.

Objective one was achieved in phase 1 (and further supported, clarified and substantiated within phases 2, 4 and 5) by exploring and describing the current intervention strategies for the emergency removal and safety placement of children at risk used by designated social workers, residential social workers and CYCWs. Article 1 and 3 speak to the current intervention strategies for the emergency removal and safety placement of children at risk.

From the data collected, the following conclusions can be drawn in relation to objective 1:

- There is currently no practice model for child protection interventions and that a practice model is desperately needed to guide interventions and improve outcomes for children.
- There are challenges with rendering effective child protection interventions that a practice model would need to address at governmental and organisational levels.
- Training is needed for social workers in child protection interventions.

- The intervention strategies for the emergency removal and safety placement of children include: intake, risk assessment, Form 36 removal, finding a CYCC, medical exam, admission at CYCC, orientation at CYCC, and post placement services.

2.2 OBJECTIVE 2

To explore and describe how designated social workers, residential social workers, and CYCWs incorporate the Best Interest of the Child Standard when planning interventions for the emergency removal and safety placement of children at risk.

Objective 2 was addressed in phase 2. Phase 2 of this study involved three discussion groups and one interview with three designated social workers, three residential social workers and three child and youth care workers. Participants were provided with a basic outline of the intervention strategies which emanated from the data collected in phase one, and they discussed the intervention strategies in terms of the best interests of the child standard and discussed how the standard could be incorporated into the intervention strategies. The findings from the data collected in phase 2 are:

- Various factors for consideration within the best interest standard sometimes present challenges for social workers when making risk assessment decisions, as the factors are sometimes viewed to conflict with one another.
- Due to the challenges experienced in social work (high caseloads, staff shortages, lack of resources), social workers are not always able to work according to the best interests of the child.
- Best interest's factors such as the language, culture and religious views of the child are considered secondary to ensuring the child's immediate safety.
- The short and long term best interests of the child can sometimes differ, and as such, both need to be considered when removing children and placing them in safety.

Objective 2 was achieved in phase 2 and is further discussed in Article 2 with regards to how the best interest of the child standard can be incorporated when

planning interventions for the emergency removal and safety placement of children at risk. The main conclusions drawn from the findings in relation to objective 2 are: that the best interests of the child standard must be viewed holistically (not fragmented, in bits and pieces), the standard needs to be incorporated throughout the child protection process (at each step of the intervention), and short and long term best interests need to be taken into consideration simultaneously when making emergency child protection decisions.

2.3 OBJECTIVE 3

To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.

Objective 3 was addressed in phase 2. Phase 2 of this study involved three discussion groups and one interview with three designated social workers, three residential social workers and three child and youth care workers. Participants discussed various social work theories that they use (or should use) when planning interventions for the emergency removal and safety placement of children at risk. The findings from the data collected in phase 2 with regards to objective 3 are:

- Many social workers do not make use of social work theories when planning interventions for the emergency removal and safety placement of children at risk.
- Systems theory, strengths-based approach, developmental theory and attachment theory are the theories which are viewed as being most important in informing the development of a model for planning interventions.

The main conclusion that can be drawn from phase 2 in relation to reaching objective 3, is that an eclectic use of a variety of social work theories are needed to inform the development of a model.

Furthermore, objective 3 was specifically addressed in phase 2 (step 1 and 3) by means of the in-depth literature study (*see* Section B, Part 2) with regards to how social work theories inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk. From the literature

study, the following conclusions can be made with regards to social work theories and how they inform the development of a model:

- Systems theory provides specific insights for risk assessment and decision making within the context of emergency child protection practice.
- Attachment theory is an essential component for assessing and understanding relationships (part of risk assessment), understanding the impact of separation from significant others on the child (emergency removal), and emphasises the importance of family reunification (relevant for post placement services).
- Developmental theory is invaluable for guiding social workers in how to work with children of different ages and developmental stages.
- Maslow's hierarchy of needs gives insights for risk assessment decisions and guides direct work with children when removed and placed into safety (meeting basic needs).

Objective 3 was achieved in phase 2 and is further discussed in Article 3 (see Section C) as well as the literature study (see Section B, Part 2).

2.4 OBJECTIVE 4

To utilise the knowledge, skills and experiences of designated and residential social workers and CYCWs to inform the development of a preliminary model for the emergency removal and safety placement of children at risk.

Objective 4 was achieved in phases 1, 2, 4 and 5 – see Article 3 (Section C). Phases 1 and 2 produced data collected from designated social workers, residential social workers and CYCWs with regards to current intervention strategies (Article 1), best interest of the child (Article 2), and various social work theories which informed the development of the model for planning interventions.

In terms of utilising the knowledge, skills and experiences of DSWs, RSWs and CYCWs to inform the development of the model, these primary findings were obtained from phases 1, 2, 4 and 5 from the participants:

- There are several challenges in the field which inhibit child protection interventions (high caseloads, staff shortages, lack of practical resources, poor infrastructure).

- Professionals lack a model to guide them in emergency child protection interventions.
- Professionals rely on other sources of support (cultural values, gut instincts, colleagues) because they do not receive sufficient supervision, training, or have a model for practice.
- There is currently no multi-disciplinary team approach to rendering child protection services.
- There is currently a lack of an emotionally caring response in child protection interventions.
- There is a sequence of chronological intervention strategies which are undertaken when removing children and placing them in safety in emergency situations.
- Communication and the sharing of information amongst professionals are lacking and appear to be damaging the relationships between these professionals.
- After children are placed in safety, there are various post placement services which are lacking in practice, greatly affecting the child and inhibiting opportunities for family reunification.
- The best interests of the child standard is not used effectively as a whole principle throughout the child protection process, but rather in a fragmented way which limits and prevents interventions from being implemented in the best interest of the child.
- Although some social work theories for practice were identified by the participants, it was found that social work theories are not used within emergency child protection interventions.

The conclusions that can be drawn from phases 1, 2, 4 and 5 in relation to meeting objective 4 include:

- A model for effective intervention needs to make provision for addressing the major challenges experienced in the field.
- Existing support systems in the provision of child protection intervention (colleagues, police services, multi-disciplinary team approach) need to be highlighted in the development of a model for practice; and other support systems, such as supervision, need to be emphasised and made provisions for.

- In the development of a model for practice, it is important for social workers to engage with children from an ethic of care approach (being emotionally responsive); and that this may require specialised knowledge, skills and techniques for working with children.
- The model needs to consist of standardised, chronological intervention strategies for the emergency removal and safety placement of children.
- A model for planning interventions needs to promote a multi-disciplinary team approach, with open communication systems where information is shared between professionals.
- Services and interventions for the emergency removal and safety placement of children do not stop after the child is safely placed at the CYCC. Important post placement services (medical assessments, referrals, school placements, counselling, family contact, etc.) need to continue after the child is placed, and must be incorporated into a model (to ensure the best interest of the child are adhered to, to ensure the child spends the least amount of time separated from their family, and to enhance family reunification possibilities).
- It is essential that the best interest of the child standard (as a whole) is incorporated holistically at each intervention strategy undertaken in the emergency removal and safety placement of children at risk.
- In developing the model, it is imperative that social work theories are highlighted for their relevance, and are practically linked to various intervention strategies.

2.5 OBJECTIVE 5

To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated with designated social workers, residential social workers and CYCWs.

Objective 5 was addressed in phase 4. In phase 4, data collected from participants in phases 1 and 2 was used to develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk.

In phase four, the preliminary model was discussed and evaluated by two designated social workers, two residential social workers, and two child and youth

care workers. The preliminary model was presented at two discussion groups and one interview with the participants, who discussed and evaluated the preliminary model and provided feedback on the model in terms of its suitability, effectiveness, changes needed, and use in practice. The findings from phase 4 were:

- That the preliminary model needed changes made to the intervention strategies (the chronological order was corrected).
- Practical elements (action steps) for each intervention strategy were further explained and clarified.
- Various aspects of the preliminary model were highlighted including the urgency with which cases needed to be dealt with, and that a focus on early intervention and prevention work needed to be included.
- Ethical values and practice principles for the model (such as a multi-disciplinary team approach, and working from an ethic of care approach) were acknowledged and highlighted.

All feedback obtained from the participants in phase 4 was then used to further develop the preliminary model for planning interventions for the emergency removal and safety placement for children at risk, thereby reaching objective 5.

The conclusions that can be drawn from phase 4 in relation to meeting objective 5 are:

- A preliminary model for planning interventions for the emergency removal and safety placement of children at risk was developed.
- The preliminary model was then discussed with and evaluated by designated social workers, residential social workers and child and youth care workers.
- Recommendations for changes needed to the model were obtained, and the model was adjusted accordingly.

2.6 OBJECTIVE 6

To finalise a theoretical model for planning interventions for the emergency removal and safety placement of children at risk.

Objective 6 was addressed in phase 5. In phase 5, for final evaluation and advanced development, the preliminary model (which had been adapted according to feedback received from previous phases) was discussed with four social workers in the field of child protection. The model was evaluated by the participants by means of applying the model to a theoretical case study. Participants provided feedback on the model in terms of its suitability, effectiveness, changes needed, and use in practice. Furthermore, in phase 5, the model was discussed with a legal expert, a presiding officer at the Children's Court, where feedback was obtained on what needed to be included in the model.

The primary findings from phase 5 identified minor adjustments needed to the model, and highlighted the importance of social workers receiving training in the model so that the model can be effectively implemented in practice.

Feedback obtained from phase 5 was used to finalise a model for planning interventions for the emergency removal and safety placement of children at risk, thereby reaching objective 6 (*see* Section C: Article 3). The finalised model is discussed in Section A, Part 2 (3.5.1) and presented in Addendum E.

The conclusions that can be drawn from phase 5 in terms of objective 6 are:

- The model for the emergency removal and safety placement of children at risk has been finalised.
- That the developed model is successful (easy / simple to use, has a logical flow, is workable within different contexts and is relevant for practice).

All the objectives of this study have been reached and the model for planning interventions for the emergency removal and safety placement of children at risk has been developed.

3. LIMITATIONS

In conducting this research study, collecting data from the participants in the field, and exploring literature around social work practice, it became clear that a major challenge in terms of providing emergency child protection services, is the time

limitations surrounding this intervention. Emergency child protection is related to the urgent need to remove a child immediately from their current circumstances in order to protect them from further harm. However, what is clear from this study and the developed model, is that emergency child protection also entails numerous tasks undertaken by the social worker (discussions with the child and family, risk assessment, form 36 removal, obtaining assistance from the police, taking the child for the medical exam, etc). Although the desperate situations of at-risk children require “same day” emergency interventions, there are great limitations for social workers in being able to get through all the legal tasks required to fulfil this statutory duty effectively.

One of the greatest challenges experienced by the researcher in this study, was with regards to trying to gain entry via the gatekeepers and mediators of the child protection organisations and child and youth care centres. The researcher has been and is currently working in the field of emergency child protection, and as such has established long term working relationships with many designated social workers, residential social workers and child and youth care workers in the field. However, ethical protocols for this research require that participants are not contacted directly, but rather via gatekeepers and mediators. It was found that many of the gatekeepers and mediators were unwilling to engage with the researcher (due to any number of factors including staff shortages, high caseloads, limited time frames, etc. as well as not having an existing relationship with the researcher), and as such this greatly limited the number of participants that could be reached. The researcher believes more participants would be willing to participate in the study if it was possible to contact them directly. As the designated social workers, residential social worker and child and youth care workers are directly involved in the emergency removal and safety placement of children at risk (as opposed to the gatekeepers and mediators who are not directly involved), it seems that they may be more willing to participate in future research.

However, even though they may be willing to participate, one of the other major limitations in this research was the availability of the participants. This study involved the engagement with participants whose work entails *emergency* child protection services. As such, all the participants were faced with enormous challenges in their day to day working environments (very high caseloads, severe time constraints) and

this impacted on their availability to participate in the study. This created difficulty for the researcher in trying to set suitably convenient dates and times for the interviews and groups. During interviews and groups, it was also experienced that some participants had to leave during the interview or group because of being called away to deal with emergency child protection cases.

Finally, the researcher found that in particular, the residential social workers and CYCWs struggled with the application of social work theories and the best interest of the child standard when applying it to their intervention strategies. It appeared that this is not something that they are engaging with on a daily basis, unlike the designated social worker. This created a challenge for the researcher when needing to develop the model based on feedback from the participants. The RSWs and CYCWs provided very little information and it appeared that they struggled to identify theories used within practice and how to apply the best interests of the child standard to the development of the model.

4. RECOMMENDATIONS

The following recommendations are made in terms of practice, training, further research and policy.

4.1 RECOMMENDATIONS FOR PRACTICE

It is recommended that changes are needed at governmental and organisational levels for the model for planning interventions for the emergency removal and safety placement of children at risk to be implemented effectively:

- More social workers and/or allocated child protection social workers; over time or compensation for social workers doing afterhours child protection.
- Supervision and guidance of social workers; debriefing opportunities to address burnout and compassion fatigue.
- Practical resources: car seats, baby formula, children's clothes, nappies, wet wipes, blanket, teddy bear – available as part of a "CHILD PROTECTION TOOLKIT" at the CPO.

- Infrastructure at CYCCs and CPOs including: telephones, internet, emails, cars.
- General infrastructure: more child and youth care centres (especially for children with disabilities, and catering for wide range of age groups (sibling placements)).
- More inclusion of CYCWs on admission of children at CYCCs and to assist with parenting skills as part of family reunification work (recognition of their value).
- A standardised application form for all CYCC emergency admissions.
- A standardised risk assessment tool for all DSWs that assists with decision making.
- 24-hour medical assessment centres (district surgeons / forensic doctors available or on call for afterhours emergencies).
- Resource lists available to DSWs of: CYCCs (with contact details, age criteria, programs available, cell phone numbers of RSWs for emergency admissions), district surgeons (contact details), FCS officers.

4.2 RECOMMENDATIONS FOR TRAINING

This study highlighted that social workers engaging the emergency removal and safety placement of children at risk require specialised training due to the nature of child protection work. In order to implement the model that has been developed in this study, it is strongly recommended that social workers receive training. It is recommended that social work students at university receive training in child protection and this model as part of their curriculum. It is also recommended that social workers at CPOs and CYCCs receive training in the model; as well as police officers who would be working with social workers in implementing child protection. Furthermore, it is recommended that a mentorship program is established with social workers that have been trained in the model to ensure that the model continues to be used effectively in practice, and that a follow up training is provided to social workers 3-6 months after their initial training in the model.

Recommended training for social workers in the field of child protection, includes:

- Effective case management skills: planning and organising skills, skills in prioritising and time management, quick problem solving skills, critical thinking skills, stress management.

- First aid (e.g. how to identify dehydration in a baby), and self-defence (skills and techniques for how to work with aggressive parents).
- An understanding of social issues and their impact on the child and family system (drug abuse, domestic violence, child abuse, neglect, poverty, HIV).
- An understanding of child development (emotional, social, cognitive); and age and developmentally appropriate skills and techniques to work with children.
- An understanding of trauma and the impact on the child of separation from parents, caregivers, siblings, home, school, community.
- An eclectic use of various social work theories in child protection interventions.
- A holistic understanding and incorporation of the best interest of the child into child protection interventions.
- Understanding of relevant legislation (Children's Act, Constitution, UNCRC, Developmental social welfare) and its practical implementation for the emergency removal and safety placement of children at risk.
- Intervention strategies, assessment tools, and methods used for the emergency removal and safety placement of children at risk.

4.3 RECOMMENDATIONS FOR RESEARCH

Although there are a number of recommendations that can be made for further research, only a few will be highlighted here.

This study involved 41 participants in total, and although data saturation was achieved by means of the same themes emerging in the data, it is recommended that the research is duplicated with a larger sample size to further validate its findings.

One of the significant findings in this study was regarding the challenges that are experienced by social workers in rendering child protection interventions (high caseloads, time constraints, staff shortages, lack of resources, etc.). The findings from this study showed that the challenges have a severe impact on rendering child

protection intervention – resulting in the chaotic, “drop and go” approach to “dumping” children at the CYCC. Further research is needed in this area with regards to challenges faced by child protection workers, the impact on services and clients, and what is needed to reduce the negative impact of those challenges.

Similarly, this study confirmed that a more emotionally responsive approach to children in child protection is needed – as asserted in literature regarding an ethic of care approach (Dybicz, 2012; Hansen & Ainsworth, 2013; Holland, 2010) which is a crucial element currently missing from social work practice. However, the designated social workers in this study brought to light the challenges in being emotionally responsive towards children with regards to high caseloads, stress and burnout, time constraints, etc. It is recommended that further research is done in this area with regards to supporting child protection social workers (supervision, preventing burnout, skills in case management, etc.) in being able to render child protection services considering an ethic of care approach.

The rendering of culturally sensitive practice was highlighted in this study in terms of: CYCWs are primarily guided in practice by cultural values of Ubuntu (Abdullah, 2015; Allsopp & Thumbadoo, 2002; Panse, 2006; Thumbadoo, 2013). The Children’s Act (RSA, 2005) specifies that culturally sensitive practice is in accordance with the best interest of the child, and cultural sensitivity is highlighted within ethical values and practice principles for social service professionals (SACSSP, 1978). However, this study showed that many children’s culture, language, and religious beliefs are not taken into consideration especially in relation to placing children in safety at CYCCs. As such, it is recommended that further research is conducted into how emergency child protection practice can be more culturally sensitive, especially within a South African context.

Finally, it is also recommended that further research is conducted to test the efficiency of the proposed model that has been developed. With regards to the time challenges in implementing emergency child protection services (and all the various legal tasks it requires), further research is needed in assessing the social workers ability and capacity to achieve these tasks within the required time frames, and for possible alternative stratgeies to be explored.

4.4 RECOMMENDATIONS FOR POLICY

As highlighted in literature (Anon., 2005:854-887; Bessell & Gal, 2009:284; Coman & Devaney, 2011:37; Department of Social Development, 2012:4; Jackson & Feit, 2011; Janssen *et al.*, 2013; Johnson, 2013:112; Schmid, 2007:500; Schmied & Walsh, 2010:165; September, 2006:65; Walsh, 2011:213) and in this study, there is currently a gap in terms of providing professionals with a model for planning interventions for the emergency removal and safety placement of children at risk. This study has resulted in the development of a model for planning interventions for the emergency removal and safety placement of children at risk. In terms of recommendations for policy, it is recommended that this model is incorporated into policies and legislations for child protection practice to address the gap and provide professionals with guidelines for practice.

Furthermore, it is recommended that the model and recommendations for training as discussed above, are included into policies at training institutions (colleges, universities, etc.) so that social workers are prepared before going into practice for how to manage and intervene in emergency child protection.

5. RESEARCHER'S REFLECTIONS

This section of the report will include personal reflections by the researcher undertaken throughout this research process, and as such will be written in the first person.

I took on this field of study based on my personal experiences in the field of child protection. I have worked over the last 10 years at three different child protection organisations, and have been directly involved with the afterhours emergency child protection centre, conducting emergency removals, and placing children into temporary safe care at various CYCC's across the Western Cape. What I experienced in my work, was that I was not emotionally protecting children during some of their most traumatic life experiences. I found myself, after having JUST removed a child, looking at them through the rear-view mirror in my car, quickly rattling off some explanation as to what happened to the wide-eyed little person sitting in the backseat of my car. In discussing this with other social workers in the

field, I became more aware of how common this experience was – of designated social workers not emotionally protecting children when they are being removed from their families. The many social workers that I spoke to before taking on this study echoed the same experiences that I had in child protection, and there was a consensus that something needed to change.

One of the biggest challenges for me during this study was the fact that I was a social worker, who has been in the field, and has had personal experiences of the exact situations that I was asking the participants to describe. I found myself wanting to give advice and agree with what the participants were sharing, instead of necessarily asking for more clarity as I knew what they were talking about from my own experiences. There was one participant in particular, who was sharing with me how she talks to children, how she explains to them that they were going to be removed, that shocked me. She referred to harsh words that she would use to inform children about being removed: "You must be harsh towards the parents", "you just talk to the children straight". She seemed to lack the emotional responsiveness to children that I knew was so desperately lacking in practice. As a social work supervisor, I found myself sitting in the chair literally biting my tongue as I so desperately wanted to guide her in alternative ways to work with children.

When I initially decided to do this research, I was confident about being able to get participants as I was in the field and already had established good working relationships with many social workers. However, as part of the Ethics Committee's decision, it was ethically required that I contact the managers at the CPOs and CYCCs to first request permission to conduct the research. I then had to request that the managers contact their DSWs and RSWs, go through the consent form with them, and that the managers indicate if there was anyone interested in participating in the research. This was a huge setback and created a stumbling block for me to gain access to the participants. I have existing relationships with the social workers as they work in the field, but not with the managers, as they are not directly involved in the field. Many of the managers that I contacted indicated frustrations with the research process and told me to contact the social workers themselves directly (which was not ethically allowed). Due to the processes in place for going through gatekeepers and mediators, this resulted in not being able to gain as many participants. One particular incident with a manager who was very frustrated with the

process, resulted in not being able to contact anyone from one of the CPOs – and as there are only four major CPOs within the Western Cape, this was a huge setback. A few social workers also found out about this research from their colleagues and indicated to me that they would love to get involved and participate. However, as I was required to go through their managers, this did not materialise. One of the limitations of this study, was that I was not able to interview as many DSWs as originally planned; and the reasons for this was due to the current measures in place that created blockages to gaining access to participants.

Once I was able to interview the DSWs in particular, I was surprised at how guilty I felt. All of the DSWs spoke about the challenges they experience including having very high caseloads, that there was a shortage of social workers, that they never had enough time to do the work, many of them removing children after hours and getting home very late, and a serious lack of resources (from telephones, to car seats, to not having anywhere to place a child as there are not enough CYCCs). During some of the interviews, the DSWs were even called out during the interview to go and remove a child. The participants discussed many challenges they experience in their day-to-day work in trying to render an effective service, and I felt guilty about taking up their very precious time. I struggled during some of the interviews, feeling like I was taking time away from an abused child that needed help, taking time away from a social worker that was already so pressed for time, felt like I was intruding and interfering in their work even. It was difficult to not be acutely aware of how much time I was taking, and I often felt the need to rush through the interview. The challenges that the social workers had discussed in phase one were very real challenges, and I was fully aware of and experienced them during this research, especially when trying to get participants. For phase two and four, I had planned on doing one focus group with the DSWs, RSWs and CYCWs. However, it proved to be impossible to try and arrange their schedules to all be available at one time – especially for something that was not a priority. The participants who had got back to me, and had agreed to participate could only do so if I went to see them – none of them could make the time to leave their office. The emergency nature of their work would not allow it.

The focus groups with the CYCWs were challenging in a different way. It seemed to me that the majority of the CYCWs (if not all of them) had been told to be at the

group by the RSW: "because she said so". As the research process required that their manager contact them to enquire if they wanted to participate, this seemed to create a situation whereby CYCWs seemed to be "forced" to participate in the study. I was very aware of our country's history during these situations; and it felt like a situation whereby an authoritative person in power (the social worker, notably, often a white person) had instructed a less powerful, vulnerable person (the CYCWs, all of whom were Black or Coloured) to do something, and the CYCWs were not in a position to disagree with them. I felt that many of the CYCWs had been told to attend the group, and were not there out of choice. This was a challenge that may have been avoided if the researcher had the opportunity to ask them herself; instead of their managers or the RSWs telling them to participate.

A further challenge with the CYCWs was with regards to their intellectual capacity to contribute to this study. As discussed in the literature study, CYCWs have only recently been recognised as professionals, and many of them do not have any training in CYCW. This was very evident in this research where the CYCWs seemed to struggle a lot with the researcher's questions around integrating the theory and applying the best interests of the child standard into their practice.

Throughout this research study, I was employed at a CYCC where I worked as the residential social worker (I am now the social work manager there), where I have been directly involved with children, CYCWs and DSWs in the emergency removal and safety placement of children. It has been a challenging experience to be involved in this study, gaining wisdom in this particular area from the participants, and then applying it to my own working environment. Just yesterday, a DSW walked into my CYCC with a 4-year-old little girl who was clearly distraught and sobbing (she had been removed from her mother's care after being in hospital for four months because her hand was placed by the mother into boiling water as a ritual to get rid of demons). The DSW walked inside whilst on his cell phone, was not paying any attention to the child who was crying, walked straight past myself and the other CYCWs to go and sit in the lounge on the couch and continue with his phone call. I told him to get off his phone and explain what was going on, to which he replied that he did not know the girl's name or what her situation was. In this situation, the DSW was on leave and another DSW "assisted" with her case, by fetching this child and bringing her to the CYCC. But this DSW had not even bothered to find out this child's

name, he had not said anything to her, he had not explained to her what was going on, and did not care for her – he did not provide any kind of emotional response towards this child. This situation shook me to my core; and in light of this research that I was doing, it felt even more real. At that moment, I heard all the words of my participants running through my mind: "children are just dumped by DSWs", "drop and go … move onto the next crisis".

In another situation, a DSW arrived at the CYCC where I work with a 2 yr. old girl in her arms who looked like a dear in the headlights. The DSW was on the verge of crying, I could see the tears in her eyes welling up. Her dress was torn, and there was blood on the DSW, her clothes, and the child. The DSW had just spent the day, with the police, physically fighting with the parents to protect this child; who was found with a very dirty nappy that had not been changed in days, and wearing no clothes, had been living on streets, under a bridge with parents who were heavily under the influence of drugs and alcohol. I felt quite emotional as I was receiving this child and admitting her at the CYCC … remembering everything that the DSWs had been telling me during their interviews about the trauma that they themselves experience when removing children. Being the saviour for these children, coming in and protecting them, fighting for them, bonding with them, and then having to leave them at the CYCC. I was reminded of the resilience of these children. As adults, we are only just coping with the trauma of the day, but these children are resilient in the face of unimaginable trials.

This research has been very real for me. I have experienced its challenges every day and have been overwhelmed by the importance of its results and recommendations for social workers in the field of child protection and for the children that are removed from their families.

6. FINAL WORD

The researcher undertook this study based on observations and personal experience with the challenges faced in rendering emergency child protection practice. The study confirmed much of what is documented in literature regarding challenges faced, the need for an ethic of care approach, and that there is a gap in terms of providing professionals with a model for practice in emergency child protection.

Significantly, the study addressed the gap identified in literature and has resulted in the development of a practice model which guides social workers with the emergency removal and safety placement of children at risk. The researcher is motivated to take the findings of this study and the model further – to make it available to social workers in the field, to provide the training needed so that the model can be implemented and to further evaluate and develop the model in practice. The researcher believes that the model that has been developed will greatly improve child protection services, and subsequently result in better outcomes for children in need of care and protection.

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ADDENDUM A: PERMISSION LETTER FROM DSD



Research, Population and Knowledge Management

tel: +27 21 483 4512 fax: +27 21 483 5602

14 Queen Victoria Street, Cape Town, 8000

Reference: 12/1/2/4

Enquiries: Clinton Daniels/Petro Brink

Tel: 021 483 8658/483 4512

Ms J. Hope

A-603 Westlodge

Pinetree Avenue

Claremont7008

Dear Ms Hope

RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

1. Your request for ethical approval to undertake research in respect of *'The Emergency Removal and Safety Placement of children at risk: A model for planning interventions'*, refers.
2. It is a pleasure to inform you that your request has been approved by the Research Ethics Committee (REC) of the Department, subject to the following conditions:

    - That the Secretariat of the Research Ethics Committee be informed in writing of any changes made to your proposal after approval has been granted and be given the opportunity to respond to these changes.
    - That ethical standards and practices be maintained throughout the research study, in particular that written informed consent be obtained from participants.
    - The confidentiality and anonymity of participants, who agree to participate in the research, must be protected, should be maintained throughout the research process and should not be named in your research dissertation or any other publications that may emanate from your research.

- The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your dissertation should be send to the Secretariat of the REC for comment before further dissemination.
- That the Department be informed of any publications and presentations (at conferences and otherwise) of the research findings. This should be done in writing to the Secretariat of the REC.
- Please note that the Department supports the undertaking of research in order to contribute to the development of the body of knowledge as well as the publication and dissemination of the results of research. However, the manner in which research is undertaken and the findings of research reported should not result in the stigmatisation, labelling and/or victimisation of beneficiaries of its services.
- The Department should receive a copy of the final research dissertation and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research papers and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Logistical arrangements for the research must be made with relevant Regional Managers of the Department, subject to the operational requirements and service delivery priorities of the Department.
- Failure to comply with these conditions can result in this approval being revoked.

Yours sincerely

M Johnson

Ms M. Johnson

Chairperson: Research Ethics Committee

Date: 27/5/15

ADDENDUM B: ETHICAL CLEARANCE FROM NORTH-WEST UNIVERSITY

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

Private Bag X6001, Potchefstroom
South Africa 2520

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

Faculty of Health Sciences
Tel: 018-299 2092
Fax: 018-299 2088
Email: Minrie.Greeff@nwu.ac.za

31 May 2015

Dr C van Wyk
CCYFS

Dear Dr van Wyk

ETHICS APPLICATION: NWU-00034-15-S1 (C VAN WYK-J HOPE) "THE EMERGENCY REMOVAL AND SAFETY PLACEMENT OF CHILDREN AT RISK: A MODEL FOR PLANNING INTERVENTIONS"

Thank you for submitting your informed consent form and the permission letter from the Department of Social Development. All ethical concerns have now been addressed and ethical approval is granted until 30/11/2016.

Please note that any changes to the approved application must be submitted to the Health Research Ethics Committee for approval before implementation.

Yours sincerely



Prof Minrie Greeff
HREC Chairperson

Current details: (13210572) C:\Users\13210572\Documents\HREC\HREC - Applications\HREC - Applications 02 - 11 March 2015\NWU-00034-15-S1 (C van Wyk-J Hope)\NWU-00034-15-S1 (C van Wyk-J Hope) - Approval\NWU-00034-15-S1 (C van Wyk-J Hope) - Approval letter.docm
31 May 2015

File reference: 9.1.5.3

NORTH-WEST UNIVERSITY
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Private Bag X6001, Potchefstroom
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Tel: 018 299-1111/2222
Web: http://www.nwu.ac.za

Ethics Office
Tel: 018-285 2291

Email: Wayne.Towers@nwu.ac.za

22 April 2016

Dr C van Wyk
CCYFS

Dear Dr Van Wyk

APPROVAL OF AMENDMENT REQUEST

Ethics number: NWU-00034-15-A1

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

Project title: The emergency removal and safety placement of children at risk: a model for planning interventions

The Health Research Ethics Committee (HREC) has evaluated the feedback received regarding the corrections requested by this committee, after the initial review of your amendment request (by the expedited process) for the approval of a change in methodology from focus groups to semi-structured interviews in phases 2 and 4 of the study entitled, "The emergency removal and safety placement of children at risk: a model for planning interventions." We are satisfied with the corrections made to the application, following our initial review, and therefore we approve your amendment request. If there are any further amendments that are required, please inform the HREC immediately. If you have any further queries, please contact us at your earliest convenience.

Yours sincerely

Dr Wayne Towers
HREC Chairperson

Prof Minrie Greeff
Ethics Office Head

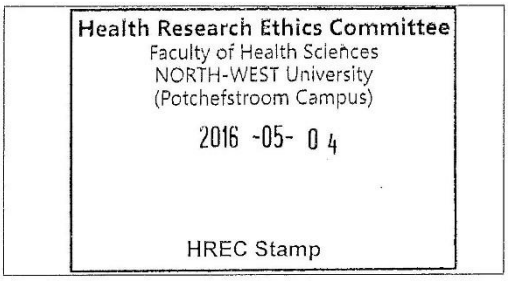
Current details: (13210572) C:\Users\13210572\Documents\HREC\HREC - Applications\2016 Applications\Applications 03 - 12 April 2016\NWU-00034-15-S1 (C van Wyk-J Hope)\NWU-00034-15-A1 (C van Wyk-J Hope) - AL\NWU-00034-15-A1 (C van Wyk-J Hope) - AL.docm
4 May 2016

File reference: 9.1.5.3

ADDENDUM C: INFORMED CONSENT FORMS



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



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR
INDIVIDUAL INTERVIEW PARTICIPANTS

TITLE OF THE RESEARCH PROJECT:

"The emergency removal and safety placement of children at risk: a model for planning interventions"

REFERENCE NUMBERS:	*(Ethics allocation number)*
PRINCIPAL INVESTIGATOR:	Jacqueline Hope
ADDRESS:	A-603 Westlodge, Pinetree Avenue, Claremont
CONTACT NUMBER:	084 438 0212

You are being invited to take part in a research project that forms part of my PhD Social Work degree. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect

you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (*NWU ethics approval number*) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki ad the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- This study will be conducted at a suitable confidential office and will involve semi-structured interview with an experienced researcher trained in social work.
- At least 30 participants will be included in this study.
- The objectives of this research are:
    - To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers, residential social workers and CYCW's.
    - To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.
    - To explore and describe how designated social workers, residential social workers, and CYCW's incorporate the "best interest of the child" principle when planning interventions for the emergency removal and safety placement of children at risk.
    - To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk.
    - To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated with designated social workers, residential social workers and CYCW's. .

- To finalise a theoretical model for planning interventions for the emergency removal and safety placement of children at risk.

Why have you been invited to participate?

- You have been invited to participate because you were selected for participation by your manager / supervisor.
- You have also complied with the following inclusion criteria:
  - Registered social worker,
  - Who are willing to participate voluntarily,
  - Give permission to be recorded,
  - Who can speak English and Afrikaans,
  - Work are employed at the child protection agency,
  - Who have at least 6 months experience as a designated / residential social worker (to ensure that the participants will have enough experience in order to have an opinion).
- This consent form is available in Afrikaans if needed.
- The exclusion criteria is as follows:
  - Those social workers and CYCW's that may be experiencing burn out or who are emotionally not able to participate due to work load and stress, as this could place those participants at a disadvantage with the research potentially asking questions about sensitive or difficult cases.
  - Those that cannot speak English or Afrikaans.

What will your responsibilities be?

- Your supervisor / manager will first discuss the research with you if you meet the inclusion criteria. You can tell your supervisor / manager if you want to participate in the research.
- The researcher will then contact you to talk about the research and what it is all about, and answer any questions you may have.
- You can then decide if you want to be part of the research or not.

- If you do decide to be part of the research, you will sign this consent form.
- If you do decide to be part of the research, you will take part in a semi-structured interview and focus group for no longer than 1 hour at a suitably convenient and private office where you will be asked questions related to the research topic and objectives as presented above.
- You can withdraw from the research at any time with no negative consequences.

What is the process?

The research project will be conducted in three phases. Please see below for further details on each phase:

Phase 1:

During phase 1, social workers will be invited to participate in an individual interview. The interviews will be conducted at the agency and will be about 60 minutes. The interview will be held on a date and time that is most suitable for you in a room at your agency that is private, confidential and safe. The social workers will be asked about the current intervention strategies that they make use of when planning interventions for the emergency removal and safety placement of children at risk.

Phase 2:

During the second phase of the research, the social workers will be invited to participate in a discussion group with residential and designated social workers and CYCW's. The discussion group will be held at a mutually convenient time and place for about 60 minutes. The discussion group will be held on a date and time that is most suitable for the participants in a room at your agency that is private, confidential and safe. The discussion group will be used to generate ideas about what should be included in a model for the emergency removal and safety placement of children at risk; and how the best interests of the child principal can be included in the proposed model. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 3:

During phase three the researcher will have created a preliminary model for the emergency removal and safety placement of children at risk (based on information gathered from the above mentioned phases). Designated social workers as well as residential social workers

and CYCW's from various CYCC's will be invited to participate in a discussion group where the preliminary model will be presented and discussed with the participants in order to evaluate the effectiveness of the proposed model. The group will be held at a mutually convenient venue and time for all the participants; but it may be necessary for your social workers to drive to that location. In this case, petrol costs will be remunerated. The group will be about 60 minutes. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 4:

The researcher will collate all the information towards finalising the model. Social workers will be requested to participate in the final phase of the research process whereby the preliminary model will be evaluated for the final time. A case study will be given to the social worker and they will be asked to use the case study to apply the preliminary model. After which, they will be requested to provide feedback to the researcher about the model, by way of an emailed correspondence that will be guided by the following questions, and if necessary this will be followed up with an interview.

- Is the model simple to use?
- Is the model practical?
- Can the model be applied / implemented in practice?
- Is the model effective?
- Is the model adaptable / workable with various cultures, ethnicities, etc?

The participant is requested to participate in phase ☐ of the research.

Will you benefit from taking part in this research?

- The direct benefits for you as a participant will be: none.
- The indirect benefit will be: your assist in contributing towards the knowledge base and literature on child protection services. The information the participants provide will be used to develop a model for use by professionals for planning interventions for the emergency removal and safety placement of children at risk. This may improve child protection services being rendered, thereby assisting social workers in undertaking

their tasks. In doing so, it may also contribute towards reducing the trauma experienced by children who have to be removed.

Are there risks involved in your taking part in this research?

Participants will be asked questions about child protection related situations. It is possible that while providing this information that it will remind participants of their own experiences, some of which could be painful or difficult memories. The risks involved in participating in this research, is that it could bring about memories of child protection situations that the participant experienced. In this case, if the interview or group becomes emotionally distressing, the participant can ask for the interview to be stopped and it will not continue.

However, the benefits of the research do outweigh the potential risks.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

If the participant feels that they need further support or debriefing following the interview or group, the researcher will request permission from the participant to make a referral for counselling services if needed. This could be with the participants own supervisor, or an external agency such as the Western Cape Social Work Veterans Forum. The researcher will cover these costs if needed.

Who will have access to the data?

Participants' name and identifying particulars will only be known to the researcher who will be conducting the interview and will not be reported in the final research report. All participants are allocated a participant number which will be used within the final report.

The interviews, focus groups and discussion groups will be recorded using a Dictaphone – this does not record images or video, just sound. The Dictaphone is used so that the researcher can type the interviews and groups word for word for data analysis. Any extracts from what you have said will be indicated by a participant number, and no other identifying information will be disclosed.

If you will be participating in the focus or discussion groups, we ask that each group participant agrees to not disclose what is discussed during the group with others outside of the group. We ask all group participants to be respectful and keep the information they hear from other participants as confidential.

The data collected will be the recordings from the Dictaphones of the interviews, focus group and discussion groups as well as reflective notes taken by the researcher during the interview/focus group. This will be used to transcribe the interviews and groups, which will then be analysed with other literature. The recordings and transcribed interviews will be kept on the researchers own computer which is password protected during the course of the study. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected.

After the final report has been submitted to the NWU, the Dictaphone recordings, interview transcriptions and reflective notes will be locked away at the NWU for a period of 5 years, after which they will be destroyed.

The final report will be submitted to the University as submission for the PhD in Social Work. Journal articles will also be submitted to various academic journals including Social work / Maatskaplikewerk, Child Abuse Review, and the International Journal of Social Work.

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

Participants are not provided with any incentive for participation in this research. However, the researcher will provide cool drink and biscuits to participants during the interviews and focus groups. There will be no transport expenses incurred as the researcher will go to the participants to conduct the interviews and groups. If there are transport expenses, the researcher will reimburse the participants. There will thus be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

- You can contact Dr. Carlien van Wyk at the Centre for Child, Youth and Family Studies at (021) 864-3593 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2094; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- All participants will be provided with feedback on the results of the research at a feedback meeting with the researcher.

Declaration by participant

By signing below, I ..... agree to take part in a research study entitled: *"The emergency removal and safety placement of children at risk: a model for planning interventions"*

I declare that:

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

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

....

Signature of participant Signature of witness

Declaration by person obtaining consent

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

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.

- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

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

....

Signature of person obtaining consent Signature of witness

Declaration by researcher

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

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

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

....

Signature of researcher **Signature of witness**

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

Health Research Ethics Committee
Faculty of Health Sciences
NORTH-WEST University
(Potchefstroom Campus)
2016 -05- 04
HREC Stamp

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR
FOCUS GROUP AND DISCUSSION GROUP PARTICIPANTS

TITLE OF THE RESEARCH PROJECT:

"The emergency removal and safety placement of children at risk: a model for planning interventions"

REFERENCE NUMBERS:	*(Ethics allocation number)*
PRINCIPAL INVESTIGATOR:	Jacqueline Hope
ADDRESS:	A-603 Westlodge, Pinetree Avenue, Claremont
CONTACT NUMBER:	084 438 0212

You are invited to take part in research that forms part of my PhD Social Work degree. Please take some time to read the information here, which will explain the details of the research. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you understand what this research is about and how you could be involved. Also, your participation is **entirely voluntary** and you do not have to participate if you do not want to. If you say no, this will not affect you negatively in any way whatsoever. Even if you say yes now to participate, you can say no later.

This research has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (*NWU ethics approval number*) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki ad the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- This research will be conducted at a date and time that suits you in a private office.
- This research will involve a focus group and/or discussion group with an experienced researcher trained in social work.
- The focus groups will include 4-6 other participants; while the discussion groups may include 2-4 other participants. The research topic will be discussed in the group with all the participants.

  With focus and discussion groups, it is important to keep confidentiality between the group members during and after the group. All group members will be asked to sign this form, making a promise to not talk about what is discussed in the group with others outside the group.
- At least 30 participants in total will be included in this research.
- The objectives of this research are:
  - To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers, residential social workers and CYCW's.
  - To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.
  - To explore and describe how designated social workers, residential social workers, and CYCW's incorporate the "best interest of the child" principle when planning interventions for the emergency removal and safety placement of children at risk.
  - To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk.

- To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated with designated social workers, residential social workers and CYCW's. .
- To finalise a theoretical model for planning interventions for the emergency removal and safety placement of children at risk.

Why have you been invited to participate?

- You have been invited to participate because you were selected for participation by your supervisor / manager because you meet the following inclusion criteria:
  - You are a registered social worker or child and youth care worker,
  - You are willing to participate voluntarily,
  - You give your permission to be recorded during the focus group,
  - Who can speak English or Afrikaans,
  - You are employed at a child protection agency or child and youth care centre,
  - Who you have at least 6 months experience as a designated / residential social worker or CYCW (to ensure that you have enough experience in order to have an opinion).
- This consent form is available in Afrikaans if needed.
- You will be excluded from the research if:
  - You are experiencing burn out or are emotionally not able to participate because of work load and stress, as this could place those participants at a disadvantage with the research potentially asking questions about sensitive or difficult cases.
  - You cannot speak English or Afrikaans.

What will your responsibilities be?

- Your supervisor / manager will first discuss the research with you if you meet the inclusion criteria. You can tell your supervisor / manager if you want to participate in the research.
- The researcher will then contact you to talk about the research and what it is all about, and answer any questions you may have.
- You can then decide if you want to be part of the research or not.
- If you do decide to be part of the research, you will sign this consent form.
- If you do decide to be part of the research, you will take part in a focus/discussion group with other CYCW's or social workers. (See attached for some questions that may be asked in the group).
- The focus/discussion group will be no longer than 1 hour at a convenient and private office where you will be asked questions about the research topic.
- You can withdraw from the research at any time with no negative consequences.

What is the process?

The research will be done in three phases:

Phase 1:

CYCW's will be invited to participate in a focus group. The focus group will be held at the CYCC and will be about 60 minutes (1 hour). The focus group will be held on a date and time that is most suitable for the participants in a room at your agency that is private, confidential and safe. The CYCW's will be asked about the intervention strategies that they use when planning interventions for the emergency removal and safety placement of children at risk.

Phase 2:

CYCW's will be invited to participate in a discussion group with residential and designated social workers. The discussion group will be held at a mutually convenient time and place for about 60 minutes. The group will be held in a room at your agency that is private, confidential and safe. The group will be used to generate ideas about what should be included in a model for the emergency removal and safety placement of children at risk; and how the best interests of the child principal can be included in the proposed model. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 3:

During phase three the researcher will have created a initial model for the emergency removal and safety placement of children at risk (based on information gathered from the above mentioned phases). Designated social workers as well as residential social workers and CYCW's from various CYCC's will be invited to participate in a discussion group where the initial model will be presented and discussed with the participants to evaluate the effectiveness of the model. The group will be held at a mutually convenient venue and time for all the participants; but it may be necessary for you to drive to that location. In this case, you will be compensated for any petrol costs. The discussion group will be about 60 minutes.

Phase 4:

The researcher will collate all the information towards finalising the model. Social workers will be requested to participate in the final phase of the research process whereby the preliminary model will be evaluated for the final time. A case study will be given to the social worker and they will be asked to use the case study to apply the preliminary model. After which, they will be requested to provide feedback to the researcher about the model, by way of an emailed correspondence that will be guided by the following questions, and if necessary this will be followed up with an interview.

- Is the model simple to use?
- Is the model practical?
- Can the model be applied / implemented in practice?
- Is the model effective?
- Is the model adaptable / workable with various cultures, ethnicities, etc?

The participant is requested to participate in phase ☐ of the research.

Will you benefit from taking part in this research?

- The direct benefits for you will be that you are helping by adding your experience, knowledge, skills and opinions to the research on child protection intervention with children.

- The indirect benefit will be that the information you give will be used to develop a model for planning interventions for the emergency removal and safety placement of children at risk. This may help improve child protection services and may also help reduce the trauma experienced by children who have to be removed.

Are there risks involved in your taking part in this research?

You will be asked questions about child protection situations (when children are removed from their families because of abuse, neglect, etc). It is possible that while giving this information that it will remind you of your own experiences, some of the memories may be emotional or difficult memories. The risks involved in participating in this research, is that it could bring up memories of child protection situations that are emotionally painful for you. In this case, if the interview or group becomes emotionally upsetting for you, you can ask for the interview or group to be stopped.

In a focus group and discussion group there is a risk that the other group members may disclose information that was discussed in the group (Webster, Lewis & Brown, 2014:86; Powell & Single, 1996:502). All group members are asked to sign this form, promising that they will keep the sensitive information discussed in the group confidential. The researcher is very aware of this concern and will do her best to address this in the focus group meetings by reminding participants of their promise. The researcher will discuss with everyone in the group that what is shared in the group must stay confidential.

However, the benefits of the research do outweigh the potential risks.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

If you feel that you need further support or debriefing after the focus/discussion group, the researcher will ask for your permission first to make a referral for counselling services. This could be with your own supervisor, or an external agency such as the Western Cape Social Work Veterans Forum. The researcher will cover these costs if needed.

Who will have access to the data?

Your name and identifying particulars will only be known to the researcher who will be doing the focus/discussion group and will not be reported in the final research report. All participants are given a participant number which will be used within the final report. Your name will not be used in the research report.

The focus groups and discussion groups will be recorded using a Dictaphone – this does not record images or video, just sound. The Dictaphone is used so that the researcher can type the groups word for word. Any quotations from what you have said will be indicated by a participant number, and no other identifying information will be disclosed.

Anonymity will only be partial due to focus/discussion groups, but group rules will be met to protect participants. If you will be participating in the focus/discussion groups, we ask that each group participant agrees to not disclose what is discussed during the group with others outside of the group. We ask all group participants to be respectful and keep the information they hear from other participants as confidential.

The data collected will be the recordings from the Dictaphones of the focus groups as well as notes taken by the researcher during the group. This will be used to transcribe the focus / discussion groups, which will then be analysed with other literature. The recordings and transcribed interviews will be kept on the researchers own computer which is password protected during the course of the study. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected.

After the final report has been submitted to the NWU, the Dictaphone recordings, interview transcriptions and reflective notes will be locked away at the NWU for a period of 5 years, after which they will be destroyed.

The final report will be submitted to the University as submission for the PhD in Social Work. Journal articles will also be submitted to various academic journals including Social work / Maatskaplikewerk, Child Abuse Review, and the International Journal of Social Work.

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

You will not be provided with any incentive for participation in this research. However, the researcher will provide cool drink and biscuits to during the focus groups. There will be no transport expenses because the researcher will go to you to conduct the focus groups. If there are transport expenses, the researcher will reimburse the participants according to the current AA rates. There will be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

- You can contact Dr. Carlien van Wyk at the Centre for Child, Youth and Family Studies at (021) 864-3593 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2094; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- The researcher will send you a copy of the transcribed focus group for you to check that the information is correct and shows what was done / discussed in the group.
- All participants will be provided with feedback on the results of the research at a feedback meeting with the researcher.

Declaration by participant

By signing below, I ..... agree to take part in a research study entitled: *"The emergency removal and safety placement of children at risk: a model for planning interventions"*

I declare that:

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

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

....

Signature of participant Signature of witness

Declaration by person obtaining consent

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

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

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

....

Signature of person obtaining consent Signature of witness

Declaration by researcher

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

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.

- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

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

....

Signature of researcher Signature of witness

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

Health Research Ethics Committee
Faculty of Health Sciences
NORTH-WEST University
(Potchefstroom Campus)
2016 -05- 04
HREC Stamp

PARTICIPANT INFORMATION LEAFLET AND WRITTEN INFORMED PERMISSION FORM TO GAIN ACCESS TO POTENTIAL PARTICIPANTS AT CHILD AND YOUTH CARE CENTRES

FOR THE ATTENTION OF: MANAGER / SUPERVISOR OF CHILD AND YOUTH CARE CENTRE

TITLE OF THE RESEARCH PROJECT:

"The emergency removal and safety placement of children at risk: a model for planning interventions"

REFERENCE NUMBERS:	*(Ethics allocation number)*
PRINCIPAL INVESTIGATOR:	Jacqueline Hope
ADDRESS:	A-603 Westlodge, Pinetree Avenue, Claremont
CONTACT NUMBER:	084 438 0212

I am a social worker studying my PhD at North West University and I would like to invite the social workers and child and youth care workers who are placed at or working at your child and youth care centre where you are the manager/supervisor to take part in a research project.

Please take some time to read the information below which will explain the details of the research. If you have any questions about this project please feel free to contact me. It is important that you understand what this research is about and how the social workers and child and youth care workers can be part of it. If you do not want to them to be part of this research please inform the researcher of this. Even if you say yes now, you can say no later. The participants' participation is **entirely voluntary** and they are free to decline to participate. If you or they say no, this will not affect you negatively in any way whatsoever. They are also free to withdraw from the study at any point, even if they do agree to take part initially.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (*NWU ethics approval number*) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki ad the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- This study will be conducted at a suitable confidential office and will involve semi-structured interviews, focus groups and discussion groups with an experienced researcher trained in social work.
- At least 30 participants will be included in this study.
- The objectives of this research are:
    - To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers, residential social workers and CYCW's.
    - To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.
    - To explore and describe how designated social workers, residential social workers, and CYCW's incorporate the "best interest of the child" principle when planning interventions for the emergency removal and safety placement of children at risk.

- To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk.
- To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated with designated social workers, residential social workers and CYCW's. .
- To finalise a theoretical model for planning interventions for the emergency removal and safety placement of children at risk.

Why have you been invited to participate?

- Your CYCC has been selected to participate in the research because the CYCC is based within the Cape Peninsula area of the Western Cape.
- As manager / supervisor of the CYCC, you are requested to select residential social workers and CYCW's at your CYCC that can be invited to participate in the study.
- Participants need to meet the following inclusion criteria:
  - Registered social workers and child and youth care workers
  - Who are willing to participate voluntarily,
  - Give permission to be recorded,
  - Who can speak English and Afrikaans,
  - Work are employed at the child and youth care centre,
  - Who have at least 6 months experience as a residential social worker or CYCW (to ensure that the participants will have enough experience in order to have an opinion).
- This consent form is available in Afrikaans if needed.

- The exclusion criteria is as follows:

- Those social workers and CYCW's that may be experiencing burn out or who are emotionally not able to participate due to work load and stress, as this could place those participants at a disadvantage with the research potentially asking questions about sensitive or difficult cases.
- Those that cannot speak English or Afrikaans.

What will your responsibilities be?

As the manager/supervisor of the CYCC, permission is required from you to gain access to the possible participants at the child and youth care centre. The researcher will briefly discuss the research proposal with the supervisor/manager and request an appointment where the research will be more formally introduced and discussed with them at a suitably convenient time and venue. The supervisor / manager will then be requested to contact social workers and CYCW's within their organisation who meet the selection criteria and to provide them with the information sheet and consent form. The researcher will allow one week for the prospective participants to go through the information, ask any they may have about the research, and consider participating in the research; after which the researcher will contact the supervisor/manager and ask which social workers and CYCW's have indicated an interest in participating in the research. The researcher will then make direct contact with the prospective participants and arrange an appointment at a mutually convenient time and venue where the researcher will discuss the research, any further questions, and the information sheet and consent form with the participants, prior commencement of the interview or focus group.

What is the process?

The research project will be conducted in three phases. Please see below for further details on each phase:

Phase 1:

During phase 1, residential social workers will be invited to participate in an individual interview and CYCW's will be invited to participate in a focus group. The interviews and focus groups will be conducted at the CYCC and will be about 60 minutes. The social workers and CYCW's will be asked about the current intervention strategies that they make use of when planning interventions for the emergency removal and safety placement of children at risk.

Phase 2:

During the second phase of the research, the residential social workers and CYCW's will be invited to participate in a discussion group with designated social workers. The discussion group will be held at a mutually convenient time and place at the CYCC's for about 60 minutes. The focus group will be used to generate ideas about what should be included in a model for the emergency removal and safety placement of children at risk; and how the best interests of the child principal can be included in the proposed model. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 3:

During phase three the researcher will have created a preliminary model for the emergency removal and safety placement of children at risk (based on information gathered from the above mentioned phases). Residential social workers and CYCW's from various CYCC's will be invited to participate in a discussion group (with designated social workers) where the preliminary model will be presented and discussed with the participants in order to evaluate the effectiveness of the proposed model. The discussion group will be held at a mutually convenient venue and time for all the participants; but it may be necessary for your social workers and CYCW's to drive to that location. In this case, petrol costs will be remunerated. The focus group will be about 60 minutes. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 4:

The researcher will collate all the information towards finalising the model. Social workers will be requested to participate in the final phase of the research process whereby the preliminary model will be evaluated for the final time. A case study will be given to the social worker and they will be asked to use the case study to apply the preliminary model. After which, they will be requested to provide feedback to the researcher about the model, by way of an emailed correspondence that will be guided by the following questions, and if necessary this will be followed up with an interview.

- Is the model simple to use?
- Is the model practical?
- Can the model be applied / implemented in practice?

- Is the model effective?
- Is the model adaptable / workable with various cultures, ethnicities, etc?

The participant is requested to participate in phase [ ] of the research.

Please see the attached the interview questions for each phase.

Will you benefit from taking part in this research?

The direct benefits for the participants will be: none.

The indirect benefit will be: you will assist in contributing towards the knowledge base and literature on child protection services. The information the participants provide will be used to develop a model for use by professionals for planning interventions for the emergency removal and safety placement of children at risk. This may improve child protection services being rendered, thereby assisting social workers in undertaking their tasks. In doing so, it may also contribute towards reducing the trauma experienced by children who have to be removed.

Are there risks involved in your taking part in this research?

Participants will be asked questions about child protection related situations. It is possible that while providing this information that it will remind participants of their own experiences, some of which could be painful or difficult memories. The risks involved in participating in this research, is that it could bring about memories of child protection situations that the participant experienced. In this case, if the interview or group becomes emotionally distressing, the participant can ask for the interview or group to be stopped and it will not continue.

However, the benefits of the research do outweigh the potential risks.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

If the participant feels that they need further support or debriefing following the interview or group, the researcher will request permission from the participant to make a referral for

counselling services if needed. This could be with the participants own supervisor, or an external agency such as the Western Cape Social Work Veterans Forum. The researcher will cover these costs if needed.

Who will have access to the data?

Participants' name and identifying particulars will only be known to the researcher who will be conducting the interview and will not be reported in the final research report. All participants are allocated a participant number which will be used within the final report.

The interviews, focus group and discussion groups will be recorded using a Dictaphone – this does not record images or video, just sound. The Dictaphone is used so that the researcher can type the interviews, focus group and discussion groups word for word for data analysis. Any extracts from what participants have said will be indicated by a participant number, and no other identifying information will be disclosed.

In the case of focus groups and discussion groups, we ask that each group participant agrees to not disclose what is discussed during the group with others outside of the group. We ask all group participants to be respectful and keep the information they hear from other participants as confidential.

The data collected will be the recordings from the Dictaphones of the interviews and focus group and discussion groups as well as reflective notes taken by the researcher during the interviews and groups. This will be used to transcribe the interviews and groups, which will then be analysed with other literature. The recordings and transcribed interviews will be kept on the researchers own computer which is password protected during the course of the study. The computer will remain stationary at the researcher's home, and will not travel with the researcher. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected.

After the final report has been submitted to the NWU, the Dictaphone recordings, interview transcriptions and reflective notes will be locked away at the NWU for a period of 5 years, after which they will be destroyed.

The final report will be submitted to the University as submission for the PhD in Social Work. Journal articles will also be submitted to various academic journals including Social work / Maatskaplikewerk, Child Abuse Review, and the International Journal of Social Work.

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

Participants are not provided with any incentive for participation in this research. However, the researcher will provide cool drink and biscuits to participants during the interviews and focus groups. There will be no transport expenses incurred as the researcher will go to the participants to conduct the interviews and groups. If there are transport expenses, the researcher will reimburse the participants. There will thus be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

- You can contact Dr. Carlien van Wyk at the Centre for Child, Youth and Family Studies at (021) 864-3593 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2094; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- All participants will be provided with feedback on the results of the research at a feedback meeting with the researcher.

Declaration by participant

By signing below, I ..... agree to take part in a research study entitled: *"The emergency removal and safety placement of children at risk: a model for planning interventions"*

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

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

....

Signature of participant Signature of witness

Declaration by person obtaining consent

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

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

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

....

Signature of person obtaining consent Signature of witness

Declaration by researcher

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

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

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

....

Signature of researcher Signature of witness

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

Health Research Ethics Committee
Faculty of Health Sciences
NORTH-WEST University
(Potchefstroom Campus)
2016 -05- 04
HREC Stamp

PARTICIPANT INFORMATION LEAFLET AND WRITTEN INFORMED PERMISSION FORM TO GAIN ACCESS TO POTENTIAL PARTICIPANTS AT CHILD PROTECTION AGENCIES

FOR THE ATTENTION OF: MANAGER / SUPERVISOR OF CHILD PROTECTION AGENCY

TITLE OF THE RESEARCH PROJECT:

"The emergency removal and safety placement of children at risk: a model for planning interventions"

REFERENCE NUMBERS:	*(Ethics allocation number)*
PRINCIPAL INVESTIGATOR:	Jacqueline Hope
ADDRESS:	A-603 Westlodge, Pinetree Avenue, Claremont
CONTACT NUMBER:	084 438 0212

I am a social worker studying my PhD at North West University and I would like to invite the social workers who are placed at or working at your child protection agency where you are the manager/supervisor to take part in a research project. Please take some time to read the

information below which will explain the details of the research. If you have any questions about this project please feel free to contact me. It is important that you understand what this research is about and how the social workers can be part of it. If you do not want to them to be part of this research please inform the researcher of this. Even if you say yes now, you can say no later. The participants' participation is **entirely voluntary** and they are free to decline to participate. If you or they say no, this will not affect you negatively in any way whatsoever. They are also free to withdraw from the study at any point, even if they do agree to take part initially.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (*NWU ethics approval number*) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki ad the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- This study will be conducted at a suitable confidential office and will involve semi-structured interviews, focus groups and discussion groups with an experienced researcher trained in social work.
- At least 30 participants will be included in this study.
- The objectives of this research are:
    - To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers, residential social workers and CYCW's.
    - To explore and describe social work theories as they inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk.
    - To explore and describe how designated social workers, residential social workers, and CYCW's incorporate the "best interest of the child" principle when planning interventions for the emergency removal and safety placement of children at risk.

- To utilise the knowledge, skills and experiences of designated and residential social workers and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk.
- To develop a preliminary model for planning interventions for the emergency removal and safety placement of children at risk that will be discussed and evaluated with designated social workers, residential social workers and CYCW's.
- To finalise a theoretical model for planning interventions for the emergency removal and safety placement of children at risk.

Why have you been invited to participate?

- Your child protection agency has been selected to participate in the research because the agency is based within the Cape Peninsula area of the Western Cape.
- As manager / supervisor of the child protection agency, you are requested to select designated social workers at your agency that can be invited to participate in the study.
- Participants need to meet the following inclusion criteria:
  - Registered social workers,
  - Who are willing to participate voluntarily,
  - Give permission to be recorded,
  - Who can speak English and Afrikaans,
  - Work are employed at the child protection agency,
  - Who have at least 6 months experience as a designated social worker (to ensure that the participants will have enough experience in order to have an opinion).
- This consent form is available in Afrikaans if needed.
- The exclusion criteria is as follows:
  - Those social workers that may be experiencing burn out or who are emotionally not able to participate due to work load and stress, as this could place those participants at a disadvantage with the research potentially asking questions about sensitive or difficult cases.

- Those that cannot speak English or Afrikaans.

What will your responsibilities be?

As the manager/supervisor of the CYCC, permission is required from you to gain access to the possible participants at the child and youth care centre. The researcher will briefly discuss the research proposal with the supervisor/manager and request an appointment where the research will be more formally introduced and discussed with them at a suitably convenient time and venue. The supervisor / manager will then be requested to contact social workers and CYCW's within their organisation who meet the selection criteria and to provide them with the information sheet and consent form. The researcher will allow one week for the prospective participants to go through the information, ask any questions they may have about the research, and consider participating in the research; after which the researcher will contact the supervisor/manager and ask which social workers and CYCW's have indicated an interest in participating in the research. The researcher will then make direct contact with the prospective participants and arrange an appointment at a mutually convenient time and venue where the researcher will discuss the research, any further questions, and the information sheet and consent form with the participants, prior commencement of the interview or group.

What is the process?

The research project will be conducted in three phases. Please see below for further details on each phase:

Phase 1:

During phase 1, designated social workers will be invited to participate in an individual interview. The interviews will be conducted at the agency and will be about 60 minutes. The social workers will be asked about the current intervention strategies that they make use of when planning interventions for the emergency removal and safety placement of children at risk.

Phase 2:

During the second phase of the research, the designated social workers will be invited to participate in a discussion group with residential social workers and CYCW's. The discussion group will be held at a mutually convenient time and place for about 60 minutes. The discussion group will be used to generate ideas about what should be included in a model for

the emergency removal and safety placement of children at risk; and how the best interests of the child principal can be included in the proposed model. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 3:

During phase three the researcher will have created a preliminary model for the emergency removal and safety placement of children at risk (based on information gathered from the above mentioned phases). Designated social workers as well as residential social workers and CYCW's from various CYCC's will be invited to participate in a discussion group where the preliminary model will be presented and discussed with the participants in order to evaluate the effectiveness of the proposed model. The discussion group will be held at a mutually convenient venue and time for all the participants; but it may be necessary for your social workers to drive to that location. In this case, petrol costs will be remunerated. The discussion group will be about 60 minutes. In situations where a discussion group is not suitably convenient for participants, a semi-structured interview may be conducted with participants individually.

Phase 4:

The researcher will collate all the information towards finalising the model. Social workers will be requested to participate in the final phase of the research process whereby the preliminary model will be evaluated for the final time. A case study will be given to the social worker and they will be asked to use the case study to apply the preliminary model. After which, they will be requested to provide feedback to the researcher about the model, by way of an emailed correspondence that will be guided by the following questions, and if necessary this will be followed up with an interview.

- Is the model simple to use?
- Is the model practical?
- Can the model be applied / implemented in practice?
- Is the model effective?
- Is the model adaptable / workable with various cultures, ethnicities, etc?

The participant is requested to participate in phase ☐ of the research.

Please see the attached the tentative interview questions for each phase.

Will you benefit from taking part in this research?

The direct benefits for you as a participant will be: none.

The indirect benefit will be: you will assist in contributing towards the knowledge base and literature on child protection services. The information the participants provide will be used to develop a model for use by professionals for planning interventions for the emergency removal and safety placement of children at risk. This may improve child protection services being rendered, thereby assisting social workers in undertaking their tasks. In doing so, it may also contribute towards reducing the trauma experienced by children who have to be removed.

Are there risks involved in your taking part in this research?

Participants will be asked questions about child protection related situations. It is possible that while providing this information that it will remind participants of their own experiences, some of which could be painful or difficult memories. The risks involved in participating in this research, is that it could bring about memories of child protection situations that the participant experienced. In this case, if the interview or group becomes emotionally distressing, the participant can ask for the interview to be stopped and it will not continue.

However, the benefits of the research do outweigh the potential risks.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

If the participant feels that they need further support or debriefing following the interview or group, the researcher will request permission from the participant to make a referral for counselling services if needed. This could be with the participants own supervisor, or an external agency such as the Western Cape Social Work Veterans Forum. The researcher will cover these costs if needed.

Who will have access to the data?

Participants' name and identifying particulars will only be known to the researcher who will be conducting the interview and will not be reported in the final research report. All participants are allocated a participant number which will be used within the final report.

The interviews, focus groups and discussion groups will be recorded using a Dictaphone – this does not record images or video, just sound. The Dictaphone is used so that the researcher can type the interviews and groups word for word for data analysis. Any extracts from what participants have said will be indicated by a participant number, and no other identifying information will be disclosed.

In the case of focus groups and discussion groups, we ask that each group participant agrees to not disclose what is discussed during the group with others outside of the group. We ask all group participants to be respectful and keep the information they hear from other participants as confidential.

The data collected will be the recordings from the Dictaphones of the interviews, focus groups and discussion groups as well as reflective notes taken by the researcher during the interview or group. This will be used to transcribe the interviews and groups, which will then be analysed with other literature. The recordings and transcribed interviews will be kept on the researchers own computer which is password protected during the course of the study. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected.

After the final report has been submitted to the NWU, the Dictaphone recordings, interview transcriptions and reflective notes will be locked away at the NWU for a period of 5 years, after which they will be destroyed.

The final report will be submitted to the University as submission for the PhD in Social Work. Journal articles will also be submitted to various academic journals including Social work / Maatskaplikewerk, Child Abuse Review, and the International Journal of Social Work.

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

Participants are not provided with any incentive for participation in this research. However, the researcher will provide cool drink and biscuits to participants during the interviews and groups. There will be no transport expenses incurred as the researcher will go to the participants to

conduct the interviews and groups. If there are transport expenses, the researcher will reimburse the participants. There will thus be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

- You can contact Dr. Carlien van Wyk at the Centre for Child, Youth and Family Studies at (021) 864-3593 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2094; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- All participants will be provided with feedback on the results of the research at a feedback meeting with the researcher.

Declaration by participant

By signing below, I ..... agree to take part in a research study entitled: *"The emergency removal and safety placement of children at risk: a model for planning interventions"*

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

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

....

Signature of participant Signature of witness

Declaration by person obtaining consent

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

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

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

....

Signature of person obtaining consent Signature of witness

Declaration by researcher

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

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

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

.....

Signature of researcher

.....

Signature of witness

ADDENDUM D: INTERVIEW SCHEDULES

INTERVIEW SCHEDULE: PHASE ONE (Step 3)

(Interviews with designated and residential social workers)

1. Can you tell me a little bit about yourself and your social work career?
    - How long have you worked as a social worker?
    - Where have you worked?
    - Types of cases dealt with?
    - Have you worked in the child protection area?
2. Provide participant with brief overview of what this research is all about.
3. Describe a typical scenario / case and what actions you would undertake when a child is at risk in an emergency and needs to be removed and placed in safety.
    - Training received?
    - Practice guidelines?
    - How do you work with the child? (child-friendly?)
    - How do you work with the family?
4. What current policies or guidelines are in place that can assist you with the emergency removal of children and placements in safety? (How do you know what to do?)
5. What are the current interventions strategies that you use when removing children?
6. How do you explain to the child what is happening?
7. What current strategies are you using when you place children in safety?
8. According to your experience, how do children experience the removal and placement process?

INTERVIEW SCHEDULE: PHASE ONE (Step 3)

(Focus group with child and youth care workers)

Before the interview, the researcher will ask the participants identifying information such as how many years' experience they have as a CYCW, how long they have been working in a CYCC specifically, etc.

1. Describe a typical scenario and what actions you would undertake when a child is brought to you by a designated social worker and placed in safety or admitted at the CYCC.
2. Are there any policies or guidelines in place that assist you with the emergency placements in safety? (How do you know what to do?)
3. What current strategies are you using when admitting children in safety?
4. How do you explain to the child what is happening?
5. How do you think the child experiences the removal and placement process?

INTERVIEW SCHEDULE: PHASE TWO (Step 2)

(Discussion groups and interviews with designated and residential social workers and child and youth care workers)

Participants were provided with an outline of the intervention strategies as discussed by the participants in phase one.

In addition, participants were provided with 2 worksheets: 1) Section 7 of the Best interest of the child (Children's Act) and 2) Outline of social work theories. These were used as reference points for the participants during the interviews and discussions.

1. Discuss the intervention strategies that are needed to inform the developmental of a model for the emergency removal and safety placement of children at risk.

- What intervention strategies (steps) would need to be included in the model?
- What may be missing from the current presentation of the interventions strategies?

- Are any other interventions strategies needed?

2. In light of the intervention strategies, how do you incorporate the best interest of the child standard when removing children and placing them in safety?
3. In light of the intervention strategies, which social work theories need to inform the emergency removal and safety placement of children?
4. What other factors need to be included to inform the development of a model for planning interventions for the emergency removal and safety placement of children at risk?

WORKSHEET 1: BEST INTERESTS OF THE CHILD

Section 7	**Description**
1 (a) (i)	The nature of the personal relationship between the child and parents
1 (a) (ii)	The nature of the personal relationship between the child and any other caregiver
1 (b) (i)	The attitude of the parent / caregivers towards the child
1 (b) (ii)	The exercise of the caregivers' parental rights and responsibilities towards the child
1 (c)	The capacity of the parents / caregivers to provide for the needs of the child, including emotional and intellectual needs
1 (d)	The likely effect on the child of any changes in their circumstances
1 (d) (i)	The likely effect on the child of any separation from both / either parents
1 (d) (ii)	The likely effect on the child of any separation from any brother or sister or any other caregiver / person with whom the child has been living
1 (e)	The practical difficulty and expense of a child having contact with the parents, and whether that difficulty or expense will substantially affect the child's right to maintain personal relations and direct contact with the parents on a regular

	basis
1 (f) (i)	The need for the child to remain in the care of their parent, family, and extended family
1 (f) (ii)	The need for the child to maintain a connection with his / her family, extended family, culture or tradition
1 (g) (i)	The child's age, maturity, and stage of development
1 (g) (ii)	The child's gender
1 (g) (iii)	The child's background
1 (g) (iv)	Any other relevant characteristic of the child
1 (h)	The child's physical and emotional security, and his / her intellectual, emotional, social and cultural development
1 (i)	Any disability the child may have
1 (j)	Any chronic illness from which the child may suffer
1 (k)	The need for the child to be brought up in a stable family environment; and where this is not possible, in an environment resembling as closely as possible a caring family environment
1 (l) (i)	The need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour
1 (l) (ii)	The need to protect the child from any physical or psychological harm that may be caused by maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person
1 (m)	Any family violence involving the child or a family member of the child
1 (n)	Which action or decision would avoid or minimise further legal or administrative proceedings in relation to the child

WORKSHEET 2: SOCIAL WORK THEORIES

DEVELOPMENTAL THEORY

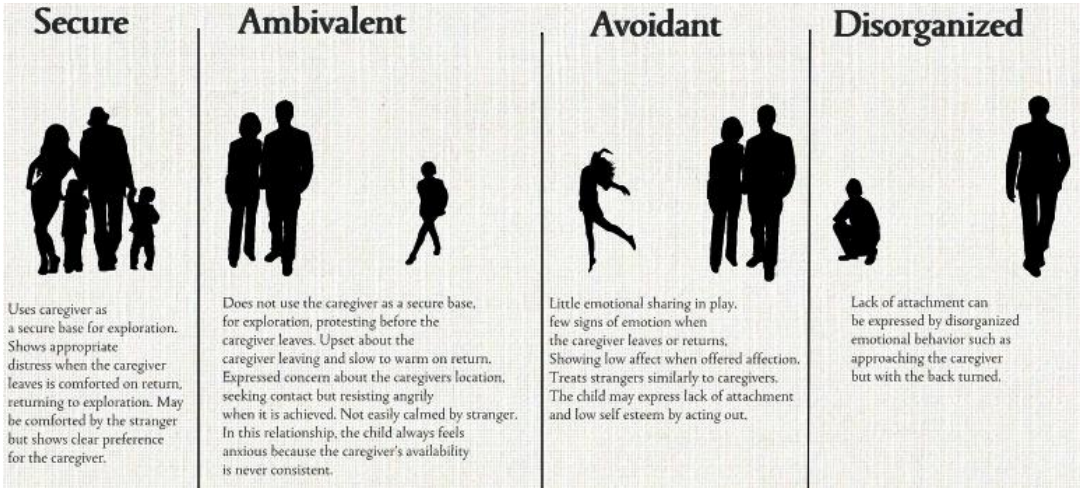
- Focus on how behaviour changes and stays the same across the life cycle.
- Human development occurs in clearly defined stages; each stage of life is qualitatively different from all other stages, with each stage building on earlier stages.
- Erikson's Stages of psychosocial development:
  - Infancy– Trust vs. mistrust Early childhood
  - Autonomy vs. Shame and doubt Play age
  - Initiative vs. guilt School age
  - Industry vs. Inferiority Adolescence
  - Identity vs. Identity diffusion Young adulthood
  - Intimacy vs. isolation 5 Adulthood
  - Generativity vs. self-absorption Mature age
  - Integrity vs. Disgust and despair



ATTACHMENT THEORY

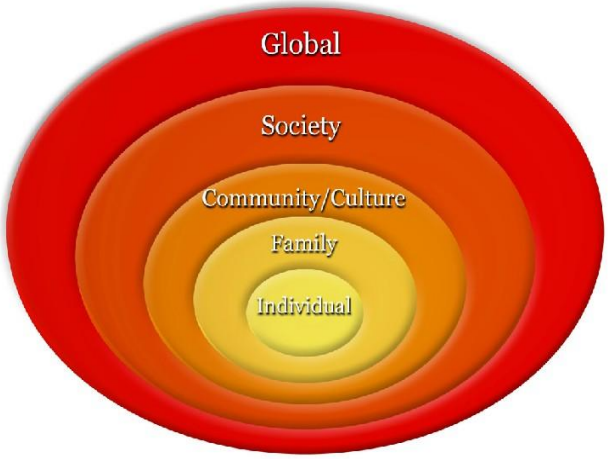
- The need within children to seek proximity or closeness to their cares
- Separation from an attachment figure results in protest (crying), then despair (apathy, grief), and prolonged separation can lead to detachment (withdrawal, defence mechanisms).
  One of the most distressing experiences is to be separated from or lose one's attachment figure; and the more traumatic that separation experience, the more intense are those feelings of insecurity, grief and anxiety.
- If the parent is able to provide consistent nurturing care to the child by meeting their needs (ie. to be responsive to the child's cries for feeding, nappy changes, love, etc), the child may develop a secure attachment and thus is able to explore their environment and develop positive relationships with others. Secure attachments occur as a result of sensitive, consistent, responsive, and nurturing care from the parent towards the child's feelings and needs
- If a parent is inconsistent and does not meet the child's needs, that child may develop an insecure attachment and thus may not have positive relationships with others. Children

with an insecure attachment have not received consistent, regular and nurturing care giving.



SYSTEMS THEORY

- Individuals grow and develop by means of an interaction with their environment
- The individual does not exist in isolation, but rather is part of a field made up of a number of different parts which are all influencing and interacting with one another
- Even for individual issues, families, organizations, societies, and other systems are inherently involved and must be considered when attempting to understand and assist the individual

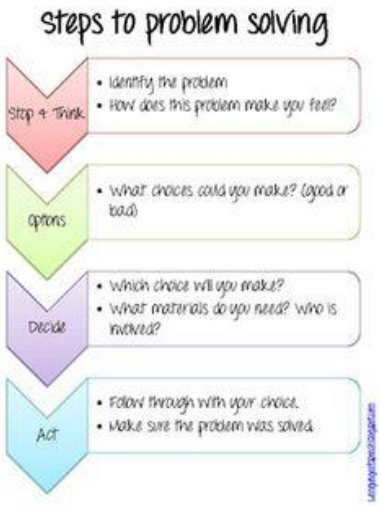


STRENGTHS BASED APPROACH

- Focus on the strengths of the clients as opposed to focusing on their problems, deficits and labels
- Holds a firm belief in the innate potential of people to solve their own problems
- Being able to draw out and identify strengths, potentials, education, skills, life experiences, coping abilities, talents, resiliencies, support networks, passion, and aspirations in an attempt to deal with life's challenges

PROBLEM SOLVING APPROACH

- Rather than tell clients what to do, social workers teach clients how to apply a problem solving method so they can develop their own solutions. Social worker is to assist the client, to walk alongside them in addressing their problems and difficulties; not to dictate and instruct the client on what to do
- The social worker and client working together to identify:
  - The problem being presented,
  - Looking at possible solutions to address the
  - problem,
  - As well as exploring the pros and cons of each possible solution,
  - Trying the identified best solution,
  - And then evaluating the outcomes and trying another solution if the first attempt was not successful

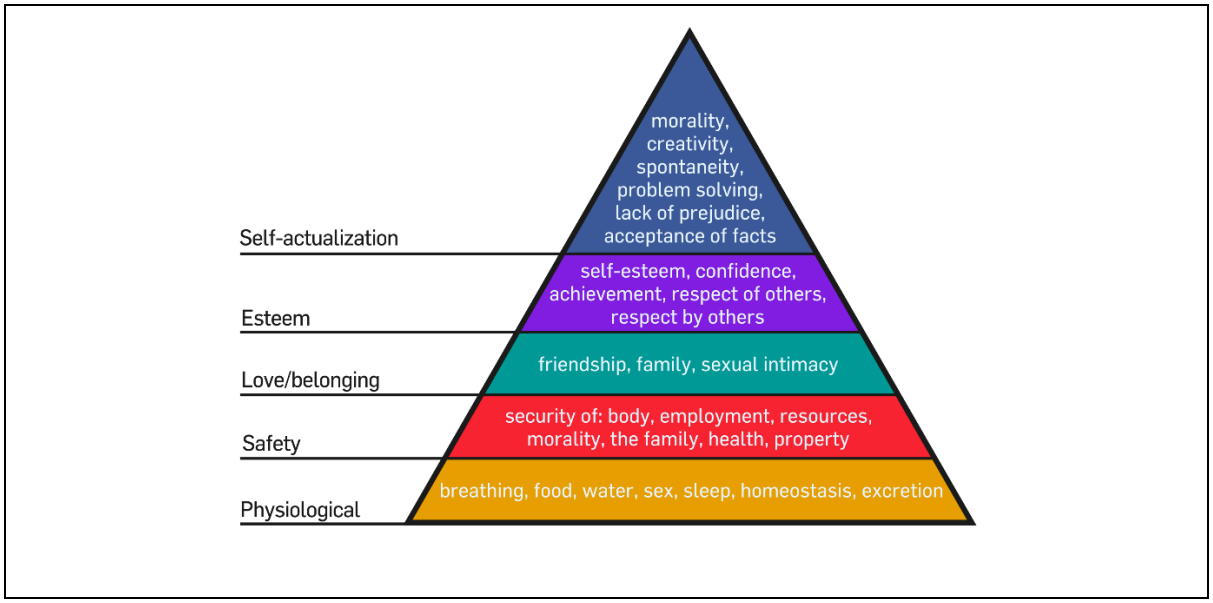


CRISIS INTERVENTION

- A crisis event causes an individual's state of homeostasis (balance) to be disrupted, causing distress for the individual, and subsequent measures taken to return to the state of homeostasis. The crisis can be any event that is distressing for the individual (subjective) and renders them unable to cope
- A brief method of intervention which focuses on utilising the client's strengths in order to solve the presenting problem
- Social worker is tasked with assisting the client to identify their strengths and resources (similar to strengths-based approach) in order to assist them in dealing with the crisis (helping them to cope) and restoring homeostasis
- 1) the crisis assessment is done, 2) rapport with the client is established, 3) presenting problems are identified, 4) feelings are explored, 5) alternatives are generated, 6) action plan is formulated, and 7) the plan is followed up

MASLOW'S HIERACHY OF NEEDS

- Basic needs (physiological – food, water and shelter) need to be met first in order that other needs ("higher order needs") such as belonging and self-actualisation can be achieved



INTERVIEW SCHEDULE: PHASE FOUR (Step 2 & 3)

(Discussion groups and interviews with designated social workers, residential social workers and child and youth care workers)

Participants are presented with the preliminary model for further discussion, evaluation and input.

1. What aspects of the preliminary model do you think are important / relevant and should be highlighted?
2. What aspects of the preliminary model do you think should be excluded / deleted?
3. Is there any other important information missing from the preliminary model?
4. Is the preliminary model: Easy to use? Effective? Practical?
5. Does the model make sense? Is it easily understandable?
6. Does the model have logical flow?
7. Is the model relevant?
8. What are the PROS and CONS of the model?
9. Is the model workable with difference cultural groups?
10. Is the model adaptable for different emergency child protection scenarios? (abuse, neglect, etc)

ADDENDUM E:

THE EMERGENCY REMOVAL AND SAFETY PLACEMENT OF CHILDREN AT RISK: A MODEL FOR PLANNING INTERVENTIONS

EMERGENCY REMOVAL AND SAFETY PLACEMENT OF CHILDREN AT RISK: A MODEL FOR PLANNING INTERVENTIONS

AIM

This model will provide social workers with guidelines for the emergency removal and safety placement of children at risk in order to provide a standardised, evidence-informed process for the effective management of emergency child protection cases which promotes a focus on the child, reducing trauma and improving outcomes for children.

OBJECTIVES

The above mentioned aim can be achieved by means of:

- Changes undertaken at governmental and organisational level to improve the context within which
  services are rendered
- Upskilling and training of social service professions in areas relevant to the specialised field of child
  protection
- The provision of a graphical representation of this model to guide professionals in practice
- A step-by-step practice model (practice guidelines) for planning interventions in the emergency removal and safety placement of children which incorporates the best interest of the child, is grounded in social work theories, and based ethical values and principles.

LEGISLATIVE FRAMEWORK

The following legislative frameworks have been integrated in the development of this model:

- United Nations Convention on the Rights of the Child
- African Charter (1999)
- South African Constitution (1994)
- Children's Act 38 of 2005
- Children's Act Practice Notes (01 of 2010, 02 of 2011)
- DSD Framework for Social Service Professionals (2013)
- White Paper on Social Welfare (Developmental social welfare: holistic, multi-disciplinary, and strengths-based approach)
- White Paper on Families
- SACSSP Code of Ethics
- SACSSP Scope of Practice

In implementation of this model during the emergency removal and safety placement of children at risk, every action taken throughout the process must be based on legislative principles and practices. Social work professionals need to at all times be basing decisions and action in terms of the relevant legislation which guides practice.

PRACTICE PRINCIPLES and ETHICAL VALUES

The following practice standards, principles and ethical values underpin this model of intervention (which are based on SACSSP Social Service Professions' Code of Ethical Conduct):

- Respecting the worth, dignity, human rights and value of each person
- Focusing on identifying and developing human potential and growth

- Social inclusion and participation of the individual, family, community, and other role players (DSW, RSW, CYCW) - all parts of the system to be involved and participating in the process (SAPS, Home Affairs, School, Hospital, etc)
- Competency and professional responsibility – social service professionals need to be competently trained
  and supervised in the area of child protection
- Empathy, genuineness, integrity, and cultural sensitivity
- This model is based on a holistic, integrated, multi-disciplinary approach which rests on an eclectic use of social work theories (used according to client's needs) and a complete integration of the best interests of the child principle as a whole
- Information – accurate record keeping and sharing of information amongst relevant role players

In implementation of this model during the emergency removal and safety placement of children at risk, social work professionals need to be working from a framework based on these ethical values and principles. Social work professionals need to at all times be undertaking actions and making decisions in line with the SACSSP's ethical code of conduct. These ethical values need to be incorporated throughout the child protection process and needs to inform practice.

Of special note is that this model for implementing effective intervention for the emergency removal and safety placement of children at risk requires a **multi-disciplinary and inter-agency participation and collaboration**. Designated social workers, residential social workers and child and youth care workers cannot work in isolation from one another. These different role players need to have open and honest communication and sharing of information between one another to ensure that children receive consistency in services, that proper handovers of information between role players is done, and to ensure that outcomes for children can be improved.

BEST INTERESTS OF THE CHILD

This model incorporates Section 7 of the Children's Act 38 of 2005 – The Best Interest of the Child is paramount in all matters concerning the child. The best interests' principle as a whole needs to be taken into consideration throughout the child protection process (not just one aspect or part of the principle). Section 7 of the Children's Act (38 of 2005) indicates the following factors which must to be considered in all matters concerning the child:

1 (a) (i) The nature of the personal relationship between the child and parents;

1 (a) (ii) The nature of the personal relationship between the child and any other caregiver;

1 (b) (i) The attitude of the parent / caregivers towards the child;

1 (b) (ii) The exercise of the caregivers' parental rights and responsibilities towards the child;

1 (c) The capacity of the parents / caregivers to provide for the needs of the child, including emotional and intellectual needs;

1 (d) The likely effect on the child of any changes in their circumstances;

1 (d) (i) The likely effect on the child of any separation from both / either parents;

1 (d) (ii) The likely effect on the child of any separation from any brother or sister or any other caregiver / person with whom the child has been living;

1 (e) The practical difficulty and expense of a child having contact with the parents, and whether that difficulty or expense will substantially affect the child's right to maintain personal relations and direct contact with the parents on a regular basis;

1 (f) (i) The need for the child to remain in the care of their parent, family, and extended family;

1 (f) (ii) The need for the child to maintain a connection with his / her family, extended family, culture or tradition;

1 (g) (i) The child's age, maturity, and stage of development;

1 (g) (ii) The child's gender;

1 (g) (iii) The child's background;

1 (g) (iv) Any other relevant characteristic of the child;

1 (h) The child's physical and emotional security, and his / her intellectual, emotional, social and cultural development;

1 (i) Any disability the child may have;

1 (j) Any chronic illness from which the child may suffer;

1 (k) The need for the child to be brought up in a stable family environment; and where this is not possible, in an environment resembling as closely as possible a caring family environment;

1 (l) (i) The need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour;

1 (l) (ii) The need to protect the child from any physical or psychological harm that may be caused by maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person;

1 (m) Any family violence involving the child or a family member of the child;

1 (n) Which action or decision would avoid or minimise further legal or administrative proceedings in relation to the child.

It is crucial that social workers make use of **every part of Section 7 (a – n)** which details how decisions and actions need to be taken in the best interest of the child. Social work professionals may not use certain parts of Section 7 exclusively to justify actions; but rather need to apply Section 7 as a whole **throughout each step** of the child protection process. Notably, **both short and long term best interests** of the child need to be considered.

THEORETICAL FRAMEWORK

The following theoretical frameworks form the foundation from which this model is based, and provide guidelines for social work practice in the field of child protection. Social workers need to consider all relevant theories, especially when making the decision of whether or not to remove the child.

** see reference list below*

DEVELOPMENTAL THEORY

- Human development occurs in clearly defined stages; each stage of life is qualitatively different from all other stages, with each stage building on earlier stages.
- Need an understanding of child development for: assessment of children, informing decision making, finding an appropriate and suitable placement planning, to understand developmentally appropriate behaviours, and to inform how to work with children.

- Erikson's stages of psychosocial development:
  - Trust vs. mistrust - Early childhood
  - Autonomy vs. Shame and doubt - Play age
  - Initiative vs. guilt - School age
  - Industry vs. Inferiority - Adolescence
  - Identity vs. Identity diffusion - Young adulthood
  - Intimacy vs. isolation 5 - Adulthood
  - Generativity vs. self-absorption - Mature age
  - Integrity vs. Disgust and despair

- Piaget's theory of cognitive development:
  - 0-2 yrs - Sensorimotor
  - 2-6 yrs - Preoperational thought
  - 7 yrs – adolescence - Concrete operational thought
  - Adolescence and older - Formal operational thought

ATTACHMENT THEORY

- Attachment figures (parents / caregivers) become the child's secure base from which to explore their environment.
- The need within children to seek proximity or closeness to their carers / attachment figures
- Separation from an attachment figure results in protest (crying), then despair (apathy, grief), and prolonged separation can lead to detachment (withdrawal, defence mechanisms).
- One of the most distressing experiences is to be separated from or lose one's attachment figure; and the more traumatic that separation experience, the more intense are those feelings of insecurity, grief and anxiety.
- If the parent is able to provide consistent nurturing care to the child by meeting their needs (ie. to be responsive to the child's cries for feeding, nappy changes, love, etc), the child may develop a secure attachment and thus is able to explore their environment and develop positive relationships with others. Secure attachments occur as a result of sensitive, consistent, responsive, and nurturing

care from the parent towards the child's feelings and needs
- If a parent is inconsistent and does not meet the child's needs (neglect / abuse), that child may develop an insecure attachment and thus may not have positive relationships with others. Children with insecure attachments have not received consistent, regular and nurturing care giving.

SYSTEMS THEORY

- Individuals grow and develop by means of an interaction with their environment ("person-in-situation" perspective)
- The individual does not exist in isolation, but rather is part of a field made up of a number of different parts which are all influencing and interacting with one another
- Parts of the system include: family, friends, community, neighbours, schools, places of work, religious institutions, local government, policies, etc.
- All parts of the system are mutually influencing and affect one another – what happens in one part of the systems affects the other parts.
- All parts of the system influence the individual and their development.
- Tools: Ecogram, genogram, network mapping, etc.

STRENGTHS BASED APPROACH

- Focus on the strengths of the clients as opposed to focusing on their problems, deficits and labels
- Holds a firm belief in the innate potential of people to solve their own problems; clients are self-determining and are able to use their strengths to solve their problems
- Being able to draw out and identify strengths, potentials, education, skills, life experiences, coping abilities, talents, resiliencies, resources, support networks, passion, and aspirations in an attempt to deal with life's challenges

PROBLEM SOLVING APPROACH

- Rather than tell clients what to do, social workers teach clients how to apply a problem solving method so they can develop their own solutions. Social worker is to assist the client, to walk alongside them in addressing their problems and difficulties; not to dictate and instruct the client on what to do
- A technique used within the problem solving approach is "**crisis intervention**" – a brief method of intervention focusing on using the client's strengths to solve presenting problems (anything causing distress which makes the client feel unable to cope).

- After rapport is built with the client, the social worker and client working together to:
  - Identify the problem being presented;
  - Look at possible solutions (alternatives) to address the problem;
  - As well as exploring the pros and cons of each possible solution, identifying strengths that can be used to help solve the problem;
  - Trying the identified best solution, an action plan is formulated, resources are mobilised;
  - And then evaluating the outcomes and trying another solution if the first attempt was not successful.

MASLOW'S HIERARCHY OF NEEDS

- Model used for understanding human behaviour and motivations
- Needs are set out in a pyramid structure with basic "survival" needs at the bottom,

which progress to higher order needs

- Basic needs (physiological – food, water and shelter) need to be met first in order that other needs ("higher order needs") such as belonging and self-actualisation can be achieved
- Individuals unable to meet needs are considered to be unable to function as healthy and well-adjusted individuals.

Social workers need to **adopt an eclectic approach to integrating various social work theories throughout the child protection process.** Some theories are more relevant during different stages of the child protection process:

	Systems theory	**Attachment theory**	**Problem solving**	**Develop-mental theory**	**Strengths based approach**	**Maslow's hierarchy of needs**
Intake	X					
Risk assessment	X	X	X	X	X	X
Removal of the child	X	X		X		
Find a CYCC placement	X	X		X	X	
Medical exam	X					
Admission at the CYCC	X	X		X		X
Orientation at the CYCC	X	X		X		
Post placement services	X	X		X	X	

Social workers need to rely on various theoretical frameworks when making their **risk assessment decisions**: to consider the environmental factors influencing the child, family and situations (systems theory); assessing the child's needs and how the family is able to meet those needs (developmental theories); considering how the family can be supported by focusing on their strengths to address their challenges (strengths-based approach); and observing the child's relationships, bonds and significant connections with family members, friends and significant others and assessing the potential impact on those relationships when removing the child and how those relationships can be nurtured, fostered and maintained (attachment theory).

Social work theories also provide insights for how social workers need to **work with children** of different developmental stages – how to work with very young children, adolescents, etc. It is important for social workers to involve children in the process of their emergency removal and safety placement. Children need to participate in their own proceedings, and as such social workers need an understanding of developmental theory in order to understand children's emotional, cognitive understanding of what is going on and how they can participate in this process.

GLOSSARY

Definitions and explanations of terminology used within the model:

Child	Any person under the age of 18 years old.
Caregiver	Refers to the primary caregiver of the child – may be biological parents, step-parents, extended family members, etc.
Designated social worker (DSW)	A social worker, registered with SACSSP, employed at a Child Protection Organisation (CPO), responsible for managing cases of child abuse and neglect which includes the statutory removal of the child.
Child Protection Organisation (CPO)	A child protection organisation is an organisation contracted with the Department of Social Development to provide social work services to children and families (eg. DSD, ACVV, BADISA, Child Welfare). Within the context of this model, CPOs employ DSWs who are responsible for statutory work – the removal and safety placement of children at risk.
Residential social worker (RSW)	A social worker, registered with SACSSP, employed at a Child and Youth Care Centre, responsible for the management and overseeing of residential care programs at the CYCC.
Child and youth care worker (CYCW)	A child and youth care worker, registered with the SACSSP, employed at a Child and Youth Care Canter (CYCC), providing day-to-day care for children, including: behaviour management, maintaining environments, life space work, provision of programs, etc.
Child and Youth Care Centre (CYCC)	A CYCC is registered with the Department of Social Development to care for more than 6 children. CYCCs provide temporary and long term placements for children that are at risk and in need of care and protection. CYCC's provide the following programs for children: developmental, therapeutic, and recreational programs; permanency plans, care plans and IDP's; schooling; assessment of children; provision of health care; family reunification, etc.

Risk assessment	The DSW conducts a risk assessment to determine if the allegations of abuse are true or not, if the child is at risk of future harm, and if the child should be removed from their caregivers **NOTE: Department of Social Development has developed a standardised National Risk Assessment Framework that is in the process of being finalised with training provided to DSWs at CPOs to assist with risk assessment and decision making.*
In need of care and protection	A child who is in a situation contemplated in Sec 150 (1) of the Children's Act - Has been abandoned, displays uncontrollable behaviour, lives/works on the street, addicted to substances, exploited, exposed to harmful circumstances, is neglected or abused; is considered to be "in need of care and protection"
Form 22	This is a form stipulated in the Children's Act 38 of 2005 which needs to be completed by the DSW when cases of abuse are reported. This form must be submitted by the DSW to the local office of the Department of Social Development so that child abuse cases can be monitored in the central Child Protection Register.
Emergency removal	When a DSW has completed a risk assessment and believes that the child is at risk and in need of *emergency* care and protection, and that a delay in removing the child places the child at risk of further harm.
Form 36	This is the legal form found in the Children's Act 38 of 2005 (Section 152) which enables a DSW to remove a child who is in need of care and protection from their caregivers immediately, without a court order. This form is only valid for 48 hours, after which the DSW must go to the children's court in the area where the child was removed from in order to ratify the Form 36
Ratify the form 36	This refers to when the DSW goes to the Children's Court 48 hours after (the next court day) the Form 36 was issued. The DSW needs to submit a short report to the court which explains why the child was removed without a court order. At court, the decision to remove the child is placed under judicial review to ensure that the best interest of the child is being met. The child and family are present at court and given an opportunity to express their views. The court will then make a decision of whether the child should remain in temporary safe care (at the CYCC), be returned to the parent's care, or be placed at another CYCC.
Temporary safe care	Means care of a child in an approved child and youth care centre (or with a safety parent), where the child can safely be accommodated pending a decision or court order concerning the placement of the child, but excludes care of a child in a prison or police cell.

District surgeon / district medical officer	A district surgeon is a medical practitioner appointed by the Department of Health to conduct the medical examination of children for court purposes.
J88	This is a medical form completed by the district surgeon in cases where there may be physical evidence of physical abuse / sexual abuse. Physical evidence is collected during a medical exam and indicated on the J88 form for court purposes.
FCS Unit	Family Violence, Child Protection and Sexual Offences Investigation Unit. This is a specialised unit with the SAPS (South African Police Service) who are involved in policing sexual offences against children, person-directed crimes involving the family, illegal removal of children under 12, and pornography.
MDT (Multi-disciplinary team)	The MDT refers to those individuals / organisations involved with the child and family and includes the child concerned, family members, RSW, DSW, CYCW, as well as (where relevant / possible): the school, clinic / hospital (nurses), SAPS, etc.
Care plan / IDP (Individual Development Plan)	A document completed by the MDT after children are placed in temporary safe care which sets out the child and families: details of statutory interventions, developmental areas of strengths and areas for development (circle of courage assessment), permanency plans, etc, and gives an indication of individual / organisational responsibilities and timelines for goals to be met. The care plan / IDP is completed after children are placed at the CYCC (within 2 weeks of placement) and is updated / reviewed by the MDT every 3 months.

SYSTEM CHANGES REQUIRED FOR IMPLEMENTATION OF THIS MODEL

The following areas need to be addressed within the system at macro levels (with government and organisations) and micro levels (social service professionals) in order for effective child protection intervention to be implemented:

TRAINING – Social workers (DSWs and RSWs) require training in order to best understand this model, its principles, and how to implement the model in practice. It is recommended that social work students at university receive training in child protection as well as this model as part of their curriculum. It is also recommended that social workers at CPOs and CYCCs receive training in the model; as well as police officers at SAPS who would be working with social workers in implementing child protection. Furthermore, it is recommended that a mentorship program is established with social workers that have been trained in the model to ensure that

the model continues to be used effectively in practice, and that a follow up or refresher course/training is provided to social workers 3-6 months after their initial training.

AT A GOVERNMENTAL AND ORGANISATION LEVEL – WHAT IS NEEDED FOR AN EFFECTIVE CP SYSTEM TO BE IN PLACE:

- More social workers; and/or allocated child protection social workers; over time / compensation for social workers doing CP work after hours.
- More supervision / guidance of social workers; debriefing.
- Training for social workers in: case management, planning and organising skills, skills in
- prioritising and time management, quick problem solving skills, critical thinking skills, stress management, first aid (eg. How to identify dehydration in a baby), self-defence (dealing with aggressive parents).
- Practical resources such as: car seats, baby formula, children's clothes, nappies, wet wipes, blanket, teddy bear – available as part of a "CP TOOLKIT" at the CPO.
- Infrastructure at CYCCs and CPOs such as: telephones, internet, emails, cars.
- Infrastructure: more child and youth care centres (especially for children with disabilities, and catering for wide range of age groups (sibling placements)).
- More inclusion of CYCWs on admission of children at CYCCs, and to assist with parenting
- empowerment skills as part of family reunification work (recognition of their value).
- A standardised application form for all CYCC emergency admissions.
- A standardised risk assessment tool for all DSWs that assists with decision making.
- 24-hour medical assessment centres (district surgeons available or on call for afterhours
- emergencies)
- Resource lists: CYCCs (contact details, age criteria, programs available, cell phone numbers of
- RSW for emergency admissions), district surgeons (contact details), FCS unit and officers on duty.

WHAT SKILLS ARE NEEDED BY SOCIAL WORK PROFESSIONALS TO RENDER EFFECTIVE CHILD PROTECTION SERVICES:

- An understanding of various social issues (drug abuse, domestic violence, child abuse, neglect, poverty, HIV) and their impact on the child and family system.
- An understanding of child development (emotional, social, cognitive); and age and
- developmentally appropriate skills to work with children.
- An understanding of trauma and the impact on the child of separation from parents, caregivers, siblings, home, school, community.
- Skills and techniques in how to work with aggressive parents (where there is: domestic violence, substance abuse).
- An appreciation for a MULTI DISCIPLINARY approach to protecting children –

recognising and valuing each professional's (DSW, RSW, CYCW) contribution towards the process of protecting children.

- An ECLECTIC use of social work theory in child protection interventions.
- A HOLISTIC understanding and incorporation of the best interest of the child into child protection interventions.

"REMOVAL KIT" – It is recommended that DSWs involved in emergency child protection are provided with a "removal kit" consisting of tools / resources they need when removing children – eg) info graphic of this model, relevant forms (form 36, form 22, etc), CYCC contact list, SAPS / FCS contact list, district surgeon contact list, practical resources (car seat, clothes, nappy, food, teddy/toy).

THE MODEL

The following section includes step-by-step practice guidelines for social workers to work from when conducting the emergency removal and safety placement of children at risk. Each step is described in sequential order of which actions need to be taken after another (step 1, step 2, step 3 …). The purpose of the model is to provide the social workers with guidelines as well as detailed descriptions of what actions are needed at each step of the child protection process. The steps are described and explained in detail, giving the social worker enough information to be able to implement each of the steps in practice.

The model also demonstrates how the best interest of the child principle and various social work theories need to be incorporated into the process of removing children and placing them in safety. At each step suggestions are outlined with regards to the best interest principles as well as social work theories which guide the social worker's assessment, critical thinking, and decision making processes throughout the child protection process.

References are made throughout the sequential steps to various Sections in the Children's Act which those actions are determined by. Social workers can refer to their own Children's Act to gain further details of what the Act says.

Furthermore, an info-graphic of this model is provided for social workers as a quick reference guide to trigger reminders for social workers of what steps need to be followed and critical elements of each step. The info graphic can be printed in A5 size to fit into the social worker's bag; or in A3 size as a poster on the wall of the social worker's office at the CPO.

As a final reminder, throughout each step of the child protection process it is important for social workers to be guided by:

- Legislation
- Ethical values and practice principles
- Best interest of the child standard
- Social work theories.

ETHICAL VALUES AND PRACTICE PRINCIPLES

Respecting the dignity and worth of each person – focus on human potential – social inclusion – participation – professional competency – empathy – genuineness – non-judgemental - integrity – cultural sensitivity – holistic, integrated, multi-disciplinary approach – accurate record keeping

LEGISLATION

Children's Act – SA Constitution – DSD Norms and Standards – DSD Framework for SS Professionals – White Papers – Developmental social welfare

THE BEST INTEREST OF THE CHILD

INTAKE

-Report of abuse to CPO

-Case allocated to DSW

-Form 22 done & sent to DSD

-Report of abuse investigated without delay

-Supervision: to manage caseload and plan intervention

RISK ASSESSMENT

-Gather info from the system (child, family, community, school, etc)

-Use std. risk assessment framework

-Collect clinic card, school report, meds (if possible)

-prevention! (remove offender; other family?)

-Supervision: decision making

REMOVAL

-Explain to caregivers

-Explain to child (NB: child-friendly; development of child)

-Fill in Form 36

-Assistance: SAPS, colleges

-Resources: Car seat, food, nappies

- Child is removed and taken to DSWs office / SAPS VEP room

FIND A CYCC

-only if NO other option (first try: family or safety parent)

-consult resources, apply for placement (send application forms and supportive documents)

-NB: BIOTC (distance, contact, school, language, relig.)

- See to child's basic needs; explain what's going on to child

MEDICAL

-take child to district surgeon

-Form 7 completed by Dr

-If sexual abuse: FCS called out, child taken to hospital for J88

-Safety of child is priority, can do medical next day, but MUST be done

ADMISSION

-Child taken by DSW to CYCC

-Handover from DSW to RSW

-DSW must stay to settle child in

-NOT rushed!

-Basic needs: food, bath, clothes

-Medical check

- Inventory

- Child welcomed by CYCW and other children

- Explain to child why at CYCC

- Shown to bedroom

ORIENTATION

- Takes place after child is admitted

- Tour of CYCC

- Rules & routine is explained

- Meet and greet others at the CYCC

- CYCW forms relationship with child, comforting, settling in, etc

POST PLACEMENT

-Therapy / debriefing by RSW

-Refer to clinic

-School placement

-Contact with DSW

-Family contact

-Criminal charges laid by DSW

-Ratify F36 at children's court

-MDT assessment, care plan & IDP

SOCIAL WORK THEORIES

Systems theory – attachment theory – problem solving approach (crisis intervention) – Maslow's hierarchy of needs – strengths based approach – developmental theory (Erikson, Piaget)

INTERVENTION STRATEGIES IN THE EMERGENCY REMOVAL AND SAFETY PLACEMENT OF CHILDREN AT RISK:

Steps	**Intervention / Action needed**	**Best interests of the child standard (*All* factors to be considered *throughout* the whole CP process)**	**Social work theory which is highlighted during different stages of the CP process**
Intake - First report of allegations to CPO - Case allocated to DSW - Form 22 - Supervision	Allegations of child abuse (Sec 150 of CA) are reported to a CPO – by SAPS, community member, school, etc. A Form 22 (Children's Act) is completed by the DSW or first reporter and submitted to DSD for the child protection register (Regulation 33 of the CA). Note - Section 110 of the CA: refers to people that must report (mandated / obligatory reporting of abuse) any suspicion of abuse on the prescribed form (form 22) to a CPO, DSD or SAPS. Section 151, 50(3) & 47 indicates that matters can also be referred to DSWs for investigation by the court. Any person may approach the court, and if the presiding officer deems it necessary, they will issue an order for the matter to be further investigated by a DSW. (Follow these guidelines for investigating allegations of abuse / neglect referred by the court). Once case is reported at intake level to a CPO, the case is allocated by the supervisor to DSW. Supervision is needed to guide the DSW in planning intervention and organising workloads due to challenges (shortages of SW's, high caseloads, staff turnover, time constraints, interference with other workload).	Section 7: 1 (a) (i) The nature of the personal relationship between the child and parents 1 (a) (ii) The nature of the personal relationship between the child and any other caregiver 1 (b) (i) The attitude of the parent / caregivers towards the child 1 (b) (ii) The exercise of the caregivers' parental rights and responsibilities towards the child 1 (c) The capacity of the parents / caregivers to provide for the needs of the child, including emotional and intellectual needs 1 (d) The likely effect	SYSTEMS THEORY: - Reports of child abuse received from various parts of the system (school, police, community members). - Explore HOW the abuse is affecting / impacting the different parts of the system (interaction, influence between parts of the system) - At an organisational level of the system – to ensure that the needed resources to carry out CP interventions are in place (car seats, nappies, etc). - At a governmental level of the system – to ensure that the needed resources are in place to carry out CP interventions (social workers, training, etc).

	NB – All allegations of abuse must be regarded as serious and must be investigated timeously. Reports of abuse must be investigated WITHOUT DELAY (but within 48 hours of receipt of reports of abuse / neglect) to assess truthfulness of the allegations, to assess the risk, and ensure the safety of the child. Delays in investigating allegations of abuse leaves children at risk of further harm (Practice Note 02 of 2011)	on the child of any changes in their circumstances 1 (d) (i) The likely effect on the child of any separation from both / either parents 1 (d) (ii) The likely effect on the child of any separation from any brother or sister or any other caregiver / person with whom the child has been living 1 (e) The practical difficulty and expense of a child having contact with the parents, and whether that difficulty or expense will substantially affect the child's right to maintain personal relations and direct contact with the parents on a regular basis 1 (f) (i) The need for the child to remain in the care of their parent, family, and extended family 1 (f) (ii) The need for the child to maintain a connection with his / her family, extended family, culture or tradition 1 (g) (i) The child's age, maturity, and stage of	
Risk assessment - Go out to do investigation / investigation of allegations - Information gathering - Is the child at risk of further harm? - Are there other family or suitable placements available? - Focus on prevention (other family? Remove	Even though it is recognised that there are high caseloads and time constraints, it is important for DSWs to allocate enough time to do the risk assessment so that all the information necessary can be obtained. A full, proper risk assessment needs to be done. There are various tools that can assist the DSW in their risk assessment process. Some agencies have an intake form / risk assessment form that needs to be completed. Guides the DSW with what information is needed. Note: DSD is implementing training on a standardised risk assessment framework to help guide decisions in child protection. Note: Regulation 35 of the CA (38 of 2005) – risk assessment framework. To determine if allegations of abuse are true or not: - DSW must gather as much info as possible from family, neighbours, collateral, school, police, doing home visit, interviewing the child - Identifying details (name, address, telephone numbers of family, language of the child, religion) - Medical issues (HIV status, TB status, and medication the child is on, any disability) - School (is the child in school, where, what grade) - Family background / history (where are other family members? And how can they be contacted?) - Other important documents to collect (if possible):		DEVELOPMENTAL THEORY: - For assessment of child: where is child at developmentally? What are their developmental needs? Are they being met? - Use of theory to assess the child and know how to interact with the child (understand child's level of cognitive ability in order to adapt approach with child in assessment and consultation) - Consider Erikson's life stage theory and Piaget's theory of cognitive development: Understand child within contextual framework of their developmental stage. - Note: if considering the removal of an adolescent, they are at the developmental stage of autonomy from parents (identity vs role confusion), so friends and teachers are often more significant attachment figures than parents (link to attachment theory). Need to be aware of impact on adolescent of removal from friends, teachers, school as this has a greater impact during this developmental stage. SYSTEMS THEORY: - Risk assessment: To assess community resources and support systems for the family (prevention / early intervention) – make use of genograms ecomaps, social network maps, asset mapping

offender?) -Supervision: to assist with decision making	Clinic card, birth certificate, hospital appointment card, medication, school report Need to assess child and family functioning and if allegations of abuse / neglect are true and if the child is at risk of further abuse / neglect. Interview the child to gain information, assess allegations, determine risk to child. Make use of child-appropriate interview techniques. Child to be involved and participate in discussions and decision making (where appropriate). Families may experience the investigation by the DSW as intrusive (judgemental, humiliating, shaming) – note that some may become defensive, even aggressive when confronted about allegations. Important for DSW to explain their role, and to explain why the investigation is need, and how the abuse / neglect may impact negatively on the child (remember: families may lack insight into how the child is being abused / neglected). Supervision needed to guide DSW with decision making (is the child at risk? Do they have to be removed?). Note: Section 151 (5) & (6) – in cases where the court has issued an order for the investigation to be done, the Act stipulates that the authorised official (DSW) may be accompanied by a police official to enter the premises, and may use such force as may be reasonably necessary to overcome any resistance against the entry of the premises. Risk assessment: - What are you worried about? (past harm, future danger) - What is working well? Look at family's past solutions. What are the family's strengths and resources?	development 1 (g) (ii) The child's gender 1 (g) (iii) The child's background 1 (g) (iv) Any other relevant characteristic of the child 1 (h) The child's physical and emotional security, and his / her intellectual, emotional, social and cultural development 1 (i) Any disability the child may have 1 (j) Any chronic illness from which the child may suffer 1 (k) The need for the child to be brought up in a stable family environment; and where this is not possible, in an environment resembling as closely as possible a caring family environment 1 (l) (i) The need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect,	- What is contributing towards the child being at risk? - What are the system strengths and weaknesses? - Consider the person-in-environment, how the child/family interacts with their environment - How is the environment contributing to the child being at risk, and how can the environment support or provide resources to assist the child? - To identify extended family members that can care for the child (instead of removing to CYCC); or community members / neighbours that can support the family? - Need to gather as much information as possible from the various parts of the system (child, family, school, neighbours, etc). - Need to consult with other disciplines / professionals to gather info – school (report), ECD centre (crèche), clinic (clinic card, immunisations up to date?), etc - Appreciation for and recognition of professionals involved – Do not withhold information from various parts of the system. Need flow of info (mezzosystem) between different parts of the system (DSW, CPO, CYCC, RSW, CYCW) PROBLEM SOLVING APPROACH: - Assist family to identify problems, and find possible solutions - Working WITH the family to solve their own challenges - DSW and the child's family, together, identify possible solutions to the problem (look at change needed within system perspective) - Find alternative ways to rather provide support to the family instead of removing the child - Belief in the family's own ability/capacity to

	- Focus on safety. Focus on goals to achieve child's safety (what needs to change or be put in place to keep child safe?). Assess willingness and capacity of family to keep child safe from harm. Collaborative, working relationship WITH the family. Involve network of supports. - Can use various tools with child to assess child's circumstances and explain why help is needed. NB – Need to incorporate theory in understanding risk to child of further harm. Need to evaluate level of risk to child: mild / moderate / severe. Mild risk – therefore: early intervention and prevention work can be done. Moderate risk – therefore: put support measures in place to protect the child and closely monitor the home situation. Severe risk – therefore: child needs to be removed immediately due to high risk of future harm. Note: There are challenges in making decisions in child protection – considering the impact on the child of their needs not being met, but also recognising that there is may be a positive attachment. Need to base assessment within a recognised, evidence-informed practice model of risk assessment to guide decisions. Need to consider all theoretical understandings of the situation and their impact on the child. Need to make use of standardised assessment tools, and consult with supervisor to assist with decision making Focus on prevention – is there other family, friends, significant others who can care for the child instead of removing the child from the family? Note: Section 158 (1) of the CA: Can only consider removing a child and placing them at a CYCC, only	exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour 1 (l) (ii) The need to protect the child from any physical or psychological harm that may be caused by maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person 1 (m) Any family violence involving the child or a family member of the child 1 (n) Which action or decision would avoid or minimise further legal or administrative proceedings in relation to the child	solve their own problems - NB – need to have a coherent involvement of various role players, all being "on the same page" – an integrated multidisciplinary approach to solving problems (note impact on process by the transfer of cases between DSWs and CPOs) ATTACHMENT THEORY: - Who are the significant persons involved in the child's life? Who else does the child have a relationship with? Can anyone else care for the child? - Important to consider the attachment the child has WITH their family, parents, siblings before removing the child - Also need to consider the impact on the attachment of any separation of the child from their primary attachment figure. - Who does the child maintain closeness (proximity) to? - Does the child experience distress when separated from caregivers / significant others? -Note early attachment style, has the child developed trust / mistrust; how does this impact on how DSW can now relate to the child? STRENGTHS BASED APPROACH: - What are the strengths, talents, gifts, resources, potentials, coping abilities, resilience's, support networks, etc that can be used to help support the family and prevent the child form being removed? - DSW to explore strengths within the family and to try utilise them for early intervention and prevention work.

	if another option is not available. Note: Children's Act (Section 153) allows for the removal of the alleged offender (instead of removing the child) – SAPS to assist with the removal of the alleged offender. Note impact on family if alleged perpetrator is also "bread winner" – can the family survive if the alleged offender is removed from the home? (DSW / CPO to provide material support to family). Note: Section 154 indicates that other children who live on the same premises as a child that is being considered to be at risk, may also be at risk. DSW needs to be aware of other children living in the same place (note: back yard dwellers) who may also be at risk and in need of care an protection. In cases of sexual / physical abuse: If allegations of sexual abuse have been made, the child is taken by the DSW to the local SAPS and the FCS unit is called out to assess the child. The FCS and DSW will then accompany the child to the district surgeon where a medical exam will be done (Dr completes a J88 form as evidence of the abuse) – Note Regulation 38 of the CA (conditions for examination of abused children). Note that victims of rape need to be taken to the doctor for an assessment within 72 hours of the incident occurring (Practice Note 02 of 2011). Criminal charges can also be made by the DSW at SAPS against the caregivers for abuse/ neglect/ abandonment of children. Remember to get a case number from SAPS. Resources needed for removals: Car seats, baby formula, something for the child to eat, nappies, wet wipes, blanket, teddy bear. CPO to ensure that basic resources are in place to		

	assist DSWs with the removal of children.		

DECISION MAKING

If the child is **NOT at risk of further harm**, DSW to put early intervention, prevention measures and monitoring / support systems in place to support the family.

If the **child IS at risk,** FIRST consider if possible to remain in the community with other family / friends / neighbours? Or to remove the alleged offender (Sec 153)? Can the child be placed with a safety parent in the community?
If not possible to keep the child within the family or community, must **consider the impact on the child of separation** and losses of family, friends, community, school – ensure that the harm to the child and need to protect them is significant enough to warrant their removal from family / friends / school / community / etc.

Section 152 (**removal of a child without a court order** – ie) by using a form 36) can ONLY be considered in serious cases of **urgent removals** whereby the child requires **immediate emergency protection**; where any delay in obtaining an order from the court may **jeopardize the child's safety** and well being; and where removing the child is **the best way to secure the child's safety** and wellbeing (Sec 152 (1)).

If child does need to be removed: Need to find a suitable CYCC for emergency placement.

Note: If this is an emergency removal (form 36 – needs to be done immediately) then the DSW can contact the CYCCs directly to request emergency placement.
If it is not an emergency (child still needs to be removed, but this does not need to happen immediately), DSW must contact DSD Centralised Admissions and make an application for a CYCC placement through DSD.

Removal of the child from the family **(Section 152)** - Role of DSW - Work with parents	DSW to take with a Form 36 when doing the investigation, in case the child is at risk and needs to be removed immediately. (Note: if the police remove the child, the SAPS makes use of a SAPS 581(a) form to do so, which is like a form 36). DSW to explain their role to the parents and child. Be mindful of the power imbalance between the SW (authority, power, law) and the family (vulnerable, invasion by DSW). Explain to the parents what the concerns are, why	Section 7: 1 (a) (i) The nature of the personal relationship between the child and parents 1 (a) (ii) The nature of the personal relationship between the child and any other caregiver	DEVELOPMENTAL THEORY: - Need to understand the child's developmental stage (emotional, cognitive, social, etc). Use this knowledge to guide how to inform the child about what is happening. - If child has not developed trust with caregiver (trust vs mistrust) due to neglect / abuse / insecure attachment – this has an impact on the DSWs relationship with the child - Note Piaget's theory of cognitive development for ways of relating to the child, and how to explain what is happening to the child (aimed at the cognitive level of child's

- Work with child - Issue Form 36 - Colleges and SAPS to support - Resources needed	the child is at risk, explain the need for the child to be removed and placed in safety, explain that the parents would still have contact with the child at the CYCC. Important to remain calm and to explain to the parents what the concerns are. Parents sometimes lack insight and don't understand the impact of their situation (drug abuse, domestic violence, living on the streets) on the child. Supervision – guidance and support needed for work with aggressive parents. Role plays and training needed to prepare DSW's for working with aggressive parents. In situations where the emotions are tense, parents are aggressive, and police have to be involved to remove the child – it may be better to first remove the child, get them to a calm and safe place (eg. DSWs office, victim support room at SAPS) and then to explain to the child there. Working with the child – DSW to discuss the allegations and concerns with the child to get their input – in a child-friendly way! DSW needs to explain to the child what is happening, why the child cannot remain with the family, and where the child will be going to. Important for the DSW to explain this to the child before they are removed. Important that the DSW does not mislead the child about what is happening. Important for this to be done in a child-friendly, age and developmentally appropriate manner. Remember that you are working with an already traumatised child (due to the abuse, neglect, exposure to domestic violence, etc). Speak to the child AT their level of understanding (consider their age, developmental stage, language, culture). Children should be spoken to in	1 (b) (i)The attitude of the parent / caregivers towards the child 1 (b) (ii) The exercise of the caregivers' parental rights and responsibilities towards the child 1 (c) The capacity of the parents / caregivers to provide for the needs of the child, including emotional and intellectual needs 1 (d) The likely effect on the child of any changes in their circumstances 1 (d) (i)The likely effect on the child of any separation from both / either parents 1 (d) (ii) The likely effect on the child of any separation from any brother or sister or any other caregiver / person with whom the child has been living 1 (e) The practical difficulty and expense of a child having contact with the parents, and whether that difficulty or expense will substantially affect the child's right to maintain personal	understanding) - Piaget's theory – object permanence: child between 0-2 yrs learns that objects continue to exist even when out of sight… (note that many children that are at risk, are under stimulated, developmentally delayed, and may not have achieved this by age 2) … so for these children this means that separation from caregivers is especially difficult as they cannot understand that the caregivers are still available (continue to exist) when they cannot be seen ("out of sight = out of mind", so when young toddlers are separated from their caregivers, it is difficult for them to understand "mommy will come visit you") - Piaget's theory – children aged 2-6 yrs are egocentric: they will blame themselves for what goes on around them, and believe that "they are bad". Important to note when explaining to the child why they are being removed, that it is "not your fault". ATTACHMENT THEORY: - Significant bond is formed between the child and the DSW as their "saviour" / "hero" - Note attachment between child and parent: secure (consistent, regular, nurturing caregiving) or insecure (inconsistent caregiving due to abuse, neglect, parental substance abuse) - Separation from parents and siblings can be traumatic for children. - Note: separation anxiety – protest and despair is experienced by children who are separated from their caregivers. - Important for children to be given opportunities to say a proper goodbye. - Use of transitional objects to assist child – teddy bear, blanket, photo. Child to be given opportunity to take something with them from

	a language that they understand, and be treated with empathy, care and due regard for their rights to privacy. Children should be spoken to / interviewed in a child-friendly environment. Be sure to give the child opportunities to ask questions. Examples of what to say to children: "I know about the …… problems that have been going on" … "Mom/Dad can't look after you right now because of ……" ; "What are some of the rules at your house?" "Do you ever break any of them?" "And if you get punished, what happens?" "Well, your mom/dad made a mistake for which they need to stay in jail because that is the grown up punishment for when adults break the rules" "While your mom is in jail, you need someone to take care of you because children don't go to jail with their parents to stay"; "I am here to help you" "Your mom/dad thought that using alcohol/drugs was the magic to make upset feelings and worries go away. The problem was that the alcohol/drugs made it hard for her to take care of you" "The trouble with alcohol/drugs is that it isn't magic and doesn't make problems go away". "We are going to another place where you can stay for a little while; it is safe there; mommy/daddy can visit you there" Child need to be given an opportunity to say goodbye to their family (where possible), and to take something with them from home (e.g. blanket, teddy bear, picture). Important to remember that removals are more often than not traumatic for children and that separation from family, friends school, and community is experienced as loss (grief, bereavement) for children. As such it is important to take care of children emotionally during the removal: talk to them, explain to them	relations and direct contact with the parents on a regular basis 1 (f) (i) The need for the child to remain in the care of their parent, family, and extended family 1 (f) (ii) The need for the child to maintain a connection with his / her family, extended family, culture or tradition 1 (g) (i) The child's age, maturity, and stage of development 1 (g) (ii) The child's gender 1 (g) (iii) The child's background 1 (g) (iv) Any other relevant characteristic of the child 1 (h) The child's physical and emotional security, and his / her intellectual, emotional, social and cultural development 1 (i) Any disability the child may have 1 (j) Any chronic illness from which the child may suffer	home. - The more traumatic the separation experience = the more intense the feelings of insecurity, grief and anxiety. Can seriously disrupt the child's emotional attachment and ways of relating to others in future. - Need to be mindful of the impact of separation from caregivers on attachment and to do what one can to emotionally cushion the child when being removed. SYSTEMS THEORY: - Get the different systems involved: child, family, extended family. - Need multi-disciplinary team approach: Other parts of the system can assist with the removal: SAPS, School, other SW colleagues, clinic, hospital, etc (use available resources) - Form 36 is ratified at a Children's Court (link with broader societal systems)

	what is going on, do not rush this step of the process, recognise that this is traumatic for the child and respond to the child with due respect, care and empathy. Therapeutic aids / tools can be used to help explain what is going on to the child. Use tools relevant for the child's age, developmental understanding, and culture. In cases where the DSW has assessed a high risk for the parents to be aggressive during the removal, the local police station needs to be included. The DSW must contact the local SAPS and ask to be escorted to the family home. SAPS to assist with the parents, especially if they are aggressive. SW colleagues can also accompany the DSW when doing the removal ("Buddy system") – to assist with driving the car, as an additional witness, source of emotional support, assist with the paperwork, to help translate. Practical resources needed when doing a removal – car seat, bottle, food, clothes, nappies, etc. DSW needs to try as best as possible to obtain important documents for the child when doing the home visit such as: clinic card, hospital appointment card, any medication the child is currently on, school report, birth certificate, etc. It is understandable that this is an emergency situation, and the safety of the child is the priority, however, these documents are essential for continued intervention with the child at the CYCC. DSW needs to try and get the documents from the parents / from the child's home when removing the child. If not possible, DSW to continue with the removal anyway.	1 (k) The need for the child to be brought up in a stable family environment; and where this is not possible, in an environment resembling as closely as possible a caring family environment 1 (l) (i) The need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour 1 (l) (ii) The need to protect the child from any physical or psychological harm that may be caused by maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person 1 (m) Any family violence involving the child or a family member of the child 1 (n) Which action or decision would avoid or minimise further legal or	

	DSW must fill in the Form 36 (Children's Act) and sign it. Give a copy to the caregivers who the child was removed from – they must sign it. Take Form 36 with to CYCC – CYCC must also sign the form 36. The completed and signed Form 36 – give a copy to the CYCC, CPO, and parents.	administrative proceedings in relation to the child	
Child is removed by the DSW, and the form 36 is completed. Child is taken by DSW to the CPO office (or SAPS – if there is a child-friendly space for the child like a Victim Support Room) where the child is kept safe, offered something to eat/drink, and reassured by the DSW. When the parents / caregivers are cooperative, they can also accompany the child to the DSW's office (and to the CYCC later). However, in cases of severe abuse or where the parents are aggressive, the child will be removed and the parents will not accompany the child. While the child is at the office, the DSW will try to find a suitable placement for the child. Also, the DSW can explain again to the child what is happening, why the child has been removed, etc while the child is at the DSWs office (in a calm, quiet, safe, child-friendly room). Safety parents are the first choice (when no family available), but if not available, then a temporary safe care facility (Child and Youth Care Centre) will be sought to care for the child. Placement options in order of preference: 1) To remain with the family - if not possible, then: 2) Safety parent within the community - if not possible, then: 3) CYCC temporary safe care			
Find a suitable placement at an appropriate CYCC - Contact CYCCs and request placement - Look at	DSWs should only try and find a CYCC placement for a child AFTER a full and concise risk assessment has been done, and no other family have been found for the child. Consult resource list for list of CYCCs to find a suitable and appropriate placement for the child (NOT just where space is available). Incorporate the best interest of the child when trying to find a suitable CYCC – ensuring that the CYCC is an appropriate placement for the child. Very important to consider: programs available,	Section 7: 1 (a) (i) The nature of the personal relationship between the child and parents 1 (a) (ii) The nature of the personal relationship between the child and any other caregiver	SYSTEMS THEORY: - There are limited resources, not enough CYCCs available with vacancies to accommodate the children in need. Due to lack of resources, difficult to work within best interests of the child and place children at CYCC in accordance to their best interests – but DSW must try! - At a governmental level: need to provide more CYCC placements for children - Look at child's scholastic needs (where is school? Distance to travel? Is there transport available for the child from the CYCC to the

best interests of the child: consider the distance for family to travel to maintain contact; consider school placement; consider the child's language, religion, culture: Does this match with the CYCC? Can they meet the child's needs?	age group criteria; and the impact of: separation of siblings, distance for family to travel, school disruptions. Contact CYCCs and request placement. Complete needed CYCC application forms (application form, background report, any other available report, referral from hospital, clinic card, birth certificate, care plan, school report, etc). Complete application forms as fully as possible - do not withhold any information. Submit documents to CYCC to request placement for the child. Colleagues and auxiliary social workers can assist in trying to find a suitable placement. CYCC to assess all applications for placements according to admission criteria, vacancies available, and programs running at the CYCC (Developmental, therapeutic, educational, etc). CYCC to confirm placement with DSW as soon as possible. All CYCCs that are registered with DSD have received a Form 39 approval to provide temporary safe care. This form 39 is sent to the DSW and Children's Court (when form 36 is ratified) as a confirmation that the CYCC is registered and suitable to provide temporary safe care. For government CYCCs, apply for placement through centralised admissions at DSD. Note: placements should be made according to the needs of the child and NOT the availability of vacancies. Note: Section 158 of the Children's Act (placement of a child at a CYCC).	1 (b) (i)The attitude of the parent / caregivers towards the child 1 (b) (ii) The exercise of the caregivers' parental rights and responsibilities towards the child 1 (c) The capacity of the parents / caregivers to provide for the needs of the child, including emotional and intellectual needs 1 (d) The likely effect on the child of any changes in their circumstances 1 (d) (i)The likely effect on the child of any separation from both / either parents 1 (d) (ii) The likely effect on the child of any separation from any brother or sister or any other caregiver / person with whom the child has been living 1 (e) The practical difficulty and expense of a child having contact with the parents, and whether that difficulty or expense will substantially affect the child's right to maintain personal	school? Would the child need to move to another school? How will the child continue with their education after they are removed and placed at the CYCC?) - School is a strong source of support for children who have to be removed – try to keep child at their same school (if possible) (ie. Place at a CYCC close enough for the child to attend the same school) DEVELOPMENTAL THEORY: - Consider the child's developmental stage with respect to schooling (can they travel to school on their own?) - Need to ensure that the CYCC has the specific programs needed by the child (eg. Older children need an aftercare program to prepare them for leaving the CYCC after they are 18 yrs old; young children need a daily stimulation program; traumatised children need a therapeutic program). Need to place child at the CYCC that has the programs to meet the child's needs (Section 158 (2) and 194 of the CA). ATTACHMENT THEORY: - Need to consider the attachment and relationship between the siblings. Some CYCCs cannot accommodate siblings due to age criteria. Need to avoid separation of siblings at all costs. - Need to consider the attachment and relationship between the child and their parents; and how far the CYCC is from the parents (will they be able to travel to the CYCC to maintain contact with the child?). If a child is placed too far for the family to maintain contact, this may damage the attachment further and hinder family reunification.

		relations and direct contact with the parents on a regular basis 1 (f) (i) The need for the child to remain in the care of their parent, family, and extended family 1 (f) (ii) The need for the child to maintain a connection with his / her family, extended family, culture or tradition 1 (g) (i) The child's age, maturity, and stage of development 1 (g) (ii) The child's gender 1 (g) (iii) The child's background 1 (g) (iv) Any other relevant characteristic of the child 1 (h) The child's physical and emotional security, and his / her intellectual, emotional, social and cultural development 1 (i) Any disability the child may have 1 (j) Any chronic illness from which the child may suffer	STRENGTHS BASED APPROACH: - Look at the strengths of the CYCC and the needs of the chid – find a placement that is able to meet the needs of the child according to their program strengths (eg. Working with children with disabilities, working with adolescence, substance abuse, etc). -Need to find ways of strengthening CYCCs to accommodate the needs of the child
Medical exami-nation - District surgeon at local hospital -Form 7 done by Dr (general exam) - If abuse: J88 done by Dr	The DSW must take the child to the district surgeon for a medical examination after the child is removed and before the child is admitted at the CYCC. The medical examination is important to get evidence of the allegations of abuse and neglect (especially if abuse occurred recently). If the case is being done after hours or late in the afternoon and it is not possible to get an appointment with the district surgeon, then the DSW needs to make arrangements with the RSW / CYCC for the medical to be done the following day (the medical MUST be done either when the child is removed or the next day by the DSW, but no later). The district surgeon will complete a J88 form for cases of abuse (physical, sexual), and a Form 7 for other general exams. The medical report must be submitted to the CYCC on admission of the child. This can also accompany the social workers court report as evidence for court. Note: In cases of physical / sexual abuse, the FCS unit will most likely be called by SAPS to investigate the case. The FCS unit will then take the child to the district surgeon for the J88 to be completed.		SYSTEMS THEORY: -Use of other resources in the system (local hospital, district surgeon) to do a medical exam of child.

	If the abuse is severe or has occurred recently (ie. If the child has recently been abused and is still physically hurt when the DSW wants to remove the child), the child should be taken straight to the local hospital for assessment and treatment before being taken to the CYCC. It may be that the child will be admitted at the hospital for treatment / observation. In some cases, when the child is at the district surgeon, they will assess the child and may refer them to the hospital immediately. But in cases taking place afterhours, or when there is no district surgeon available, the DSW will need to assess the child's physical state and if needed take the child to the hospital.	1 (k) The need for the child to be brought up in a stable family environment; and where this is not possible, in an environment resembling as closely as possible a caring family environment 1 (l) (i) The need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour 1 (l) (ii) The need to protect the child from any physical or psychological harm that may be caused by maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person 1 (m) Any family violence involving the child or a family member of the child 1 (n) Which action or	
Admission at the CYCC - Parents to come with - Meet basic needs - Proper handover - Settling in	It is helpful for the parents/caregivers to accompany the child to the CYCC – the child will be comforted as their family knows where they are (not abandoned). In cases where the family is aggressive, this is not suitable for them to accompany the child to the CYCC. Due to the nature of the removal, it is possible that the child has formed a significant bond with the DSW – viewing them as their "saviour" or "hero". The child may cling to the DSW and become upset when they leave. It is imperative that the admission of the child at the CYCC is NOT rushed and that the DSW allow enough time to help the child to settle before they leave. Children may not be dumped or dropped off quickly at the CYCC by the DSW. A "transition period" is needed to allow for the child to settle at the CYCC before the DSW leaves them. The child MUST be taken to the CYCC by the DSW that did the removal (not be dropped off at the		SYSTEMS THEORY: - Need a flow of information between the different parts of the system (DSW to RSW to CYCW). Do not withhold relevant info from parts of the system as this causes a breakdown within the system and results in ineffective services for children. - Note impact of broader system challenges (high caseloads, time constraints, few SW's) on CP function MASLOW'S HIERARCY OF NEEDS: -On admission, see to child's basic needs first: food, water, clothing, warmth, bath - Need to meet basic physiological needs for food, thirst, rest, shelter before other needs can be addressed (to feel safe, belonging, self-esteem) ATTACHMENT THEORY: - Parents / significant caregivers should accompany the child on admission at the

	CYCC by another DSW / Aux SW / Student / Driver / taxi service). When arriving, the DSW will take the child and meet with the RSW and CYCW in the RSW's office (important for the CYCW's to be involved at the intake of the child at the CYCC). The child is offered to use the bathroom, and given something to eat and drink, and made to feel welcome and safe by the RSW and CYCW. Important paperwork is handed over from the DSW to the RSW (form 36, medical report, clinic card, background report, application form, etc). It is sometimes helpful for the child to be welcomed or met by other older children from the CYCC who can also show the child around and explain some of the rules ("Buddy system"). The CYCC will require that a medical check is done of the child on admission. The child may be undressed and their body checked by a nurse/CYCW for any scars, bruises, marks, rashes. This is recorded on a medical sheet and signed off by the DSW, RSW and nurse/CYCW. The DSW and caregivers then leave and the CYCW continues to settle the child in and orientate them to the CYCC: - Addressing basic needs: food, water clothing, etc. (child is bathed, given something to eat, given warm clothes, given a soft toy to hold, given toiletries, school stationary supplies)	decision would avoid or minimise further legal or administrative proceedings in relation to the child	CYCC (where possible) - Child develops a significant bond with the DSW. DSW cannot drop the child off quickly at the CYCC. Admission at the CYCC cannot be: rushed, chaotic, "drop and go" orientated! The DSW needs to stay with the child for a little while to help them settle at the CYCC before leaving the child. A proper "goodbye" from the DSW needs to be done with the child. -Need to consider the impact of trauma on the child of having been separated from caregivers, siblings, family, home, school, and also the DSW ("saviour") all in one day. Need to provide means by which to emotionally comfort the child (eg. Use of transitional objects – teddy bear, blanket). - CYCW forms a special relationship with the child (comforter) – fulfils parenting role with the child. - Child needs to maintain contact with parents, siblings, family (phone calls, visits, home visits, etc) DEVELOPMENTAL THEORY: - Note child's stage of development and capacity to understand what is going on - Related to child according to their developmental stage
Orientation at CYCC -Tour of	Children are slowly orientated to the CYCC. Orientation may take place over a few hours or a few days, depending on the CYCC and the emotional needs of the child (Ideal = 3 day		DEVELOPMENTAL THEORY: -Work with child in accordance with their developmental stage and level of cognitive understanding

CYCC - Meet and greet other staff and children -Routine and rules explained -Relationship building with CYCW	orientation period). Again, it needs to be explained to the child why they are at the CYCC, why they had to be removed; and children need to be reassured about being able to still have contact with significant others (family, friends, etc). Important for the CYCC to tune into the child's needs and to help settle the child at their own pace (to not force rules and behaviour contracts on child before they are settled). Important to note trauma and impact on child of separation (loss) and to adjust orientation and information giving to child accordingly. Orientation program consists of: - Showing the child around (giving them a tour of the CYCC) - Meeting the other children and staff - Explaining the daily routine to the child (what time is supper, bath time, when is breakfast, etc) - Explaining some of the important rules at the CYCC - Comforting the child, tuning into their needs and emotional state - Engage in age appropriate game with the child (relationship building) The CYCW will spend time with the child, working in their life space, tuning into their needs, offering comfort and direction when needed, engaging in playful age appropriate games and building a relationship with the child.		SYSTEMS THEORY: -Introduce child to the CYCC system and different parts of the CYCC system (staff members, departments (kitchen, laundry), rules and routines, etc) ATTACHMENT THEORY: -CYCW to work with child, tune into the child's needs, and to build a relationship with the child -Need to be aware of the child's attachment style, informs their way of relating to others and how to interact with the child
Post placement -Therapy /	The RSW will make contact with the child the following day for a brief counselling / play therapy / debriefing session and for assessment and to see how they are settling in.		SYSTEMS THEORY: - Need a multidisciplinary approach to family reunification services. - Use of CYCWs to conduct home visits to

debriefing by RSW -MDT assessment, care plan & IDP - Contact with DSW - Refer to clinic - School placement - Family contact -Ratify F36 at court -Criminal charges laid by DSW	DSD norms and standards also require that within 48 hrs a multi-disciplinary team (CYCC) assessment needs to be done with all children admitted at a CYCC (Care plan and IDP drawn up). Children usually form a significant bond with their DSW. It is important for the DSW to make contact with the child shortly after placement (eg. Calling the child in the morning to find out how they are). Often cases are transferred between DSW's and CPO's. It is important for this to be well communicated with the CYCC so that they know who the DSW is that is dealing with the case. A full, concise and proper handover of all information from one DSW to another is imperative to ensure effective continuation of services to the child and family. The new DSW should also make contact by visiting the child at the CYCC, preferably with the parents or family members. In terms of Section 151 (7) and 152 (2), the DSW must without delay but within 24 hours: Inform the parents of the removal Inform the DSD of the removal Inform the clerk of the children's court of the removal the next court day After the removal, the Form 36 is submitted to the DSD Centralised Admissions; as well as to the local Children's Court (Sec 44 of the CA). The DSW will need to appear before the Presiding officer at the Children's Court by the next court day in order to ratify the form 36. A report will need to be submitted by the DSW to the court to explain why the child was removed without a court order (nature of the emergency) as well as a copy of the Form 39 for the CYCC. The children's court enquiry is imperative for judicial review of the removal		family. - Involvement of other parts of the system to meet the child's needs: school, home affairs, transport systems, local clinics and hospitals. - Need to be aware of the impact on child and family of different DSWs and CPOs becoming involved in cases (transfers between DSWs and CPOs). Need to ensure a proper and concise handover is done when cases are handed over between DSWs and CPOs. - When children are discharged, need to ensure a transfer of support systems, services and resources to the family outside of the CYCC. - Family needs to be supported and strengthened in their ability to care for the child (in future) -Utilise strengths and resources within the system to meet child's needs (schools, extra lessons, therapeutic services, medical services, etc) ATTACHMENT THEORY: - Child develops a significant bond with the DSW. DSW must make contact with the child after placement (eg. A phone call or visit to the CYCC to find out how the child is doing). - Children need to maintain regular contact with their families (telephone calls, home visits, weekends away, visitations at the CYCC, family days', etc) - Work on changing / re-shaping internal working models (negative attachment patterns and beliefs) - Prolonged separation from attachment figures can lead to withdrawal, grief, despair STRENGTHS BASED APPROACH -In order to reunite the child with their family, the SW needs to work with the family on their

	(ensuring it's in the child's best interest) and provides the parents and children an opportunity to express their views on the matter. The DSW must notify the parents of the date and time of the court (Form 37) and bring the children to the court. The DSW must ensure that the temporary safe care is confirmed during a court proceeding and be issued with a legal court order, signed by the presiding officer and with an original Justice date/name stamp on the order to legalise the order. Children are referred to the local clinic by the CYCC where their clinic cards are updated (catch up immunisations), HIV and TB testing is done, as well as follow ups for any medicines and appointments. Arrangements for schooling are done by the CYCC. Some children are able to continue at their same school if they are placed close enough for transport. Other children may be placed into an educational program at the CYCC pending an educational assessment ("home schooling"). Some children are newly placed at schools. Documentation is required for schools such as the birth certificate. The DSW needs to assist with obtaining the needed documents for the school placement. The language of the child versus the language of the local schools can be an issue (forms part of the initial assessment of the CYCC placement). Family reunification – It is essential that children remain in temporary safe care for the least amount of time possible; and that they maintain contact with their family and significant others, and where possible, that children are returned to their families or placed with extended family as soon as possible. Children need to be given opportunities to make		strengths - CYCC to focus on addressing the strengths of the child (building into resilience) -Utilise strengths of CYCC (programs) to meet child's needs DEVELOPMENTAL THEORY: - RSW to conduct a developmental and socio-emotional assessment of the child within 48 hrs of admission (for school placement; and identifying therapeutic needs)

	phone calls to their family regularly. There should be an allowance for parents and family to visit children at the CYCC regularly. When families do not visit this has the potential to damage attachments and this negatively affects possibilities for family reunification. CYCWs want to be more involved with conducting home visits to the child's family. CYCW can provide much needed support to families in terms of parenting empowerment and skills training in how to manage the child's behaviour. DSW to attend IDP / Care Plan meetings at the CYCC, as well as 3 monthly permanency planning meetings. DSW must consider the progress report and feedback from the CYCC before making a recommendation to court about the child's permanency placement. In cases where children have been abandoned (a child that has been obviously deserted by a parent / caregiver, or has had no contact for at least 3 months), Regulation 56 of the CA indicates that an advertisement must be placed in at least one local newspaper circulating in the area where the child was found, calling upon any person to claim responsibility for the child. The DSW is responsible for placing the advertisement in the local newspaper. Annexure R and S (Publication of abandoned or orphaned children with / without identifying particulars) in the Children's Act Practice Note 02 of 2011 should be used for this purpose. Form 23 must be completed by the DSW after the full investigation has been done, and submit the form 23 to DSD.		

FORMS

Forms utilised within the above model are attached here:

- Form 36
- Form 22
- Form 23
- Form 7 (Medical)
- J88 (Medical)

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ADDENDUM F: INFO-GRAPHIC OF THE MODEL (included on CD)

ADDENDUM G: CD

SEE IN ENVELOPE

TO REMEMBER

ETHICAL VALUES AND PRACTICE PRINCIPLES

- Respecting the dignity and worth of each person
- Focus on human potential
- Social inclusion
- Participation
- Professional competency
- Empathy
- Genuineness
- Non-judgemental
- Integrity
- Cultural sensitivity
- Holistic, integrated, multi-disciplinary approach
- Accurate record keeping

SOCIAL WORK THEORIES

- Systems theory
- Attachment theory
- Problem solving approach (crisis intervention)
- Maslow's hierarchy of needs
- Strengths based approach
- Developmental theory (Erikson, Piaget)

BEGIN PROCESS HERE

1 INTAKE

Case **allocated** to DSW

Report of abuse **investigated** without delay

Report of abuse to CPO

Form 22 completed and sent to DSD

Supervision: caseload management and intervention planning

2 RISK ASSESSMENT

Gather information from the system (child, family, community, school, etc)

Do a home visit

Use **risk assessment framework:**
Assess risk
Investigate allegations
BIOTC determination
To remove or not?

Investigate allegations

Collect clinic card, school report, meds (if possible)

Prevention! Remove offender; other family?

Supervision: decision making

3 REMOVAL

Child is removed and taken to DSWs office / SAPS VEP room

Assistance: SAPS, colleges

Fill in **Form 36**

Explain to caregivers

Explain to child (NB: child-friendly and developmentally appropriate)

Resources: Car seat, food, nappies

4 FIND A CYCC

See to child's basic needs; **explain what's going on** to child

NB: BIOTC (distance, contact, school, language, religion)

Only if NO other option (first try: family or safety parent)

Apply for placement at CYCCS. **(send application forms and supportive documents)**

5 MEDICAL

Take child to **district surgeon**

Form 7 completed by Dr

If sexual abuse: FCS called out, child taken to hospital for J88

Safety of child is priority, can do medical next day, but MUST be done

6 ADMISSION

Child **welcomed** by CYCW and other children

Basic needs: food, bath, clothes

Explain to child why at CYCC

Shown to room; help to settle in

Inventory

Medical check

DSW must **stay** to settle child in. **NOT RUSHED!**

Handover from DSW to RSW

Child taken by DSW to CYCC

7 ORIENTATION

Takes place after child is admitted

Meet and greet others at the CYCC

Tour of CYCC

Rules & routine is explained

CYCW forms **relationship** with child, comforting, settling in, etc

8 POST PLACEMENT

Therapy / debriefing by RSW

Refer to clinic

Criminal charges laid by DSW

Supervision: de-briefing

Work towards **family reunification** (if possible)

School placement

Family contact

Contact with DSW = NB

Ratify F36 at children's court

MDT assessment, care plan & IDP

CORE FOUNDATION

THE BEST INTEREST OF THE CHILD

TO REMEMBER

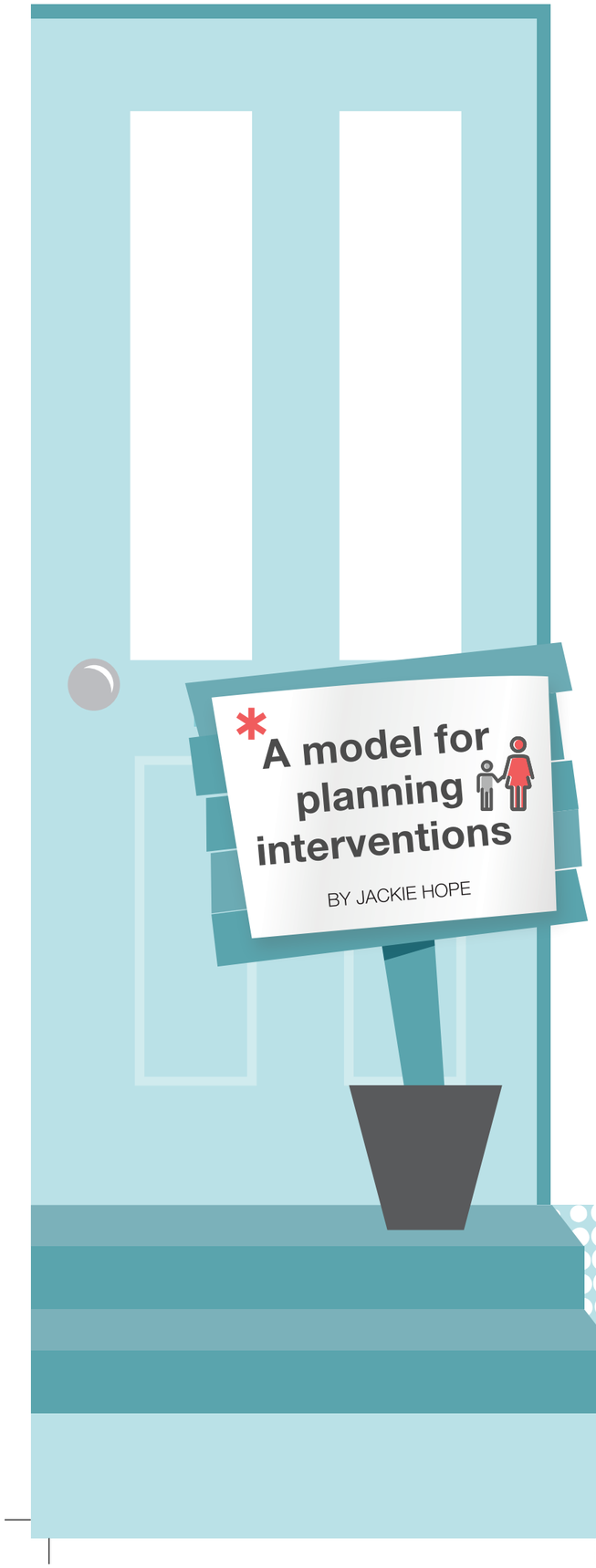
LEGISLATION

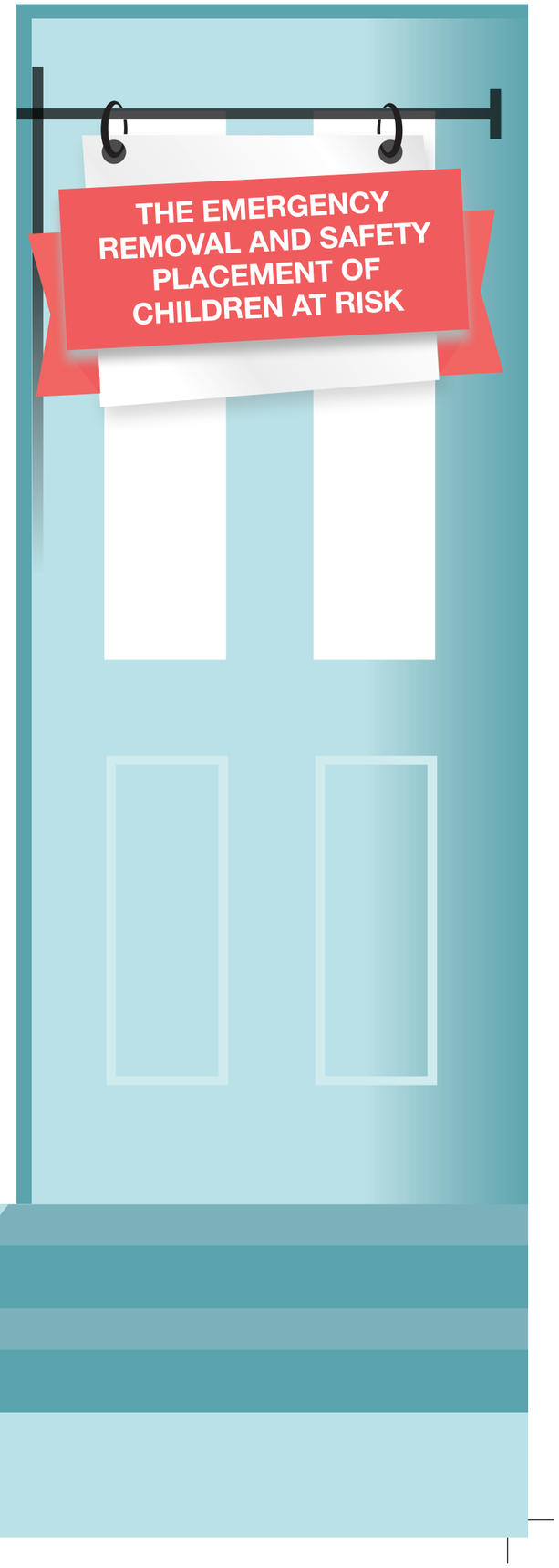
- Children's Act
- SA Constitution
- DSD Norms and Standards
- DSD Framework for SS Professionals
- White Papers
- Developmental social welfare

KEY

BIOTC	Best Interests Of The Child
CPO	Child Protection Organisation
CYCC	Child and Youth Care Centre (place of safety)
CYCW	Child and Youth Care worker
DSD	Department of Social Development
DSW	Designated Social Worker
FCS	Family Violence, Children and Sexual Offences unit (special crimes office within SAPS)
IDP	Individual Developement Plan
J88	Medical form completed by district surgeon (to gather evidence of abuse)
MDT	Multi-Disciplinary Team
RSW	Residential Social Worker
SAPS	South African Police Service
SAPS VEP room	Victim Empowerment Room available at all SAPS

✱ *Note: All "forms" are from the Children's Act 38 of 2005*





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DATA ANALYSIS

Phase: 1 – What are the current intervention strategies being used by DSW, RSW and CYCW's for the emergency removal and safety placement of children at risk?

OVERARCHING THEMES	THEMES	SUBTHEMES	CATEGORIES	QUOTES FROM TRANSCRIBED INTERVIEWS
Context of the emergency removal and safety placement process	Circumstances which require the emergency removal and safety placement of children at risk	Child abuse and neglect	Physical abuse	DSW-2: *An African child showed up at the school with **bruises, bite marks, all kinds of bruises.** I was called into the school, they also called in the school social worker. And the child actually showed me her **scars, it was blue and bitten**, and all of that.* DSW-2: *The mother **beat the child up** and the child doesn't want to go home, and the child is threating to kill themselves they don't want to go home.* DSW-8: S*he **hit the child and the child starts bleeding**, for her it was a normal, I am just disciplining my child.* DSW-8:…*they **hit her with a wet clothe and left marks**. So I spoke to her – what must we do and she said it's not the first time it happened and so I told her that we have to take further steps. We can't leave it like this, and she said no, she doesn't want to cause trouble, they gonna hate her and keep doing it.* DSW-4: *I had a cases of two children who grew up in a totally dysfunctional family, they witnessed long term exposure to domestic violence form the father towards the mother, and the father is not stable, mom left and they grew up with the father. And they were removed because **they were severely physically abused.***
			Sexual abuse	DSW-5: *With the older children I have quite a few cases where it is **sexual abuse cases reported by the school**.* RSW-10: …*Being sexually abused – **lots of sexual assault cases**, when it has been reported at the school, the teachers then inform the police.*

				CYCW-6: *Because also the first time if you take them to the bath. Because sometimes it is easy to found out **she is raped** or not. Because the time you will go with to the bathroom, to wash her, you gonna find oh she is red.* CYCW-3: *The child is the whole day at the tavern, **walking around in the street, empty the rubbish bins**, or they go to find something to eat…**Some of them are very poor and they can't look after their own children**. Some of them want their children, but they can't afford to look after them.*
			Neglect (poverty)	DSW-6: *Sometimes parents **deliberately just neglect their children** – in the sense of the child being not fed* DSW-1: *There is **no toilet**, I think there is 1 or 2 toilets outside; but there is **no electricity, there is no running water**, they don't have these things in the houses and they try to keep the children as clean as possible.* DSW-2: *This one child she was like 5/6 yrs old, and she was **weighing very little**, like maybe 10/12kg, which wasn't good for her age. But also because they were all HIV positive. That is worrisome.* RSW-10: *Where the children have been **living on the streets** with the parents.*
			Abandonment	RSW-3: *There is a few kids here that is now big, **one was found in a toilet, one was found…under rocks – with the umbilical cord still on- so basically abandoned or tried to kill the child**. But she is big now.* DSW-5: *I had a young child being locked up alone – an **8 month old being locked up alone in a room** and the neighbours phoned to say this baby is crying from the early morning. The baby was actually locked up and **left alone on a double bed without anything to drink**. And both parents were both missing, we couldn't trace them, they only came back 2 days later.* DSW-7: *one of the cases I had **I found this baby in a flat, alone in the flat** it was so bad. She was a year and 5 months, and she was upstairs. This is your high gang infested areas. Mother was drugged and on the streets. When we found her **there was no food in the house**. It was very sad. Now that mother had inherited it from her own mother. And the only child that she*

				*had was that one…And it ended up that **she was arrested and left the child there**. So the child was at risk and I had to remove the child.*
		Substance abuse	Children abusing substances	DSW-1: *Look, as the drugs has escalated* (in the area), *more foreigners came into the country, more foreigners became drug dealers, even if they have shops, that increased. Crime, and then everything increases with the drugs. **Younger children started to use the drugs, as of 8 yrs and younger.** They experiment, and glue also! You know glue was the old thing, sniffing glue, its coming back again .* DSW-2: *That is a very difficult removal as well. The reason being, I am talking about the age 12-13 yrs and up. Now you have this uncontrollable child, parents can't deal with the child, maybe the child is experimenting with drugs…* T*his **child is now involved in drugs and gangs** and doing all kinds of things that's putting himself at risk that you have no option but to apply at the places.* CYCW-17: *Ya that is why they end up here. Because **some are involved with drugs.** Uncontrollable behaviours that their parents can't control at home, that is why they are placed here. Of which they are aware of but they don't want to stay here.* DSW-7: *The one girl was 13, **high risk behaviour**, she was exploited, and she started to **experiment with drugs**.* RSW-10: *When social workers remove older children it's usually because they have a **drug problems**, or absconding from home, they have got **extreme behavioural challenges***
			Caregivers abusing substances	RSW-10: ***Alcohol, substance abuse, drug abuse – I think there is a big increase in drug abuse by parents.** And it goes across the age ranges – I mean these two sisters, the father was in his 50's and he was using TIK and alcohol. So drug abuse has been quite rife.* DSW-2: T*he mother left the child alone while **she goes to the "Shabeen".** I realised that this is a very hectic, I think **she was using TIK**, and they said she was very aggressive, she "skel" and that.* DSW-5: *And with my programs at the school, the children will tell me, **yes my grandma is smoking dagga or my daddy is doing this**. They know all these things and they believe that it is*

				*quite normal. So **there is a lot of drug use, which is seen as acceptable**, and that is the problem, to teach children that.* DSW-6: *It's often that the **parents are on substances** and can't care for the child.* CYCW-5: *Or in the community, maybe they always watching you. They know you waking up and **go and sit in the "shabeen" the whole time and your children are locked inside**.*
	General challenges experienced by DSW, RSW, and CYCW's in the emergency removal and safety placement of children at risk	Lack of information in child protection cases	DSW does not have info – because it is an emergency situation	DSW-1: Y*ou need to now speak to the child and find out what is wrong. And then sometimes things come out at the CYCC or at the safety parent and then you follow it up. So **there is a delay in getting the information** really.* DSW-4: *Often **the parents don't make that information available immediately*** DSW-4: *That is the most important thing at the beginning, to gather as much information as possible, because the parents can disappear. Like the other case, the police did the removal, but **there is no background information**, I can't find the family. And I know (*the child*) has a whole bunch of brothers and sisters, but I don't know where, so.* DSW-4: *Especially if the child was just removed, most of the information on forms is for what you don't always have. On the intake form, **most of the information you don't have**, of which illnesses the child has had, allergies, milestones, most of that information you don't have. Only the basics.*
			RSW does not get a lot of info from DSW	RSW-2: *We get a lot of children placed from hospital. **But often the social workers don't want to give us the information because they are scared that we are going to say no**, they are too sick to be in our care. So for us that is one of the biggest challenges, is the social workers just want a placement, but they kind of withhold information…Because we have had children placed here, and the moment they arrive, I've had to say sorry, we can't take this child, like they've got one of those bags attached (Stoma Bag), or they've got a breathing apparatus – and we don't have the medical facilities to actually deal with that. And that's then traumatising for the child, because that's they've come here, seen all of these new faces, and then all of a sudden they have been removed again. Saying you can't stay here, and it's not their fault, you know, because we haven't been given the information.* RSW-2: *Because a lot of our children come from emergency, **we will get very limited information**. So we will get their name, sometimes they don't even have a date of birth for the*

				*child, **sometimes I don't even know the child's real name, they have made it up**!...At the end of the day, the child is left there waiting. They don't know who they are – is this really my name, is this really my age? It's more than just paper work. And I think sometimes we can get caught up in paperwork. But it's actually, it's this child's history, it's their details, and what are they doing to get it? And lot of the times they are not doing it; and we have to fight for it; and they don't understand that it is not that we are fighting with them; it's just that we are on the ground with the child and we see that they are asking questions that we don't have the answers to.* RSW-3: *So if we say yes, I will try to get as much information out of the social worker as possible. As you know they probably don't have any information. Because the reality is that my staff not necessarily the child care staff, **the medical staff, gets really agitated if they don't know anything about a child before they come in.** Are there any allergies? Any chronic medication? Any medical conditions that we need to know about? Which I think is a typical medical model of diagnose and treat. So **they need to know what's coming – and if they don't know what's coming, then they get a bit "deermekaar".** So obviously they try to give us as much information as they have with what they see, but what they see afterwards sometimes isn't the reality of what the child's situation really is.* RSW-3: ***One of the things that frustrates me personally, is when the child comes in and the social worker, not necessarily on purpose, although sometimes I feel they are being… is not disclosing all the information about the family of the child.** And last week, the child was with us, and we had irate family members coming here, and saying that the social workers took our child and we want him now! And they are usually very aggressive, in your face, and unresponsive to calm conversations, because they are very very frustrated with the situation.* RSW-10: *And also **you don't get all the information that you need to understand the needs of the child**, so your DSW at that point don't know what you are dealing with at that point – so the child might be really sick, they might have a chronic illness, they might have medical needs, but when you take a child you don't have that information, which can jeopardise the health and safety, there's a lot of things that go with it.*
			CYCW's are not given enough information	CYCW-3: …***The other thing this social worker doesn't tell us,** this child is epileptic, this child is suffering heart attack, lungs, like that, **they don't give that full information.** When the child go to the doctor they ask what is wrong with this child and we say we don't know.*

				CYCW-8: *Most of time, **I think they don't like to give us information.** They like to protect the child. They don't give us information. All we know is this is the child, we have to look after this child. We don't know what brings the child here. All we know is we have this new child, ages between this and this, he or she is in grade that and that. Nothing else.* CYCW-8: *No, they don't give us. They know the background. **The social worker knows the background, but they don't give us**.* CYCW-6: ***For us it is difficult because we don't get the information**. It's confidential – the social workers they say so. But the child stay with us, not with the social worker. At 5 o'clock the social worker go home. The child and youth care worker is here, but you don't know what happened about that child* CYCW-8: *Sometimes it is very difficult because you find that this child is**. Sometimes you don't know the problem of this child. You don't know if this child was a victim of a rape, until you see, notice some things.** As you try to open up to him or her, then he or she will start to tell you. But then even he social worker, it's the child what tell you what's happening you see. Sometime you find that child, it's very difficult, but you don't know what beating up on that child, up until he is breaking that ice and he talks to you. Otherwise it's very difficult.* CYCW-10: *And a bit of background, so that you know, ok this is the child that I will get. Because sometimes the child comes in and you are screaming, and **you don't know what's in the child's past** and the child is like scared because of the way you are going on.* CYCW-13: *I also just want to add about the internal social worker. **There is stuff that they keep away from the child care workers, like confidential stuff,** but you are working with the child, she must tell you everything about that child because you are working with that child and something come up and you are not even aware of it. The social worker didn't tell you because it is confidential. How can things be confidential if you are working with the child? You must know everything about the child.*
		Challenges with CYCC's	Limited resources available	DSW-1: *For me I feel **there are not enough emergency places of safety especially in Cape Town** I don't feel there are enough and it doesn't seem like anything is being don't about it… Especially with babies. Because **you know you don't really get spaces for babies, it's mostly full.** And with most of our referrals from Hospitals for babies that need to be out of the hospital because they need the bed. It's like, that is really a frustration for me, honestly*.

			Not able to meet the best interests of the child	DSW-6: *However **it is a very big effort to get the child placed anywhere** – when it comes to a CYCC or a safety parent. Because a safety parent is only entitled to have 6-7 children in her care. And at the moment the safety parents that we know have that amount of children in their care already. So that makes it a bit difficult.* RSw-2: *a lot of the times the social workers don't actually care, they just want a place. **They are so desperate for a place because they get turned down everywhere else.** Like for these 3 Afrikaans children, they had emailed every home in Cape Town and I was the only one to respond.* RSW-4: *I think that sometimes **there is such desperation to place children, and there aren't many options, so you are left with just a few – and its ini-meni-mini-mo – and it isn't always in the best interests of the child.** Maybe another placement would be more suitable, or sometimes in order to keep siblings together they would rather go with one placement instead of another. And then sometimes it's not in all of their best interests.* DSW-2: *And **that is another very difficult removal, when you have a child living with disability, there is limited resources**, you struggle, you phone 10 /12 places, you phone here for numbers, it's so difficult to get placement for that child.* DSW-1: *And also working with race, colour, and so on. Sometimes it's just where with a black child, you will obviously what the child to go to Khayelitsha where he will learn this culture or whatever…but it's not always that way where there are African's, or colours or white care workers that can relate to that child at the end of the day. The children know "I am white, I am a different colour to what you are". And I think that is a big issue as well when placing a child in an emergency placement….* B*ecause they say that they are bilingual language and speak English, but you know it is not happening. Now here is this coloured 3 yr old, and it's confusing. **So where there is place, it is not a suitable placement for the child. Whereas the suitable placement is full.** So that it the other dilemma that we face.* RSW-2: *We have a new dynamic here of **children that were recently placed and speaking Afrikaans…because for us we only have 2 carers that speak Afrikaans, the rest of the carers speak Xhosa, and I speak English.** Luckily the one sister speaks a bit of English so she does a bit of interpreting. They are picking up the language quite quickly, but you don't necessarily want that if they are going to go back to P--- where they are going to speak Afrikaans. **We obviously express our concerns in terms of language, but a lot of the times the social workers don't***

				actually care, they just want a place. *They are so desperate for a place because they get turned down everywhere else.* DSW-1: *Child and youth care facilities, which one is closest to the parents. And unfortunately* ***we don't come right with placing children closest to the parents*** *and having that. The thing is we want, what for me is frustrating, we want the parents to have contact, but this is people on the streets, no money, nothing* RSW-2: *This should be like only the last resort to put the child so far away. Because there are homes closer. So have they really done the ground work to fight for the kids to stay closer to home, or is it just easier because they know us here? And it shouldn't just be a convenience factor for a social worker. That's where I also question procedures. I think we need to be tighter –even though it is an emergency, there can still be checks in an emergency situation that you can follow; and have ok this is a last resort to move a child this far away. Or if they do have to place the child so far away, then they must have set criteria to assist the parent to maintain that relationship, because otherwise* ***we are actually setting up families to fail. In a way, because we are creating a barrier for them to maintain that relationship****. So that for me is a problem and is something that needs to be addressed when we look at set procedure. Because that is one of the biggest gaps I have seen – especially for those that come from far, how can we maintain a relationship? And we have tried to help with transport for the parent to come visit, but a lot of the times it is not possible.* DSW-1: *And the other thing is, considering emergency placements, considering the ages, some of them need to be split up.* ***That is the most horrific thing for me… Sibling placements, because it's so hard because of the criteria and ages*** *and all of that and children are then in school, so ya that is the other thing that I wanted to say that is really a big frustration and* ***horrific for me as a social worker to split up children****.* RSW-4: *I think, you were saying now, that there are so few places that take emergencies, that they really do need to be more. Because I mean just now I got a call from a social worker looking for a place for 7 children, all from the same family, from 14 and the little one is not even a month old. So there really is a need to take for emergency placements. Because you often get calls like that – family of 3, family of 2. Its an emergency, the children have nowhere to stay. And we often are full, there is no ways we can take. So that really is.* ***Because obviously you don't want to split siblings, but when most of us only take from a certain age. Then it is difficult when it is a range of ages.***

			Negative environment within the CYCC	DSW-5: *With **all the other risks that's in the children's home with being bullied**, it's quite difficult.* DSW-7: *Creepy, yes. Remember the CYCC caters for the various kinds of problem child, or various kinds of child that's needing care. So **if you put that normal child with a problem child you will end up with problem child, and they are going to fight.** … CYCC it makes the child very hard and tough, they just learn how to survive and that for me is very sad. I've seen murders – because I've seen with that girl she cried I don't want to be here, it was also a few days after that she cried and we heard from the social worker I don't want to be with the murderers, and now, cause what happened was **they started touching her cause they are lesbians there** and she wasn't used to this. And she complained about it and no one would do anything but they will speak about it but no one will do anything about it. Cause that child is also difficult, so the care worker would maybe just avoid that when she complained. But she learned hard to survive.* RSW-6: *Because we see first-hand, how personalities almost seem to change, how you are almost moulded by the environment that you are in. So it's another consideration that we have to look at. That the **children are going to be exposed to other traumas and other behaviours in residential care**, and they are going to pick them up, and they are going to learn things.* RSW-1: *As I've gotten to know other children's homes, **they seems very restricted and jail like**. It's also to resemble the family home environment, you know, to not make it **feel like a mini-jail*** CYCW-16: *Some of **the children they become afraid of the outlook of the place. Because there is a lot of bars. And they tell their social worker, you are place us in jail!** Things like that. Because they are going to see now they are going to be locked inside.* Although many challenges with CYCC's, some recognised the value of CYCC placements: DSW-2: ***I removed them there (at a CYCC) in order for them to be stable**, to be medically assessed to get them proper medication and then to be nice and stable, and then placed them.* DSW-1: *It's a whole lot of things with foster care also, the people get so attached that they not going to give the child back when it comes to family reunification. **Where we know the CYCC**, where the child has a connection, **the child will go back to the parents** and we all **work together** and that is our goal and it is in the **best interests to be returned to parents if it's possible**.*

				RSW-6: *I do feel there is a place for children in a CYCC, in some settings, I can see where **we have given children stability**.*
		Challenges with service rendering	Lack of practical resources	DSW-2: *I don't go alone. I will go with a college. For the mere sake of **we don't have car seats.** Like I had a college that put the baby at the back seat, or if it is a small baby, they put the baby they push the front seat back and put the baby on the floor! How safe is that! So the resources isn't there for us to do our work.* DSW-2: *But many times we have a situation where we have the baby at the office. Many a times, with an empty bottle or not having eaten, **we don't even have a single nappy to clean them, or a set of clothes…** And **many times the children didn't even eat, there isn't even bread for them to eat.** Then we must ask our college do you have a slice of bread. So there isn't something for that. Or a bottle**, there isn't a bottle or there isn't milk to make the child a bottle.** And then the child is dirty, sometimes we found that the child came there with a Shoprite "sakkie" on. The child came there with nothing on, there was I think a cloth that was tied and aplastic over it. And **there isn't even a nappy or even a dry pants to put on the child.*** RSW-2: ***Most of the time all the phone lines are down**, so unless we actually go to their offices, we can't get information from them (*DSW*).* RSW-3: *So there is a lot of phone calls from this office, not email because **we don't have email**. There is a lot of phone calls, a lot of begging, and a lot of driving. We have problems with the infrastructure that the designated child protection organisations have. We have a problem we don't have internet but we have phones and we have cars. (*DSW agency***) doesn't have phones for like 3 weeks – phone lines were stolen.** So they need to drive here to tell us anything, we need to drive there to tell them which sucks, but that is life. (*DSW agency*) has an office here, don't have phone lines or internet at all. Social workers need to use their cell phones, but they don't get airtime.*
			Human resources issues	DSW-3: *I think that is for me in terms of human resources we maybe **lack social worker's**.* RSW-6: *Because she was from this CP organisation, and **within 3 months there was another DSW**.* R: So there is a high turnover?

				RSW-6: *Yes. And that is also an impact on the kids. And they are very upset about it. And they know about it, they know that their DSW's are changing.* RSW-7: *And the* ***main problem is the (***DSW's***) keep on changing****, so there is no help from them.* R: Like a high turnover? RSW-7: *Yes. You speak to this one today, and 5 months down the line the other one leaves and then there is a new social worker.* CYCW-10: ***Social workers are changing too much. And also some of them have so many cases, it's so much on their shoulders.*** *So eventually its social workers moving left, right, centre, this poor child! And the longer the child doesn't have an external social worker, the longer that child is kept in a home. Cause now, it's not like the child is forgotten, but there is no follow up. So it's like the child is just there, the social workers are just swopping, nobody is doing something for this child. So this child lives here for years.*
			High case load for DSW's	DSW-1: *So now* ***I have so many files****…There was a stage where I counted my files and there was a stage where my files almost came up to 100 .* DSW-3: **T*****he volume of work is such that social workers become overwhelmed****, even though you are a designated child protection worker. They become overwhelmed and are not able to do quality work and perform quality social work.* DSW-4: ***Case load is a big challenge for us*** *to be able to juggle everything at the same time. And to prioritise, because for everyone their case is urgent, but we have our own priority list, what is urgent and what is not. And people don't always understand that. Case load is another challenge we have.* DSW-3: *Ya, the minute you walk in you come and start preparing your report for court because you need to take your form 38 to court. So that is because of the resources and you* ***in an office where you do 10 other things*** *that is unfortunately we are not able to do that….It is not always possible because* ***you have other constraints within the office****. As an intake social worker you would have done the after-hours removal you come in the next morning and you write your report for court* ***and you have to see other clients who are reporting in the morning****.* DSW-7: *Ok, you come to work, and* ***now your whole day is planned out*** *– you got clients that you are going to see, so your whole day is full.* ***Then comes your supervisor and tells you there***

				is a crisis**… But now a case comes here and the supervisor comes to you and you are busy with clients, and doing parenting plans, substances abuse, doing everything, **and you feel overwhelmed.
			Transfer of cases between social workers and CP agencies	RSW-7: *But you know how (CP agency) works**, the social worker that removes the child, and the one you are going to talk to the next day, they will be two different people.** And they will tell you that that person should have done it, and there will be just fighting until you just send the caregivers.* RSW-8: *But the difficulty with this is because we need to the court order, it's then very difficult to get the external social worker to then take on the case and just do the placement. Because it's also boundary driven. Because the child might be sleeping in town, but is actually from wherever, Langa. **So it's like the fight between where the child comes from and where the child was picked up.** So then it becomes difficult for us because we need the court order but **the Department doesn't know who should be dealing with it**.* RSW-10: *Because also with the social workers, **the one that has done the removal is not necessarily the same social worker that will be involved the next day** – so the handing over of stuff. Sometimes they even just place the children with a form 36, and then we are struggling to find who is now going to follow up.*
			Rushed process (Drop and Go DSW)	RSW-1: *Ok, so ya, the child will arrive, it's usually quite chaotic. I find **the social workers are usually quite rushed**.* R: To go? RSW-1: *Ya, to leave. It's usually nearing to after hours, that's usually the time. So **it's usually seemingly rushed and very fast**. I feel the external social worker doesn't really do much, **its just about the paperwork**. To get it all signed, and then they are gone, and then it's just us…. Ya, they don't do much with the child. They, it's very much just focused on myself and the paperwork; and then its ok bye I will see you in 2 days' time. Ok, bye now… I notice **they usually quite shaken, are afraid and quiet. I think its shock with them…This is so rushed, like here BANG you are here and I don't know anyone and just say here anyway.*** RSW-3: *Then, unfortunately sometimes **the social workers are in a hurry to just drop and go**. But we try to have a handover where we say you drop them in their new place where they are going to stay. They are not a library book that you are returning, they are actually a little person*

				who is so scared, and you are the face they know- ***you can't just say here is the child here is the forms and go****, but they like to do that* RSW-3: *The 5 that came in the other day, they came in like deer's in the headlights. But the 2 year old, her eyes were just dead. And* ***the social worker was one of those that just dropped and left. And I couldn't catch her because she was in a hurry.*** *So we took her to the baby house, and she is standing there with these wide eyes, I don't know, she is 2. Strange people I don't know. The lady that just held my hand and comforted me just let go and went. I don't know who you are, I don't know what is going on. And even a week later the child's eyes were a little bit dead. But later that day her siblings were brought here from school, and her brother ran to her and picked her up and hugged her and she just burst into tears. A 2 year old was keeping that in! For like 5 hours, until she saw her brother. And that is what makes me angry about social workers that are not working child-friendly!* ***It's all about I have a crisis. Drop and go.*** RSW-4: *And then we walked down, and* ***the social worker had walked ahead, he had gone out*** *and the children had followed him, and I was coming last with the mother and aunt and was talking to them. And when we got out here, I saw this scene that I thought I was dreaming, that the little boy who was 10, he was crying and walking up and down, wanting to get out of the gate, and the social worker was parked in the car and the car was in front of the gate, just waiting for the aunt and the mother so that they could leave. And this boy was.* ***And the social worker was just sitting there!*** *And when the sister saw that her brother was crying, she started crying, so we all had to just sort of, get hold of them, and we had trouble at the gate in case the child tries to run out! And* ***they just left! So that was quite disturbing to see, to not respond or do anything when a child is clearly traumatised and not wanting to stay and very much in distress****.* RSW-4: *I think we try to do it in a child-friendly way, at least once the child is here.* ***But it often is, a rushed process.*** *Because umm, there is no definite time as to when these children will come. So you end up either being in the middle of other session with children, or it will be very late. And so* ***there isn't always adequate time to not rush things and to not feel rushed.*** *To feel that you can really take your time now. Because* ***that social worker is also in a rush, they need to get back, and drop other people****. It's very rarely in the mornings when it happens. It will often be in the afternoon, late afternoon, after court. So there are those kinds of challenges. And then if you have another crisis happening here, that you need to tend to, and there are new people, that can be quite challenging, and obviously unsettling for the child. I suppose it could be more child-friendly.*

				R: When the social workers are here do you find that they spend time with the child to help them settle in? RSW-7: (looks shocked and confused by the question…then laughs). ***They are always on the rush for something. Like 99% of the time.*** *I have never, no. I think they are more concerned with the paperwork than with the children themselves.* RSW-8: *Sometimes* ***they are brought here and they are dumped. And lets move onto another crisis.*** *And they know – they say where is my social worker? When am I going to see my social worker?* RSW-10: *Also* ***a very abrupt process because obviously emergency is not planned****. Because when you get the call, and it is usually after hours, ya most of our emergencies have been after hours.*
Current intervention strategies used by DSW	Influencing guidelines for the current intervention strategies used by DSW	External guidelines	Children's Act	DSW-1: ***It's just the Children's Act that guides you****.* DSW-3: *We don't use the Act as best, to its full potential. There are so many options in the Act but we are still so safe; and that is for me a frustration. When I speak to social workers, we are safe. Just Friday I spoke to a social worker saying the Act* ***I feel is such a good Act, but we don't use it as fully as we can****.* DSW-8: ***The Children's Act is also there to guide you****.*
			Standardised practice model	DSW-3: *The managers and the supervisors would normally give that guidance. But there is no (*picks up a book on desk and shakes it*). It's* ***that standard operating procedure that is mandated that we don't have*** *and that's where the gap is in the system.* DSW-4: ***There isn't a manual for that****.* DSW-7: *But for a policy document, a written policy –* ***I don't know if it does exist****?* DSW-7: *No. I am right,* ***we don't have such a manual****. I think it must be written up on what to do, what resources to consider first. I mean there are so many resources that you can use first, but what to use first, whose number to dial first…If there would a manual, they would pick it up and see ok, these are point A to whatever and they would make sure to implement those*

			Training	*things….I think a manual, step by step, for what to do when you receive a child. And also the type of child you receive – an infant, abandoned baby, older child – what to do step by step. I think we have to break it down when it comes to the different ages, it would make it much easier. I think this will be a big thing, a comprehensive thing. It would definitely make our lives easier, or even the life easier of a social worker that walks into the Department now and doesn't know what to do, has no experience.* *DSW-3: What I see we have its bits of training. National will come and they will do training for instance on risk assessment, and we are expected to implement the training.* ***We have bits and pieces but it is not brought together in one solid document that we know is policy.*** *We know that there is a child protection policy but it is all over, its bits and pieces. It's that I am missing that* ***we don't have a standard operating procedure or manual guiding us*** *in terms of how we spoke to the child.* DSW-8: *They gave us something last year, but only afterwards – they are a bit slow. Because like,* ***when you come from University, it's a whole different world when you come into practice****. Because I didn't even know the forms…So when you come, it's almost like you are* ***learning from scratch again.*** DSW-2: *Ok, the removal of a child is not always very easy… But* ***there is actually nothing in the books that prepares you for this****.* DSW-2: *I think a lot of new social workers they are starting in probation, they didn't do removals,* ***they don't know, they don't understand the dynamics of social problems and have very little skill.*** DSW-7: *And nowadays with the new graduates coming,* ***they need so much training on the way on how to do things****. And they are very stubborn. They don't want to learn and they always ask questions.* DSW-2: *And I know that the (*CP organisation) ***has made available this orientation*** *where they talk about the policies and working things,* ***but that is not practical****. That is not going to help you fill in a form 36, asking safety parent for placement, it needs to be more practical.*

			Theory	*DSW-1: I think it terms of models and theories,* ***it goes out of your mind when you are working*** *realistically with the client or child.* *DSW-4: I would say especially within report writing,* ***reliance on theory is almost non-existent****.* *DSW-6: You know, no I don't. I think I mix all my theories up. I use a little bit of strengths based, and* ***a little bit of that and that, just incorporate it in my own thing.*** *DSW-8: The same way they give you certain theories,* ***it doesn't always apply to every situation****….Most of them don't apply. Sometimes if you improvise if this can apply, just a few of the steps, the principles…But sometimes, not every client is the same. Like you can't use the model on you even if you have the problem, because we are different people, so you have to consider diversity, and see when you are interviewing the person, so this can work or whatever. You can't just go in and do strengths based, the person is not the same.* *DSW-5: Ya* ***we use a bit of play therapy techniques****. But with the children who I have built up a relationship with, because the kids trust me. But with the new cases, it is sometimes very difficult. And it depends on the age and personality of the child and how you deal with them. For some it is different to the others, even if you use the play therapy techniques to explain to them this is what is going to them.* *DSW-3: We should, and I want to say yes we are using the strength. Although* ***for me strengths based theory is so important****. Because when you do your assessment, you look at what is the family strengths and what can we work with in order to return the child to the family, if the child is removed. We are doing it but it is not reflected in terms of our report writing. In report writing we will not say in terms of the strengths based theory this is my assessment indicates that the family are a close knit family, we don't, but it is there but not consciously. For me it makes, it professionalises our reports, it just adds that element of professionalism to our report if it's incorporated in the report, but we don't* *DSW-6: I would actually say strengths based. Because you need to assure the mom and the dad that they are not bad parents. Because if you tell them that they are bad parents they will make no changes to their circumstances to get their children back. Because you wouldn't want the child in the system forever. So* ***I would highly depend on the strengths based approach*** *to assure that the mother and father that you are good parents* *DSW-4: Like* ***systems theory, that one part of the system is affected by each and every other part of the system that is linked to it. So that is helpful because a child is not a child on its***

				<u>own,</u> *it comes from, there are so many things that is linked to that child and if you just help the…like if we just get that child out of immediate safety, what is that helping? There is the parents that need to be helped; there is the education of that child; counselling that the child needs. So many things to see to, to make sure that the child is cared for….And also education – that is one thing we consider, where does the child go to school, because we want to keep our systems theory as much as possible, so we would want to keep the child in the same area so that they can still go to school or the same day care; or at least be close to the same family that they know.* *DSW-4: There is* ***Erickson's stages of development****; for you to know what is appropriate at what age group, just understand what is happening at that time.*
		Internal guidelines	Supervision	DSW-1: *But,* ***<u>there is no supervision</u>****. I understand (*Supervisor) *has A LOT of work, especially when new people start working* DSW-3: *I also want to say that* ***<u>the supervisors are not always giving the guidance as they should</u>*** *to allow the quality work to come out. When there are investigations, supervisors would say but you should have, but nowhere is there record of giving an instruction or guidance recorded giving the social worker as to how. The instruction will come through as this is a report that we have received today, a person phoned in, child has to be removed, now we open a file, please go an investigate. That is all. A new social worker coming from University or a new social worker that is fairly new in the field, in my opinion, would need more than "investigate and remove". And that is for me where the gap is.* DSW-6: ***<u>We get the support from our supervisor all the time</u>****. Our supervisor would give us the ok for everything should it be the right thing to do. If we are in trouble, she is always there to assist. We have her on whatsapp, so if we are in the car with the child crying at the back, supervisor what do we need to do now and she would then call from the office. There is always that means of communication from us to our supervisor in order to make the removal a bit simpler.*
			Self-reliance	DSW-1: *I think,* ***<u>you need to use your own initiative</u>*** *when working with them because sometimes guidelines also don't work for every child…*You *need to* ***<u>follow your instinct</u>*** *in how do I deal with this matter now.*

				DSW-2: *But I think there is really nothing that can teach you how to do a removal.* ***You need to really just follow your instincts****.* *DSW-4: You* ***learn from your mistakes****. You often make mistakes but you learn as you go.*
			Colleagues	DSW-1: *For me* ***my college's, is basically my support system****. I go talk to them, I de-brief with them.* DSW-2: *What really helped me a lot when I started working here, I used to ask colleges, and colleges in terms of people that have been working long for 10/15 yrs. I have this child, what do I do? So* ***speaking to your peers*** DSW-4: *We have social workers that have been here for many years… two are here for 8 years, so they are the more senior social workers who knows exactly what they are doing. So* ***they provide a lot of support, especially at the beginning, when the supervisor is not here****.*
	The current intervention strategies used by DSW for the emergency removal of children at risk	Intake	First report	DSW-6: ***We usually get the report from a complainant*** *or an investigation has been going on for a long time and the mother or fathers' circumstances has not improved and the child has now been exploited or anything in that Section 150 of the Children's Act – so the child is not living up to his or her standards.* DSW-3: ***Normally when a person reposts an allegation of child abuse or neglect. The form 22 is the reporting format.*** *It should be completed as soon as the case is reported. But I am not sure, I don't think the social workers, that is some of the feedback that we are getting, that it is a lengthy form… An allegation of abuse or neglect should be considered as serious, and therefore it should be completed immediately.* DSW-6: ***A form 22 is completed by educators mostly*** *on there it states the type of abuse that the child is experiencing should it be neglect, physical abuse, sexual abuse, it all goes on there.*
			Risk assessment	DSW-3: *Once the report is received,* ***we need to do an assessment,*** *because it an allegation is reported so whether it is like the one I have just received, or a person coming in with a child to the office, the assessment is important.* ***Assessment to determine whether the child is at risk and the allegations, to confirm the allegations.***

				DSW-4: ***<u>You first have to assess if you need to remove</u>***. *You first have to see if it is an emergency. We have an early intervention risk assessment, and we look at a whole different list of criteria. We obviously look at the intensity of the event, how severe the event has been*. … *This is just one risk assessment where we have to tick off the different things. Like this one is directly based on Section 150 of the Children's Act. The child has been neglected, or has been abused, or sexually abused; or the child is at risk; the child is a risk for themselves and a risk to others around them; living on the streets or used for begging; or is addicted to substances; or the family is in danger; or someone in the family is endangering the child; or the family doesn't have the basic resources to meet the needs of the child; the child has been abandoned. So that is one. And then we have another risk assessment that goes across the four criteria's – belonging, mastery, independence, and generosity. Where belonging; for each one of these we have three categories, so there is normal, distorted and absent. For example under belonging, where it is distorted the child is maybe involved in gang activities; sex, affection and love; attention seeking behaviour. So it's just a broad assessment where you tick off, and the more ticks you have the more at risk the child is. But sometimes you have just one tick, like it's been sexually abused, is more than enough. So that is just one form* DSW-5: *But I mean, I cannot remove all children whose parents smoke dagga, unless it has a never effect on the functioning of the family. Because we also have parents who smoke dagga for years who still keep up their job and still maintain a reasonable way of living that we don't have to remove the child. So* ***<u>it's difficult to determine to make that call if the child is at risk or not.</u>*** DSW-1: *Ya, sometimes they look clean, but they will have the smell. And they live in small Wendy houses, which they share with maybe another family. Like dividers and they live in small sections. And then people that are more fortunate that will complain that these people that live in small hookies, but then I say I must remove the whole of Khayelitsha and Gugulethu…****<u>Its just sad that there are people that just don't understand that there is a way of living for those people, it's how they survive.</u>*** *They are trying to survive basically.* DSW-6: *Maybe there is no running water, do I remove a child – but there is running water from the neighbour, it is ok for them. There is no electricity – but there is a candle, the child can still do his homework. So* ***<u>that makes it difficult – what are the grounds that we remove a child.</u>*** *Yes there is that Section 150, but it's not always that instance. Sometimes it is more harsher. The mother really cares for the child but she can't help her circumstances. So that makes a removal very difficult.*

				RSW-1: ***Ok sure, the house is overcrowded,*** *lots of people sleeping in one bed together, in the lounge all of that stuff, and there is a reason why the child can't stay there.* ***But for me it's sort of a grey patch because I know that the child must have a place to sleep and all of that, but then at the end of the day it is very normal for a lot of families for the house to be super crowded.*** *Most people are doing that, they grew up in a family like that where there are people sleeping in the lounge and they pack away in the day. So for that I feel shouldn't be a reason to stop a child from going home. I don't think that's in the best interest of the child – yes ok on paper it looks bad, but in reality its probably a lot better for him to be with them than to be removed from their family.*
			Prevent removal	DSW-4: ***And before we remove a child, if there is a parent that is able to look after the child, suitable parent. Because if one parent is fit, there is no need to remove that child.*** *If the parents are not around, we look at the caregivers, or whoever has been the caregiver of that child. If they are not fit then we would remove the child. We obviously look at the family, lots of other things in that environment. So if the parents are not fit, if the caregivers are not fit, if that environment is not suitable, it is too much risk to leave the child in that environment, the child has to be removed…. Next step is trying to look for someone who the child is familiar with who they can stay with until court proceedings is opened. If it is a family member, that is great. Sometimes it is a family friend who the child is familiar with. But we always try to get someone who the child is familiar with, so the environment doesn't change that much.* DSW-5: *That we really try and* ***prevent removing the kids****. That is really my focus. But in some cases it is in the child's best interest to remove and I think this will be with us forever – sometimes we can't avoid it. We do get some social workers that remove children sooner, and it depends on the circumstances. But I must feel in my heart with all the documents that this is in the child's best interests of the child.* DSW-7: ***The first option is not to take the child to a CYCC, but family is first option****…The first option is not to take the child to a CYCC, but family is first option. You work on the strengths of that family, you don't break them apart. Cause now the only thing that you want to ensure, because you are so naïve because you are a new social worker, I have to remove this child away from the family, not always. It's not always the best interest of the child to move away from the family*

		Statutory removal process	Finding a placement	DSW-8: *So **I phoned around to find placement** – but it's difficult to get places even at the CYCC's its full , even by the safety parent it is full.* DSW-4: *Regarding **filling out application forms, everyone has their own application forms**, own way, certain criteria that I guess you just get used to each facilities way of doing things…* I*n most cases we have to submit more than one application form, looking for a placement. Which is a tough one because a must say some facilities have such a long application form, which is, when you are removing a child and there is much drama on that day, that is one of your least priorities but it is something that has to be done. Most of the information on forms is for what you don't always have. On the intake form, most of the information you don't have, of which illnesses the child has had, allergies, milestones, most of that information you don't have. Only the basics.* DSW-6: *When we do do removals, and we want the child to be placed, we often make use of (Lady at the Department) – she assists us with admissions to CYCC's; those that are subsidies by the government. She is the only one that get them in there, Government CYCC's, we can't approach on our own and say we would like a child to be admitted – **we have to request permission from (Lady at the Department), and she will request a background report, we need a care plan and some form of school certificate or report before they can be admitted**.* DSW-5: *And **it's traumatic for the social worker** – even after all these years it is still traumatic. And **you are very stressed** out you have to make a decision, and **you can't find a place, working through that list, phoning people.***
			Form 36	DSW-3: *We would then have to **issue the form 36** and the form 36 is given to the safety parents, or the CYCC, the biological parents.* DSW-4: ***We would do a form 36. So sometimes we would do a statement to that just to say what the reasons where**, we just add that to the background of the application form.* *DSW-7: **on a form 36**. We will write out all the information, where the baby was found and the reasons for removal, the baby was abandoned. You tick the applicable section on the form, and sign it off. Make sure your details are there. Give a copy to whoever you remove the baby from – the police who received the baby*

			CCI Opening / Ratify F36 at court	DSW-6: *We do a form 36. On the form 36 it needs to be complete by the parent and their particulars need to be filled in there and also the time that the removal took place. And it is filled in by the safety parent with the time that we dropped off the child.* ***That form 36 is then sent to court with a short little report of what happened and how the proceedings went.*** *So that you need to explain to the court.* ***You have 24 hours when we need to appear before court.*** *So if you would do the removal, and in the morning, you can still go to court later in the day. You issue the parents with the form 36 as well stating that they need to appear before court on the time and date.* DSW-2: *With the new Act it says* ***we have 48 hours then we must ratify the form 36****.* DSW-7: *Now* ***you must make sure that the form 36 is ratified, or appears in front of the court within 24 hours.*** *People say 72 hours, but our courts nowadays want to do it in 24 hours. Once the form 36 has been ratified at court, an order is made by the court so that they can be placed in safety, on detention order.*
			Medical examination	DSW-3: *And then also* ***a medical is important if you, I believe, in all cases where we are about to take a child into care, we should have a medical done.*** *I also practiced in the UK, and that is important so that.* ***With a medical you can confirm allegations of neglect, maltreatment, all of those things, sexual molestation****…what is that form called now…the one completed by the district surgeon…J88! But it's important for when the case goes to trial if there are criminal, you know you have the J88 part of your evidence so.* ***Even before the child is placed with the safety parents or CYCC, I believe we should have your J88.*** *Sometimes in terms of times it's not always possible, if the allegations is made at 4pm and now you go in. actually no, it can be done, because we have our after hours….Also, if other types of abuse occurs at the CYCC or with the safety parent, you know. And also to protect your safety parent. Because of the child comes in with a fracture, and if we hadn't had the J88 the medical done, then we can say that the fracture, the injury occurred with the safety parents. So that's the other side of having it done before the child is placed. So ideal so that the social worker can have the allegations confirmed, you got your evidence and then the child is placed.* DSW-3: ***Before placement a medical is a must, even if it means sitting at the doctor's office after hours, but medical is an absolute must just to ensure and confirm if the child has physical signs*** *and then of course also the safety parent and CYCC that they know the child is coming in with these fractures and they know how to manage that. If it is a child coming in with a broken arm. The child wouldn't be able to do some things or need assistance, so we need that.*

				In some instances those fractures will confirm the allegations so we need the medical done as soon as possible. So for me the model should include that J88 medical to be done as soon as possible…Just to be able to have some form of reference to see if the mark was obtained while at the CYCC or before – old injury or new injury. *DSW-8: Most of the time if there is evidence. Cause you have to go – say* ***if the marks goes away then you don't have any proof. So you have to do your medical just to cover yourself****, cause if you don't have any like. The same in a criminal case if there is no evidence then you don't have a case. And also in the case of sexual assault, then you also have to do the medical.* DSW-7: *We also have to make sure that the child goes for medical treatment.* ***You have to take the child to the district surgeon for a medical examination…Well the medical must be done by a medical doctor, a district surgeon****, must be authorised or have a certain rank, for the examination. They do the whole bodily check – the normal examination is your eyes and ears, and everything. If it does happen that there was allegations of rape, or sexual molestation in children, they would then check those certain things and write it down. And say yes umm, that did happen, or no it's not true they area just allegations. So they just confirm it to make it strict.* DSW-2: *And then you are also not prepared for what state you will find the child in.* ***the child could be sick, meaning you have to go take the child to the day hospital. And then I have to go and sit with this child at the day hospital****…especially if this chid has a fever, you must go and sit there by the day hospital and have the child checked up.* Even though most DSW's spoke about doing the medical before placement, some of the CYCC's indicated that they had never received a medical report from a DSW before, or do not receive the medical report on admission at the CYCC: RSW-2: ***Never. I have never ever, ever, like I can show you all my files, there is not one in there.*** *So I don't know whether it is because it is an emergency; but I have never ever in my time had a child checked –****I have never received any medical report with a form 36 or court order. If that's their rule, then I have never had it!*** *But literally not one of my children have been. Unless its abuse, a form of abuse or like sexual abuse, then obviously that is different because they have to have a forensic examination before they come here so there are no allegations to the centre. So I do have that; but still even then, I have to ask have you done that yet, cause I don't want it to come back to us. But other than that, I have never ever heard that!*

				RSW-3: ***<u>We don't usually, if it's a crisis. Although I know most children's homes do ask for that…J88, not J88, that district surgeon one. We found that the resources are not as forthcoming here in this area.</u>*** *Like for example, an absconder's enquiry, the commissioner here is refusing to do it. Although we can say but if a child absconds, maybe we are abusing that child, maybe we are locking him up in a closet somewhere – the child needs a chance to tell someone independent why they are running away, but they are refusing to do it. So like getting a social worker to go and do a form is like pulling teeth. So I know we do, we usually do, I did it at my previous place, but in the meantime a child is handing by a branch somewhere - to get people to actually do it is very difficult. I have found that people outside of Khayelithsa are more willing to do it, like people at (CP organisation) or not (CP organisation), because they don't even get salaries. So no, not always.* RSW-6: *I think it is the form 7. And we insist on that upon admission. Ok* ***<u>with an emergency placement it is not always possible. Sometime the children arrive with nothing. But then we would insist that the medical happens the next day or as soon as possible</u>.*** RSW-7: *We ask the medical, is it a form 7? But* ***<u>usually when it is an emergency they say we didn't have time for that, but we will come tomorrow.</u>*** *But you know how (*CP agency*) works, the social worker that removes the child, and the one you are going to talk to the next day, they will be two different people. And they will tell you that that person should have done it, and there will be just fighting until you just send the caregivers.*
		After hours child protection	*After* hours / lengthy process	DSW-2: *So* ***<u>many times you will come home late</u>****, especially if you know the removal was done late, after 14:00, then you know I might be late going home.* DSW-1: *Afterwards, for me, it's when the day is done and I've done the afterhours, you are tied of filling in the forms , and tired of the child because the child is asking me stuff, and the child is constantly crying. It's trying to get this child not quiet and you can't.* ***<u>You are so drained at the end of the day</u>****, on the way to wherever, the child is asleep sometimes, in your rear-view mirror.* DSW-1: *Or you don't even want to really interact with the child because* ***<u>you are so tired, you are so drained,</u>*** *So you need to also deal with your emotions, and when you get home you are so tired and you just want to eat, take a shower and get into bed. And while you go to bed you are thinking, ok I need to get the report for the next day at court! And then you don't deal with the emotion of the child now crying after you.*

				DSW-8: *So **from 4pm to 10 in the evening**. But if they phone you after 10, you must still try and assist them, you don't have to go out but you can assist them over the phone. **So if anything happens in that period when you are on, then you must go out.** You must go out. Sometimes you can over the phone and try to speak to the police and you don't have to go out.* DSW-7: ***We have the after hour protocol where you start working from 4pm until 7:30 the next morning.** I said I am not going to do it , I live in --- and have a 4 ½ yr old daughter. I mean she was 4 months when I started doing it. I had to drive alon…and **it was very stressful on the body and very risky, as a female alone at night.** So I said no, there is a lot of politics around here. But I stand up for my rights… Listen, we just heard that one of the social workers were attacked, pulled out of the car and beaten, she ended up in hospital. That was last month….I said I am not going to do this because I have a daughter. And I am not going to endanger my life, if anything happens to me, who is going to take care of my daughter?*
		Assistance / support in rendering child protection services	Colleagues	DSW-2: *It was up on the floor, like on the 3rd floor or something, big flats there, and then **my college was at the bottom, keeping the car on**. And that's also another thing that we just do, if you go to do a removal, **someone must keep the car idling, and then the one person must go in…Just for safety.** And this is things that we have worked out for ourselves.* DSW-2: *Very difficult, when you do find them, **the children with behaviour problems, they run!** If they know you are coming, they run and hide. And then you have to put the child lock on… **and you have to have a college sitting next to them at back so they don't jump**….when you are taking them to the place of safety. So umm, ya. And then you take the college with you. And then my college would say, you know if he jumps he jumps, I'm not going to run after him. And I think on a few occasions for my colleges the children did run away, especially the teens.* DSW-4: ***There should always be someone helping them – that is very helpful, even if just to be a witness as well**. And I think if there was another person they can also help you with everything that needs to be done, **because I mean just driving a car alone with children that have been removed is a chaotic thing because children are trying to jump out of the windows, the doors. But if you have someone at the back at the back with the children, like if they are crying and so on.*** DSW-7: ***An older child – always make sure you take someone with – I mean, they can jump out of a car.** Or they can run and you must chase them! You have to actually run after them.*

				DSW-2: ***I had to take my college to speak Xhosa to translate to the child*** *and I said you can't go home.* DSW-2: *I don't go alone.* ***I will go with a college****. So I will take a friend with me;* ***for protection****. Not that a woman can really protect me, but maybe its juts a little distraction if there is two.* ***So the safety factor is an issue****.*
			Police	DSW-8: *Yes we go – or* ***sometimes we first go to the police station and we ask them to go with us. Just to be safe.*** *Cause you can't just go in there – we've heard a lot of stories that happened to some social workers. So* ***you take the police with you to assist you.*** DSW-4: *Police assistance.* ***We try to call in the police whenever we are uncomfortable.*** *And we know already which cases we will need police. If it is going out to do a removal on the streets somewhere, you try to take the police along. If there is a parent that we have been monitoring and we know it's going to be a tough one, we call the police.* ***But the difficulty is you have to wait on them.*** *They don't always prioritise, because they have to prioritise in terms of most urgent. And so long as the child is with us that situation is somewhat contained. And of course they have their own priority list. So we have to wait on them at times as well.* DSW-1: *And for me as well,* ***if I don't feel safe, I will turn around and go and come back with the police****. And I think most of our young social workers that start make the mistake, no I'm going to go and at the end of the day they get into a situation where they are getting threatened and they need to leave and some get hurt in the process as well. For me it's like, one of my colleges, she went to the house, and then afterwards contacted me to get the police to come there. But what if she didn't have her phone, what if they attacked her inside the house, because you can't go into somebody's property and expect them to be accommodating when you want to remove the children, I told her to leave the house and I called the police and the Captain said she must go there and they will go together.* DSW-1: *Because the social workers emotions are high, the parents, the children, you have children crying around you, you have mothers crying, fathers, and especially when they blame each other as well, and argue, then you get involve in that as well and you have to make sure that they don't get hurt as well. So it's sometimes the emotions are so high, you don't have the time to reason with anyone, and say but "I understand what you are going through". No, you need to just get in there and sort things out and as best as possible for the children not to be at risk. Because if the parents are fighting the children have an instinct that they want to protect*

				the parents and then you need to pull them. ***We had a situation here where the police were here and had to pull the dad (***demonstrates by holding arms around own neck in restraint***) by keeping him back, and the mother had to be held, and the kids were crying.*** *And that was horrible emergency removal.* DSW-2: ***There is special provision made in the Act for the best of intentions that instead of removing the child, you can remove the perpetrator.*** *But you go and try and ask this investigating officer! Try and ask them to go to the court and ask for the perpetrator to be removed! Because as soon as a child has been abused or neglected, they say it is a social worker case. You need to remove the child and they are so used to seeing a social worker as that is what we do, as if that's all we do – remove the child….They need to go and apply for the person to be removed. So if we can enforce that Act, then I really think it wouldn't be really necessary to remove so many children, because then we can deal with the matter that the child stays in the house. We spare the child that trauma of being removed.* DSW-3: ***The children's act makes provision for the removal of the perpetrator as well, from the home.*** *In one instance I recommended that to court, and the magistrate said no he is not going to issue an order to remove the perpetrator, he will issue an order for the child to go to someone else. And he made the argument that the perpetrator has not been found guilty as yet of the allegations. So we are still busy investigating.* DSW-5: *Then I must make the decision that the child is at risk, and the perpetrator, well in two cases, was the mom's boyfriend, and the mom didn't believe the children. And when I said well* ***we either need to remove the child or the perpetrator*** *because it poses a risk; and in both instances the mother chose that the kids must be removed. So that's very sad.* DSW-3: *No you see in those cases we don't. In most cases of physical abuse we don't, but* ***we should because the Act says a person can be charged.*** *So in my opinion it should be up to the police weather they investigate or not, but as long as we have laid the charge. But what is a gap is a close working relationship, we don't work close enough with the police. If we can in this model include for it to be mandatory for the police and the social worker to go, if it is that you need to go out and do the home visit. Because then they would have the evidence there!* DSW-3: *If its sexual abuse and the child confirms that my uncle comes into my room every night and I am scared. You know, it is confirmed abuse, so the child should not go home, if it happens in the home. But also now with that child,* ***if the child has disclosed to the social worker, they***
			Children's Act	

				need to open a case, a criminal case of a child sexual molestation, which is done at the police station*…. So it is to open the criminal case, and then at the police station, that case, the docket is transferred to the FCS, who will then make contact with the child to do their own interview .* DSW-7: *Sometimes it does happen that they open a case.* ***Sometimes it does happen that they make a social worker open a case against the parents****….Because all those cases of rape, or even abuse and a charge was laid... For example, I removed 4 children and they were physically abused by their mother. It was actually one and 3 triplets. And she went to court because there was criminal charges laid. She had to do the matter. And then that matter got a minimum of 10 years. And that mother got 10 years*
		Working with the caregivers	Lack of insight	RSW-10: *And again the parents were very very angry. In most cases it seems that the parents are just,* ***they just don't understand what they did wrong, why their children are being taken away from them****. And the social workers are obviously the bad guys. With these 2 sisters that I am talking about, the father was verbally abusive towards the social worker.* DSW-1: *And then I put myself in that situation being a parent and someone wants to take my child away, I would hurt you! You are not going to take my child! And I understand that. After this whole process and they calm down, some of them apologise for their behaviour as well. And I tell them, yes you were rude and I can understand why you would do that. But guidelines for how to do it, you need to learn it yourself. Some of the parents do come back and say sorry, but its juts the parental instinct, "You are not going to take my children!" "I can provide for my children". But they don't see it from our point of view. You are doing something wrong and obviously for them, "I am feeding my child, so what now, what is wrong?"* ***They don't realise that the effects of the drugs is a big thing on the child.*** DSW-8: *like with that case,* ***the mother didn't feel she was abusing the child*** *– she hit the child and the child starts bleeding,* ***for her it was a normal, I am just disciplining my child****.* DSW-2: *The mother comes to see me the next day and I give her a copy of the form 4, it was form 4 that time, and she wasn't very happy because why? What for? And I think sometimes they are very ignorant because* ***sometimes they don't realise the reasons why we must take the child,*** *but we tell them a, b, and c this is what you have done. But she was very upset with me.*

				DSW-5: *Because what I try to do with the older children, is I try to prep the parents how to speak to the child, what to tell the child. And to say this is not forever, and that we are trying to reunify from the beginning. But* ***sometimes the parent don't have enough insight to be able to do that.***
			Aggressive caregivers	DSW-2: *So if you have a situation with parents here there is drug abuse, and you are already hear that whenever people try to help her, she's just* ***aggressive with them and swearing****. So then you know this is not going to go down well when you have to remove the child. But the same time you are also a little bit afraid of what is she going to do to me.* DSW-5: ***The parents performed terrible, shouting, screaming*** *at court, that we had to someone to take him away. And for the children that was very traumatic.* RSW-10: *Like to have an assessment of what is the issues, and how are we going to work on it. And the father just wouldn't come, and* ***he threatened that he would do all sorts of things to the social worker****, and he wouldn't set foot in this place****, he was very aggressive****. And then it's tricky – how do you work with the family? How do you work through the issues?* DSW-4: *I think it is definitely traumatic for them. And that is where my caution comes to remove a child….I think, especially what the children are exposed to, and to how much you allow* ***the parent to perform in the presence of the child*** *– I think that is something that can help a lot. In most cases our* ***removals are traumatic and there's a lot of drama, especially if it is against the will of the parent.*** DSW-5: ***The parents performed terrible, shouting, screaming at court, that we had to someone to take him away. And for the children that was very traumatic. And for me!*** *Because I tried my best to prepare them to the best of my ability, and still.* DSW-2: *I went to the house she wasn't there and the aunty said that she goes and visits opposite the road … where there are a lot of gangsters, so already I was very afraid to go because of what I heard of how she is and I don't know if* ***there was a lot of people there that would hit me.***
			Informing the caregivers	DSW-5: *Well, first of all I* ***discuss it with the parents, to tell them exactly why we need to remove the child****. But usually there is a lot of emotions involved*

				DSW-7: *And then I removed this child and went to court – but* ***<u>we didn't know where the mother was, so we left the form with the neighbour</u>*** RSW-7: *Because no matter how bad the situation is, even if the father raped the child,* ***<u>you have to explain this is what is happening and this is why you are removing the child.</u>*** *Because most of the parents are misinformed, they don't really know what is happening. Because you ask them 'do you know why they removed the child?' and they say 'no it is just the social workers' (laughs). And you have to tell them why whatever is wrong. It might not be wrong to them. They need to know.* DSW-5***<u>: Usually I try to take the parents with to the children's home</u>****, and that is also emotionally very loaded. Because it is never easy for the parents to say goodbye, and for the child to actually see us walking away, getting in the car, driving away, and leaving the child there. So it is difficult.*
			Role of DSW	DSW-2: *Even parents also come in, especially with the older teen children, this child is giving problems, sleeping out, "steer vir hom.* ***<u>Kan hulle nie vir hom weg steer".</u>*** *Then I say, no, "nie mevrou, is nie van weg steer nie". We must work with the child first to see what we can do. But already they most probably told the child "Ek gaan vir hulle social worker toe wat, en hulle say jy weg steer". Already putting us in a bad light, so how am I supposed to work with child because you are supposed to build a relationship.* DSW-8: *That is the thing, people think* ***<u>oh you are a social worker you are going to remove my children, that's the thing, but it's not, it's deeper than just removing children.</u>*** DSW-1: *One child, 6 yrs old, asked me "are you like a police officer?" I explained "no,* ***<u>I am a social worker", "OH so you take children away from their parents".</u>*** *We need to make sure that children are given a whole explanation to change their minds about what we do, because I could hear that she don't trust police or social workers, because this is what the mommy had been given feeding her. "ya you do, because the other lady took my brother away from my mommy". So I can think that her mind is made up. Even if we do like prevention programs and we ask what do social workers do. Yes, we do take children away from their parents, and we also need to try to do things differently so that we can teach these children that we are not just hear to remove children, that is where family reunification comes in.*

		Working with the child	Informing / preparing the child for the removal	DSW-5: *We sit with the children, especially if they are small, but even if they are older,* ***it's very difficult for them to understand why they must be removed.*** *And the children will chose to rather stay in the bad circumstances than to go somewhere where they don't know.* DSW-2: ***You just need to speak to them.*** *And because its, you are in a good position to speak to them because you know what's going on in the house, so then I talk straight. I would say 'I know about so and so that's been happening, and how does it make you feel?". Does it make you feel frightened, or happy, or sad and are you happy at home. And obviously with the specific situation they won't be happy. And then you say "well I am here to help you, that's my job, I am here to protect you". And kind of just* ***try to gain their trust****, they have been disappointed or hurt by someone they love, so why must they trust me? But umm, coming in and* ***trying to reassure them that you are trying to help them.*** *So that they don't just think that umm, you have just come to take them away****. I think it's very important to explain what is your role in this. I am here to help you.*** DSW-2: *So I said "kom klim in die car, kom ons praat". And then I said to him, you know what we discussed, and our agreement…we are sitting there outside of the house because the house was actually an empty house so they were actually busy smoking dagga there. It was a hotspot for the children to go to during the day when the bunked school. And he was so high with dagga. And he was dirty****. I said to him, I have no option but to take you now to this place.*** *I had arranged it already, and we drove, I took him.* DSW-1: *So for me,* ***it's getting to that child's level. Maybe sitting with her and saying that who is this mommy, and now you are away from mommy, and trying to make it as clear and as practical as possible to inform her of what is happening****, even going to court, umm, telling her we are going to this uncle to do this and this and this. But umm, on their level, so they are not scared of the presiding officer, magistrate, police officer, and so on.* DSW-1: *The thing that I will do, I will say, like* ***make it sound exciting "there are some other children that will play with you there. There are nice aunties there like me that will help you" I mean that is again getting onto that level of making the child really understanding on the level. It's almost a thing of gradually smoothing them into getting to like the place****, because no child wants to go be dropped off at a CYCC, they would rather stay with this aunty in the office. But I think some of our social workers really need to spend that time even if it's a few minutes to explain to that child where you are going. Because I know there are social workers that take the child and drop the child and don't explain anything.*

				*You also need to, especially **when dropping the child at the CYCC, say a proper goodbye, give the child a hug, it doesn't matter if they are smelly or whatever, and tell the child "I will see you again".** Give the assurance that I am not just dropping you there, because you know sometimes you need to go to court, you say in two days I am going to fetch you and then we will go to this Uncles office or whatever. You explain again to that child when you fetch them, remember last time I told you we were going to see that Uncle.* DSW-4: *Small things like **saying your mommy and daddy really loves you, but at this point, they need to look after themselves so that they can take care of you better.** Or mommy is going to try and find a place so that you can be together again. Just in a small way that they can understand. Because they can actually understand some of them, especially if they have been living on the streets and that is not what they are used to.* DSW-6: ***I go down onto their level. I don't mean physically, but I would make it very clear that this is what is going to happen, but you would need to understand that your mommy is not throwing you away or your siblings away, your mommy is just going to go fix herself and then she is going to come fetch you.*** DSW-8: *That is also very difficult, you have to do it in such a nice subtle manner. **You say you will still have contact with your parents but in the meantime there is an investigation, so for 3 months or 90 days you will be away from your mom, but you will have contact, they will visit you.** Sometimes we have to tell them, and eventually they will understand. At first they will cry, and they will sometimes be sad. But we will tell them it's in their best interests also….Cause sometimes you have to act so quickly, and it's already late so you just have to go in there and remove them. Afterwards you can tell them what is happening. So we don't always prepare them enough.* Although most of the DSW's spoke about preparing / informing the child for the removal, according to the RSW's and CYCW's this is not always the case: RSW-2: *A child who the social worker just kind of places them there in a hurry, **there was no talking to the child, preparing the child why we are removing you or anything like that**, they take weeks to settle.* RSW-4: *In my experience, **there has been very little preparation with the child of what is happening and where they are coming**. We even had one child, she was 4 at the time, and she thought she was coming to hospital. Because the family member had told her she was coming*

				to hospital. And the social worker had not said anything. And I sort of looked at the family member to the social worker, and this child is sort of under the impression she is just coming to stay here for a little while until she is better. So that was quite shocking. Because once she realised where she really was, I think that traumatised her even more! So ya, ***they are often so bewildered when they come here, and it just makes it worse if they haven't been properly prepared.*** *RSW-6: We always try to check with the children at the conferences,* ***do you know why you are here? Because they will always say no. Even though the social worker has explained it in the car, and has explained it at home visits, they don't know.*** *Or they are confused when they get here….But there are always gaps. I think involving the child in the decision – asking them, do you know what a CYCC is, and kind of, explaining it to them. Because 9 times out of 10 they don't know. And asking them would you like to live in a CYCC, do you think this is a good idea for you? Or do you think it would be better for you to stay with your mom. But the children know that there mom is maybe a drug addict. So we know you love your mom, but kind of involving them. So child participation, where possible. But it's not always possible, with little ones that don't want to talk, or big ones that don't want to talk.* RSW-7: ***The way they remove them, they don't have enough information, the kids. They don't even know why they are being removed.*** *So if there is proper communication between the DSW, and the children and the parents. To sit them down and tell them we are removing the children because of this, and to the children, do you understand what is happening. Maybe it will be less traumatic. But it is very traumatic.* *RSW-8: Some of them alleged that* ***they are mis-told about where they are coming to.*** *So when they turn up here they say oh this is not what I was told. We don't know how true that is.* RSW-10: *So most of the time when the children have arrived, sometimes the children…****most of the time they don't really know why they have come here****, they are just being told that you are coming with us – they might have seen the police, they might have seen this strange adult coming to fetch them, you know get your goodies, we are going – so they don't really know why they are going, and they are very confused.* *CYCW-17: The one thing I think of, is when the children are placed here, is* ***many of them are placed here under false impression. The DSW told them they are coming here for a camp for 4 days, or you are coming to buy clothes in town****, and then they realise they end up here and that is when they.*

				CYCW-18: Then we sit with the challenge of doors being banged, and threats of… *CYCW-18: No one explained to them ya.* ***Social workers do not give the information about where they are going to****.* *CYCW-17: They need to be prepared. Although it's not easy, because no child wants to be in an institution. But also I do understand that the DSW uses a tool to get the child out and to here.*
			Use of transitional objects	DSW-1: *Sometimes when children come here and they have a teddy bear, I let them keep it. Because when they cling onto something that I can see it's valuable to them… Mostly its* ***teddy bear or a doll, or a blankie*** *that they can keep.* DSW-5: *And a lot of children's homes when we go for the assessment interview they* ***give the child a soft teddy then already and say if you come you bring your soft toy with****. Because a lot of children don't have a soft toy to bring with from home. And* ***we always try and say can we take a photo, or something special, maybe an ornament that is special for them to take with*** *– like with the bigger children.* RSW-1: *I think* ***something from home should come with them****, ensuring that there is family contact for them to speak to.* ***For them to have something familiar with them to just reduce their levels of fear and anxiousness*** *and that withdraw that they go through* RSW-6: *So like when you take the child for the J88, sometimes you get a bag. I think it is a material thing, but if you get like a teddy bear, or a goodie bag, like when you get to the CYCC, or a blanket. We are not doing it. Yes the children will get kitted out with like a toothbrush, and that, but that is like the bear kind of necessities. But it would be nice to give them,* ***like a transitional object, like a teddy bear****. Especially if they are little, actually with any age, they all want the teddy bears, I have noticed.*
			Leaving the child at the CYCC	DSW-1: *Because I know that some social workers just when the child gets handed over to CYCW's the residential social worker just comes over but* ***there is no real interaction with them****. I think that the child already has so many new people coming in their life, and it's confusing because who is this now? So I think that could also help and make things a bit easier. Like, " I helped you now, now this aunty will help you also", you understand. Then when you come in there they will know this is the aunty that will also help me. And then from there, the RSW will hand over to the CCW's.*

				DSW-4: *We will introduce the child to the person. And they will ask if you have any documents.* ***First do the paperwork, and after that is done I show the child****, or I always try to get them to take me with the child,* ***where the place is that the child will be****, because that makes the child feel ok- you know, someone will take care of me, people are even interested in where I am sleeping. Because you don't know what will happen when you leave, maybe it takes them to remember to show the child where their bed is,* ***where the bedroom is****. But if you have that done at the beginning the child already feels at home, I have a bed, I have a room, and people that are there with me and I can see the children.* ***And then of course there is the medical that they do – undressing the child to see if there are any marks*** DSW-8: *What we normally do –****we will first walk around, introduce, if you just drop them it will seem so cold****, ok I am done now with you. You must spend some time, ok you will be ok here , just try to be more emotional, not emotional, show some compassion – cause some people can be cold ok its fine we are done now I got to get home.* ***Sometimes you are tired, you don't have the energy to****, but you have to.* RSW-2: *To help minimise trauma, because* ***we have found it actually helps with impact if the child is not in the room when the social worker leaves the gate. So there is something about watching them leave the gate – you are going; like another person in their life on the one day leaving, that they are having to watch walk away****.* *DSW-1: I go fetch her, she sleeps in the car, and then she wakes up and then she knows, she is familiar that I am going to leave her now again there, and then* ***she starts crying "you're not going to leave me here". And then she pulls my clothes and she literally cling onto me, she don't want to go and stay there. So that is a trauma for me I feel****, and traumatising for the child as well.* ***And its traumatising for me****, and I need to now prepare me that this is going to happen,* ***and I drive away crying because I can't handle leaving that child there*** *and she is in that state. And I can't sit there and be with her the whole time, because I also think for the CYCW for the people,* ***it's just like "just go, leave, separate and go". But they don't understand what we are also going through.*** DSW-7: *Very traumatic. Very very, extremely traumatic. Because now* ***the child is going into a total different environment – very traumatising, the child doesn't know where they are****; if it's a baby they are maybe not getting the scent that they used to getting.* DSW-5: *This baby was crying for a few hours before even somebody phoned, so* ***the child was emotionally distressing****. And now I go there,* ***I am somebody that the child does not know, and***

				I must take the child to another stranger**, so umm. That child was so exhausted, physically, because of all the crying.* DSW-7: *And I walk a road, I spend a whole day with these children, and **it was so traumatising, and when I had to say goodbye**, they hesitated, they saw the parents and they still came to me. Because they got used to me, spent a few hours with me – took them to the doctor to the district surgeon, and I gave them food.* *RSW-2: Then we try to get them to leave when the child is not looking if possible. To help minimise trauma, because we have found it actually helps with impact if the child is not in the room when the social worker leaves the gate. **So there is something about watching them leave the gate – you are going; like another person in their life on the one day leaving, that they are having to watch walk away.
Current intervention strategies used by RSW	Influencing guidelines for the current intervention strategies used by RSW	Guidelines for practice	Theory	RSW-2: *I use it but I can't tell you exactly what I have used. **You join them all together as well, and you take little bits from each theory**, and I don't think there is ever, except like attachment and holistic care, nothing that ever really use the whole thing of. You just take bits of it.* RSW-2: *Oh my word. **I know I use it, like attachment theory…I mean, like the relationship with the parent, for me, observing a child, I look at how are they attaching to peers, how are they attaching to adults, all of that sort of stuff**. Especially with the age we are dealing with, attachment is such a key at that age. And especially for the babies and stuff, you can sometimes tell more than what a social worker gives you then watching a child – no, they didn't have any relationship with adults because they aren't interacting like that.* RSW-9: *And **developmentally in terms of where the child is at that stage**. For example, the 17 year old boy that stayed on the streets for 2 years you compare that to a 12 year old that needs to be taken care of at a CYCC like this due to their parents that's unable to properly take care of that child, but that child manifested very little problem behaviour. There's a big difference. So if you work developmentally with that 17 year old, you work with him as an adult, because that is how he functions; but the 12 year old, you have to function at his developmental age, going into puberty, going into teenage years, and all those things that is attached to that wonderful stage! (*laughs) RSW-8: *I mean within our work…our focus really, **we look at a lot of the strengths**. I mean we were talking about it this morning, I mean really **zoning in on the girls and their families strengths**. Because some of them feel like their whole world is, there is no hope, and they forget*

				the one or two strengths that there is. So we really do just try to tap into the very tiniest of, even if it is just one strength, and boost that. Like we have one girl here that we know likes animals, so we are trying to get her involved in just something, a bit of motivation for her, hope, so that there is a bit of opportunity. ***So that is a big thing for us – we do focus on the strengths.*** RSW-8: *Obviously also the* ***systems theory is big for us. The child might be here alone, but ultimately our plan is for rehabilitation, so we don't only work with the child.*** *We do home visits, we work with the parents. And we try to encourage the parents to come here, even sleep over so that we can observe interactions, and how parents interact with the child. Because we can't stay over at their houses, and in a home visits, everybody do pretend. But if they are sleeping here, you see a different dynamic, so we encourage that. Girls do visit home, and we will phone after the home visit how did it go, and then we help with parenting with that way – oh she didn't come home on time, and then we offer advice on parenting. So we focus on the family as a system as well, not only the individual. Because we do all the work here, but there is no point in placing them back in a dysfunctional home. So we do look at it from a holistic side as well .* RSW-7: *But* ***usually it is play therapy. At University we never did that, play therapy, in our lectures, but it actually applies here more****. Because I have children here that don't speak, not that they can't speak, but like, the age group, so you end up using play therapy more than anything else.*
			Self-reliance	RSW-5: *No, I don't know of any practice guidelines. So we just do it* ***at that moment****.* RSW-1: *No, not at all. First time I experienced it, didn't know what I was doing. You just kind of* ***go with the flow****.* RSW-10: *Ya, you can't really plan exactly what the next step is going to be, so it's just* ***feeling your way through*** *with some children….More in that sense of* ***following your gut.***
	The current intervention strategies used by RSW for placing children in safety	Intake	Request for placement	RSW-2: ***We will literally get a phone call, and it will just be "hi I need to place a child".*** *And it's kind of, ok, who are you, where are you from….We get the phone call, we try to* ***drag out as much information as we can****. We are getting better at getting the social workers to send their reports. So I am now asking, and that's kind of on me now, and I am asking for their court report, so I can get as much information before they place a child. Because we are temporary safe care as well, there is such a short period that they need to place the child as well, because it*

				is an emergency most of the time. We try as much to get the court report, and then within an hour or two we get the child is here….So like we ask for that, ***we ask for the name, age, where they are from, home language, home religion. We try and ask for as much as we can. We very rarely get it.*** *We ask for medical conditions, sometimes it is not known* RSW-3: ***We get the phone call to say listen, I've got a 4 month old that the police just brought to me, have you got a bed open because we need to remove?*** *And then we say yes or no. So if we say yes,* ***I will try to get as much information out of the social worker as possible.*** RSW-5: ***We get the phone call and we just ask for a brief background report and we discuss it with the manger****, and if there is place, and shift the children from different units to accommodate that child.*
			Documentation	RSW-2: ***We ask for birth certificate*** *– but 80% of our children do not have birth certificates, so that is a fight we have right now. That's my biggest challenge at the moment because of schooling –* ***kids can't get into school without a birth certificate****….****We ask medical condition****, and a brief history of why the child has been placed with us. And* ***we do ask for the court order, or report*** *– very rarely they have done a court report or they give it to us.* RSW-2: *So* ***I will fight for clinic card, road to health card.*** *Sometimes they say the houses burnt down – I do understand, but sometimes that comes up a bit too often – oh the house burnt down and its gone, really, cause that's about the 10th house that burnt down this month, really? So sometimes you have to challenge them. So then we have to force them to go get age estimations and all that. And also then it's difficult to know about other stuff, immunisations. So it's all of that that is quite challenging – they don't know to get that while they are there removing the child. They are at the house, and they have got an opportunity because then they are like then we have to try and get access to that house; or we go there and nobody is home anymore. But now if they know when they go, they collect the child, they get this paper work, they get this, then there will be less of a struggle in getting help for the child.* RSW-7: *They should bring* ***the application form, clinic card, birth certificate, care plan, IDP, background report, and the court order.*** *Then the child will be placed. …And usually you don't get anything, they just tell you that they will send it tomorrow. But you will be the one waiting for them to give it to you. So I will always say, you email the papers before, and if you don't have them, don't come. So they will do it. …The only problem is the emergencies, because they*

				won't have time to type the IDP, and care plans, so they will have to email, but it is a struggle to get that. RSW-3: *And we need her to at least, but* ***we have a small form she needs to fill in, it's like an intake form, so we have the basic information****….Ok when they come here, they come in here firstly to this office. So the social worker can check the forms.* RSW-6: ***We will sit here with the external social worker, and the CCW will also come, and we would welcome them. But then we will focus on the paperwork – the court order, birth certificate, care plans.*** RSW-10: *So at the time of the removal, it would obviously be the form 36, which they would have to then ratify within 2 days, within 48 hours. Umm, and* ***then they would need to get a valid temporary safe care order, a detention order. We would need to have a care plan, a short background report, because obviously at that stage they would not have done a full investigation to have a full background report.***
			Pre-admission conference	RSW-4: *I just think that the children need to be better prepared you know. As far as possible for where they are coming, how long they are going to be here. And that is also why* ***we like to have the panel, so we can show the child around, and say you are going to come here, this is where you are going to sleep, this is where you are going to eat****, and all of that – so that it is not a total strange. A little bit of a, that they have been here before. So* ***I think that would make a huge difference, if a child was properly prepared****.* RSW-6: *At that meeting, we also try to prevent the child being placed here. So we check with all the role players, are you sure that you can't keep the child? And we have actually diverted some children from being here, and they have gone into foster care. Because the temporary safe care placement, or extended family member or aunty, has said, no actually, now that they have seen it here they don't want them to be placed here, I will take them. So we find it quite useful….So* ***we would have the pre-admissions conference. And at the conference we would gain more information about the needs of the child.*** *The individual needs. So we are already starting our needs assessment, and sort of the individual development plans are already starting to be put into place. But the focus at that stage is on priorities such as health. So there is a big focus on health.* ***The CCW's are involved****, we want to see how healthy is this child, what medication are they on, what are their immediate needs when they get here? Because what we will find it that*

				a lot of kids will get here, and then the next day they are sick. You know, the change, and everything that has occurred. RSW-8: ***<u>And then when they bring the girl, we have a meeting</u>***. *So when they come with the girl, **<u>we will have a meeting with the girl and the DSW, and with if they have family or whatever, and then we go through the contract or whatever. So we explain the expectation on the DSW and the expectation on what we will offer</u>**. So that is an agreement to say we will have her on these conditions.*
		Admission	Reception of the child - Handover from DSW	RSW-2: *Sometimes it is quite difficult because **<u>the child is quite clingy to the social worker cause they are scared</u>**. If the parents are there, the parents doesn't want to leave, or she doesn't understand. So we will try and get the child to meet one of the carers, and if it has to be me then, they will often cling to me. So then I will sit with them. Because **<u>the biggest thing for us is the trauma when the social worker leaves</u>**. Because they are often quite traumatised because, **<u>you removed me and now you are leaving me – I thought you were rescuing me, and now you are deserting me.</u>** And that's especially for older children that understand – you removed me but now you are not staying with me and I hear that a lot from children. Where are you going? Why aren't you staying? But now, **<u>you've come in and saved the day and now you are leaving, now what – I don't know these people. Cause sometimes they spent the whole day with the child, and have built a relationship now with this child, built a trust and now they just leave the child. So that is also quite a challenge</u>*** RSW-3: *Because **<u>you can't just dump, drop and go</u>**. You can't just drop and go. And then the kids, if the kids are here, we will make sure they are also in the house to try and receive a little bit, depending on the age. And **<u>then I know the social workers don't like it, but I want them to also go and look at the bed where the kids going to sleep – because it helps the child</u>**. And only then when the child has been received, handed over, there's been that **<u>emotionally connection for the child that the child can visually see this person who said that he or she likes me and wants to keep me safe, isn't just dropping me at an office building, they are actually taking me to a place where I have a bed, where there is a toilet, where there is an older person, then they release me</u>**. It helps them. It helps them tremendously. But not everyone likes that, but anyway they must get over it.* RSW-1: *I feel the **<u>external social worker doesn't really do much, its just about the paperwork</u>**. To get it all signed, and **<u>then they are gone,</u>** and then it's just us.*

				RSW-6: *We would normally come back to this venue which is normally where we would have the pre admissions conferences. Come back here with all their bags. We will sit here with the external social worker, and the CCW will also come, and we would welcome them.* ***Welcome them back, check how they are doing. But then we will focus on the paperwork – the court order, birth certificate, care plans.*** RSW-6: *But* ***they don't have a lot of time to always hang around, and go on the tour, or always sit with the child.*** *Ok I am seeing a gap right now as we speak.* ***There isn't enough of an overlap. Because the child has the relationship with the outside social worker first, but they are going quickly.*** *Not badly, but they are not, they are not going to the bedroom to go and do a puzzle with the child after they are admitted. Or sitting and eating with them.* RSW-7: *As soon as the child comes,* ***I will meet with the DSW and the child downstairs, and then I will leave the child and go to the office to do the paperwork . So in that time the CCW will be washing the baby, and checking if there is anything wrong. And then the DSW leaves.*** RSW-4: *It is traumatic to be removed from their parents, not being able to be with them,* ***coming to strange environment where they're not going to know anyone, not knowing for how long, and when they will see their families again, and all that. A lot of insecurities****.* CYCW-3: *It's only the toddlers. Even 1-3 months. Because from 4 months, they know the smell of the mother.* ***So they know now I am with new people, so they sense. Because she screamed each and every time****. You try each time, and they start to cry again. Because they know this place is a new one and those people.* RSW-1: *I think about* ***it must be so scary to leave everyone and everything you know, and you are in the car with a stranger, and you have been dropped off with more strangers,*** *and your told that you are going to be here for a while. And you don't know anyone and I just think how scary that must be.* RSW-1: *Some (*designated*) social workers can be very warm and caring towards the child and they give them a hug and that makes a difference as well – but* ***some of them are in such a rush****, ok fine you will see me don't worry and they are gone. And the child is still standing there in the same place as when they arrived and all this is just going on around him.* ***I definitely think we need to place more emphasis on the emotional aspect of it, it really does matter.*** *And yes our paper work is important to us, to cover ourselves, but at the end of the day you do forget about just that emotional aspect of the child. Just that hug, it's not a lot for us but it is a lot for them – I don't think we do that enough. It's hard to each someone that thing, and you need to*

				read the child in that situation, there's a lot of all those factors. But I really do think it's something so important that we are not doing enough.
			- Family on admission	RSW-1: *I guess for me, it would be **a family member to come with in terms of the placement.** I think that can make a difference, **for the child to have a familiar face for when leaving home and coming here**. I know it's just a short time, just a car ride and then a few minutes here, but I think that can mean a lot to a child that their mom or aunt or brother knows where I am, and they are not going to forget me, they know that I am here. And then also **just for their comfort for that not so alone feeling, just for a family member to accompany them.*** RSW-2: ***If the parent has come with, we allow the parents to stay for 1 or 2 hours longer**, so maybe up until lunch time and they can help feed the child lunch **and then have a proper goodbye, wave goodbye**, and then we have a nap time after lunch so then they can go to sleep and then the parent can leave. Again, **trying to minimise trauma**. If it is not maybe mealtime or nap time we will still let them stay for a bit longer, if they don't need transport, or if they do have transport. **We try to get them to say goodbye in one of the other rooms, so that they can leave without the children watching them go out the gate.*** RSW-6: ***We try to insist that at least one family member is here, in order to try prevent further destruction. So that the parents are also involved in the placement.** We try to get them on board. And we try to, for them to feel a part of it. That they don't feel that when their child is here that they are not allowed to visit.* RSW-9: *What also helps, is **if the child is accompanied by a family member.** And I as the social worker will ask the family to come inside so that we can all be on the same page.*
			- Meeting basic needs	RSW-3: *And the most important thing for the kids is the **immediate environment orientation – where is the toilet, if I am scared tonight, where will the lady be? And is the door open or closed? Where is my room? Where can I put my clothes? Do I have clothes?** And we have little store room with clothes in. so the first thing is not where are you, who are you - are you comfortable? So let's quickly go through your clothes, do you need a panty, let's get you a panty. Let's get you pyjamas, a face clothe. So the first priority is to obviously the hand over, and the visual-emotional connection so that they can see da, da, da, da. And **then the physical comfort – because the child needs to be physically comforted before they can be emotionally comforted; if they are cold, they don't have a pillow, they don't know where to pee, it frazzles***

				them. Then we do the building orientation, or the house *orientation, that's where I sleep, that's the fridge, there is fruit if you want on the table, whatever. Then let's settle you in your room, what do you need? And in the meantime the kids are all over your bed, and going nuts usually. And it's not as important for the child to know the social worker here, it's the child care worker. So we sort their comfort out* RSW-6: *We will check if, if the child comes, especially in emergencies, the children generally come from court, and* ***it's been a long day, so we will always first check if they need food. So first things first the kids will have something to eat, if they need it. I suppose we are looking at the hierarchy of needs in a sense.*** *If the children are starving, we can't talk to them about their new school. So we are trying to implement some of that subconsciously. I only just thought about it now….So in that moment it is a focus on basic needs – what do you need right now? Have we got your family contact numbers so you can contact them if you are feeling upset, so checking all of those things? Do we have your medicine? Are you feeling well? Do you need to go to the doctor? Are you hungry? All of those things.* RSW-1: *Sho, most often they don't, like have like one plastic bag. No* ***we need to supply them with clothing and toiletries. Usually they arrive hungry as well****…It's usually just come with absolutely nothing, or with just clothes.* RSW-2: ***We always ask them if they have been fed.*** *And that is obviously the carer will go and do, is get them fed.* ***Sometimes there is clear need for the bath – you can smell them from a mile away*** *and they have never been cleaned. So we will clean them all* RSW-2: **Food is the first thing I ask when, have you eaten?** *And if they are so such an age you know, do you want something to eat. And I am quite conscious that some of the children, especially Afrikaans children, are not used to the food we eat here. Look, we try to be more flexible, ok we will make you a sandwich instead of what is on the menu today. Cause sometimes it is not the most appealing thing, and you are not used to it. Especially because a lot of the children that come to us are very malnourished so we have to make sure that they eat, so we will do what we can to make sure they get something in there* RSW-8: ***They will take an inventory of what they have come in with, of clothing*** *– so that we have a log of, when they leave, what they can take back with them.*

			Orientation	RSW-2: ***I will introduce them to our head carer*** *who is going to be there for the whole day, and just really nurture then and minimise as much trauma and help them to know they are safe* RSW-1: *OK, so for them there is more of a procedure.* ***They generally show them around****, sometimes I do too, but* ***they go over the rules*** *with them, and just in terms of practicalities, if you want to shower, you go at these times, like times and things like that…* ***how does the house work, what do you need to bear in mind, what can you do what can't you do****. I think that is their first thing, is just to go over all of that with them, which takes a little while.* RSW-9: *What we also do in the beginning, is* ***we take the children physically around, and introduce them to all the staff members****. And one of the most important staff members is the 2 kitchen ladies! From the driver, right through. And then we will show them where they will sleep –* ***take them to their bed, and show them their cupboard.*** RSW-10: ***Then take them on a little tour, this is where the adults work, this is where you will be staying, and then take them to the cottage and introduce them to their CYCW who will also just give them some information about the rules and routine at the cottage and stuff****.* RSW-3: *So when a child comes in, they are still* ***orientated according to the rules and who's who in the zoo by the CCW*** RSW-8: ***The CCW will meet with them to go through some house rules, look at the routine, the rule book, the layout of the house.*** *We go briefly through that in the meeting anyway, and that everybody is responsible for something. But once the DSW has left, the CCW will go through each one with them, explain the routine more clearly.* RSW-2: ***If it's an older child****, and my older children are home from school already,* ***I'll try to get one of them to partner up – come show them around the house, show them where the bed is, where the toilet is. And then I get them to be their buddy for the week****. So to help them understand when there's programs,* ***what the routine is, and where they can sit to eat.*** *So I try and do that; and it also helps our children that are here to get a bit of responsibility. And it also helps the child to build a relationship with someone at their own level. Because sometimes their world is so full of adults making decisions it can be quite challenging. So especially for children like from 5 up I try and get them a buddy kind of system.* RSW-3: ***Depending on the age of the child, we also tell the other kids that are around, listen we got a new another kid coming around. They get very excited with a new friend coming****. …I*

				saw that, we took in 5 kids a few weeks ago, all from the same family. It was like a shock, we never get 5 coming in. So it was a 4 month old, a 2 year old, a 7 year old, 9 year old, and 11 year old. And luckily it was after school, so we told the kids, listen you are getting a new child in your house. And the social worker brought the kids in, and we took the kids to all the houses, and the girls were waiting at the door for this child. Saying you can sleep in this bed, hello my name is… And I realised again, ***that it had more of an impact on the child to have the children receive than the adults. And the children receiving the child made her smile.*** *Because she was laughing at the silliness of the one that is the clown, and they said, you can sleep here, and I am sleeping there, and my name is, but you must remember after this time the lights must be out otherwise the aunty is going to get very angry, and never out your bag there, and they felt so important because they were orientating this child, what are the rules. So I was again just made aware of, the kids that come in, must obviously be prepared as much as possible, but it phases or rattles the children here if they don't know they are coming in even if they know for 20 minutes, but it helps them also to orientate themselves.* RSW-4: *And then we take the child to the bedroom where they will be staying.* ***And normally the children, our children, there is great excitement when there is new children. And they make these children feel so welcome, sometime overwhelm them a little (laughs). And help to carry their bags, unpack their things. And then the CCW would explain to the child the routine, what would happen next, if its bath time, or supper time or whatever, and how the general routine works.*** *And then just let the child settle.* RSW-10: *So* ***we take orientation, it happens for us over a 7 day period. So there is like certain things that you do on different days.*** *So the first day is really just to receive the child and just to put them at ease. You would really talk to them about why they are here, you would go into much detail about that. So the CYCW has more of a responsibility to take the child to different people to introduce the child – to the director, to the different CYCW's, showing them around, and telling them more about the place….We only, as the social workers, really sit down with the child on day 4 – so day 4 of the orientation is meeting the social worker, the CCW will bring the child to the SW's office, the social wokrer will then try to assess the child and try to get a bit more information, gages where the child is at, tries to see if the child knows why they have come, and then tries to give a little bit more information – like an interview sort of with the child. Day 5 is more when they go outside of the gates – tells the child if you know which school the child will go to, then they will show the child to the new school this is the new school that you will be going to. So day 5 is the orientation outside of the facility.*

				RSW-10: *And I think **most of the children do not sleep very well on the first night when they arrive. Because they are scared, it's a different environment.** I have had some rare cases when the children were very happy to be here, where they were so excited about the place, the soft bed, the warm food. They came from such a neglected state that they were very grateful for what they were getting here.*
		Post admission	Medical	RSW-2: *And then medical check, **our doctor does do a medical check on them when they first arrive, but we often ask the social worker to be in the room while they do that.** So we say look you are more familiar, more than we are, that is if the child isn't happy to go, but if the child is happy to just go then we…So we will do a head to toe just to make sure, when they arrive. We try to do a head to toe before the social worker leaves, just to check for any welts, but our head carers are both trained to do that as well, so sometimes we will actually get them to do it other than the nurse. Yeah so we do a medical checks as well, it's a brief look over to make sure that there are no major concerns and then they go to the clinic within 48 hours as well.* RSW-3: *If the **medical staff** are still on site when the child comes, they **will check if there are any medical rashes or allergies** or something. But if they are not on site, then the next day.* RSW-7: *They are dirty and their immunisations will be not up to date – always! So that is the first procedure, the next day, **we have to take the child to the clinic.*** RSW-2: ***We take our children to the local clinic to get checked out within 48 hours.** So we get them fully screened, even if they are on medication, we check that their medication is right. Because we have had past cases where the social workers come, yes this is correct, but it was actually all wrong dosages, or the wrong medication for the child to be on. So we get them fully checked head to toe. And then make sure their medication is right. We test all our children for TB and HIV. Even if we are told they are negative or positive, because we have found that sometimes we are told they are positive when they are not, or we have been told they are negative when they are positive. So we do that for all our children, it is standard*
			Schooling	RSW-2: *The other thing as well for the child, **they can't remain in the school they were in, because we can't afford transport them there everyday.** And it is up to us as the CYCC to pay for that cost. We had once where a social worker arranged for their agency to pay for transport but it only lasted 3 months. Once that order was renewed for another 3 months they said they can't keep paying. So now what do you do? You set that child up for 3 months. So we are put in*

				a position where we are forced to pay, with money which had for something else, you know. And like I said, we do what we can, but we already got kids at 5 different schools. So to have to take children to ---- everyday, they either get to school late, or we would have to pay for transport which would be through the roof for us! I mean we already pay for transport for kids to ---- which is quite far – but that is a school for disabilities so that is why we do it RSW-2: *And the difficulty for us is* ***we take in a lot of children in the second half of the school year and the schools refuse children the second half of the school year.*** *So we are building relationships slowly with some of the schools but it is still. A lot of the times their hands are tightened because the classes are full….Because I think for me, it is* ***one of the biggest gaps we see, is children sitting here for 3 months without a school.*** *And we will give them programs and will help them, but they need to be in a school. And some of them have never even been to school, and now it is expected of us. And a lot of the times the schools won't help us – but if they get a phone call from the external social worker, they get a placement! So that is a challenge for us because they don't do it, but they are the ones that actually have the leverage with some of the schools. We then approach the Education Department, but then again they say we need a report from the external social worker. So all those challenges, and we try our best.* RSW-10: *Because even* ***when a child is placed into temporary safe care, they cannot stay at the same school that they were at before****, and we don't have a school on the premises. So then it also* ***means also removing the child from the school that they attended****, placing them in another school. And luckily for us, most of the children are coming from this area, but then they still can't stay at the same school. Because what would happen is, if the child lived just opposite the school, then the parents would obviously go and interfere, but if the child was not attending the same school - so we had to take the child out of her school. And then* ***that would also be traumatic for the child, it would be a change of environment, and change of school – new friends and peers****.* RSW-3: *Contact with the schools –* ***informing the school that the child is now living somewhere else, these are out numbers if there is anything, try to go with the child to the school on the first day, try to introduce ourselves, and then try to set up a meeting with the teachers.*** *I say try to, but these teachers are working with about 45 – 50 kids in a class, there is a lot of pressure, and they don't have 30 minutes to step outside of the class. So try to meet with the teacher – how is the child doing, have you noticed any changes in behaviour? I know this should have been done before the kid came, but it never gets done before the kid comes.*

				RSW-4: *Because when children are placed here, we generally find schools in this area. Then* ***language is huge here, because there is no school here for a Xhosa speaking child.*** RSW-6: *Ok, so if the children are at a school which is in close proximity to our facility. Like we had a child that was going to a school (*close by*), then we agreed with the DSW that we would keep her there. But* ***unfortunately if a child is attending school (*far away*), then they can't continue going****. So we would inform them at the preadmission conference that they would be switching schools. So we unfortunately don't give them an option. Of course, if there is somebody willing to fetch the child and drive them to school each and every day, then that's fine, but that has never been the case. So we would inform them, we have a primary school next to us, where the school was developed for the CYCC, and all our children are automatically placed there, no matter what day of the term it is, so we are very lucky. And* ***we have a crèche at the back where all our little ones are immediately accepted.*** *So everyone up to grade 7, a part of the children that need specialised schooling, are already, there is a plan for them. So when we get the referral, we will already go to the principal and inform them* RSW-8: *So schooling,* ***we have in-house school, Mondays – Thursdays 09:30 – 12:00. So the teacher comes in, and each one is assessed where they are at, academically.*** *So some at least have come in maybe just having left school, so they come here just having left school, but some have not been in school in years, and some are but they were bunking. So we have all different kinds. The teacher assess where each one is at academically, and then gives them work according to that Grade. And then once they are settled, we look at if they can go into the community into a school. Because for us the priority is their safety, so if they are high flight risks, then they can't be trusted to go to school on their own, they are going to run, especially if they have been missing years of school. Once they settle, and we know they are trustworthy, we start to look at what alternative education there is. So sometimes we use the skills school, Best Centre, sometimes we use a mainstream school. But at the moment, we only have 2 girls going off to school and coming back. The others are all part of our bridging program.* RSW-3: *And most of the children come from the area – so they can go to the school in the area. And we found that* ***a lot of people say that the child must first settle in before they can go to school. But going to school is part of their reality – seeing their friends at school is part of their comfort. And who are to say that just because you are sleeping somewhere else, you shouldn't go to school tomorrow morning? The teachers are waiting for you, you have friends there, you play sports there, etc. so we try to get that child back into their school routine as soon as possible.***

				RSW-4: *And then* ***we don't send the child to school immediately. We let them stay 2-3 weeks depending on the child so that they can just settle and get used to the routine, and get used to the people here.*** *And what the set up is. And once they are settled, we let them go to school.* RSW-6: *Ya, there is sometimes a couple of days. It's generally fairly fast,* ***normally not more than a week. So maybe 4-5 days of being here during the day. Sometimes it's as quick as the next day. So we have been criticised by the school for admitting children too fast. So I am actually not so sure what is best for children.*** *On the one hand, if they are here during the day, there are no other children here, there is no stimulation, there is very little staff, and it is very boring. They not getting very little attention, and they are not playing, they are not at school with their friends. So on the other hand, going to a new school can be scary, you have lost all your old friends, and you need to make new friends. So there is not a clear policy that we have in place to say that children must be in school in 48 hours or something like that.* RSW-1: *I will generally sit down with them first and just kind of find out what happened, because I don't know what happened at that point….And I guess I try and sort of be warm towards them to sort of comfort them. And then I will introduce them to the care workers. So I guess I am the first person they interact with, so it's just about showing them who is everyone else, who do they go to. So ya I just sit down with them, sort of just hang out with them and ask the questions, ask them normal things like what do you like doing, what's your favourite colour, you know, normal things to just sort of get to know them and take the pressure off of you've just been taken away from your family – sort of normalise it a bit. Like we are also just people here too, and you are very welcome to be in our family….I think the only thing I can think of* ***is almost like de-briefing almost to sort of just sit with them and try and debrief with them****. Because just from their side, they will overhear what the social worker tells me, they are in the same room, and they hear her telling me their story, so I try to just get their side, like I say I know that's what the social worker told me, but maybe from your side there is something that I didn't know. For me it's very important to get the child's side of it.* RSW-8: *Depending on the time of the day, if they come in and I am not here, then* ***the next morning I will just meet with them – how are they feeling about being here.*** *I don't get into anything hectic until they really settle. So the first few, is* ***just to check out how they are feeling and what's their understanding of being here.***

			Counselling	RSW-6: *Us as social workers, then have a policy, I don't know where it is in the Act, to* ***see the child within 24 hours. Each new child. And that would be an introduction to basically the play therapy room, and your special relationship****, your special time that you can have with the social worker, and talk about whatever is bothering you.* RSW-10: *Umm, if it is in the day, when we are here, then myself or the other social worker will receive the child. Will just find out, just to* ***get to know them a little bit*** *– you are you? What is your name? what do you like? Just trying to identify what they like.* RSW-10: *You have to be very mindful that you are an adult and the child is a child – you are bigger and stronger than the child.* ***So it's really just trying to get down on their level – like if you have to sit down on the mat. So that you can be on an eye level with them. Because the child can be quite overwhelmed. Or even just me going to see the child, I heard that you came, my name is Ms …. And I always check that the child have slept, and ate, and how they are doing.*** *Just trying to based on the child's age have a conversation which is not too intimidating; not like at a desk where a child has to answer questions. And again its just using your common sense, what is going to make the child feel at ease.* ***Giving the child a soft toy and then asking was it nice that you had a teddy bear. Trying to find something that you can relate with the child and having a conversation around that.*** *If it's a bigger child or a teenager, then you would just have a conversation; but if it's a younger child then it would be more playful.* RSW-4: *But we struggled. In particular, like* ***I struggled, because it is very difficult to communicate with a child if you cannot speak their language. Doing play therapy with a child that cannot****, it's hugely challenging! So then you feel that they are missing out, because you are not able to give what you would give to an English or Afrikaans speaking child, you lose some value in what you are giving.* RSW-6: *Like* ***we have had three Xhosa children admitted recently, and none of the social workers speak Xhosa****, so that was difficult. But the CCW handled that conference and we told them what we would like to say, but* ***things got a bit lost in translation*** *(*smiles). DSW-4: *I think that* ***counselling needs to be emphasised to the children, before and after the removal****. During that point, and then after there – I think that is something that we are not prioritising and it has a major effect on the child. Of course in that moment it is just the immediate risk that you are focusing on, and the emotional state of the child is not prioritised*

Current intervention strategies used by CYCW's	Influencing guidelines for the current intervention strategies used by CYCW's	External guidelines	Training	CYCW-5: *I did ECD and **I did one course of the child and youth care worker**.* CYCW-8: ***That NACCW – I think it helps us a lot.*** *It helps a lot. You know when the child is bitter, or angry or hate everything. Before, I didn't know, but when I come back from training, if the child is angry or bitter, he or she is not hate the world….oh ok, he is not hate me. Even if he is angry, he is not angry at me, he is angry to the world. So I take it everything easy. That behaviour management.* CYCW-9: ***The child and youth care model*** CYCW-10: *We done all 16 modules. We are almost done.* R: How long has that taken you? CYCW-11: *A year and a half.* CYCW-9: *A week every month.* CYCW-10: *Yes, **we had people from Childline that come and give us talks**. And behaviour management of kids – we get people from outside that do workshops with us.* CYCW-12: ***We also did like the BQCC (basic qualification in child care), and we did other training**. And that fell away, so we had to do this new thing all over again!* CYCW-9: *And our social worker did circle of courage with us.* CYCW-10: *And also with Childline, and dealing with ADHD kids, we had a doctor specialising in working with ADHD kids, and what the medication does, and how the brain functions.*
			Policy	RSW-1: *Because **we do guidelines for the child care workers**, it's more sort of what to do on a day to day basis, in general, but in terms of a new placement, not really. **We have one documents that just outlines the rules** that they must be given, read to, and again its just the routine.* RSW-8: *Ya, **we have a procedure, a policy.** A lot of the CCW's have been here for a long time, and they have a lot of experience, I think they forget that there is papers that outline – **like there is a structure for a home visit,** but they are so good at going out and doing the home visit that they actually forget there is a structure for that.* CYCW-18: ***We also have the rules and consequences to know what to do,** what to apply to this kind of child for this kind of behaviour.*

		Internal guidelines	Self-reliance	CYCW-6*: No, nobody show us.* ***We use our own culture****. Because our own culture tell us how to say Hi Jackie, and welcome.* CYCW-10: *No,* ***it comes naturally****! It just comes naturally, because you know, you need to be child-friendly.* CYCW-16*: In our profession,* ***you must take from your own experience****. You know at that age I was doing that, this must be done, ok I must develop the child like this. And also you must observe the strength of the child so that he can overcome the weakness.* R: How do you work with strengths? CYCW-16*: What he is good at. She can clean or do this, or platting hair. And then you focus on that so that she can be able to overcome her weakness. Because sometimes you know that if this child is bullying, I must tell her no plait this hair so that she can overcome the weakness.* *CYCW-3:* ***In our culture, like our culture, every child is your child. And when your child is seen, walking, they say it's your mommy****. Because they learnt from the community. But now this is there final here, because there is no their mother here, only this mammas here. So that is why the child decided to bond with the mammas here.* *CYCW-5:* ***We belong to all of them.*** *You know, it's like, they want to belong somewhere. Because every child they want a belonging. So if she wants to belong, she will choose someone. Belonging to them, so* ***you need to belong somewhere, so they will chose to get that belonging.*** *They all will come and hug you, but that one will be the first because she thinks now you are the only one. It's a lot of children.* *CYCW-5:* ***That's the spirit of Ubuntu, your child is my child.*** *CYCW-6: Yes, if I say Hi Jackie, I show you Ubuntu; and if I see* ***your child something is wrong I mustn't say no it's your child, it's your child as my own child.***
	Current intervention strategies used by CYCW's	Admission of child	Informed of new child	CYCW-3: ***She (*RSW*) tells the carers, and the staff, there is a new child coming.*** *And she says if there is a space for the kids? And (*CYCC social worker*) will come back to us and say is there a space for this child? And she will say which age. If there are too many babies, then they must ask first if they can accommodate or not.* CYCW-5: ***We only prepare the bed and wait for the child*** *to come.* CYCW-8: ***They didn't tell us before the child come.*** *They tell us to go to here, the big house, to come here to fetch the child to take the child to the house. … They don't even tell us. They just*

				tell us this is your child, they are between this ages and that ages he or she is in grade this and that. That is all. CYCW-10: *Yes, but normally if it is a new admission, then **<u>the social worker will inform you if the child is coming to your care</u>**. Like we have age groups. So she will say, ok you are maybe going to be getting a new boy today. Just to let you know we are going to be admitting a new child today. And that is it….Ok to be honest with you, ok it's not their fault. We as child care workers, we are supposed to go and get their file and read it and check it and seeing, what is the child's background. But on that specific day, they don't want to share that immediately. That is not shared immediately. But as a child care worker, it is our duty, responsibility, to go to the social worker and just read through the child's file.* CYCW-9: *But **<u>there are times when you come on duty and you see the child here but you don't even know the child is here</u>**, you just see them when you come on duty. But the previous shift will know the child. So we are informed by the other shift.* CYCW-10: *They go straight to the office with the internal social worker. Maybe there is also a parent that is with them, maybe. And we are not called in as child care workers. At that present moment we are not called in, to say this is the parents, we are not introduced. They just go inside there. **<u>They speak behind closed doors, and we are maybe in the section. And we don't know anything. And eventually ok, the child is brought to you. This is a new child and voop in the room.</u>***
			Orientation - Welcome	CYCW-2: ***<u>We have to welcome the child</u>*** CYCW-4: *We have to take the clinic card and the things; have they got appointments?* CYCW-4: *And see if the child is on medication.* CYCW-5: *Also, you have to welcome the child. The child has to know I am in the right hands, I have got somebody. What is the name of the child? **<u>As a mother you have to welcome the child.</u>** This is a new place, she has to look up and down, so you have to accommodate the child, so the child is at ease so the child knows at least I am in this home. You also have to ask name, what is your name - in a friendly way.* CYCW-2: *You can also give them a hug, or a kiss also to welcome them.* CYCW-6: *We just to sit down with the child. At first **<u>you introduce the name the child.</u>** Baby Jackie, I am Mommy L…., if you need something, you must just ask to me. Here is your bed, here*

				is your toys. Most of the time, when we have the supper, we sit at the table there. We gonna assess them. CYCW-15: *So what I usually did when they would come in, I would, because I am a friendly person, **I would stand and wait by the door, sit on my knees, and wait when the child comes, I would hug him or her and tell him that it's going to be fine**, they will be ok. Not like, I know I am not the mother, but trying to fill that motherly space that the child is missing. So most of the time, it is actually every sad, in that, when the child cries and is shouting. It is sad, because you don't know what to do, you want to help the chid, you know. And then there are others that don't cry, they are sad. Most of them cry themselves to sleep at night. And then I would just sit by their beds and rub their backs, or hug them, or just lay with them on the pillow just to make them feel ok.* CYCW-18: *When they walk in through the door, **we observe the child.** We talk to the child. But first we get the child more information, so that we are aware of the behaviour of that child. And then we talk to the child, greet the child, introduce the child, if it is during the child, introduce that child to the girls and we show them around the house.*
			- Basic needs	CYCW-9: ***You must give them something to eat, washed, get the bedding, toiletries.*** *Getting him comfy. And you must explain to them what the rules are, and that you are the child care worker that is working with him, and the social worker, what is your job, if he wants to talk he can talk to you.* CYCW-4: *Sometimes you take the child.* ***You can bath the child.*** CYCW-3: *Sometimes if he needs to bath, you change the clothes,* ***give something to eat****.* CYCW-5: *Or maybe you* ***give him a teddy bear or toy to play with****.* CYCW-2: *Because they come from the streets.* CYCW-8: *When at the house, we start to put that child, we have to go and bath. They give us resources like toiletries, then* ***we do that child to the bathroom, feed that child, start to have a little bit of conversation with the child, like what's the name.*** CYCW-8: ***We give them food. Because you don't know if the child has been through 4 days since eaten.***

				CYCW-9: ***<u>They come from a situation where they can do what they want, to go "skurrel" for my food…. And you get some children that hide their food away, because they are worried what are they going to eat tomorrow.</u>*** CYCW-14: *And* ***<u>what the child needs. The basics.</u>*** *You look at the* ***<u>toiletries,</u>*** *you look at the* ***<u>clothing</u>****, you look at, the* ***<u>stationary</u>*** *if there is a need, the uniform.* CYCW-18: ***<u>We also give the child any food if she is hungry.</u>*** *And if she is not looking right, she must take a shower, and give the child new clothes, toiletries, everything. So ya and then we sit down and do the interview.* RSW-2: *Sometimes* ***<u>there is clear need for the bath – you can smell them from a mile away and they have never been cleaned</u>****. So we will clean them all , but we have also found that* ***<u>that can be quite a traumatic experience for the child</u>****. So where it is not necessary to do it straight away, we won't do the bathing straight away, or the medical check straight away. Because we have found that you are a stranger and now you are throwing me in the bath, who are you?! And we don't even know if the child likes the bath. So we don't know if they have had a traumatic experience with water…. But we have also found just to leave them until the evening when the rest of the children get bathed, is actually easier for them. Cause all the other kids are doing it before them, so then its fine, I'm not strange, or dirty or different. Because sometimes they can, especially with the older children, like what's wrong with me if I am having to be bathed, they don't understand that they are dirty.* CYCW-3: *It's not easy. Maybe 2 weeks,* ***<u>maybe the child wants to sleep here (on lap) the whole night. To see the cots – they don't know. They are used to the bed with the mothers.</u>*** CYCW-3: *So* ***<u>when you put them in the cot they scream!</u>*** CYCW-5: ***<u>Why you put me here, in this box!</u>*** CYCW-4: *Because sometimes we sleep with our children together; we don't have a cot, we just sleep together. And they are like hai! It's very difficult* CYCW-8: *And another thing, they sleep nice because others* ***<u>they come from situation where there is no bed, there is no blanket, no nothing</u>****. So I think except for that they don't have their parents, they come from that situation where there is no bed. So at (CYCC) each child got their own bed….Even then, its depending. You see that he or she coming from a family where they are all sleep together. Most of the time it is not easy for them to adjust overnight to sleep in that bed, but as time goes on he or she is enjoying that bed.*

				CYCW-9: ***<u>And have their own bed – because some of them never slept on their own bed.</u>***
			- Rules and routine	CYCW-1: ***<u>I learn the child look, this is the rules and directions</u>***, *and we are here, I first introduce myself because I still a stranger with the client, you know.* ***<u>And I will tell the child that everything that we do here, programs</u>***, *and now that's the time, and it's an open space, that someone must be responsible or let the person to know that is on duty, where are you going to. And* ***<u>I give the person the rules, and chores, and times of meals, sleep, and the chores.</u>*** *Ya that is what, so that we can get along with the child* CYCW-14: *Then* ***<u>you introduce the child to the routine of the unit. What is expected from him</u>*** *when he wakes up in the morning. Then he knows ok when I wake up I must make my bed, then I must get in the shower, the bathroom, and I must brush my teeth, and fold my pyjamas and put it away, and I must get my school uniform. After breakfast, in the roster, if I am available what must I do in the dining room, or kitchen or TV room, and all that. So that he must know what to expect from him.*
		Role of CYCW	Working with the children - Relationship building	CYCW-1: *You say the mommy will come.* ***<u>You comfort the child.</u>*** *Giving him hope. We try to me a mommy for this child, by all means*. CYCW-2: B*ecause they are trying to bond with you. Ok I am not going to see my mommy so* ***<u>they are trying to bond with us</u>****… Because* ***<u>they are like your own children.</u>*** *Some of them like at the age of 1 yr, they are crying a lot, where is my mommy, why am I here. And then you comfort the child until they get used to you. It's not easy.* CYCW-8: *But* ***<u>most of all you have to show him or her love</u>*** *(*demonstrates by hugging own body*). As a result, you have a bond with the children. This is not a nice place for the children, they should be with family, but you fill that up. Because you have that bond with that child.* CYCW-16: *Sometimes we do sometimes they don't. Most of the time they will be here for a day or two. And then* ***<u>we must bring up the toys for their appropriate age and play with them.</u>*** CYCW-15: *I had an experience* ***<u>when the child shouted and screamed. The child didn't want to be there! (laughs) And I just kept her tight and I hugged her, until she calmed down.</u>*** *And then she told me, ''Auntie ek will huis toe gaan".*

				CYCW-16: *Because with the children **we must prepare them.** You can't say everything will be done in 1 month, **you can't promise**. Because the home situation, it depends, because you must look for the external family. You can't tell them that in 3months time, it is going to be sorted, **because you will never know.*** CYCW-15: *Even if you know as a social worker, you can't tell the child something because you break a promise.* CYCW-16: *After 2 months the child will be standing up and she will point at you! And she will think it is you that, because you can't promise the children. You can't be sure about the situation.* CYCW-9: *But **when the child first come here they will not open up to you.** Because you know their perception of adults is different. They think adults hurt me. Adults wants from me. Adults just wanna beat me. That is their perception. They will challenge authority, because who are you to ask me these questions.*
			- Case management	CYCW-8: *We do got the medical information. Because they do tell us this child is on medication. Because **we as the parent of the child has the responsibility to give the medication to the child.** They tell us this child is on medication, or ARV's. Because it is our responsibility to give the medication, that is the reason why they have to tell us.* CYCW-17: *And with that **we follow up with the schools** when the child is attending school. And then we ask about the behaviour at school.* CYCW-19: *Most of the time the girls are only attending the schools that is around Cape Town. But also to make sure if the child maybe was attending school regularly, then we must phone the school the next day to tell them that such a child is here with us.* CYCW-6: *The social worker. Because before they go out, because now we got 2 social workers here.* *And I think **we gonna get a chance to make a home visit,** for us the child care workers, it's gonna be easy to how the child is here, why the child is here. Because sometimes we gonna deal with a child, maybe he is aggressive, or sodomise the others. But if we gonna make a home visit, we gonna find out ok that is why the child is sodomising the others, because of those parents is drinking and making a sex in front of the child. So I think it's a good for the child and youth care worker to make a home visit, not only the social workers. But if the social workers are going to make the home visit, is supposed to go with the child and youth care worker. Mustn't push the child and youth care worker away!*

				CYCW-18: *On the contact details,* ***<u>we will do a home visit later.</u>*** *Go and assess the house and find out more story that the child didn't give to us. So we find out the other story from the mother, or aunt or neighbours….It's helping us, because now we know what kind of child is this that we are working with. Because we can't work with this child if we don't know the background, or what kind of child, what behaviour.*

The current intervention strategies used by DSW, RSW and CYCW's AFTER the child is removed and placed in safety		Post placement intervention strategies	Contact with DSW	DSW-3: I*deally one should, **we should be…making contact the next day at least to see how they are settling in**. But we don't do that…It is so busy.* RSW-3: *So it causes frustration with the children, because…like with these 5 children that came here, **the social worker promised them I will come tomorrow and check if you are ok. It's been 3 weeks, she hasn't come. I** can't phone her, and she is never in her office. In the meantime the children's hearts are burning. And that unsettles them with their orientation or their settling in. And then the next day the social worker needs to come pop in – remember yesterday you saw me in the office, I am this, this is my role here, if you need anything you go find me in that house there. Just to also help with the settling in.* Rsw-6: *The child tends to view the social worker in a negative light. I am obviously generalising. But we are generally liked far better than the external social workers. Obviously we are not doing the removal, so it's understandable. And there is a lot of distortion and denial that comes out in the therapy, blaming the social workers, and how can they remove me. I am sure that comes up in all CYCC's. I definitely think that there is an impact. And also trusting adults. You know, this person really helped them, but then left them. And **many children do not see the DSW for a long time. Many children will ask to phone their DSW.*** RSW-8: *Sometimes they are brought here and they are dumped. And lets move onto another crisis. And they know – they say **where is my social worker**? When am I going to see my social worker?* CYCW-1: *There is a gap because **the child trusted the person that placed them,** so that child knows you because you are the one that is busy with that case, the minute you know that child is placed now you busy doing the family thing, **the child he needs that visit.** Because I do understand there is a lot of work, but **if a social worker can give the child a chance and pop in maybe and to say how are you doing are you doing fine?** Because the child is feeling scared and it can take a month, or else it can take two month, how they to settle in. because real, to them, the social worker is like rejecting me, she putting me here with the strangers, wow.* RSW-3: *And **I try to immediately make contact with the social worker the next day**, which they hate. Has anyone else come forward for this child? Like they come here looking for their kids. You said over the phone that there is a granny – have you phoned the granny and told them that you have removed the child? Usually no. Because when the child is placed they forget about the child until it is 2 weeks later.*

			Family reunification	DSW-1: T*he child will go back to the parents and we all work together and that is o****ur goal and it is in the best interests to be returned to parents if it's possible.*** DSW-1: *Or* ***take the parent to the CYCC so that they can see that you are bringing their mom or daddy to them****. I like to do that especially at first visits where I know the parents don't know where the place is, and I will take you. But then from there it is your responsibility to keep the contact, I can't always babysit you.* RSW-2: *It's still now, probably 50% of our children are from ---, which is forever away. The issue that I have with that is that these children and their parents come from poverty and all that so then the parents can't actually continue building relationships with the child. So I always have concerns with that because then* ***can't afford to come visit their child****. So some parents make the effort, bur for example, one of our cases, the mother had an effort for 2 weeks, but now 3 months later these children are crying everyday asking where their mother is. And I know it cause she can't afford it, it's not cause she just doesn't care – she can't afford to come, she can't afford to make a phone call. Because of the distance between there and here* RSW-2: *We have a policy where* ***the parents can come visit anytime between 9 and 6, any day of the week. To build relationship.*** *Because our children are placed in temporary safe care, you don't know if they are going to be reunified or not. So we try and allow and encourage them to come. Especially if the parents live here we try to speak one-on-one with them. And try to make a point that you are always welcome here. Because sometimes have been forced into a situation, or they are already feeling condemned. We want to try and build that relationship with the parent as well that this is not just a safe place for your child but for you as well. You are not going to be judged, you can just come and build a relationship with your child, and hopefully get your child back. Because sometimes it is because the child has defaulted on medication or whatever but they didn't know how to give the medication; so we say, come, we will show you how to give the medication, teach you. We try and do as much as we can to help that parent, if it's a circumstance where we know there is a possible reunification. Even if there isn't, we still encourage the parent to visit the child, even if we know they are never going to get their child back, they must still come and visit. They need you, they need to know who you are, they need you in their life.* RSW-3: ***My biggest problem I have****, is when kids come in here,* ***is to re-establish a relationship with the primary caregiver the child was removed from, because they are so isolated and alienated and made out to be the worst people in the world.*** *Because I had to sit in court and*

				listen what a bad parent I am. The report talks about how much I drink and how people from next door come and do drugs in my house, I am the worst parent there. And now the children's home say, your kids love you, they miss you, please come and visit them. And they are like, no because you are the same species as that social worker. So I think we need to be more client-focused, and less procedure focused. Procedure is important. But we can do both. I think we need to acknowledge that our clients are not stupid, that they are the masters of their own little universe, as warped as it might be. RSW-7: *Most of them stay far, so it is very difficult for them to visit. For them to get here it will be like 3 / 4 taxis. So we try to do, like* ***once a year we do a family day, and we offer transport – we will go and pick them up at their homes and return them back. So that they can get an opportunity to visit.*** *But they can still come and visit at least once a month. So most of our kids, the families are 100% uninvolved. If you don't look for them, they won't look for you. The children were brought here when they were 3 months old, and now they are 2 years old and the parents did only saw them once. So its also about the willingness to come, but just the transport.* CYCW-18: *Yes we are.* ***They are phoning their parents every week****. They come to visit their children every week. And the children can also go to their families.* CYCW-19: *Also* ***the parents are allowed to do sleep over****, but they must phone to make an appointment and then they can sleep here. If the child is still new, and the child cannot maybe go to the family, then the parents are also allowed to do sleep overs.* RSW-8: *I find it is a challenge that we have that agreement meeting, and social workers are on board, we will do x, y, and z. And then you track them down after the meeting, and then the* ***parenting work hasn't been done.*** *Where we try to do the work with the parents, but we can't do that all the time. You know, our level of involvement is not as frequent. So* ***we expect that support from the DSW to also boost the parenting, refer them to parenting skills, or drug centres****, whatever it may be. And sometimes there isn't, the plans don't marry up.* CYCW-10: *To be honest, I don't think always. Because the external social worker, she is going to be working with the family, but she is not there 24/7. Because* ***the external social workers job is to work outside there with the family. But what is happening now in this field is the external social workers are not doing that.*** *So the situation that is happening at home, that's why the child is removed for that specific reason, and the conditions are staying that way, because the social worker is only seen once or twice and the family is just being left like that and this poor*

				child is just brought to the home, and there is no change to that environment. So what happens – we keep the child away from the family, and there is no bond, no relationship, or anything. So ***the external social worker are not, they are not doing their share in the family where the child was removed from.*** *Say now the mother must be sent for rehab. Mothers' are broken. Mothers are drinking. But if there is no change there, the child is not going to feel comfortable there. The external social worker must do her thing, because we are internal. We can do things to a certain extent. But outside it is the external social workers job. If there is no change, what happens, our children are living in the homes for years. There is no change.* DSW-6: *I make it clear that the mom is going to come visit* ***and I encourage the mother to go visit in order that the children don't write her off****. Because that is what is going to happens in most cases. My mommy left me here so I am going to resent her, so I am going to push her away because she pushed me away.* RSW-2: *So we do get kids from all over, but it does affect the parents, it affects the children because of the relationships. So cases that I believed could have been reunification* ***end up completely breaking down because the parent can't visit*** *so they are seen as not making any effort;* ***they then lose attachment, and they then end up disappearing. So you have lost hope of any reunification****, or relationship even remaining.* DSW-5: *This little girl that was abused by her mom's boyfriend, she is now in a children's home, and when she saw me and said* ***"if I knew what was going to happen, I wouldn't of told you".*** *So it just proves,* ***she maybe feels rejected, because her mom now also doesn't make contact with her****, because of what happened. I always say, the longer I have worked, we must try and keep the bond,* ***the emotional bond****, because* ***once that is broken it is very difficult for a child.*** DSW-5: *That* ***the bond if we leave it for too long, that if we don't reunify, that the bond will disappear****. And it happens, for a lot of parents it is this crisis when the child is removed, and then the next step will be that they are so relieved that they don't have to worry about it, and then it becomes a convenience, and then we have a struggle to keep them involved in the child's life.* RSW-10: ***Children still long for their parents*** *– irrespective of what happened with the parents, if the parents were abusing substances, or if the parent has hit them or whatever, they always ask for their parents. Unless they have been severely abused, and are very angry at their parents. But I find that children still have a longing for parents, they still ask about their family.*

DATA ANALYSIS

Phase: 2 – To gather knowledge, skills and experience from DSW, RSW and CYCW's to inform the development of a model for the emergency removal and safety placement of children at risk. To explore and describe how the best interests of the child principle and social work theories can be incorporated into the model.

THEMES	SUBTHEMES	CATEGORIES	QUOTES FROM TRANSCRIBED INTERVIEWS
Intake	Social work theories	Systems theory	DSW-4: I think **that's systems theory, how each system affects the other**… But we obviously start with the smaller system, the individual, and look at **how that impacts the family** and then you go further and farther out. DSW-1: And even looking at how it is **affecting the family, society and global**, ya. RSW-6: I think that it would be important **to see in what system is the allegation of abuse being made**. So where? And then also getting collateral information from other systems; from the schools, and neighbours, just to kind of confirm that abuse.
	Best interests of the child	Protection from harm	DSW-1: At that moment, say for instance it's a case of physical abuse, and it is evident, you would **need to protect the child from any further harm** that will be the main thing that will come out of your best interest. CYCW-14: And the last one, **any family violence involving the child** or family member… DSW-4: So although we don't think of ok what are like the best interest of the child, our **main focus is on the safety of the child**. If the child is in an **environment that is safe for them or not**? That is where it starts.
Risk assessment	Social work theories	Developmental theory	DSW-4: Especially in **where the child is at** and **what the child needs** at that stage. Although they are at each stage there is developmental, but a child that is smaller is considered more vulnerable, because they for example won't be able to speak to express their needs, and are unable to care for themselves, so that is more vulnerable because of their developmental stage. *R: And if you had an older child they could get the water themselves…?* DSW-4: Yes so they can get it somewhere else, but if they are a small child they are totally dependent. DSW-1: Yes a **younger child would be totally dependent**, whereas an older child will know I can go wash at an aunties house, or other arrangements can be made. DSW-1: I think it goes back on the age of the child and the vulnerability of the child. **How vulnerable that child is and their stage of development**.

		Systems theory	DSW-4: …If you look at systems theory if there isn't anyone else that the child hasn't…well, if there isn't **anyone else in the community or environment that can take care of the child**…whereas does the child have an attachment with, and if they can care for the child. DSW-3: In terms of the assessment, I want to go to the **systems theory**, when you do your initial assessment… **We want to look at systems – is there community support?** And **which ones of these can we approach to support the family so that we don't have to remove the child**, but perhaps…except if it is severe child protection whereby the first step will be to remove the child is those circumstances, but even with that, if the child needs to be removed from the caregiver – who else is there to care for the child? That should be there. So we do not rely too much on that. RSW-5: When the social worker gets the call then the social worker will obviously look at if the child is in need of care and protection and that is where **systems theory will come in**. And the social worker will also first explore other placements if the child needs to be removed – maybe **family members, or close community members**, before you place the child elsewhere. CYCW-9: …Now if I place the child with you at your house, **how is that parent going to look at you again**? Now **you must contact other family members, and that family members is angry at that person because you have my children now.** And most of the mothers are using their child like a donkey because I can get the SASSA money to support my needs. DSW-3: If **on intake** the child is neglected and now the parents tell you a story, ok that is what they are saying could be acceptable, and explain the reasons for the report of neglect. But we have not **spoken to professionals**, we have perhaps not made contact, not asked for the **child's clinic card** to see whether they have had all their immunisations, we don't **find out whether the child is at an ECD centre**, to stimulate the child, **who is caring for the child** during the day when the mom is not there, or of it is a school going child, at school going age, we don't **make contact with the schools** to find out is the child progressing at school, how is the child presenting at school? Because **that should all be inform your assessment, your risk assessment**. RSW-4: Because sometimes it happens that family members are going to court with these children, and then suddenly there is these family members that appear out of nowhere you know! (laughs) Umm, so, and maybe sometimes nobody knew about them, in fairness, but I think sometimes too quickly **decisions are made to quickly place children without doing a thorough investigation of availability of family.** CYCW-9**:**… Because I remove the children from the mother also bring shame to the family and then they kick the mother out because of the drugs. Ok and they blame me for that drugs so I will just go on with this life. And that

			is where most teenage parents goes down the line because I don't get **support from my family**. And **now the government took my child away**, I also mos **blame the social workers**, social workers took my child away – they see a social worker, they see red flags. Social workers took my child away, **they took my SASSA grant away**, where must I go to? **My abusive boyfriends**, I must just go **sell my body**. Because this is what happens in the community where I live. CYCW-9:… And **even the police, maybe the parents have criminal files,** so we can get the parents to see – did the child do stealing before, did the child do shop lifting, and all that. Because we send the child to "winkel" to and the child come back with a huge bag! Lots of stuff in, because you didn't know the child did shop lifting. When the child gets caught, the child is a shop lifting. **Also things that you can look at – the criminal history, the child's medical history. And the educational history – the school the child went to previously.** And **even the government** so we can see that is the child's age, and this is what happened, he missed this stage, and didn't get that **immunisation.** That child wasn't de-wormed now. Then we can see in the file, all this history, then we can see ok we can have this child, we are in the BIOTC.
		Problem solving approach	DSW-1: Because some children don't want to be taken away. They want the **social worker to help assist with the problem**. Because that is why they disclose to teachers or a neighbour or come to the social worker themselves. Because it is their **need for the problem to be solved** and to remain at home because no child really wants to be away from their parents. So they are getting help. RSW-5: **Problem solving**. CYCW-14: **They will be able to face life's difficulties**. Because if they don't have water in the specific environment where they are living, if they can be able to move to a place where they can get water, it means they are able to think outside the box. DSW-4: **A crisis that could be resolved and that links into problem solving approach**. Perhaps the **family has in their possession the ability to solve the problem**, they just don't know how to face it. And that is still on an intake level. DSW-3: (*Maybe it*) does not warrant removal from the mom's care, and perhaps **mom should be supported** to be able to meet the basic needs. DSW-3: … When we are doing those risk assessments… we looked at **care of the child and safety**, and **loving care**… And for me it goes back to the assessments, quality assessments, and we should be able to determine, yes, **the family is perhaps due to the circumstances not able to meet the child's basic needs** according to Maslow's hierarchy… in that sense there one sees that **even though the child's needs are not being met that perhaps at**

			this stage, does not warrant removal from the mom's care, and perhaps mom should be supported… having that support to mom to be able to meet the basic needs.
		Attachment theory	DSW-4: …**attachment theory**, if there isn't anyone else in the community or environment that can take care of the child. So looking at those strengths, where else besides that immediate parent, **whereas does the child have an attachment with**, and if they can care for the child. RSW-6: I would say the **attachment**… like for example, **the child was very attached to the primary caregiver**, and that's when we should actually not take that child because **the attachment is strong**. In order to look at the risks, I think it must play a part **– if a child is closely attached to someone and it is possible for the child to remain there**, even if the circumstances are not ideal, you have to weight it up. **Because of what that removal will do to that relationship.** DSW-3: … You look at best interest of the child if the child is being removed from the mom, we look at the other family members. And with those family members, **you should actually look at the attachment**, how has this family members formed part of that child's life. DSW-3: Although, **in the form 38**, the final report, I think that **it refers somewhere to attachment** – so it is looking at attachment theory but is not saying attachment theory. DSW-3: And for me it goes back to the assessments, quality assessments, and we should be able to determine, yes, the family is perhaps due to the circumstances not able to meet the child's basic needs according to Maslow's hierarchy, **but in terms of Bowlby's attachment theory there is positive attachment** and mom tries even though she is struggling. So if you in your assessment, if you bring it out in that sense there one sees that even though the child's needs are not being met that perhaps at this stage, does not warrant removal from the mom's care, and perhaps mom should be supported. DSW-3: …If it is that it is the caregivers, which one would assume there is with the child, or **the child has the attachment with them**, if they are the perpetrators then… umm… if you weigh that up against the best interest of the child, at that point in time with the attachment theory would not be applicable, because the priority would be the BIOTC.
	Best interest of the child	Parenting capacity	DSW-4: …The best interests of the child regarding **capacity of the parents.** So if that parent is able **to carry out their responsibility** or not, regardless of whether they say they can't, so assessing that, if they are able to carry our responsibility towards the child.

			DSW-3… Look at whether the needs are being met and at which level, and **whether the parent's / caregivers role, if they are fulfilling that role and what can be detrimental to the child.** So ya, for each child it will maybe be a different area of the best interests of the child that isn't being met. Because that is what I find that the **educational needs is often neglected**, but we don't always pick up on that. A parent who has never registered a child first of all, the child can't attend school, or the children are not sent to school regularly. That would be neglect. And also **the capacity of the parent** – are they illiterate? And this is where you would start your arguing, is the parent that is reasonably literate that is a **expectation that you can fulfil your role as a parent**? If they are not, and they have not been to school, and there are other factors such as schools that are miles away from where they are living, they would not have the capacity to make those arrangements to get the child to school. You know, that kinds of things.
		Need for the child to remain with family	DSW-1: And the **need for the child to remain in the care of the parent** or extended family. RSW-4: I think phoning a CYCC is the first port of call, you know, where it should be the last. R: And the first port of call being…? RSW-9: **Family.** Or place of safety… CYCW-9: **Or a community member**… DSW-1: Then it is the **need for the child to be brought up in a stable environment**, you just monitor and assist in that matter. DSW-3:… **You look at best interest of the child if the child is being removed from the mom, we look at the other family members**.
		Chronic illness / disability	RSW-6: And if I can just add there in terms of their best interests – that I have often seen in the report that there is no windows in the house, and this is seen as a risk factor, if there is not enough ventilation. The circumstances might not be ideal, **but if a child has a chronic illness or disability** it might be the point where they cannot manage. And I think that is important to use the best interests there. It might be suitable for a child without an illness but not for one with an illness. DSW-3: The **best interest of the child** should be speaking to the child as a whole, holistically. Because for one child it could be basic needs, and for one child it could be emotional instability, for another child it could be, health needs, **where parents don't take the child for much needed medical care if the child is suffering from a**

			terminal illness and the parents are neglectful. You know, it could even be a wealthy family, and they are for whatever reason not ensuring that the child receives treatment.
Finding placement at a CYCC	Social work theories	Systems theory	DSW-4: So that would be **systems theory**, that influence on a **societal level,** that influences best interest of the child. *R: Hmm, and the societal level being?* DSW-4: Government, **what is happening with government with not having enough facilities**. RSW-6: But I think that within a South African context, you can have a look at the best interest of the child but you also need to **look at what is available.** I think that sometimes where the best interest is overlooked, so we couldn't find foster care even though that is in the best interest, therefore we are approaching the CYCC's… and you know, I suppose there is a level of, you need to give your cooperation because the child needs to be removed. **I think in this context we don't always do what is best because of our limited resources.** And legislation should assist us in better plans for children. If legislation could mandate "this is how you do it"… because **all the systems have to work together** in order for children to be placed appropriately. DSW-3: First of all, **finding the placement**, umm… **one can link it to systems theory**… where we have family or friends where we can place a child with those people and they may be community members. RSW-4:…And then we look at things like, **what school is going to be appropriate**… They are saying that the child needs to be placed and you are worrying about the school, but we know what an issue it is to try and find a special school for a child. I mean, it is like trying to get blood out of a stone! So it is one the things that we do need to consider.
		Developmental theory	DSW-1: I mean, **for older children**, they can travel, **they are more independent** and can travel, but younger children you can't let them travel alone, because of their vulnerability. So again **looking at their developmental stages**. CYCW-9: That is why the CYCC's must also look at that also. **Especially on the age of the child** - the **CYCC must have a program** that when that child goes 18 years old… **Developmental programs** inside the CYCC, how does it, does it run for a suitable child's age and needs is?... And end goal in plan so that I know when I am working with this child when he gets to that child. Because I must prepare you for going now. because one day when I am leaving here, I can make a cup of coffee. I know how to dish up, I know how to clean my takkies, I know how to make my bed.

		Attachment theory	DSW-1: And in terms of finding a CYCC, I would say that what about the **attachment with the siblings**. If they need to be **separated from each other because of the age of the CYCC criteria**, I think that can also come in there. Because the child is being separated from…. What else? … It is traumatic for children, trauma all over again. I would say the anxiety, the fear of being separated again. And some children have withdrawal, they don't want to talk or do anything because they miss their sibling…let alone the parents! RSW-6: … And also they **had severe attachment difficulties, and being too far away from their mother,** the mother never visited. CYCW-9:…The parents only want to survive on a daily basis, and now a CYCC's in Macassar and the child is from here, **the travel from Macassar to here is not easy, you want to see your child, and some parents would like to see their child, but because of the transport and all that.**
	Best interests of the child	Disabilities / illness	DSW-1: Any **disabilities that the child** might have, **the child's age, stage of development, gender and background**…. *R: What does that tell you?* DSW-1: That sometimes **you need to find specialised places that the best CYCC that is most suitable for that child**. Because **sometimes you don't get a CYCC that can take a child with a chronic illness, or disability**, and then what then? And then its difficult for the CYCC that doesn't have the facilities for those children. So where to from here now? RSW-4: But I think if it is not an emergency placement you are in a slightly better position to screen children, you know, you have your panel, and I mean we have said no to **a child that had severe multiple disabilities because we knew we were not geared to care for that child**, the child was on nappies even. So **we had to say no because it would not have been in that child's best interest to be here**. But the problem is **when you have an emergency placement and they don't give you all that information**…. but hopefully, everyone should be working together in the best interests of the child to find what, is this the best placement for this child? DSW-3: … if it is a **special needs child**, you would want to make sure that the (*CYCC*) are equipped to meet the child's needs… And perhaps with the CYCC, that it might be their strength, that they work with children with special needs. because when you are trying to find a placement, **you look at what are the child's needs, and you try to match the abilities of the carer or CYCC** with what the child will need. So you can use the strengths based approach there.

		Schooling (child's intellectual development)	DSW-1: … In terms of **even schooling, you need to place the child far, you can't find a school**. RSW-4:…And then we look at things like, **what school is going to be appropriate, because this child has special needs**, and they don't understand that you know. They are saying that the child needs to be placed and you are worrying about the school, but we know what an issue it is to try and find a special school for a child. I mean, it is like trying to get blood out of a stone! So it is one the things that we do need to consider. So you know, that is going to be the best interests of that child.
		Contact with family	DSW-1: … And the **practical difficulties or expenses in having contact with the parents**. Because sometimes if the parents are in Woodstock but you can only find placement in Mitchels Plain, Khayelitsha, they are unemployed and can't get there and you don't have the time every day. So that is also one of those best interest of the child things. CYCW-9:…The parents only want to survive on a daily basis, and now a CYCC's in Macassar and the child is from here, **the travel from Macassar to here is not easy**, you want to see your child, and some parents would like to see their child, but because of the transport and all that. And even the cell phones, because some parents have cellophanes but where they live the things get stolen or it gets broken, so that contact also. Or they change cell phone numbers. Or sometimes they move from location to location because something happened at that house, now they are put out
		Language, culture, religion	CYCW-9:… The child's history also, like for instance at the CYCC, like **the child's dietary needs**, like if the **child can't eat meat**, or a child that is diabetic and **has to have a special diet**… And also **in the children's act, religious and cultures,** like a Moslem child come to a Christian CYCC, for example, we do an injustice to that child. That child might have grown up in a Moslem family, strictly Islamic, and now he come to a Christian home and this confuses this child, I am not used to this. Now that child goes back home and that family tell him "Jy moet Salam maak" and he is like "but I'm not". CYCW-9: …**even a Xhosa family, "why didn't you go to the bush?",** I don't know, no one taught me about this. That is also something when one is looking for a CYCC for a child to be placed at, and also the type of CYCC, is it, if this child's behaviour, or disability, you see. And **not all CYCC's are equipped to handle all children** also.
		The child's age, stage of development,	RSW-6: I feel on that point that **when they are trying to find placement, for the best interests of the child, to look at what are the unique needs of this child and what placement is appropriate.** I think often we are persuaded by the DSW being desperate and the child does need placement. Meanwhile this place is completely

		background, other relevant characteristics	unsuitable. If there was more understanding between CYCC's, no let us take that one. I think that will also help, if children are placed properly.
Form 36 removal	Social work theories	Developmental theory	DSW-1: … **developmental theory is relevant**. Because if you tell a 12 yr old what is happening they would have an understanding, but if you tell a 5 yr old. You can tell a 5 yr old, she will listen to you, but if someone else asks that child they will say "I don't know why". That is what I have experienced. Recently, I have prepared children for where they were going to go, but when we got there it was like I haven't, I don't want to stay here so I don't know why I am here. And that is where the **developmental theory also comes in where the child's development and understanding of what information is given**. RSW-6: I think also **Piaget for the cognitive**… because I found that has helped me more for how to talk to children than Erikson. Just to **know what the child is actually capable of at that specific age** is very helpful… **Cognitively**, in terms of just how you actually, the words you use with the child, and how you speak to them, like for little children you use small sentences, and shorter, and more understandable. It's how you get down to their level. I think normally everything is happening on an adult level and children are kind of caught up. DSW-3: Yes… **one would look at developmental age when trying to explain the processes to the child**… It would help, because you would **pitch it at where the child is at developmentally**.
		Attachment theory	DSW-1: And I think that when a child goes to the CYCC, the **child still needs to develop a relationship with that person**. But if a **child is with us for almost half a day, the designated social worker, spending more time, there is that trust**. And **separation once again from a designated social worker**; the **trauma once again about being removed from the social worker**. The **one child called me "Mamma"** and wanted to go home with me. They were thinking that this was the next best care that they can have. There was trauma from my side, from their side, when I'd dropped them at the CYCC. Because they asked "where are we going?" I told them, someone will take care of you, all that is explained. But when you get there all that information is wiped out. The only thing is that they don't want to stay there because it is a new environment…. **The attachment also once again, from whoever they were removed from, being removed from the social worker that spent half the day with them, trying to find place, they became comfortable.** They don't understand why they can't come with me. Why must we go to another place again? It says the need for the child to seek proximity and closeness to their carers. I mean, I was caring for them for most of the day**, I was the next best caregiver, and then they became close to me, and then separated again…** Its anxiety. Going to a new place, I would be anxious as well, I don't know what to expect, what will the children be like? What will the carers be like? Will they take care of me?

			DSW-1: **Some children do not want to be removed** on this form 36. They don't want to be placed. And that is **their need to stay there with their parents.** They don't feel, my parents didn't do anything wrong. She is just smoking drugs and I am ok if she is smoking drugs so why can't I stay with them? Or this 5 yr old tell me that "why can't I rather go stay with my mommy rather than stay in this CYCC", "Take me to my mommy then". Because it is a familiar environment, a familiar person, I don't want to adapt to this now anymore I want to go to my mommy then. Again **the attachment**. RSW-5: I think that **attachment theory** comes in here again, **depending on the relationship between the mother and child**, if the child wasn't too attached to the mother then the mother would just let the child go, and the child would just freely go to the social worker without crying. DSW-1: Sometimes you leave children and they didn't even cry, that is **children that didn't have an attachment to that mom**. That mom usually just leaves the child at this aunty and that aunty and the child is too happy to go to another aunty! They stretch out their arms and say "take me". They don't even cry and say "bye!". Its normality for them.
		Systems theory	DSW-1: I think that is the **systems where you involved the community and society**. Its looking at the child as a holistic approach. It is difficult because some parents assume the child is for the social workers, because the social workers take best care of my child so now I don't have to be involved anymore, I don't have to give any information. Whereas that child maybe has family that is willing to take him but they don't know about the situation. There comes in, **how do we get the family involved**? And then the child is removed for the forth time, and what if it is family that the mom kept the child from? Isolated the child from the family? And that is also part of our assessments, how the child has been isolated, and that is part of the abuse. And this links well with this research. DSW-3: … We had a **partnership with the social workers, police, medical staff**, and the safety parents… we had the medical staff if needed they were there and the police used to go with us when we removed the children…we had the volunteer, would do an assessment to determine if the SW needs to go out, would then call the SW, SW goes out with SAPS and brings the child back to the hospital where the child, if needed, receives the medical care, and then from there to the place of safety. So there was a partnership… a **multi-disciplinary team approach**… a **systems approach, a multi-disciplinary approach**, because you would have a SW, you would have your health, the SAPS, crime CYCW-9:… You must also **look at the area, where the child lives**, now you come to remove that child, it won't be that easy, in the gang there is lots of youngsters they don't mind who they shoot, they just shoot and now you come there to remove the child, you just trying to protect that child.

			DSW-3: I recently saw an email about **a buddy system that two of them go out**, and of course there is a safety element that one needs to take into account. But we went with the police.
	Best interest of the child	Effect on the child of any changes	DSW-1: And for the best interests, I think the part that says **the likely effect on the child of any changes in the child's circumstances**. And that separation thing. DSW-3: …our focus should be the **best interest of the child… There should be an opportunity to explain to the child what is happening**; there should be an opportunity to **take the child to the CYCC beforehand** and then take them when they are actually not going to be admitted. But it does not happen, and if it does, it actually takes a lot from the SW to go, in their own time, to go and explain to the child, and avail themselves. But that is definitely a challenge. That is a gap where we are not looking at the best interest of the child and we can't really evidence that we do that. RSW-6: And the likely **effect on the child of any changes in their circumstances** – being mindful of the need for a transition period as much as possible: not just a you are in your home and now you are gone.
		Parents attitude and relationship	DSW-1: And I was also thinking about **the attitude of the parents** and the exercise of the parental responsibilities and rights. Because the parents will also, if they are aggressive, they will tell you that they are exercising their responsibilities, "I have a right to take care of my child". **They don't see that they are not really exercising their parental responsibility** because you have a responsibility before you have a right and I mean if it was the other way round they would put it in the Children's Act like that. DSW-1: And also the **personal relationship between the child and their parents**. All linking in with one another. And even with the form 36 – the need for the child to remain with the parent. Some children do not want to be removed on this form 36. They don't want to be placed. And that is their need to stay there with their parents.
		Age, maturity, gender, of the child	RSW-6: Maybe also the **age, maturity and stage of development**, the way to talk to the child will be influenced by that. CYCW-15: Also it **depends on the gender of the child**. If it is a female child and the new social worker is male I don't think it will make the child feel free to talk.

Medical	Social work theories	Systems theory	DSW-1: I was thinking about **systems theory** that will come in there. CYCW-9:… The medication, that also. They never said like **the child's medical history**…. And the medication, because not all people know how to give the medication, they don't know how. Say it's for ADHD children, like there is certain things for how to follow and how to respond to certain things that the child do….Now **if you not equip on how to deal with that child**, that will be the worst day of your life. **How to handle that child that is HIV positive**, how to communicate to that child, and how they gonna take it. How you gonna take that child that has epilepsy.
	Best interest of the child	Violence affecting a child	DSW-1: And for the best interests… **any violence involving a child** and any action or decision that would avoid further legal processing…because **if there is no evidence you can't just remove a child**. And if there is physical evidence that can be proven, then you need to protect the child from further harm. I think those two.
Admission at CYCC	Social work theories	Attachment theory - Relationship with DSW	DSW-1: … The girls were also **getting attached and then started to cry**. And I thought to myself "do I now rush and leave these children here, or do I now just get home late… these are vulnerable kids. But **these children have no one else**. I would rather be tired the next day but make sure that these traumatised kids is safe…. So deal with **this traumatised kids that needs to be separated from the social worker that they have formed a bond with now**, and then rather come late at home. But not everyone can do that…. And it's better for the parents. Children trust them to explain something. They will believe their mom…. CYCW-14: So under the challenges, I was thinking of **the turnover of the DSW**. That sometimes you find out that within a year there are 2 or 3 social workers that are holding onto the case. And then that **also has an impact on the child**, how can I put it now, if we speak of the attachment. Because the child might be proud **"I am going to speak to MY social worker",** so that has also got something to do with their attachment… She might be used to a certain DSW that was working on the case, **but due to the turnover that sometimes they change** careers. DSW-3: … Because our **SW's have how many cases to deal with but children do form attachments** and they start to trust. So perhaps there is a space for attachment (*theory*).
		- Relationship with CYCW	DSW-1: … So the attachment theory is also there where **they need to form an attachment to the care workers**, letting go of the DSW, and the parents…. And at the end of that 90 days, it's not the same children that you left there at the start because they don't want to leave the home again. They would cry "I don't want to go back to my parents, I want to stay there" it's **because of the attachment they form with the RSW and CYCW's**. **They see them as their family, and another attachment is formed** at the end of the day…. RSW-6: In terms of **trying to attach to other people, like the CYCW** or RSW, but its normally the CYCW.

			DSW-3: **Some CYCW's have strengths and developed the skills over years to be able to make a child feel, and to manage the loss for the child.** So yes, perhaps in that sense you would have skilled workers who can assist the child through that process. Because for them, they leaving **the child is leaving the family, the known, the school, everything that is known to them, so in a sense they do experience a loss and weather you would have skilled staff and support to manage that.** CYCW-9:… You **talk about the rules and routine**…the CYCW came and say, with her **voice tone** and **how she speaks to the child** is total different, you come in this time, ok come and see your room, and don't worry about all the rules, just settle in nicely, her voice tone was totally different. But you see in that first introduction is how the child will see everything now…**You start with that bond already**… There is something about sitting so with someone (*demonstrates sitting "next to"*) and sitting so with someone (*demonstrates sitting "in front of"*), he feels more relaxed, and if you intimidate. So **the more CYCW's are involved with the child – go to the child's school, your relationship with the child will change** completely when you take him to school, because now **he feels that you are now supporting him**, "OK, now Mr is now rereg vir my"… he feels like you are supporting. CYCW-9: … **That child's guard is down and then that child start talking things to you**. That child start talking lots of things to you, so you know further how to deal with that child. Because the child will push boundaries, and the child will try to act out. But if I am going to shout at this child now, I am just going to back into the conflict cycle now.
		- Relationship with family	RSW-4: I think how children respond when they are placed here is really dependant on the circumstances that they come out of, and also **the attachment that they had with their parents or family members**. Now because we have seen children when they have **strong attachments** when they come they really struggle, they cry, they don't want to be here, they ask you like 20 times a day when can I go home, they don't really understand why they need to be here. But then **for children that don't have strong attachments**, and it's sad to say but most children that come in here don't have strong attachments, the exception is the child that is crying. But otherwise they, it's like they have always been here. They settle straight away, they just sort of get on with things. It seems as though they have always been here, just part of the group… CYCW-9: …**Like they belong here**… RSW-4: …So it really does depend on their attachment. But I know we had a child who really struggled, for weeks and weeks, because there was such a strong attachment. And for those children it is really, really difficult. To suddenly be in an institution where there is a totally different routine. There isn't that one-on-one quality time. Its just totally different. So for those children it is really difficult.

			DSW-1: … The lady where the two girls was removed from said that "I don't want to go there and traumatise them and then leave again because they are going to cry". And I said to this lady that over this years of experience that I have, rather do that than **staying away and then the child deals with rejection**. That is worse than being traumatised by you leaving. Because if you say you are going to come back and you go back they will believe you, they have some sort of hope. **But staying away is rejection and they don't have no hope, "Nobody loves me anymore" … Its attachment theory!** RSW-6: And **also attachment** because I think that we will, the child might be very distraught and the child might need us to phone home, and the child might need us to have contact initially to try and cope and we need to be sensitive to that. And we need to know that **the child needs to have someone** that they need to go to. RSW-6: … Yes, but if the parents come with, don't you take away that removal "scene"…the **family should also come**…so that it is not like a removal but almost like a "dropping off" rather, a come and visit, and you are part of this decision. The parents as well. I think that can be better. CYCW-14: And **if they are coming as siblings**, because sometimes it is difficult now that they are being separated in the units so it takes time to understand that they are not being separated totally, it's just the unit because the boys must have their own units. Then it's also part of the admission that we also speak about.
		Developmental theory	DSW-1: And **that boy was older** then these two kids. **He has an understanding** but they don't have. And they are more vulnerable than what he is. DSW-1: And it's also **focusing on the child's development, how the child is dealing with it.** Because its obviously on how vulnerable the child is, what trauma the child went through, the age and development of the child – they play a big role. DSW-1: I think also for us as DSW, I know it's difficult with no info for the CYCC's, because you have no background. And we try as hard as possible to find info and you can't, there is nothing more. Unless t**he child is older and can tell you the whole story, but younger children gives you bits and pieces, but they can't explain** the address and numbers of the family, but older children will know where the family resides which is much of a help to us and the CYCC. *R: And again, you were linking that to the…* DSW-1: **Developmental theory**. RSW-6: Within the intakes, **the RSW must do an assessment interview** with the child within 24 hours. According to their norms and standards… we need to do a **developmental assessment**… But that is also part of what we are

			busy doing in that initial day or two days, we are doing the assessment… We must also test their development to see if they are on par, or ahead. RSW-5: And also the **developmental theories**, when the child comes in we look at the age of the child and we **look at the functioning of the child, and how we place the children** in the different units… With the arrangement of schooling the developmental theory comes in there. Weather the child needs to go into mainstream or a special school.
		Systems theory	DSW-1: And the **systems approach** as well, there where you have the **family visitations, the community members whoever is involved in the child's life.** Even if the **trauma counsellors or police** who found them, they call you to find out how is it going with the child? That is part of the systems theory and all the people that is being involved. CYCW-9: … **You must also look at the area, where the child lives**…you take this child out, but he is used to this life, he knows how to be a gangster, **he knows how to be a gangster**…now you come and take him out to a CYCC…If someone hits me I know that I must fight back, or if I know I can't fight back, I know there is the older guy that will stand up for me. But now we say there is a consequence…Because it is blood for blood, that is the gang mentally. Or else I will shoot you, "ek will jou dood skiet" that is how they talk… **But here the child is going to get the consequences, what is a consequence now? I don't understand consequences** now? What is structure? Why is the bell ringing, what does that mean? Why must I wash in front of this lady?... why must I eat in a group and you must get used to all of that… It's a **different routine.** RSW-4: You know, **having like the whole team part of receiving that child is so challenging**. Because often those children are coming 5, 6, 7 o'clock when not everybody is available, or CYCW's are busy helping other children to shower, so to get them out then is difficult. I mean we had a situation a few weeks ago where the DSW phoned at 2 o'clock to say can I bring the child now… and now turned out to be four hours later. So we will sit and wait and put everything on hold so that we can receive this child, all of us. So those are things that make is really difficult. And in the end when the child gets here, umm, I am sometimes not here, so **it's far from ideal**. DSW-3: I do agree that there is definitely a gap, and I am not sure how we can bridge that gap. **Whether it is our system that is responsible for that, I can't keep blaming the SW's!** (*laughs*) You would find; I would like to believe that some SW's take the time to do a different method. But maybe in general that is what is happening at the moment. Which again **leaves the opportunity for a proper system a proper process there, and how you tie that to staff shortages**, and staff that has a lot to do… And in this instance, our focus should be the best interests of the child and therefore it should actually be different. There should be an opportunity to explain to the child what is happening; there should be an opportunity to take the child to the CYCC beforehand and then take them

			when they are actually not going to be admitted. But it does not happen, and if it does, it actually takes a lot from the SW to go, in their own time, to go and explain to the child, and avail themselves. But that is definitely a challenge…Because our **SW's have how many cases to deal with** but children do form attachments and they start to trust.
		Maslow's hierarchy of needs	CYCW-14: What about Maslow, because I am thinking of the l**ove, and belonging and safety, and your basic needs.** CYCW-9:… And even **like basic needs**, like sleep. A child doesn't need to **sleep in their own bed**. I grew up with my brother in my bed, we grew up like that. There was no 'your own room' and now the child come into the system, you get used to this experiences, going out for functions, going out for school trips, you get all this. **Now he goes back home, mommy can't afford all those things, now he can't cope at home**, so I will start acting out again because I want to go back there. It's like a win-lose situation.
	Best interests of the child	Parents attitude and relationships	DSW-1: And for the best interest of the child… Here with the involvement of the parents… I would say **the attitude of the parents** "I am not going, why must I go, you are taking my child you go!" Aggressiveness, swearing at us, going through all that trauma with the parents… DSW-1: Again **the nature of the relationship between the parent and the child** – was there any attachment?
		Need to remain with family	DSW-1: The **need for the child to stay in the care of their parent**, "*Can't I go to my Ouma, Aunty - why must I stay here*?" **Where? don't know where the Ouma is,** but ok! Because mommy don't want to cooperate and give all that information!
		Language, gender, culture	CYCW-9:…The **age of the child, the gender of the child also, and the language of the child** also. Because if that child is Xhosa speaking I can't, because I am Afrikaans. How can I? **In the Xhosa culture also, eye contact**. Because if I say look at me. Because if the child looks down when we speak to me, you are hiding something. Ok we all teach about cultural competency. But if you don't have that knowledge, you must go quickly back. I must understand that, another person will think this child is naughty, he is not respecting me. Like other cultures eye contact is important, and others will be intimidated if you just look at them straight in the eye. What do you want from me? One child says to me "yes Mr" (looks down at his chest) and I will tell him, no look at me! Ok it is just probably in your culture…. Because I can maybe become more friendly with a child (*demonstrates putting arm around a child's shoulders*), but maybe this child was in a rape case then this child will like (*demonstrates a child pulling away out of fear from contact*). Because **she got a maybe abused by a male** and maybe her father was also abusive and all that and now she comes here and I might be here and she looks at me and I greet her, and

			she doesn't know how to respond to me **because in her head, men is bad,** because men raped me all my life and men raped my mother so you just want to do this to me. CYCW-15: Also it **depends on the gender of the child**. If it is a female child and the new social worker is male I don't think it will make the child feel free to talk.
Post placement	Social work theories	Systems theory	CYCW-14:… about **the family reunification** here: if in the near future if we can at least be involved in that, but it depends on the funds. Due to the petrol cost… Like here at this CYCC, the auxiliary social worker were the ones that would take the car to visit the family; but due to the funding **the department didn't fund**. So it didn't work because of the funding… Because if I am looking at, I am in the CYCW course and we spoke about **multidisciplinary team.** Then **we make an effort as a collective. If we speak about the MDT then every professional that is involved in the child's life space, the CYCW's and the RSW's, and the CYCW's can visit the family and give feedback to the DSW.** DSW-3: … You would again be **looking at your MDT**, including your **education staff** as well, and at some homes they have a pre-admission assessments where they have their **MDT discussions**. So when the child arrives, so if there was a pre-admission team, or panel discussion, then the team would be informed of the child's needs, and would have sorted the **schooling,** so you look at your MDT there, and also your **systems theory** because you include the wider, the child goes into the **community** – **the schools, and the clinic.** CYCW-15:… Because the **CYCW is the one that is visiting the family** and sometimes it is difficult for the family to just be open to the DSW because they are not visiting as often. The relationship takes time, to be open. It needs time. And as us now we are working with the CYCC, the outside DSW can have CYCW's that work with the family. RSW-6: Like some CPO's have investigations teams that will hand over to another team and then you start with **somebody completely new who wasn't part of the removal and who doesn't know the family**, and to now try and get to know them. That is also not ideal. DSW-3: … We also had some **challenges with whose case is it first of all!** And I am not going to accept this case because you did the removal (*laughs*) so those things are still there and in the middle of all that one forgets about the child, could forget about the child…. And that is difficult at night if it was me, and **I am not responsible for that area, and the SW in that area must go to court**, **which will be a different person.** CYCW-9: And **we don't build resilience enough** for some children. Because if I have a problem I can go talk to my social worker, I can go talk to this person, and that person is there to listen…**but at home you don't have that people**, your mother is up and down, she wash you, how is you going to eat, your mother has all these things that she has to think about, for your mother your problem is like 'wait man I have other things to worry about'. But your mother want have that time to sit down and say this, and this, and this. Because your mother has other

			things to worry about….now you just remove a child, and now they are going home, now I am going out what is going to happen to me, cause **now the child's support is not there.** Normally I just know I can go to, Sir is gonna catch me, but now I am going to go out now, am I going to cope. Now there is all that stress on the child, especially if you are a teenage, and school stress, and friend stress, maybe you have girlfriend stress, you have all this things hitting you, you know the world, but now I am going out now, **who is going to be there? There is no one to catch me.** That glass gates is gone, **there is no one going to protect me now.** CYCW-9:…there are wonderful **programs out there, but they are also only based in certain communities** also. That is focused on this area, but what about that area….– who is going to look after the baby? All this whole spider web that is stressing them. CYCW-9: And **government**, pushing the funding... Even the parents, in the taxi, "dai is nie werk nie"…**unemployment**, what is the use of me going to **school**? But I can make something of myself at the end of the day. You should **look at the whole holistic approach** everyone gets involved. RSW-4: we **need to all be working with one another as a team** in the BIOTC to make the transition as smooth as possible for the child….so that things can be done a little bit differently, **so that it is less traumatic for the child**. CYCW-14: So under the challenges, I was thinking of the **turnover of the DSW**. That sometimes you find out that within a year there are 2 or 3 social workers that are holding onto the case. And then **that also has an impact on the child**, how can I put it now, if we speak of the attachment. Does that make sense? Because the child might be proud "I am going to speak to MY social worker", so that has also got something to do with their attachment.
		Attachment theory	DSW-3: … Because what will happen is that when one is satisfied that the child is safe within an environment and that the child is no longer at harm, then **you go back to the attachment and to try and forge positive attachments** in that there would still be contact with the child and the caregiver, whether that be supervised contact and then providing the caregiver with the necessary skills to **change the negative attachment…** so **one can look at the attachment theory because you want to change that.** Change the attachment that could be, not so secure… in that if the parents are… I am thinking back to the secure and non-secure attachment. Then one wants to **move it from the insecure to the secure** (*points to handout*) and that is where the SW services, your support, capacity building, and parenting skills, and parenting classes comes in. CYCW-9: …Like in most circumstances that the child doesn't get food from his mother the previous day, but he is used to it. And then now he is taken back he just wants to be my his mother… Now he starts **longing for his mother** and he sees the other children going home and now he can't, I can't go home…Cause he hears the other child talk about his mother but **where is my mother then? Some children sit here in front of the gate and just**

		Strengths based approach	**long for their parents to come.** They just sit there and look, **they lay there and look for his mother or family just to come to them.** DSW-3: **Strengths based… because we would want to reunite the child**….for the birth family, you would want to look at what are their strengths and work with that to reunite the child with the family long term because children shouldn't be, ideally, not separated from their family. CYCW-9:… Also things to look at – **where is this child going afterwards, where is his future plan? Is his goal realistic also?** Because the child says he wants to be a scientist but his grade are like yoh! (*laughs*) Now you must also like, yes, but why don't you try something else, like panel beating, you see this guy is mos a panel beater. See his house. He likes, so it's a bit more realistic. And he gets excited. But his mind is not scientific….**the strengths…**.Like I said aim for the moon so you can land by the stars. CYCW-9:…And also **with the permanency plan**, most parents get the option to go to the **parenting skills workshop**….The social workers **don't tell the people what they did right, they tell the people what they did wrong.** And they think they are being victimised now, they are the target, and they feel stupid. Some parents can't even read, and now you give them pamphlets! The don't understand this is what you did good…. All the negatives come down, I can't do this anymore, and they just leave the workshop.
Approach to child protection interven-tion	A holistic, eclectic, multidisciplina ry team approach	Eclectic use of social work theories	DSW-3: … And if one should develop a model, it **should be backed up by theory**…Where I feel there is a real big gap is with our assessments. And if we look at doing our assessments **and link that to theory**, it becomes more validated as a professional document, which will hold in court. DSW-4: Umm, focusing on the **strengths based approach** which goes into the **best interests of the child regarding capacity of the parents**. So if that parent is able to carry out their responsibility or not, regardless of whether they say they can't, so assessing that, if they are able to carry our responsibility towards the child. And then if you **look at systems theory** if there isn't anyone else that the child hasn't…well, **attachment theory**, if there isn't anyone else in the community or environment that can take care of the child. So **looking at those strengths**, where else besides that immediate parent, whereas does the child have an attachment with, and if they can care for the child. DSW-3: …We should be able to determine, yes, the family is perhaps due to the circumstances **not able to meet the child's basic needs** according to **Maslow's hierarchy**, but in terms of **Bowlby's attachment theory** there is positive attachment and mom tries even though she is struggling. So if you in your assessment, if you bring it out in that sense there one sees that even though the child's needs are not being met that perhaps at this stage, does not warrant removal from the mom's care, and **perhaps mom should be supported**.

			DSW-3: Yes! In such a scenario you can use your **systems theory and Maslow's hierarchy of needs, strengths based approach, as well as attachment**. DSW-1: For me, it's amazing that we really, if I go through this, we are really **implementing the theories** without even knowing it!... Because **when you assess this child, you are going based on these theories, because you look at the attachment, you look at the development, you look at the systems theory, you look at the community and whoever is in the child's life**, but you don't know that you are really using this theory. And if you start being a social worker you forget about all these theories that you learnt at university… And it makes sense to **implement the best interest of the child principles with the whole process of removing the child, it all links so nicely together.** And I think this will help you to do a more effective assessment. Like all of those things come out in the assessment, but if you can do it like this, then there is a better understanding to complete the assessment tool.
		Holistic approach to using the Best interests of the child principle	DSW-4: So I guess then there **is almost like a hierarchy of best interest** then. Because even if you then have to consider which best interest is the most important – for the child to remain in the home, or if the parents don't have the capacity to solve that problem. That would be interesting, because it is based on a case by case, because now we say the child to remain at home is more important than the parent's capacity, but then in one circumstances for a certain family it may look different. DSW-3: … the **best interests of the child is the child holistically**, **all spheres of the child's development**. Sometimes we only focus on what obvious part, let's say neglect. When we look at our cases, and maybe because we have such high caseloads, we look at the physical side – the child being dirty, the child not being fed, but not necessarily the child's well-being…. I don't know if we, intentionally, but we overlook, but the child as a whole person. I remember being an intake worker, but when I speak to the educational needs and health needs of the child the parents, "why are you saying that I am not a good parent, I only forgot to take the child for immunisations". I ONLY forgot! (laughs). So ya. It's just the child as a whole. RSW-4: And I think also that you know in that moment, social workers, they just want to place this child, but we need to think long term. **Long term best interest are not just here and now and today…**.But I think that with regard to the permanency planning, I think that is something where we differ to from the external social workers. Because when a child comes, we automatically have that in mind, you know, what is the long term plan for the child? Whereas that isn't the priority at that stage for the external social worker. RSW-6: … if a child is closely attached to someone and it is possible for the child to remain there, even if the circumstances are not ideal, **you have to weight it up. Because of what that removal will do to that relationship**.

			RSW-4: …Because the reality of our society and the communities that we are living in and our clients are living in, you cannot remove every child. Where would you go with them? So, **you really do need to determine, is this child *really* at risk,** you know. And it is difficult, it is not easy. DSW-3: The best interests of the child should be **speaking to the child as a whole, holistically.** Because for one child it could be basic needs, and for one child it could be emotional instability, for another child it could be, health needs, where parents don't take the child for much needed medical care if the child is suffering from a terminal illness and the parents are neglectful. You know, it could even be a wealthy family, and they are for whatever reason not ensuring that the child receives treatment…So it would really depend on the individual child, so therefore that **holistic approach in all spheres of the child's development is important** – so you would look at safety, emotional well-being, educational needs, medical care, you know, break it down, and look at whether the needs are being met and at which level, and whether the parent's / caregivers role, if they are fulfilling that role and what can be detrimental to the child. So ya, for each child it will maybe be a different area of the best interests of the child that isn't being met. RSW-4: I think we look through different lenses and we are not, everybody is not looking at this, the best interests of the child, you know, priority is placement, regardless of anything else…. DSW-1: And **it makes sense to implement the best interest of the child principles with the whole process of removing the child, it all links so nicely together. And I think this will help you to do a more effective assessment.** Like all of those things come out in the assessment, but if you can do it like this, then there is a better understanding to complete the assessment tool.
		Multidisciplin-ary team work approach	DSW-3: … You would again be **looking at your MDT**, including your **education staff** as well, and at some homes they have a pre-admission assessments where they have their MDT discussions. So when the child arrives, so if there was a pre-admission team, or panel discussion, then the team would be informed of the child's needs, and would have sorted the schooling, so you look at your MDT there, and also your systems theory because you include the wider, the child goes into the community – **the schools, and the clinic.** RSW-4: we **need to all be working with one another as a team** in the best interests of the child to make the transition as smooth as possible for the child….so that things can be done a little bit differently, **so that it is less traumatic for the child**.

			CYCW-14: … we spoke about **multidisciplinary team**. Then we make an effort as a collective. If we speak about the **MDT** then every professional that is involved in the child's life space, the CYCW's and the RSW's, and the CYCW's can visit the family and give feedback to the DSW. RSW-6: … because **all the systems have to work together** in order for children to be placed appropriately. DSW-3: …years ago we had the CP protocol services, the after-hours services, and we had a **partnership with the social workers, police, medical staff, and the safety parents….**we had the volunteer…would do an assessment to determine if the SW needs to go out, would then call the SW, SW goes out with SAPS and brings the child back to the hospital where the child, if needed, receives the medical care, and then from there to the place of safety…So there was a partnership.
		Training and skills needed	DSW-3: And whether the **managers and supervisors are giving that guidance**, because if there is no standardised process then the supervisor would still need to say A,B, C – to guide them. CYCW-9: And I also asked (CYCC Manager) here to put us on restraint **training.** To restrain a child who is fighting or something, and I might do it wrong and that child might get hurt or something. **We need to get trained to do it**, but not all CYCC's are equipped to do it. DSW-3: I think as SW's we should **familiarise ourselves with the legislation**, with the Act… CYCW-9: And I just think that **all staff that works with the child needs to know, must be trained with the basics, how to work with the child that comes into care.**

VERBATIM TRANSCRIPTION

Researcher	Jacqueline Hope
Topic	Emergency removal and safety placement of children at risk: A model for planning interventions
Research supervisor	Dr. C. Van Wyk
Phase	1
Objective	To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers.
Data collection	Focus group
Participant code	CYCW-9 CYCW-10 CYCW-11 CYCW-12 CYCW-13
Sample	5x Child and youth care workers from a CYCC
Date	13-08-2015

Researcher (**R**)

Participants (**CYCW-9/10/11/12/13**)

R: Ok, so can you maybe tell me your name and how long you have been working as a child and youth care worker for?

CYCW-9: 3 years

CYCW-10: 4 years

CYCW-11: 1 ½ years

CYCW-12: 18 years

CYCW-13: 13 years

R: Fantastic! So lots of experience. Thank you so much again for taking the time to be here today. I know how busy you are, and how important your work is, and to take some time out, I know it is difficult, so thank you so much.

Can you maybe talk to me a bit about the emergency placements, the form 36 placements, how does it work here?

CYCW-13: We don't do walk-ins, it's only from court and.

CYCW-10: Yes, but normally if it is a new admission, then the social worker will inform you if the child is coming to your care. Like we have age groups. So she will say, ok you are maybe going to be getting a new boy today. Just to let you know we are going to be admitting a new child today. And that is it.

R: Ok, and do you get any of like the information about the history of the child.

CYCW-10: Ok to be honest with you, ok it's not their fault. We as child care workers, we are supposed to go and get their file and read it and check it and seeing, what is the child's background. But on that specific day, they don't want to share that immediately. That is not shared immediately. But as a child care worker, it is our duty, responsibility, to go to the social worker and just read through the child's file.

R: So you do have access to the information, it is just not given to you.

CYCW-11: Via the social worker we get the file.

R: Ok.

CYCW-9: Like the IDP is in the file, so we can access it anytime. But there are times when you come on duty and you see the child here but you don't even know the child is here, you just see them when you come on duty. But the previous shift will know the child. So we are informed by the other shift. But then like the other two boys, I came in and the one boy was sitting on the couch in the lounge and I said to him, who are you? He said I am in room 2, but room 2 is my room, and I didn't know the child. I didn't talk to anyone further. Afterwards me and the child started talking, he was placed here from Vredenberg.

R: Sho ok, so sometimes it's just when you come on duty and there are new children there?

CYCW's: Yes.

R: And when the children arrive, what happens when the child walks in? I imagine with the social worker?

CYCW-10: They go straight to the office with the internal social worker. Maybe there is also a parent that is with them, maybe. And we are not called in as child care workers. At that present moment we are not called in, to say this is the parents, we are not introduced. They just go inside there. They speak behind closed doors, and we are maybe in the section. And we don't know anything. And eventually ok, the child is brought to you. This is a new child and voop in the room.

CYCW-12: And you have to prepare that child for the future stay at Heatherdale.

CYCW-10: Like I would say it would be better if the child comes in, with the internal social worker, call the key child care worker who is going to be working with the child, and introduce me to the child. Who am I? Because eventually you bring this child, it's a new place, a new environment, just to make the child feel comfortable. Because I am there but the child is in the office with the social workers, but the main person, the child care worker, that is going to work with the child, you need to introduce to the child. Just to make the child feel that.

CYCW-13: I just want to say that it don't always work like that. Sorry to burst in like this. I was informed before the boy come here. So that was in December, so I was introduced to the child, so he know me, so when the child come, I was fully prepared and the child know me. It don't always happen like that.

R: So there are times when you are prepared.

CYCW-12: And if the parent come with, then you are introduced to the parent.

CYCW-9: And one of the girls that came here, they were in the office, and come here, and I walked past, they introduced me and I introduced myself to her. Like a brief conversation.

R: So you do have situations when you are prepared, but there are times when they will just walk in. And then when they are in the social workers office, you are not part of that conversation?

CYCW-10: No, it is only the senior child care worker and the internal social worker and the external social worker, and if there is parents. Sometimes there is nobody, they come without family.

R: And how will the child come to you?

CYCW-11: Our social worker will bring the child…

CYCW-12: …and introduce you to the child and the external social worker.

CYCW-10: And then you only see the external social worker just for that one day and then she disappears, never to be seen again!

CYCW-11: Only when there is trouble!

CYCW-10: **You only see her when she brings in that specific child, and afterwards you do not see that face ever again.**

R: How do you think that is for the child?

CYCW-11: **Because that child have a bond with that social worker. And the child ask about their external social worker.**

CYCW-10: **Social workers are changing too much. And also some of them have so many cases, it's so much on their shoulders. So eventually its social workers moving left, right, centre, this poor child! And the longer the child doesn't have an external social worker, the longer that child is kept in a home. Cause now, it's not like the child is forgotten, but there is no follow up. So it's like the child is just there, the social workers are just swopping, nobody is doing something for this child. So this child lives here for years.**

CYCW-9: **Like we had a panel for one of my boys, and there was a new social worker. And I asked him do you know your social worker? And he only say this one girl this one day. And afterwards he saw me there and he started to open up. But afterwards he started to talk because I assured him that he can trust this lady.**

R: You said that the children bond with the external social worker?

CYCW-10: **To be honest, I don't think always. Because the external social worker, she is going to be working with the family, but she is not there 24/7. Because the external social workers job is to work outside there with the family. But what is happening now in this field is the external social workers are not doing that. So the situation that is happening at home, that's why the child is removed for that specific reason, and the conditions are staying that way, because the social worker is only seen once or twice and the family is just being left like that and this poor child is just brought to the home, and there is no change to that environment. So what happens – we keep the child away from the family, and there is no bond, no relationship, or anything. So the external social worker are not, they are not doing their share in the family where the child was removed from. Say now the mother must be sent for rehab. Mothers' are broken. Mothers are drinking. But if there is no change there, the child is not going to feel comfortable there. The external social worker must do her thing, because we are internal. We can do things to a certain extent. But outside it is the external social workers job. If there is no change, what happens, our children are living in the homes for years. There is no change.**

CYCW-11: **Now you must look for placement. The child must go home at least once a week or in a holidays. But now there is no change at home because no one is following up. It's like the kids, they just move the child because the child was in danger, and now the child is safe, but what if, the child needs to be with the family.**

CYCW-9: **I had a panel with 2 of my boys. When you said the external social worker is not doing their job, I beg to think differently. Because when you sit on the panel, the social worker recommend the program to the parents, but they can't take the parents by their hand to the rehab. Because there are programs there for them. The external social worker tells the parents, the rehab is round the corner for you. If you are willing to go, come to me. But you have to admit that you want that change. The external social workers are filled with thousands of cases. And if that parent don't want to make a change, then how can they help?**

CYCW-10: **But at the end of the day, it's the children's parents, and they have a choice if they want to go to the rehab. But with us, in our field, what are we going to do about it? We can't say if the parents feels like it, if they want to? What is going to happen? Is everything going to come to a standstill because the mother doesn't want to go to a rehab? With the child's life and the long term goal for the child, must it all come to a standstill? So if mummy like the "pap sack", and she says no, do we stop there and then because mommy doesn't want to go to rehab? We need to think about the child. We are the advocates for these kids! I already had the kids ask me where I am going to go? Now if you really sit and think nicely about it – its says that the child has no sense of belonging. The child does not belong,**

even if the child goes to a foster parent. At the end of the day if the child says to me Miss I don't know where I am going to go to.

CYCW-11: **That's a worry!**

CYCW-10: **That's a worry because as a child care worker, I can't just assume and think its all hunky dory for this child. What is the way ahead for this child? Is there any relatives that can take care of this child? What you are saying to me is that if the parents don't want to go to rehab that this poor child is going to sit here. Because in these days, being in the field, we need foster parents, people that really want kids. Because who will want a 16 year old! They are already in that stage where who are you to tell me. So we need to work more with the parents outside. Not us, its not my duty, I am a child care worker inside.**

CYCW-12: **What will happen in a case, say the child's parents are in heavy alcohol, and that child wants to be with the mom. Ok we try to keep that away from the child and we place the child with a host parent or something, but the child insists she wants to go to the mom. How do we handle that?**

R: Are you asking me?

CYCW-12: **Yes, I am asking you, as a social worker.**

R: I think that is probably a question for some other part. For me for right now I am only focusing on when the children arrive here and what happens. So the later on and working with parents, we can perhaps ask Lelani afterwards, what we can do about that, because that is obviously a concern for you, and I hear that. But my research, and the information I want to get from you, is about when the children arrive here, and what happens. Sorry!

So if we can go back to that, you were saying that the children arrive, the social worker will then come and introduce the child to you, to your… is it a room or cottage?

CYCW-9: **We have dormitory system.**

R: Ok, your social worker will bring the child. How are the children when they arrive here, their emotional state?

CYCW-13: **Some children are very emotional, and some are very quiet, and withdrawn. But over a period of time, they will eventually start settling in. but they are first checking it out.**

CYCW-11: **Especially the little ones, but the older ones, they mix nicely. They make friends, play and settle in. but the older ones it takes time.**

R: Do you find that any of the children are traumatised when they first arrive?

CYCW-10: **I think some of them. You get some of them that will sit alone and cry. But they look very emotionally hurt and sad.**

CYCW-11: **Because they are not familiar with you, they will not open up immediately. It will take time.**

CYCW-10: **Can I trust you? Especially when they are older – can I trust you?**

CYCW-9: **Because what I experience when a boy he came here, he didn't speak or understand English. So I couldn't speak to him, but the other child care worker that received him could speak and tell me about this child. And the other children speak to him, and that also helped him to trust because he see that the other children are trusting me. So it's a slow process.**

CYCW-11: **I mean just imagine now hey, that child was in a safe house until he came here now, so what do you expect. Maybe it wasn't lekker that ta the safe house and he gonna expect the same here. So full of fear when they come here. A "bietjie bang" ya.**

CYCW-9: **And have their own bed – because some of them never slept on their own bed. And the following of the routine. They come from a situation where they can do what they want, to go "skurrel" for my**

food, and now it's a routine, and there is consequences for your actions. Sometimes some of them fit in easily, but that's still the honeymoon period.

R: So then they come in, and it sounds like you are saying that there are some emotional issues, they may be crying, or scared. And you have just been introduced to them as a child care worker – then what happens?

CYCW-10: They follow the routine.

CYCW-9: You must give them something to eat, washed, get the bedding, toiletries. Getting him comfy. And you must explain to them what the rules are, and that you are the child care worker that is working with him, and the social worker, what is your job, if he wants to talk he can talk to you.

CYCW-11: But our children here welcome all the new children.

CYCW-9: They always show them and tell them this is how things go.

CYCW-11: Especially the rooms, they will show them this is your bed, and here is the cupboard. Even the child care worker did do that, they will also help them.

R: Do you find that the children respond well to the other children?

CYCW-10: In my age group, I have the big ones, and its girls. So you get jealousy. They get very jealous, sho your hair is nice, you can see that. And the looks! You just came here and you think you can take over type of thing!

CYCW-11: But eventually they fit in.

CYCW-10: Because the jealousy is a big thing in my section. We had a few incidents. Because she dress nice, so I'm gonna mess up your clothes.

R: So it sounds like you do an orientation with them – showing them around, making sure they have something to eat.

CYCW-9: And you get some children that hide their food away, because they are worried what are they going to eat tomorrow. So there are some things you need to deal with.

R: Ok, and do you have any, how do you know what to do when the child arrives, how to talk to them. Do you have like a procedure manual what to do?

CYCW-10: No, it comes naturally! It just comes naturally, because you know, you need to be child-friendly.

CYCW-11: In the moment, you work with the child there and then. And it depends on the child, if they come in hello and hugging, then you do that, but if they stop there, then you just keep your distance.

CYCW-10: Some of them don't like to hug.

R: So it just comes naturally?

CYCW's: (*all laughing***) yes!**

R: That's amazing! So there is no procedure manual? Have you had any training?

CYCW-9: The child and youth care model

CYCW-10: We done all 16 modules. We are almost done.

R: How long has that taken you?

CYCW-11: A year and a half.

CYCW-9: A week every month.

R: And did you find that that it helped you?

CYCW's: **Mmm, yes.**

R: So before you did this training, did you have anything that taught you how to work with children?

CYCW-10: **Yes, we had people from Childline that come and give us talks. And behaviour management of kids – we get people from outside that do workshops with us.**

CYCW-12: **We also did like the BQCC (***basic qualification in child care***), and we did other training. And that fell away, so we had to do this new thing all over again!**

CYCW-9: **And our social worker did circle of courage with us.**

CYCW-10: **And also with Childline, and dealing with ADHD kids, we had a doctor specialising in working with ADHD kids, and what the medication does, and how the brain functions.**

R: So it sounds like you've had quite a lot of input in training. And I am sure that you have heard of the best interests of the child? So if you think about when these emergency placements, when the children come in, do you think we are working in the best interest of the children?

CYCW-10: **Social workers?**

R: Child and youth care workers.

CYCW-9: **You know, when removing the child, that was maybe in the best interests of the child cause now we are taking the child away because of certain like substance abuse, alcohol, but the child's belonging is with his parents. The child puts his parents on a golden platter, no matter what the circumstances is. But now the child is taken away from there. But now the culture and routine. Like the religious things, maybe the child belongs in Pentecostal, but now has to go to this church, or is a Moslem, but now have to do certain things here, like pray. We are taking things away from the child, that is part of their identity. Ok we discuss in the meeting it's something we need to work on. But it's not in the best interest of the child, because we are taking away, they are moving away from who he is at the end of the day.**

Sometimes the parents are coming here, smelling of alcohol, and the child is embarrassed and don't want to spend time with his parents. But at least they came here!

R: So the religion and the culture, and here it is different cultural practices.

CYCW-10: **Like maybe they eat with their hands at home. Here it is a knife and fork. Maybe you bathed in a basin at home, here you are in a hot bubble bath and a shower! So now eventually the children say I don't want to go home, because this is very nice and comfortable.**

R: Anything else about the best interests – when the children come here, do you think we are doing what is in the best interests of the children?

CYCW-10: **When the child come here, not just wah and you are here. Maybe have a few sessions with the child. Like a counselling session with the key child care worker, to get to know this child better also. Because when you working with a big crowd, you can't give this one child, specific attention. And especially when you are working with ADHD children. Don't just bring the child in and say that's your child care worker.**

R: More of a connection and a contact?

CYCW-10: **There we go.**

R: Just speaking now about how we can make things better for children, how we can improve it?

CYCW-10: **Don't just throw them. You are not giving the child time. Maybe the child is traumatised. Not just to come into the office. Come and have a little thing with them.**

R: Who do you think must do that with the child?

CYCW-10: **The social worker and the child care worker together. Just to spend time with that child together.**

CYCW-9: **But when the child first come here they will not open up to you. Because you know their perception of adults is different. They think adults hurt me. Adults wants from me. Adults just wanna beat me. That is their perception. They will challenge authority, because who are you to ask me these questions.**

CYCW-10: **Ok I think it is more a process. That is what I am saying. They won't just open up immediately. It will take time. It's a process. But eventually we are going to get it out of them, they will talk. Just an engaging, to engage with this child. Because if the child is new, and you have all these other kids. The child needs a bit of support.**

R: And when the children come in – how do you tell them about what is going on? Do the children understand why, that they have been removed because my parents are abusing substances? And I am here for… do the children know?

CYCW-11: **We will have a special moment with them. We will sit with the child and explain why.**

CYCW-10: **But some of the children do say I don't know why they took me away from my parents. Now you as the child care worker, you are like? But some of the kids say they don't know why they were taken away. But there has to be a file, and there has to be a reason why. It's just that we need to go and clue ourselves up and check there and read so that we know what is going on with the child.**

R: Do you explain to the children you are here for so long?

CYCW-13: **No, it's a 2 year order that gets renewed. But if the circumstances don't change, it gets extended again. But if the circumstances changes at home, the child can go home.**

CYCW-11: **Jackie wants to know how do you explain to the child.**

CYCW-10: **You can't tell them, you can't be sure of that. You can't tell the child it will be 2 years, and the circumstances don't change. And so the court order gets renewed, and the child stays for another 2. And its renewed until the child is 18 years old, so there is no use promising the child and telling the child.**

CYCW-12: **Because at the end of the day the child came back to you, no you said!**

CYCW-10: **Be very careful of what you say, you can't promise them. Then the child's behaviour changes.**

CYCW-9: **Some of the children that I work with, they know what. The mother doesn't have a house. And sometimes they come. And they will open up. So some of them know their situations and know why they are here.**

CYCW-11: **And some of them don't even have any family. They call us mummy. He don't know mummy and daddy, this is his family.**

CYCW-13: **And it depends on the family. Because I had a boy that was on the tits when he came here and they said he would only be here for 6 months, and now he is here for 3, 4 years already. So it also depends on the family. But they love their parents, they want to be with their parents.**

CYCW-10: **At the end of the day, are we doing enough as child care workers. Because we talk. Are you really feeding into these children's souls, each and every one of them. I take care of 7 girls, and none of them are like my one special one. No. for me, it's like how much am I sowing into that child. You can speak and speak, but is it feeding into the child's soul.**

R: So there is something more, it's not just about having conversations.

CYCW-10: **No it's not. That's the way I see, it's something more. Am I feeding to all those kids, and I sowing something into that child's life. So what are you really doing? Is it enough that you are really doing?**

R: It's not just about the caring for the child – it's about investing in them, and building that relationship with them. And you have a very different role in the child's life, compared to the social worker, its very different to what you are doing with them.

Is there anything else that you wanted to add about this emergency process?

CYCW-12: **I just feel that the social workers must, like the internal social worker, must play a bigger role. Calling the child and youth care workers in ahead of time, and prepare them also for when a child is coming.**

CYCW-10: **And a bit of background, so that you know, ok this is the child that I will get. Because sometimes the child comes in and you are screaming, and you don't know what's in the child's past and the child is like scared because of the way you are going on.**

CYCW-13: **I also just want to add about the internal social worker. There is stuff that they keep away from the child care workers, like confidential stuff, but you are working with the child, she must tell you everything about that child because you are working with that child and something come up and you are not even aware of it. The social worker didn't tell you because it is confidential. How can things be confidential if you are working with the child? You must know everything about the child.**

R: So more openness with the information about the child.

CYCW-10: **Especially with the key child care worker. It doesn't have to be with the other child care worker.**

CYCW-13: **Because you must know how is the circumstances at home. Because sometimes you are not even aware what is going there. Because we don't do home visits that regular. Because sometimes we don't even go to the children's places, and that is very important for us. So they must be open and tell the key child care workers everything, because you are there and working with the child.**

CYCW-12: **Just to come back to that, we used to do that in the past, with the home visits. We used to have a, I don't know what her name is, but she, you could tell her when you wanted to go and she'll make arrangements with you, or you will make your own arrangements with the parents. And you go out and go check out the place, and check out if everything is ok at home, before the child go home. If it's safe for the child. Just for the child to spend a few hours with the parents. I used to take them all the time.**

CYCW-13: **It's important for us to know where the children are going to. Because when you write the reports, it's important for you to know what is happening. Now you don't go there to the family's houses, and the child says everything was fine, you don't know if the child is telling the truth but now you are writing the report. It can be lies also. A home visit is very important.**

CYCW-10: **Like a holiday report, and there is something very important in there, and an immediate follow up needs to be done at that present moment. I know as a child care worker, but I can't over step. But I know, I am sitting with the information here, it's serious. But there is nothing that I can do about it. We just do things to a certain extent, and then it stops, no further.**

R: Ok, but it sounds like you are wanting to be more involved with the children, their lives, and their families. And that you have been restricted in a way.

CYCW-12: **It's only at the panels when you see them. The parents, or you see the host parents, but you don't really know them.**

CYCW-10: **But now who is who in the zoo. And then you become like the stranger, because you have never done that. But you are the one that is dealing with that child. But you are the stranger when you come into the panel.**

R: To be more involved. OK, I see that our time is up. Is there anything else that you wanted to add?

CYCW-12: **Are you coming back?**

R: (researcher explains next phase of the research process). Thank you so much for your time!

CYCW's: **It's a pleasure. Thank you for the cooldrink!**

VERBATIM TRANSCRIPTION

Researcher	Jacqueline Hope
Topic	Emergency removal and safety placement of children at risk: A model for planning interventions
Research supervisor	Dr. C. Van Wyk
Phase	1
Objective	To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers.
Data collection	Semi-structure interview
Participant code	DSW-3
Sample	1 x Designated social worker from a child protection organisation
Date	Interview: 06-07-2015

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Researcher (**R**)

Participant (**DSW-3**)

R: *(Setting up voice recorder)* Can I make you some coffee?

DSW-3: *(Laughs)* **That is so nice, thank you! I actually haven't even had breakfast yet!**

R: Yes, we often just rush through the day without a chance to have a cup of coffee.

DSW-3: *(Participant reads through consent form again and signs). (Points to where supervisor must sign).*

R: Yes, that is a little bit confusing. The HREC said that they were referring me to the managers, who would then ask the social work supervisors to speak to the social workers. But then this (points to where supervisor must sign) is where the supervisor would sign to get consent. So I don't know how that would work in your situation.

DSW-3: **Well they have indicated that they have nominated me** *(because the other social workers are too busy* – said earlier before the interview started*)***, you can attach the email that they sent us, because there is an email from my manager. Is that fine?**

R: Yes, ok, thank you. Again, just thank you so much, I know with time it is crazy, especially this time of year, so thank you so much for giving me some of your precious time.

DSW-3: **I am really open. I am also saying that we must be changing the way that we are doing things. I just registered to do a post graduate diploma in children and families, and will also be working towards my PhD.**

R: Ok, wow, that's exciting! And yourself, are you a…?

DSW-3: **I'm a social worker here.**

R: And how long have you been working for?

DSW-3: **Umm, practicing as a social worker, 21 years.**

R: Wow, that's a long time.

DSW-3: **Obviously in different areas.**

R: And in this office? What do you do here?

DSW-3: **Currently my job function is that of ECD regional coordinator. So I am coordinating the early childhood development program for the region. I work with the social workers in the different offices. So I am based here in the regional office, but we have 7 local offices who are within the community in terms of being a direct access to the community. So I work with social workers and support them with the ECD centres and sometimes we do investigations if there are complaints. So that is the one part of the, that is post. And then I have other stuff also** *(laughs).* **I do child protection for the region, also coordinating child protection for the region. So I on a monthly basis, I collate the child protection register, the form 22 and 23's when issued, when they come in I put it together for the region of the provincial office. I am also participating in the families program which is rendering services to families, in terms of preserving the family as a unit. But all coordinating services, I am not rendering direct services, but if there is a need for I will go in and support and assist the social workers with their investigation. An example of that is when we have a complaint relating to one of our children's homes in the region and I have been asked to, as an independent investigator or social worker, to go in and do the investigation. So that's that…**

R: Ok, so lots of different things.

DSW-3: **Lots of different things yes!**

R: You mentioned the form 22 for child protection – how does that work? When are those done?

DSW-3: **Normally when a person reposts an allegation of child abuse or neglect. The form 22 is the reporting format. In the past when we had the Child Care Act, I cannot recall that they actually had a reporting form in the Act? No, I can't remember, but this Act now has a form.**

R: And who needs to complete that form?

DSW-3: **The reporter, the person who reports the allegations.**

R: Like a community member?

DSW-3: **Neighbour, schools, we have a lot of referrals from schools, hospitals. Community members not as many because they don't have access to the forms. So I have just taken a call now of a person reporting a case of neglect, so what I would do is I would record the information on a form 22 and then send it to the relevant office to investigate.**

R: And then those forms are put together for?

DSW-3: **The provincial office. We have the child protection register, the register is basically just the number of allegations of abuse and neglect that we have referred and were reported in terms of form 22's. And then the form 23's are the follow ups after there has been an investigation – is it an actual case of neglect or is it just an allegation? So that is the register that I put together for the region. So what the social worker does is they send all the form 22's and 23's and then I put it together and send it to the region who then puts it together for the provincial register which is submitted to out provincial office.**

R: And do you find that the social workers and the people are submitting those form 22's? Are you getting the same amount of cases of child abuse as form 22's?

DSW-3: *(shakes head)* **No we don't. It is not accurate. Also because I know that some of the community, and to know that they can't possible only have one form, one report of neglect. But because I don't have any other means of getting that information, you know that is the information that is reported to our offices, but we know the communities. I was just speaking to the manager now, not all the cases are reported in terms of form 22's. The social workers are saying the form is lengthy, it is a lot of information that is asked…**

R: Is there a time frame? Do they have to do it when the case is reported? Or can they do it later?

DSW-3: **They should. I cannot report a case of neglect or abuse well, the allegations, if it is reported to me and then on Wednesday, or Thursday or Friday. It should be completed as soon as the case is reported.**

But I am not sure, I don't think the social workers, that is some of the feedback that we are getting, that it is a lengthy form.

R: It takes time.

DSW-3: Yes, but also, an allegation of abuse or neglect should be considered as serious, and therefore it should be completed immediately.

R: Yes ok. And what does the provincial head use the forms for. Once they have all the names on the register, what do they use it for? Monitoring?

DSW-3: Yes, there is an element of monitoring. And then with the form 22's which is the allegation, we should be requesting, after 3 months, a form 23 to see what has been done – are we rendering services to the family? Or was it only an allegation? Or is it a concern? But the form 23's come in very slowly. I was just actually speaking to my manager, because at our last forum they indicated that we don't actually get the form 23's, so we need to be asking for the form 23's. so yes, the registers should be for monitoring, that these are the numbers of cases that are reported for the quarter for the region, to also look at the trends and where we should be spending our money in terms of early intervention services. So that's the purpose of it, but it mainly should be to give our managers an idea of what the communities look like. And also, our input in our service, are we rendering a service where there is a need? Or should we maybe have certain types of programs to address that need…

R: Ok, I understand now. So this research that I am doing is specifically looking at those emergency situations where the social worker gets the report, like your phone call now, and have to go our immediately and issue the form 36 and place the child at a CYCC. Do you, can you maybe speak about that whole process, how do they remove a child, what do they need to do? How do you tell a child what's going on? How do you take them to a place of safety?

DSW-3: Ok, let me go back to 2 years ago when I was actually in the field. Once the report is received, we need to do an assessment, because it an allegation is reported so whether it is like the one I have just received, or a person coming in with a child to the office, the assessment is important. Assessment to determine whether the child is at risk and the allegations, to confirm the allegations. I did intake 2 years ago, I was still an intake worker, which is the first report, if a community member wants to make a report they will speak to an intake worker when they walk through the doors and make a report. It's to do that assessment and if the person comes in and the child is with them, you will obviously also speak to and interview the child and have that assessment. If its sexual abuse and the child confirms that my uncle comes into my room every night and I am scared. You know, it is confirmed abuse, so the child should not go home, if it happens in the home. But also now with that child, if the child has disclosed to the social worker, they need to open a case, a criminal case of a child sexual molestation, which is done at the police station. What I normally do, if it is an older child, explain to the child, you know you are sharing this information with me and unfortunately I will have to share it with other professionals and with parents a so it's that trying to just explain to the child what will follow and also that we have a duty as social workers that once that report is made to us that we need to inform other professionals, in terms of safety, we have a responsibility in terms of safety to protect the child. So it is to open the criminal case, and then at the police station, that case, the docket is transferred to the FCS, who will then make contact with the child to do their own interview. But for us, we will have to ensure the safety of the child. So weather it is for the child to go to a family member, or a CYCC, which is really should be the last option. We would then have to issue the form 36 and the form 36 is given to the safety parents, or the CYCC, the biological parents. You will also get them in and inform them of what is the reason for removal and what the child has disclosed to us. And then also a medical is important if you, I believe, in all cases where we are about to take a child into care, we should have a medical done. I also practiced in the UK, and that is important so that. With a medical you can confirm allegations of neglect, maltreatment, all of those things, seual molestation…what is that form called now.

R: A form 9?

DSW-3: **No, umm…the one completed by the district surgeon…?**

R: A J88?

DSW-3: **Yes, a J88! But it's important for when the case goes to trial if there are criminal, you know you have the J88 part of your evidence so. Even before the child is placed with the safety parents or CYCC, I believe we should have your J88. Sometimes in terms of times it's not always possible, if the allegations is made at 4pm and now you go in. actually no, it can be done, because we have our after hours. I remember when I was coordinating child protection services for Metro North, I was at the, before I was at Somerset Hospital and I managed the child protection centre we had there…do you know it?**

R: Yes I do remember it there at the hospital.

DSW-3: **Yes, years back, so our social workers did have the medicals done. The after-hours social workers, yes, so it is possible. I think it was juts in terms of the type, if it was neglect, not all the doctors wouldn't come out immediately. But it was dependant on the social workers, we were able to pressure them to get those J88's done. I feel it's important as soon as possible to have that done.**

R: So that you have your evidence?

DSW-3: **You have got your evidence. Also, if other types of abuse occurs at the CYCC or with the safety parent, you know. And also to protect your safety parent. Because of the child comes in with a fracture, and if we hadn't had the J88 the medical done, then we can say that the fracture, the injury occurred with the safety parents. So that's the other side of having it done before the child is placed. So ideal so that the social worker can have the allegations confirmed, you got your evidence and then the child is placed. In the UK for instance they have all children coming into care at all times should have their medical done.**

R: Before they enter into care.

DSW-3: **Yes, just to ensure that this is a healthy child. It could have been for various reasons, like an abandoned child, which you would not get in the UK** *(laughs)*, **but just so that we know this is what we would have to deal with in terms of case management. But in South Africa we are not as strict and we don't have a standard operating procedure that everyone should follow.**

R: That's just what I wanted to ask you about now – how do you know what to do? What is guiding you and telling you to take them to the medical… is there anything?

DSW-3: **The managers and the supervisors would normally give that guidance. But there is no** *(picks up a book and shakes it)*

R: Paper?

DSW-3: **As a social worker comes in you should be able to read the document, ok this is what I should be doing. And also through with experience you develop. Ok well through my experience it is the medical and why you should do it because at some stage you will be asked why did you not do it. It's that standard operating procedure that is mandated that we don't have and that's where the gap is in the system.**

R: Ok, yes, I hear you on that. I just wanted to go back, you said about interviewing the child and explaining what would follow – again, is there any paper or policy that helps social workers for how to do that interview with the child or how to, like you spoke about disclosures?

DSW-3: **What I see we have its bits of training. National will come and they will do training for instance on risk assessment, and we are expected to implement the training. We have bits and pieces but it is not brought together in one solid document that we know is policy. We know that there is a child protection policy but it is all over, its bits and pieces. It's that I am missing that we don't have a standard operating procedure or manual guiding us in terms of how we spoke to the child. We have now the fomr 38 which is our report that we present to the children's court where it is asked the view**

of the child. But in terms of doing your interview and conducting your interview, it really goes back to your training and guidance from the manager or supervisor. Ad if social workers do that, develop the skills themselves. But again no…

R: No set thing. But maybe with the supervision and experience they can learnt how to do it.

DSW-3: Yes.

R: OK. And you mentioned about the form 38 and the views of the child and I think that comes with the Children's Act and child participation. Do you think there's other elements within child protection where we including the best interest of the child. And how are we doing that? Or are we not doing that?

DSW-3: We should be doing that. We will have the views of the child, and then look at what is in the best interest of the child. I do think though that we are umm, maybe limiting the possibilities. The children's act makes provision for the removal of the perpetrator as well, from the home. In one instance I recommended that to court, and the magistrate said no he is not going to issue an order to remove the perpetrator, he will issue an order for the child to go to someone else. And he made the argument that the perpetrator has not been found guilty as yet of the allegations. So we are still busy investigating. My argument is that there are so many options within the Children's Act, but we keep sticking to the safe and what we feel is safe and the Child Care Act recommendations which are you remove the child and you place the child in foster care. Even with the new Act, we can recommended that the parents and family participate in early intervention programs, we can recommend adoption, but because we are so afraid. I want to say when we look at the best interest of the child, we know when we have done our assessment, let's say it's an abandoned child, and we cannot trace family members, or the family members that we have traced are not equipped to care for this child. Now if we look at permanency plan, is adoption not more permanent than foster care, but we will go and place the child in foster care! What is in the best interests of the child? Foster care is still temporary although we now also have permanent foster care for until the child is 18 yrs old. But why not explore adoption which will actually be permanent and the child will become part of the family. We don't use the Act as best, to its full potential. There are so many options in the Act but we are still so safe; and that is for me a frustration. When I speak to social workers, we are safe. Just Friday I spoke to a social worker saying the Act I feel is such a good Act, but we don't use it as fully as we can. And that for me is when we talk about best interests and views of the child. The best interests is not always foster care for an abandoned child. If there is no one, and if we have searched, if it is a young child, should we not then be looking at adoption, to create permanency for the child.

R: I hear you!

DSW-3: Sorry I can talk*! (chuckles)*

R: No, it's great. I can see in your body language that you are frustrated why aren't we using it properly. I get that.

With the umm, different placement we were talking about obviously we see now a CYCC is just temporary, it's not permanent. But is there anything that you can speak about that, about placing children in a CYCC. How they do that? How are children emotionally? How do we tell them about this place, because we have obviously taken them away from everything and placing them in a strange situation?

DSW-3: Ideally one would have worked with the family. And if not, again, we are talking about emergency removals. Umm, it's important to be transparent and child participation. And if one removes a child from the parents for instance, and umm, it's important to be mindful that the parents weather they are neglected or whether they have or subject to abuse, that is the only family that they know. So it is traumatic for them. It is traumatic. What I have tried to do was, in family conference, in family meetings, inform the family, this is the allegation that has been made unfortunately the children cannot remain with you. If the children are old enough to understand even up to a 2 yr old you do explain that we are taking you to another family, a new home, it is not going to be easy because you

are going to miss your family but for now we need to do a bit of work with your family to come back home. We do not do enough preparation though.

R: With the child or the parents?

DSW-3: **Both. In some instances you can't do that because of if it is an emergency and you need to remove the child now and you cannot do a planned move, it is traumatic, because I am already a stranger coming in and saying that you know just coming in now and having done my risk assessment I need to remove the child. So that is traumatic and ideally one should, we should be going with the child introducing them to the CYCC, the social worker, where they will be sleeping and making contact the next day at least to see how they are settling in. But we don't do that.**

R: Because…?

DSW-3: **It is so busy.**

R: Time constraints?

DSW-3: **Ya, the minute you walk in you come and start preparing your report for court because you need to take your form 38 to court. So that is because of the resources and you in and office where you do 10 other things that is unfortunately we are not able to do that. And I think also sometimes with the younger social workers just the gap in that they are maybe not told that this is how you should do it, the a, b, c, d, e. And that again is then with the social worker's maybe will not realise oh gosh I should have maybe made contact in the morning. Also the managers and supervisors are just so many. For me personally, when I was working at CAFDA one of the managers in the region, I would tell the younger social workers don't forget to make that contact. I think the supervisors are so busy and I don't want to say that the calibre of supervisor (chuckles)….umm, but I feel it is important that you actually for the first few removals actually hold the social workers hand through that.**

R: Like a mentoring almost?

DSW-3: **Yes. Because ultimately we want quality of services and we want the family and the child to feel that we are there, that it is not just punitive oh the parents abuse the child so now we are taking the child away. And that it is the responsibility of the social worker ta the CYCC to deal with the child who is traumatised. So that is what I try to do, but as I said it is not always possible because you have other constraints within the office. As an intake social worker you would have done the after-hours removal you come in the next morning and you write your report for court and to have to see other clients who are reporting in the morning.**

R: So the other work still continues even though you had an emergency?

DSW-3: **Yes. I think that is for me in terms of human resources we maybe lack social worker's. Or if the person could be the social worker who done the removal could be released for the morning to just focus on that case, to do the checking, besides now writing report, and making sure all the parties are there, because it is also the responsibility in most cases of the social worker to go and collect the child and the parents to bring them to court. So its…**

R: And does the intake worker do all of that and continue with the case, or is it…?

DSW-3: **No, once the order, the initial order is issued for the child, detention order is issued for the child, the case is then transferred to the field worker who then will do the full assessment and investigation, and determine what is going to be the outcome after 90 days whether it is foster care, or remaining in the CYCC, or return home. But it is that emergency initial work that is which lies with the intake social worker who has that responsibility of dealing with, they are the first contact.**

R: Ok. Sorry I know that our time is running out. I also wanted to ask about social work theories. Obviously when we are at University we learn a lot about these different theories, strengths based, and attachment and all of that, do you think social workers use any of them, specifically in child protection? Or not? Do you think we need to be?

DSW-3: **We should, and I want to say yes we are using the strength. Although for me strengths based theory is so important. Because when you do your assessment, you look at what is the family strengths and what can we work with in order to return the child to the family, if the child is removed. We are doing it but it is not reflected in terms of our report writing. In report writing we will not say in terms of the strengths based theory this is my assessment indicates that the family are a close knit family, we don't, but it is there but not consciously. For me it makes, it professionalises our reports, it just adds that element of professionalism to our report if it's incorporated in the report, but we don't. I love the attachment theory, Bowlby! And that is also so important. But we are suing it, but not consciously. And also then we are saying that we are too busy, we can't use it, but we should. It should be reflected in our work, in our process notes, in our reports, because it adds the element of professionalism to the work that we are doing, but unfortunately it doesn't come through. I would personally like to see more of that. For me when I go to court, you know you feel good if you present a quality report when you go to court with and also indicating what you base your recommendations on. And it should come out of that.**

R: Ok. And then the last thing I wanted to ask about was just this idea of a model for planning interventions for practice. Can you maybe think, as we have been speaking, what do you think that model would look like. I mean, you mentioned about the medicals being something that every child should have done before being placed. Are there other ideas for gaps within our child protection system to put in place that can make it a bit easier or practical or child friendly?

DSW-3: **In terms of the assessment, I feel that we should have a good assessment model. When we do our risk assessment, that model should include contacts with all professionals who had contact with the child. Now obviously we might now know, but if we make contact with the clinic, and I don't know how we are going to do it within our South African situation, but I'd like to see that is a contact with a school in the local area. If its older children, we know that if it's a child of school-going age, there should be a contact with the school to get a sense from the teachers, how does this child present at school, is there anything in the past 5 months that were warning signs to you? Then the church if there is. But I would like to see that built into. Because now you are collaborating and you've got your evidence and sources of information confirming possible abuse or not. So it would have to be the schools, clinic, and church group. It's a bit difficult to question the neighbour's because of confidentiality issues, but the doctors, clinics, hospitals. If the child is a pre-school child, or attends an ECD centre, you will get the information from them. And I feel that is our assessment. Obviously if it is an emergency removal, you don't have time to make contact with all of those.**

However, that should still happen after we have done our removal and I feel that we should have a time frame for our risk assessment, which would allow us to make contact with this, 3 days, 72 hours, 7 days, but there should be a time frame attached to that. So we have done the assessment but it will be different for an emergency removal, obviously you need to remove now and to maybe have a short time frame, I don't know, maybe 48 hours, but still an opportunity to make contact with other professionals.

And then there are key things, such as your medical is a must.

R: Before?

DSW-3: **Before placement a medical is a must, even if it means sitting at the doctor's office after hours, but medical is an absolute must just to ensure and confirm if the child has physical signs and then of course also the safety parent and CYCC that they know the child is coming in with these fractures and they know how to manage that. If it is a child coming in with a broken arm. The child wouldn't be able to do some things or need assistance, so we need that. In some instances those fractures will confirm the allegations so we need the medical done as soon as possible. So for me the model should include that J88 medical to be done as soon as possible. And the contacts with the other professionals with 72 hours, 3 days, which will then help to confirm your allegations of abuse, or not.**

Cause remember we are talking about emergency. And then of course also, criminal charge.

R: That the social worker must go and lay?

DSW-3: Yes. Because sometimes that is forgotten and it doesn't happen. Weather forensic will investigate or not, but we still have a responsibility.

R: Sorry, is that to lay a charge just for sexual abuse, or neglect, or anything?

DSW-3: No you see in those cases we don't. In most cases of physical abuse we don't, but we should because the Act says a person can be charged. So in my opinion it should be up to the police weather they investigate or not, but as long as we have laid the charge. But what is a gap is a close working relationship, we don't work close enough with the police. If we can in this model include for it to be mandatory for the police and the social worker to go, if it is that you need to go out and do the home visit. Because then they would have the evidence there!

R: Mmm, I hear what you are saying.

DSW-3: But we don't. At the moment social services are the lead investigators social workers and we may report to the police, but we don't report all cases. Sexual abuse, yes we do, but not other cases we don't report. Even cases of abandonment, we don't. And parents should be charged.

R: Do you think we aren't reporting it again because of time constraints? Or maybe social workers don't know?

DSW-3: I think there is an element of possibly don't know. But also, you know we don't want to, as soon as matters become criminal, we don't really want to be involved in having possibly to go to court to give evidence in a criminal case. If a person is charged criminally, we may be called as a witness, and I think it's that. But it's also probably lack of information as to what happened. And again this brings me back to the standard operating procedure, the manual, that new social workers wouldn't know, they may not be fully informed of what will follow after the criminal charge and may not feel comfortable going to court to testify. But this is again where the manager and supervisor should come in to give you the support, background, and preparation for court. And it is really that, maybe social worker's do not realise, if you present a case to the children's court, you know, you can end up in the criminal court because sometimes parents don't just accept. Then they the cases go to court where you have to testify. So we are not open I don't think we see the full scope of if I remove a child today, I'm having to go to the children's court, but the form 36 the parents can contest the removal and you may end up in another court where you may have to testify. I don't think social workers are fully aware of the whole, that it's not just a children court, that it could end up in a criminal court, but they don't want that part. And that is why we stay away from laying the criminal charges. Or also with that, we know that the police is not going to investigate it, it's not going to go further, so I'm not going to even bother to lay criminal charges. Sorry I am talking too much.

R: No, it's fantastic to hear it all! I do see that our time is running out, but you've given me so much information, thank you. Is there anything else that you wanted to say about the child protection system?

DSW-3: I feel that we should have designated child protection workers, although I know some NGO's they do have, and even in our Department. However the volume of work is such that social workers become overwhelmed, even though you are a designated child protection worker. They become overwhelmed and are not able to do quality work and perform quality social work.

And with that I also want to say that the supervisors are not always giving the guidance as they should to allow the quality work to come out. When there are investigations, supervisors would say but you should have, but nowhere is there record of giving an instruction or guidance recorded giving the social worker as to how. The instruction will come through as this is a report that we have received today, a person phoned in, child has to be removed, now we open a file, please go an investigate. That is all. A new social worker coming from University or a new social worker that is fairly new in the field, in my opinion, would need more than "investigate and remove". And that is for me where the gap is.

R: That mentoring, and guidance and supervision is needed.

DSW-3: **Yes, and that it is recorded, because we don't have. What I have noticed, is that supervisors now do not record their session and supervision notes. I am used to when I started I would go to my supervisor with 5 files, and the supervisor will discuss, and then my file will come back to me, recorded, please do a, b, c, d and your return date is…I don't see it enough on files anymore and I feel for me that is a big gap in the system, that it is not recorded. And how do you hold someone accountable if you did not record your instructions, your guidance and actually see whether they have complied. And that is actually big in the UK in that you will not each and every contact with your manager on all the cases there is a supervision note. They have realised that you need to record the guidance and supervisory inputs, because if something happens, you need to be able to say, I have informed the social workers to do this a, b, and c. And it's good for the social workers, its good practice. And I don't see that enough.**

R: That's a good practice principal. And if we are going to held according to ethical standards to our council, then that is something we need to be implementing.

DSW-3: **Yes!**

R: That's great and so helpful! Thank you so much!

DSW-3: **I really would love to see a model with that close working relationship with the police and other professionals. Because it is unfair to only have one person's assessment, because I can come from my own frame of reference and feel that these are not standards that the children are living in and I remove. Whereas another professional maybe…so you need to.**

R: Mmm, it can't be based on one person's opinion.

DSW-3: **Yes. Because I think with the form 38, we have to say our sources of information. So I just feel that close working relationship is so important and to have their input from other professionals that are in the child's life such as the school, or child's doctor, and teacher. But if we are mandated. It's just because we want to ensure that we are rendering quality services, and making an informed decision when we are doing that removal, and its more than one source who confirms what is going on.**

And I also feel that it's important to have those partnerships to have that close relationship where it is the social worker and the case worker and the school and the police that will impact this child's life. We need to get to a point where our clients and our community can see our impact.

R: Sho, yes, that would be amazing. And as you said it's in the best interest of the child.

DSW-3: **Yes. And the police has a responsibility as well, and the teachers, and the doctors, I mean we are all named in the Children's Act, we should be speaking to one another towards ensuring the child's safety, and not work in isolation. Because I know that the teachers need get through their curriculum and the police need to fight crime! But yes, if we can adopt a model in this country where we can work together. That it is actually mandated, a legal requirement where the police can not say no, that the teacher can not say no, where they are as part of the legal requirement or process provide that information that the social worker is requesting.**

And that a report is not signed off unless you have made contact with those professionals. For me that would just, the quality of your assessment, it contribute to the quality of your assessment if in my report I can say that I have spoken to the school, to the clinic, to the church , and all of them confirm the allegations, is that not really a quality assessment. That is also the gap in our assessments that there is not an in-depth quality. We don't. That is a gap in terms of how we do our removals. If we don't have quality assessment, there will be gap in terms of service rendering.

R: Yes, and we do need to do quality services, it can't just be going Monday to Friday. Awesome. Thank you so much for your help.

DSW-3: **I hope that I gave you enough!**

R: So much information, and you answer all of my questions. Thank you!

VERBATIM TRANSCRIPTION

Researcher	Jacqueline Hope
Topic	Emergency removal and safety placement of children at risk: A model for planning interventions
Research supervisor	Dr. C. Van Wyk
Phase	1
Objective	To explore and describe the current intervention strategies for the emergency removal and safety placement of children at risk that are used by designated social workers.
Data collection	Semi-structure interview
Participant code	RSW-3
Sample	1 x Residential social worker from a CYCC
-Date	12-08-2015

Researcher (**R**)

Participant (**RSW-3**)

R: Ya so just as a reminder, I am looking at when the social workers are removing the children and placing them with the CYCC's, but only for those emergencies, so the form 36's. So I know that umm, a lot of the CYCC's have explained about the family conferences beforehand, and the longer…

RSW-3: Intake procedure….

R: Ya, but I am looking at the crisis. You get the phone call on that day and the child comes in that day – those kinds of situations.

Oh yes, sorry, but I um first wanted to find out a bit more about you – for how long have you been working as a social worker?

RSW-3: Well, I graduated in 1997, so it's 18 years.

R: And in residential care?

RSW-3: 9, 10, 11 years. No I forgot about Rosendal House when it was still a place of safety, so its 12 years.

R: That's a long time.

RSW-3: Ya I'm an old lady!

R: Wow, so you've got a lot of experience. Ok, so these form 36 emergency admissions, can you maybe just tell me a bit about how it works here at Baps?

RSW-3: We get the phone call to say listen, I've got a 4 month old that the police just brought to me, have you got a bed open because we need to remove? And then we say yes or no. So if we say yes, I will try to get as much information out of the social worker as possible. As you know they probably don't have any information. Because the reality is that my staff not necessarily the child care staff, the medical staff, gets really agitated if they don't know anything about a child before they come in. Are there any allergies? Any chronic medication? Any medical conditions that we need to know about? Which I think is a typical medical model of diagnose and treat. So they need to know what's coming – and if they don't know what's coming, then they get a bit "deermekaar". So obviously they try to give us as much information as they have with what they see, but what they see afterwards sometimes isn't the reality of what the child's situation really is.

So they bring the kids. As soon as we get the phone call, we try to prepare the house, say listen, we've got a 4 month old coming in, it looks as if the child was abandoned, or the child was found by the

police, so they at least know a little bit. Depending on the age of the child, we also tell the other kids that are around, listen we got a new another kid coming around. They get very excited with a new friend coming.

I saw that, we took in 5 kids a few weeks ago, all from the same family. It was like a shock, we never get 5 coming in. So it was a 4 month old, a 2 year old, a 7 year old, 9 year old, and 11 year old. And luckily it was after school, so we told the kids, listen you are getting a new child in your house. And the social worker brought the kids in, and we took the kids to all the houses, and the girls were waiting at the door for this child. Saying you can sleep in this bed, hello my name is… And I realised again, that it had more of an impact on the child to have the children receive than the adults. And the children receiving the child made her smile. Because she was laughing at the silliness of the one that is the clown, and they said, you can sleep here, and I am sleeping there, and my name is, but you must remember after this time the lights must be out otherwise the aunty is going to get very angry, and never out your bag there, and they felt so important because they were orientating this child, what are the rules. So I was again just made aware of, the kids that come in, must obviously be prepared as much as possible, but it phases or rattles the children here if they don't know they are coming in even if they know for 20 minutes, but it helps them also to orientate themselves.

The staff does not like emergency placements, they hate it, because they don't feel they are properly prepared. They don't like it because they feel they don't really know what makes this child tick. They like the longer process, where they know this child has been through this, so this child might be scared of the dark because the uncle in the dark did this. And I have noticed that the staff get a bit rattled as well if a child just comes in.

The problem we have at Baps is that, as you know, we should have a temporary safe care unit that just takes in temporary safe care.

R: Like separate from the other children?

RSW-3: *(nods*)**. They are supposed to, according to this little bookie (***points to Children's Act on desk*), **they are supposed to have a separate unit. That had got a separate temporary safe care program that reception, orientation, but we don't. Because I had to close those 3 house when the staff all quite…and I haven't been able to replace them. One of them is our suggested temporary safer care placement. One of the biggest needs out there, according to the social workers in Khayelithsa, is a temporary safe care unit, for girls. They said babies are covered. No one wants a 12-14 year old child. So the idea for us is to open a temporary safe care house for that age group. So right now, it is all ages, if I have a bed, we will take them. But our temporary safe care program isn't operating as it should, with the orientation, etc. so it is incorporated into our program.**

So when a child comes in, they are still orientated according to the rules and who's who in the zoo by the CCW, and the medical staff see the child. But the problem is they can only work with what they have. And most of the time there is no clinic card. So they don't know if the child is immunised. So I have found that the staff seem rattled sometimes…makes the children that are here feels unsettled, and that leads to the new child feeling insecure. And if the new child is insecure, that sets the tone.

One of the things that frustrates me personally, is when the child comes in and the social worker, not necessarily on purpose, although sometimes I feel they are being… is not disclosing all the information about the family of the child. And last week, the child was with us, and we had irate family members coming here, and saying that the social workers took our child and we want him now! And they are usually very aggressive, in your face, and unresponsive to calm conversations, because they are very very frustrated with the situation.

R: So is that because the social worker hasn't disclosed to the family what is going on?

RSW-3: **Sometimes ya. I had my boss was actually telling me about a child that was placed here before I came. And the family from Delft came looking for this child, and the care worker didn't have the tact to say, oh that's the boy! And they just grabbed the child and ran! Because they said they were looking for this child for two days and no one…and it's our child… they grabbed the child and ran. And obviously**

the child care worker was in trouble but that's another story. I know when you are in crisis you can't really prepare, but you can still prepare. People try to hide behind we are in a crisis situation; but, it took you about 2 hours to try and find a place for this child, let's be honest. So in those 2 hours, you could have spent maybe 15 minutes with family, and say listen. Give me all your phone numbers, let's go through your cell phone, let's take out your mothers number, and say listen Gogo, we are going to take this child and put them somewhere safe because of da, da, da da. You might be perfect for this child, but we don't know you, so let's give you time to think about it and give us time to investigate it, and let's just make sure the child is safe for now. It's a 2 minute conversation that you can have with some kind of family member. But they tend to neglect to tell the external family what is going on, and mostly the primary caregiver who the child was removed from tend to go off on a tangent with the family – social workers stealing their kids, and so on. And you can prevent this just to do 5 minutes extra.

R: Just explaining to the family.

RSW-3: Ya.

R: I just wanted to go back to some of the things you mentioned. About the medical and that – do you ask for a medical to be done at the district surgeon?

RSW-3: We don't usually, if it's a crisis. Although I know most children's homes do ask for that…J88, not J88, that district surgeon one. We found that the resources are not as forthcoming here in this area. Like for example, an absconder's enquiry, the commissioner here is refusing to do it. Although we can say but if a child absconds, maybe we are abusing that child, maybe we are locking him up in a closet somewhere – the child needs a chance to tell someone independent why they are running away, but they are refusing to do it. So like getting a social worker to go and do a form is like pulling teeth. So I know we do, we usually do, I did it at my previous place, but in the meantime a child is handing by a branch somewhere - to get people to actually do it is very difficult. I have found that people outside of Khayelithsa are more willing to do it, like people at ACVV Cape Town or not Child Welfare, because they don't even get salaries. So no, not always.

R: And then when the children come here – do you do any medical checks?

RSW-3: If the medical staff are still on site when the child comes, they will check if there are any medical rashes or allergies or something. But if they are not on site, then the next day. But we have a medical nurse at the other home, Bonita, that if there is a crisis, she will come over. So not in an emergency if the staff are not here.

R: And do they go to the clinic or just the medical staff here?

RSW-3: They go to John, our nurse. The new child we got last week; she came, and luckily it was the day the doctor was here. So the doctor did the whole check-up – listened to the lungs, checked her out from top to toe, see if there are any rashes, or pimples, or funny things, so it is usually done here. But if we got, like the child that went to hospital for almost 2 weeks, that child came, the youngest of the 5, and the doctor said immediately, no this child needs to be on a drip, and then John immediately took the child to Khayelitsha hospital and then the child was hospitalised. So they will do what they can, and then refer to the hospital or clinics.

R: And your doctor that is here – is she a volunteer?

RSW-3: We only pay for her petrol, so it's basically like a volunteer. She practices in Claremont. So we have a Doctor that just comes just for the children. Really good with their experience with the children. Because the doctor for the kids will come down to their level and play with the kids, meantime she is assessing your balance. It's not just sit here. Or she will throw a ball at a child who maybe had a burnt hand, to see if the child can catch. So they have nice child-centred approaches with the kids. She comes regularly which is really nice.

R: Ok. And you mentioned about a 4 month old that was abandoned – what other kinds of typical cases do you deal with?

RSW-3: **For emergency placements, we actually have a lot less babies. We have a lot of people that have got broken down foster care placements, and if I don't find a place for this 13 year old and the foster mom said that if I don't find a place for this child she is going to kill her. So there is a lot of broken down foster care placements, a lot! Most of our kids come from broken down foster care. Which is sad. And more the request for emergency placement, is for 12 up, so it actually confirms what DSD Khayeliths said. If it is younger children, it's more abandoned, or it's the granny will say listen, my daughter abandoned this child and I am too old and you need to take the child now. There isn't many picked up in a drain type of thing. We had that in the past. Because we had apparently that drop in safe. But it was stopped. So babies being abandoned. There is a few kids here that is now big, one was found in a toilet, one was found in Mew Way under rocks – with the umbilical cord still on- so basically abandoned or tried to kill the child. But she is big now. But currently now it is more older children that we have requests for placements for.**

R: And you said it was just the phone call with the social worker – is there any paper work that gets done?

RSW-3: **We try, obviously if she phones now, she can't go and write a whole report for me. But we need the proper forms and all of that. And we need her to at least, but we have a small form she needs to fill in, it's like an intake form, so we have the basic information. And she obviously needs to follow up with a thorough investigation report. It's don't much differently here than what I am used to. There are different wheels on this car. Then obviously the form 36. And we try to get them to try and get the clinic card. But if it's broken down foster care placement – there will be a lot of reports. For broken down foster care placement, it hasn't just happened now, it's been coming on for 6 months, so they have already prepared a report. So it depends on the type of call we get. Most of the time they do have some kind of document. But the most important is for me, I'm not talking about even the legal forms – is who are you, where you live, where do you come from, so that if anyone phones, we can have some kind of framework.**

R: Ok. And then you spoke about when the child arrive here, that usually the children would welcome the child – and would that be the way it would go when the children come in here?

RSW-3: **Ok when they come here, they come in here firstly to this office. So the social worker can check the forms. Then, unfortunately sometimes the social workers are in a hurry to just drop and go. But we try to have a handover where we say you drop them in their new place where they are going to stay. They are not a library book that you are returning, they are actually a little person who is so scared, and you are the face they know- you can't just say here is the child here is the forms and go, but they like to do that. So then we call the care workers here, so that there is a transition. So it's not just me dropping you at the office with these funny social workers. The care worker comes and receive you from your social worker so that there is a connection, so that you can see the handover visually as well as emotionally. And then the child must walk with you to the unit to then release you there. It helps the children a little bit emotionally, because you can't just dump, drop and go. You can't just drop and go. And then the kids, if the kids are here, we will make sure they are also in the house to try and receive a little bit, depending on the age. And then I know the social workers don't like it, but I want them to also go and look at the bed where the kids going to sleep – because it helps the child. And only then when the child has been received, handed over, there's been that emotionally connection for the child that the child can visually see this person who said that he or she likes me and wants to keep me safe, isn't just dropping me at an office building, they are actually taking me to a place where I have a bed, where there is a toilet, where there is an older person, then they release me. It helps them. It helps them tremendously. But not everyone likes that, but anyway they must get over it.**

And the most important thing for the kids is the immediate environment orientation – where is the toilet, if I am scared tonight, where will the lady be? And is the door open or closed? Where is my room? Where can I put my clothes? Do I have clothes? And we have little store room with clothes in. so the first thing is not where are you, who are you - are you comfortable? So let's quickly go through your clothes, do you need a panty, let's get you a panty. Let's get you pyjamas, a face clothe. So the first priority is to obviously the hand over, and the visual-emotional connection so that they can see

da, da, da, da. And then the physical comfort – because the child needs to be physically comforted before they can be emotionally comforted; if they are cold, they don't have a pillow, they don't know where to pee, it frazzles them. Then we do the building orientation, or the house orientation, that's where I sleep, that's the fridge, there is fruit if you want on the table, whatever. Then let's settle you in your room, what do you need? And in the meantime the kids are all over your bed, and going nuts usually. And it's not as important for the child to know the social worker here, it's the child care worker. So we sort their comfort out.

And most of the children come from the area – so they can go to the school in the area. And we found that a lot of people say that the child must first settle in before they can go to school. But going to school is part of their reality – seeing their friends at school is part of their comfort. And who are to say that just because you are sleeping somewhere else, you shouldn't go to school tomorrow morning? The teachers are waiting for you, you have friends there, you play sports there, etc. so we try to get that child back into their school routine as soon as possible. They usually don't – they usually come with school clothes, especially the broken foster care. We have a crèche across the way, which helps for the little kids, they can go there. So we try to get them back into the school routine as soon as possible. But part of the orientation we say ok you are walked to school by THAT woman. Today when you come out of school, you wait at THAT gate because you are walked back. Because sometimes they are not walked to school in the community, they come and go. But obviously we can't let them come and go.

And then so the whole first day and night is about settling you in terms of your environment, routine, and what is expected of you. And then the next day you need to know the rest of us. This is a huge place. There are 48 care workers. That is without the social workers, senior CCW's, grounds men, the laundry lady, the medical staff – so it's over 50 people. And everyone will say HI are you a new kid? And they are trying to make you feel comfortable. So you need to also inform the rest of the staff when the shift comes on duty, there is a new kid in cluster 11, his name is so and so, and he won't be going to school tomorrow, or he will be going to school tomorrow. So then its, oh, you are Jonny, welcome. Not are you new? So it's also to get the message out that there is a new kid in that house. It helps with the orientation.

And then obviously the medical staff will see the child the next day.

And I try to immediately make contact with the social worker the next day, which they hate. Has anyone else come forward for this child? Like they come here looking for their kids. You said over the phone that there is a granny – have you phoned the granny and told them that you have removed the child? Usually no. Because when the child is placed they forget about the child until it is 2 weeks later. So there is a lot of phone calls from this office, not email because we don't have email. There is a lot of phone calls, a lot of begging, and a lot of driving. We have problems with the infrastructure that the designated child protection organisations have. We have a problem we don't have internet but we have phones and we have cars. DSD doesn't have phones for like 3 weeks – phone lines were stolen. So they need to drive here to tell us anything, we need to drive there to tell them which sucks, but that is life. Child welfare has an office here, don't have phone lines or internet at all. Social workers need to use their cell phones, but they don't get airtime.

So it causes frustration with the children, because…like with these 5 children that came here, the social worker promised them I will come tomorrow and check if you are ok. It's been 3 weeks, she hasn't come. I can't phone her, and she is never in her office. In the meantime the children's hearts are burning. And that unsettles them with their orientation or their settling in.

So like I said the first priority is your physical comfort, and with that comes emotional comfort. Because if I am not hungry, I feel a bit better, if I have a bed, I feel a bit better, so that is all linked.

And then the next day the social worker needs to come pop in – remember yesterday you saw me in the office, I am this, this is my role here, if you need anything you go find me in that house there. Juts to also help with the settling in. Here at Baps, there isn't much happening with one-on-one with the children; and I think it's also a problem with communication, and the amount of kids. We have 87

now, no way you can do one-on-one with all the kids, not even with half of them, because they are all at school.

R: You also mentioned about a temporary safe care being separate from the other children. So how is that different to the other children?

RSW-3: **The temporary safe care for me, is that there is so much that needs to be done in a short period of time for the children. And we cannot. The children in the mainstream unit, they are in a routine of going to school, doing chores, coming back, doing robotics with the science centre, playing sports with the clubs, and the focus is equipping them with the life skills, and working developmentally with them to get them to a point where they have what they need for how old they are, weather it is academically, life skills, whatever, but also to link them with some kind of family or whoever is out there. So the focus is different. Yes you get your medical care, you go to school, you get de-wormed, etc. But it's not that we have you for a short period and we need to assessment done – weather it is psychometric assessments, medical assessments, you are here for a while. It is less intensive work with the longer term children than with the temporary safe care. In my dream world, we will have the social worker have an assessment, and the medical staff have an assessment within a week. You need to have some report on an academics – maybe this child has a barrier to learning. So your program for that child does include going to school, coming home, I've got a rash, the basic residential program, but it must have a more intensive assessment component to it, that we don't necessarily have with the bigger population. So it needs to be different. But I see the need for it to be different. So we might have a little bit of the components of the medical assessment, and contact with the schools – informing the school that the child is now living somewhere else, these are out numbers if there is anything, try to go with the child to the school on the first day, try to introduce ourselves, and then try to set up a meeting with the teachers. I say try to, but these teachers are working with about 45 – 50 kids in a class, there is a lot of pressure, and they don't have 30 minutes to step outside of the class. So try to meet with the teacher – how is the child doing, have you noticed any changes in behaviour? I know this should have been done before the kid came, but it never gets done before the kid comes. So we still do components of the assessment phase, but it's not as structured as I think it should be. The problem I have, is again, the poor externals, and I have been there, I know, it sucks being an external, but, they do not necessarily feel it is necessary for all these emergency care things. I have had this file for 3 years, ya the child's school work is not that bad. So then when we then say after 3 weeks, can you come in we would love to talk about this child, what we have found, his interactions with his peers, his reaction towards authority, the meeting with the school, what the doctor said…but is the child ok? Ya. But we need to talk about… what we usually get, is a call, listen his 2 weeks are up, can you keep him more please? Ok, what have you found? You indicated that there was a biological mother, have you traced the mother? I haven't had a chance, but can I write to the court just to extend the placement? That is what we get, we don't get a follow through with what should happen. What should happen and what really happens, does not match at all. And I am personally at the point where I am tired of pushing it. And then when the next keep the child, I say no, one more extension, now you need to come in. oh but you know we don't have cars – I don't care, I will come to you. Because now it is about the child not you. In the beginning it is about the social worker being over stressed and under resourced, but then it becomes unfair to the child. Because the older children come here thinning it is temporary safe care. Because the older children were told by the social worker it is just for a while before I can get in touch with your Ouma in the Eastern Cape. Ok it's been 3 weeks, how long does it take to make a phone call to my grandma in the Eastern Cape? And that is when we start fighting. Last week I sat with 3 social workers from a designated child protection organisation. Between the 3 of them they got about 11 kids here. And I really cannot work with you anymore, you make promises to the children that you do not keep. I asked you for a basic thing, a child's clinic card – of the 5 kids you brought me 2. One of them are now in hospital, none of them have had their immunisations. I cannot work with someone like this. So either you fetch your children, or you bring me what I need. Then they were going on, we don't get our salaries, they don't have phones, they are under resourced. I'm sorry, I do feel for you, because I have been on that side, but how do you think this 11 year old is feeling after you promised. And we are not in the sector working child-friendly. We are not child-focused.**

R: What do you think needs to change with the way that we are removing children and placing them in safety, to make it more child-friendly?

RSW-3: **To be honest I think the social workers needs to know more about child care. Because child care is all about working in the moment, being able to go down on their level, being ready to make that emotional connection with preparing a child as much as possible. Because some social workers are extremely arrogant – I know. I have been trained. I have got the power. I got the authority. I make the decisions. I feel social workers should get off their flippen high horses and realise that they are working with people. My biggest problem I have, is when kids come in here, is to re-establish a relationship with the primary caregiver the child was removed from, because they are so isolated and alienated and made out to be the worst people in the world. Because I had to sit in court and listen what a bad parent I am. The report talks about how much I drink and how people from next door come and do drugs in my house, I am the worst parent there. And now the children's home say, your kids love you, they miss you, please come and visit them. And they are like, no because you are the same species as that social worker. So I think we need to be more client-focused, and less procedure focused. Procedure is important. But we can do both. I think we need to acknowledge that our clients are not stupid, that they are the masters of their own little universe, as warped as it might be.**

There is a mother that I used to work at Marsh Memorial, as crazy as a loon. The kids came to us 3 days later, she walked from Mannenberg to come and see the kids. She used to tie the kids to the chair when they irritated her and the voices were too loud. She was crazy; so she was in no position to take primary care of her children; but she loved them, she adored them. The first day she walked from Mannenberg to Marsh, and I said to her come in, and she said am I allowed to? And she was so scared of being told how bad she is and how wrong she is, and how bad, what a bad mother she is, that she felt she couldn't trust anyone. And when we sat down with her, and we built a relationship with, and we said you are actually not a bad mother, you just have something that is a little hurdle you need to overcome. And we went with her to the day hospital to go and see the psychiatrist, we googled what medication she is on to understand her a little bit more. To help her see that we are saying that she is the best for her children, and they are saying that I am not ready yet for my children, but they want to help me to get ready for my children. And we went for a home visit and she was limping, and she said her kid was screaming and that instead of killing her kid because she was screaming, she stabbed herself in the foot – and that was such good progress! (*laughs)*** And we told her, you shouldn't do that, we unpacked what happened. But in the end she said that she felt like she wanted to take her daughter like this (***puts own hands around neck and shakes***), and she said, no she went like this *(stabs leg*) instead. And in the past she tied her kids to chairs and beat them up, so it was progress! And for me it was important that she told us that, because she told others that a dog bit her. But she knew by that time that if she told us what she did, she was not going to be condemned. She was not going to be kept away from her kids; but obviously with supervision. And we went with her to psychiatrist to talk about the episode and what happened, and unpacked feelings and triggers, and all of that. But it took a long time.**

And the way that children are treated now by social workers. And I'm not talking about procedures and that sort of thing, coming here without birth certificates. For me it's, the way we should do it should be more client friendly. Because it's about the kids, and they do suffer. The 5 that came in the other day, they came in like deer's in the headlights. But the 2 year old, her eyes were just dead. And the social worker was one of those that just dropped and left. And I couldn't catch her because she was in a hurry. So we took her to the baby house, and she is standing there with these wide eyes, I don't know, she is 2. Strange people I don't know. The lady that just held my hand and comforted me just let go and went. I don't know who you are, I don't know what is going on. And even a week later the child's eyes were a little bit dead. But later that day her siblings were brought here from school, and her brother ran to her and picked her up and hugged her and she just burst into tears. A 2 year old was keeping that in! For like 5 hours, until she saw her brother. And that is what makes me angry about social workers that are not working child-friendly! It's all about I have a crisis. Drop and go.

R: Ya, it's just not good enough. You've spoken bout so many things, and touched on all my questions that I would have usually asked. I was also going to ask about the best interest of the child.

RSW-3: We are not doing it. And a lot of people do not understand the best interests of the child, and that the definition says (*opens Children's Act*)… what they don't understand about it, is about the emotional…the nature of the personal relationship between the child and parents or primary caregiver. People underplay the emotions that the child goes through. People think, if you were beaten, now you're not beaten, you are fine. They think if your dad raped you every night and now he is not, you are fine. The cause for the removal tends to be the focus and not the emotions around the removal. Your mommy still hugged you when you were sick, although she still hit you when she was drunk, so. Best interest of the child is not honoured, because I think people don't really understand what it means.

R: You spoke about the emotional side – that with a removal, just because you are removed, it doesn't mean that the emotional side or the trauma of it is not there?

RSW-3: Exactly. And sometimes the removal is more traumatic than the actual event. I've got a child here who keeps on absconding. His mother is really sick, TB, HIV. And his baby sister of 2 was also removed and his older brother. But he runs, mother is as drunk and crazy as a loon. But when we get to that shack, his stinks and is dirty, but he us happy. He feels emotionally ok. He is dirty, but goes to school every day. He gets from the squatter camp to school every day. He is dirty every day. But he wants to be with mom. So we are trying to facilitate a process where we can see mom every second day so that we can reduce this need to go and see mom and runs away. So if it means we must take him to see mom or mom meets him at school for 10 minutes, or whatever. But the emotional safety of the children is overlooked by the social workers, the court, everyone. And that makes or breaks the removal of a child. That frustrates me.

R: Do you know how we can emotionally care for the children better?

RSW-3: We need to understand what it means first. From the clerk of the courts, to the police, we don't understand what it means. We think telling a child, I am not practically sitting with a child and doing charts with the child, I am not talking about the intervention with the child, I am talking about, us realising that saying everything will be ok, is not emotionally taking care of the child. That is empty words. It's unpacking it. It's not saying don't work you will be ok. It's I can't say that I know what you are feeling right now because I am not you. And I know a 12 year old girl needs to know that when she menstruates that she will have pads, a 12 year old girl needs to know that she will have clothes to wear, that she can take a bath. So I think the only thing that I can help you with right now is to get you that. I can't tell you everything will be ok, I can tell you that everything will work out the way that you want it, or I want it. But I understand what 12 year old girls want. I think we need to realise that we don't know. And I get so angry with people saying I understand what you feel like – no, you don't understand. So what I think we need to do is to understand what it means for the age groups, and to be emotionally cared for ourselves. I can see when the staff have had enough. Really some of our most really challenging adolescents, and the carer walked out at night. So the children's emotional needs were not met so they reacted, she was not emotionally cared for, so she reacted. But I think training would help. There was a social worker here the other day from DSD who said that they don't know how to do family reunification services. Because they are so busy with removals and ministerial inquiries, and stats, they don't know how to work with families, they don't know how to work with children, and they don't do counselling. They don't know. And she said that they would love to sit with someone and do training on how to work with children, how to do child-centred. What does it mean? What resources do I need? How do I approach a 16 year old, a 2 year old? What does it mean to be in the space of the child, in the moment? What does it mean? Because they don't know.

R: You mentioned now about training – do you know if any procedure manual or guideline or practice principals that helps us to know how to do a removal? How to explain to the family and child? Step by step?

RSW-3: **I have never come across something like that. I know that umm, ARISE wanted to start, two social workers did research and they wanted to compile a best practice model on the removal and family care and family reunification. But the funding dried up. So I know they wanted to, but I have never seen it. I know that each organisation has their own way, but I have never seen a best practices model out there for that, that I know of!**

R: Anything else that you wanted to add?

RSW-3: **No – But I would love to see the results of your research! That would be interesting.**

R: Yes I will put it all together from all the different role players, and see what would this model look like? And how we can adapt it from all the information together.

RSW-3: **That would be great!**

R: That's the idea. Thank you so much!