

**PERCEPTIONS OF SOCIAL WORKERS IN EKURHULENI REGARDING
REUNIFICATION AND DE-INSTITUTIONALISATION SERVICES RENDERED
BY HOPE AND HOMES FOR CHILDREN SOUTH AFRICA**

BY

MATHABO DOLO

Submitted in fulfilment of the requirements for the degree

MASTER OF SOCIAL WORK

in the

DEPARTMENT OF SOCIAL WORK

FACULTY OF HUMANITIES

School of Social Sciences

AT


UNIVERSITY OF LIMPOPO

SUPERVISOR: Mrs. T.M.A. Mahlatjie

2023

DECLARATION

I, Mathabo Dolo affirm that the dissertation hereby presented to the University of Limpopo for the degree, Master of Social Work is my work in design and execution. I also declare that this work has not been previously submitted by me or someone else for a degree at this or any other University and that all material contained herein have been duly acknowledged using complete references.

Signature:  _____

Date: 30/03/2023

ACKNOWLEDGEMENT

I wish to express my gratitude to the following people for their assistance and support in making this study a success:

1. My supervisor, Mrs. T.M.A Mahlatjie of the University of Limpopo for her continued encouragement and assistance. I appreciate the time sacrificed, effort and knowledge shared with me.
2. The Head of the Department of Social work, Dr M.R. Manganyi for his support in making sure that my work is of a good standard and all the staff in the Department of Social Work for their helping-hands in my work.
3. Ms. Sury for editing this work to its current form. The time you have dedicated to my project is highly appreciated
4. Above all, I thank the Almighty God for being with me throughout my studies. For granting me life long enough to see the final product of my research project through His mercy and grace.

DEDICATION

This dissertation is dedicated to the following important people in my life:

1. My mother, Ms. Mapula Brenda for grooming and guiding me to be the individual I am today
2. My siblings, Palesa and Makgotso, thank you for your support and motivation, to complete the study.
3. To my husband Mr. Matome and my children Botshilo and Madikana, thank you for your support and motivation throughout the study. It was not an easy journey, it was full of stressful and emotional situations but through all your support, help and guidance I managed to rise above the challenges and see the study through. Thank you all from the bottom of my heart.

ABSTRACT

The negative effects of institutionalization on children's wellbeing and psychological adjustment have been extensively explored throughout the world, particularly in developing countries. Many children in residential childcare institutions, also known as orphanages, experience various challenges. Institutionalisation affects the children's psychological adjustment. Hope and Homes for Children South Africa is the leading catalyst in ensuring that children are not harmed in institutions but that they grow up in families. Thus, the goal of this research was to explore the perceptions of social workers in Ekurhuleni regarding reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa. It is against this background that the present study was conducted.

A qualitative research approach, and an exploratory research design was employed as the method of collecting data throughout the study. Fifteen social workers within Ekurhuleni were interviewed. The findings reported positive experiences and perceptions regarding the reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa. The researcher concluded that the support and services rendered by Hope and Homes for Children South Africa is both sufficient and effective and recommended that the organisation continue offering their services to the various partners.

CONTENTS

DECLARATION	I
ACKNOWLEDGEMENT.....	II
DEDICATION.....	III
ABSTRACT	IV
CHAPTER ONE.....	1
GENERAL INTRODUCTION, STUDY BACKGROUND AND MOTIVATION	1
1.1 INTRODUCTION.....	1
1.2 OPERATIONAL DEFINITION OF KEY CONCEPT	3
1.3 THEORETICAL FRAMEWORK.....	4
1.4 RESEARCH PROBLEM.....	6
1.5 PURPOSE OF THE STUDY	7
1.6 OVERVIEW OF THE RESEARCH DESIGN AND METHODOLOGY	8
1.7 LIMITATIONS OF THE STUDY	8
1.8 CHAPTER OUTLINE	9
CHAPTER TWO	10
LITERATURE REVIEW	10
2.1 INTRODUCTION.....	10
2.2 REMOVAL OF CHILDREN FROM THEIR HOMES INTO INSTITUTIONS OF CARE	10
2.3 CHALLENGES aTTACHED TO INSTITUTIONAL CARE FOR CHILDREN	11
2.3 REUNIFICATION SERVICES	12
2.5 IMPLEMENTATION OF THE DE-INSTITUTIONALISATION SERVICES.....	14
2.6 DE-INSTITUTIONALISATION SERVICES AS OPPOSED TO INSTITUTIONALISATION.....	14
CHAPTER THREE.....	16

REUNIFICATION SERVICES.....	16
3.1 INTRODUCTION.....	16
3.2 PREVENTION.....	16
3.3 REUNIFICATION PROCESS.....	17
3.4 LEGAL FRAMEWORK FOR REUNIFICATION.....	18
3.5 FAMILY INVOLVEMENT IN RESIDENTIAL CARE.....	19
3.6 DEFINING SUCCESSFUL REUNIFICATION.....	19
3.7 ACTION TO BE TAKEN FOLLOWING REUNIFICATION.....	20
3.8 THE NEEDS OF CHILDREN IN THE REUNIFICATION PROCESS.....	21
3.9 THE ROLE OF CHILDREN IN THE REUNIFICATION PROCESS.....	21
3.10 SOCIAL SUPPORT NETWORK BEYOND FAMILY.....	22
3.11 EFFECTIVE COLLABORATION BETWEEN CYCC AND EXTERNAL SOCIAL WORKERS.....	22
CHAPTER FOUR.....	23
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS.....	23
4.1 INTRODUCTION.....	23
4.2 RESEARCH APPROACH.....	23
4.3 RESEARCH DESIGN.....	23
4.4 POPULATION.....	24
4.5 SAMPLING.....	24
4.6 DATA COLLECTION.....	24
4.7 DATA ANALYSIS.....	25
4.8 QUALITY CRITERIA.....	26
4.9. ETHICAL CONSIDERATIONS.....	28
4.10 IDENTIFYING PARTICULARS OF THE PARTICIPANTS.....	29
4.11 THEME 1: KNOWLEDGE AND UNDERSTANDING ON THE SERVICES RENDERED BY HHCSA.....	30
4.12 THEME 2: SOCIAL WORKER’S VIEWS REGARDING THEIR WORKING RELATION WITH HHCSA.....	31

4.13 THEME 3: THREATS AND CONCERNS ABOUT THE DE-INSTITUTIONALISATION PROCESS RENDERED BY HHCSA TOWARDS CURRENT EMPLOYMENT.....	32
4.14 THEME 4: BENEFITS EMERGING FROM THE REUNIFICATION AND DE-INSTITUTIONALISATION SERVICES OFFERED BY HHCSA	33
CHAPTER 5	36
FINDINGS, RECOMMENDATIONS AND CONCLUSIONS	36
5.1 INTRODUCTION.....	36
5.2 GOALS AND OBJECTIVES	36
5.3 KEY FINDINGS, CONCLUSION, AND RECOMMENDATIONS OF THE EMPIRICAL STUDY	38
5.4 SUMMARY	40
REFERENCES	41
APPENDICES.....	50
APPENDIX A.....	50
APPENDIX B	51
APPENDIX C	53

CHAPTER ONE

GENERAL INTRODUCTION, STUDY BACKGROUND AND MOTIVATION

1.1 INTRODUCTION

The Constitution of the Republic of South Africa Act No. (106) of 1996, Chapter 2 outlines the rights of children and emphasises this in relation to respect, protection, promotion, and fulfilment of the human rights of all individuals in the country. Furthermore, Section 28 of the same Act alludes to the fact that children have the right to a good and proper family as well as parental care. Furthermore, children need to be cared for in a suitable environment when they are removed from the family setting of origin and should receive social services that serve their best interests. At times social workers render statutory services, which involve removing children from their homes because of deficient basic needs leading to poverty and socio-economic crises, and unconducive family environments that may include high levels of conflict, physical, emotional, sexual, and even substance abuse (Stalker, 2005; Ennew, 2005; and Skhosana, Schenck & Botha, 2014).

The guidelines that outline alternative care for children (United Nations General Assembly, 2009; Staggenborg, 2013) define institutionalisation as a state of being placed in any public or private residential institution or a facility that provides care to children believed to be in need of care and protection. Children, who are orphaned, neglected, living in poverty or whose parents are substance abusers are likely to be institutionalized. The Department of Social Development (DSD) (2010) affirms that there is a need for a united Social Welfare service that provide inter alia parental education, protection of the rights of children, psychosocial stimulation, and health care.

The process of removing a child from a family environment to an institution or group home is dealt with by the Children's Court as guided by the Children's Act No. (38) of 2005, Section 151. Furthermore, Section 155 of the same Act stipulates that children should be kept in temporary safe care or an alternative facility. Subsequent to this, a social worker is required to compile a report that details the situation within the child's home environment and further substantiate whether or not the place is suitable for

reunifying the child with the family. It is therefore ideal to avoid withholding children from family settings for lengthier periods than necessary since they may develop negative experiences (Strydom, 2010).

Hope and Homes for Children South Africa (HHCSA), registration certificate No. 1089490, is a non-profit organisation (NGO) that was established in 2001. The activities covered within HHCSA include collaboration with the Gauteng Child and Youth Care Centres (CYCC), which are also known as children's homes or institutions of care, the Department of Social Development (DSD) and Child Welfare. All these organisations serve to shelter children considered to be in need of care and protection except HHCSA. HHCSA's stream of work concentrates mainly on the de-institutionalisation process with a focus on offering reunification services, an initiative that started in 2013. HHCSA offers services that concentrate on strengthening families believing that all children belong to a safe and loving family and that they should be cared for as they grow up in their own homes of origin. It is a non-governmental organisation (NGO) that renders services that aim to reunify families and children who are placed in different kinds of institutions of care.

Through its implementation of the de-institutionalisation process, the NGO provides support to children in vulnerable households and their families by developing practical skills to improve their living conditions and livelihood to achieve an effective reunification service (Gale & Khatiwada, 2016). They further strive to establish an extensive network by working together with the government, stakeholders, and the community at large to tackle the root causes of family breakdown. Several countries including those in Europe have made strides towards initiating the evolution from institutionalisation to community-based care and family-based care. Furthermore, Gale and Khatiwada (2016) acknowledge the fact that much effort is required before the implementation of the institutionalisation of children can be considered as part of history.

The motivation for the study is based on preliminary observations and experiences of the researcher's work environment when facilitating the process of de-institutionalisation as well as services to reunify children and their families. The researcher is a social worker employed within the Hope and Homes Children South Africa institute and during her delivery of services she encounters some obstacles that

hinder the practice of her professional duties. Therefore, the researcher became interested in investigating social workers' perceptions of the reunification services rendered by Hope and Homes for Children South Africa.

1.2 OPERATIONAL DEFINITION OF KEY CONCEPT

1.2.1 DE-INSTITUTIONALISATION

De-institutionalisation is a procedure of restructuring the childcare systems and shutting down institutions of care. This is achieved by securing family placement for the affected children which involves conducting placement services through considering a non-institutional way (Roby, 2011 & Dărăbuş, 2017). The study focuses on defining de-institutionalisation as a process of re-organising childcare systems by locating alternative foster homes for children in order to deviate from placing them in an institution. The definition further includes the system that begins with ensuring that parental and family support are readily available. However, institutionalisation is perceived as a measure to be taken as a last resort and therefore includes kinship care (which expands care within a family to relatives and close friends), foster care, small group homes, supervised independent living and national adoption.

1.2.2 INSTITUTIONALISATION

Institutionalisation is defined as an isolated care facility for children without parental care and is usually situated away from society. According to (van Ijzendoorn 2011), the nature of these facilities has a tendency of breaking ties between children, their parents, the entire family, community, and their culture of origin. The definition adopted by this study outlines institutionalisation as a form of care within a facility that does not allow individual care and attention which is important for a child to develop attachment and affection. The study further acknowledges an outline within the Children's Act No. (38) of 2005 where-in Section 158 (1) defines the placement of a child in an institution. This process can be undertaken in the case where there is no other appropriate option to deal with the matter affecting the child's life.

1.2.3 CHILD AND YOUTH CARE CENTRE (CYCC)

According to the Children's Act No. (38) of 2005, Section 191, a CYCC is defined as a place that offers institutionalisation care to six children or more outside of their family

environment (Mahery, Proudlock & Jamieson, 2010). The CYCC also provides residential programmes that are appropriate for children's growth and development. Furthermore, Malatji and Dube (2017) emphasised CYCC in the South African context as facilities that play an important role in the country as they provide shelter to children who are or may be victims of abuse, neglect, and abandonment. The study provides an overall definition by considering CYCCs as institutions of care that were established to provide care for children who are not living within their homes of origin. In some instances, these facilities are referred to as places of safety or children's homes.

1.2.4 REUNIFICATION SERVICES

Tromble (2007) and the Department of Health and Human Services Children's Bureau (2016) define a reunification service as a programme that addresses the reasons that led to the removal of children from their parental care for the purpose of returning them to the home of origin. The study adopted the definition by (Tromble, 2007) since it focuses on reunification as a service that intends to address the causes behind the removal of children from their original homes. Further on discussions focusing on mechanisms adopted for the process of re-uniting such children with their families will be discussed.

1.2.5 Family

The White Paper on Families defines families as societal groups of members related by blood (kinship), adoption, foster care or ties of marriage (extended families), including civil, customary, or religious marriages, or communal union, and extends beyond any shared physical residence

1.3 THEORETICAL FRAMEWORK

This study adopted both the home builder's theory and family-system theory. The theories are outlined as follows:

1.3.1 HOME BUILDER'S THEORY

The home builder's theory is traceable to the roots of family care services (Berry, 2005; Cash, 2008; Gandarilla, 2009). This theory arose from the need to offer social services within a family environment through the extension of home-based care (provided by

social auxiliary workers) to children and families that require the involvement of the child welfare system Janzen, et al. (2006). This affected families that were declared to be at risk and with their children already separated from those families (Janzen et al., 2006; Zastrow, 2008). The main elements of the theory include 24 hours contact with the family upon the occurrence of any crisis (for example, the incident of child abuse in any form). The intervention is a holistic approach that includes intensive service delivery, which encompasses assessing the entire situation, its causes and effects, monitoring of the intervention process as well as evaluation of the outcomes of the services rendered during the entire process (Cash 2008). The theory is linked to the study because it assists the researcher to describe all processes, procedures, elements, and standards regarding de-institutionalisation which is the focal point of this research. Furthermore, the researcher linked the same theory to the needs towards the reunification services as it is also part of the study.

1.3.2 FAMILY SYSTEMS THEORY

The study further adopted the family systems theory which was presented by Dr Murray Bowen who emphasised that an individual's behavior must be understood in the context of his/her family (Nichols, 2010). The theory argues that an individual cannot be isolated from other members of the family since they serve as part of a support system. The foundation of this theory is that all systems strive towards the growth, development, and stability of an individual. Family-centred service as defined by Law, et al. (2003) is a method of service rendering that focuses on incorporating parents and families in providing services to their children. The theory emphasises that a child is part of a family; hence the family setup requires careful consideration when implementing the de-institutionalisation process and reunification services.

The core principles of the theory relate well with family preservation which includes concentrating on the strengths acquired by each family, considering the unique values and morals of an individual family for better enhancement and empowerment of those families (Bailey, Raspa & Fox, 2012). This relates to the process of encouraging interaction within families which is transparent and conducted in a cooperative manner taking into consideration the benefits of the informal support systems. Family systems are not perceived as receivers of services, but relatively as associates in making choices about their goals and activities. This theory is linked to the study because it

entails services that concentrate on the enhancement of families and the preservation of the unity of a family in order to empower families to project the best growth for their children and to prevent their exclusion from families which will lead them to institutional care (Strydom, 2010). Essentially, the focus is on ensuring that family members remain together as they should be and encouraging them to be accountable for grooming their children.

1.4 RESEARCH PROBLEM

The removal of children from family care is sometimes inevitable, particularly in situations where children are faced with different kinds of abuse or are exposed to danger (Berry, 2005; Cash, 2008; Gandarilla, 2009 & Leff, 2015). Institutions are viewed as a form of residential care facilities that segregate children from their parental care. The stay of children in CYCCs has both long and short-term negative effects such as lack of a sense of belonging and developmental delays (Browne & Chou, 2015). This segregation usually isolates children from their communities and breaks bonds between them and their families. In addition, children eventually lose touch with the community lifestyle and setup as they grow up in a programmed environment. The researcher observes that the effect of institutionalisation have a ripple effect on one 's life, therefore a solution to institutionalisation would play a life changing role to the affected children

The effects of institutionalisation include lack of affection and attachment, where one becomes impersonal due to the mandatory strict routine associated with the institutions (van IJzendoorn et al., 2011). This type of lifestyle deprives children of individualised care and attention which is essential for the growth and development of the child. Therefore, children's milestones, such as emotional and social development can be extremely delayed by being confined in an institution as compared to those children of a similar age group who grew up in a family setup. (Browne, 2009; Hamilton-Giachritis & Browne, 2012). At times, the nature of institutionalisation condones placement of children within poor quality residential care facilities which are basically not able to produce a warm and nurturing environment.

Even though the Children's Act (38) of 2005, Section 157 (1) (ii) recommends placement of children in CYCCs for a limited period, children are often placed

indefinitely with no matching effort to sustain a continuous relationship with their family or caregivers. Under these circumstances, the interest of the child is often overlooked and there might be fewer efforts made to reintegrate the child back into the family of origin. Community gatekeepers play a significant role in agencies that require access into the communities to market their services (Pratt & Roberts, 2014). In instances where this access is denied, it creates a barrier in terms of educating both community members as well as the relevant structures on the need for reunification services or the de-institutionalisation process.

The researcher agrees that lack of knowledge and understanding of the reunification services and de-institutionalisation processes cause misconceptions about the intended outcomes and usually creates suspicions about the motives of the service providers (Parton, 2015). Furthermore, a lack of reception and support of these planned services by community members may lead to the failure of the process and looks into how the research problem was brought into existence.

1.5 PURPOSE OF THE STUDY

1.5.1 AIM OF THE STUDY

This study aims to explore the perceptions of social workers in Ekurhuleni regarding reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa (HHCSA).

1.5.2 OBJECTIVES OF THE STUDY

- To determine the opinions of social workers concerning the services rendered by Hope and Homes for Children South Africa (HHCSA).
- To establish the views of social workers regarding their working relationship with HHCSA.
- To determine the perceptions of social workers regarding the de-institutionalisation process and how it will affect them.
- To establish the social worker's views on the effectiveness of reunification services offered by HHCSA.

1.6 OVERVIEW OF THE RESEARCH DESIGN AND METHODOLOGY

1.6.1 RESEARCH METHODOLOGY

Research methodology is defined as the measures used by researchers when explaining, describing, and linking a particular occurrence as well as the way to solve problems (De Vos, Strydom, Fouche, & Delpont, 2012). It is also considered the study of approaches by which knowledge is gained and these methods entail approaches that help to gather samples and data and discover solutions to problems.

1.6.2 Research approach

The study followed the qualitative approach. According to Pilot and Beck (2010), a qualitative research method provides an opportunity for the researcher to conduct the study in a holistic manner by collecting rich narrative data. The approach is deemed appropriate for this study because it allowed the researcher to collect first-hand information from participants about their understanding of the services rendered by the CYCC. It also helped to establish their views regarding institutionalisation and determine their knowledge and perceptions about the de-institutionalisation process and reunification services. The said approach assisted the researcher to produce the study findings which inspired Hope and Homes for Children South Africa to carry out its reunification services and the de-institutionalisation process optimally.

1.7 LIMITATIONS OF THE STUDY

Despite meeting the research objectives, the researcher encountered the following limitations during the research process:

- Most of the participants could only communicate on an online platform due to Covid-19 limitations.
- The researcher used the non-probability sampling technique; however, most of the participants ended up being female and their experiences might be different from their male counterparts.
- The sample that was interviewed did not represent the entire district but only five towns within the Ekurhuleni district.
- A qualitative research approach was used, and a small sample size took part in the study, therefore, the findings were contextual and cannot be generalised to the entire population of social workers.

1.8 CHAPTER OUTLINE

The research report consists of five chapters.

Chapter One provides an introduction of the study, the rationale, and the problem statement that prompted the research. The research question, the aim, and objectives of the study are also presented in the chapter. Furthermore, the theoretical frameworks informing the study such as the general system theory and biopsychosocial perspective are also discussed in the chapter. Lastly the chapter briefly highlights the research design and methodology and the limitations of the study as well as the research domains which is surrounded within the city of Ekurhuleni.

Chapter Two focuses on the relevant literature review relating to institutionalisation, reunification, and de-institutionalisation of children in care.

Chapter Three discusses in depth the details of reunification, the process thereof and the legal procedures pertaining to reunification.

Chapter Four presents an in-depth explanation of the research methodology covering the research approach and design as well as the summary of the findings of the study using themes generated from the study.

Chapter Five is the last chapter of the report, and it discusses the extent to which the objectives of the study were met. The chapter also includes the findings and makes recommendations to relevant programmes, practices and policies based on the findings.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The causes and risks of the loss of parental care and the institutionalization of children in South Africa raise concern about child protection. This includes exposure of children to all forms of abuse, the death of parents, domestic violence, and family breakdown (UNICEF, 2011). Other Republics such as Haiti, El Salvador, Guatemala, Honduras, Bolivia, Nicaragua, Paraguay, Peru, and the Dominican Republic are reported to have the highest child poverty rates (SOS Children's Villages International, 2015) and their situations form part of the primary reasons for the placement of children in alternative care.

2.2 REMOVAL OF CHILDREN FROM THEIR HOMES INTO INSTITUTIONS OF CARE

Institutional care arrangements during the pre-independent South Africa were mainly targeting orphaned and disabled children while the support of the extended family remain preferable in supporting children within the home environment throughout life circumstances and challenges (Kangethe & Abigail 2015). The placement of children in institutionalisation was largely related to circumstances within the family commonly relating to economic challenges. In this light the South African Human Rights Commission (SAHRC) (2002) poses that when the democratic South African government was ushered into power in 1994, it pledged to assist families in raising children.

The placement of children from institutional care to family-based care is an important but sensitive transition that requires thorough support and planning as children are individuals with different backgrounds, needs and experiences (Engle, Groza, Groark, Greenberg, Bunkers & Muhamedrahimov, 2011). An in-depth assessment about the child's situation as well as consultation with his/her parents, siblings, members from the extended family and any other relevant persons in the child's life will contribute to successful and appropriate intervention regarding the removal and proper placement of the child. Furthermore, social workers have a role to draft down a detailed individual

developmental plan stipulating the child's 's developmental milestones and exit plan. Child protection services during the initial stages also include engagement of a statutory process which is the action taken to avert and arbitrate in the case of neglect and abuse of the child.

Children's courts are assisted by social workers in handling matters affecting children through assessments, investigations, interventions, as well as monitoring and evaluating the support and care of the child by the family (September 2006), The prevention and early intervention services explain the role played by the social workers in averting statutory processes which deal with the removal of children from circumstances that pose a threat to their safety. The intention of these service is to help families resolve challenges that lead to the neglect or abuse of children. The presence of serious safety concerns warrants a statutory intervention process where social workers intervene by removing children from these institutions. This is usually owed to the initial service being declared unsuccessful as the approach fails to prevent the situation from escalating (The Unique Behavioral Health Service Needs of Children, Youth, and Families, 2006).

2.3 CHALLENGES ATTACHED TO INSTITUTIONAL CARE FOR CHILDREN

There is a possibility that the daily lives of children who stay in an institution can be dictated by the procedures within the care facilities. Furthermore, their personal development can also be shaped by the conditions within the environment (Better Care Network and Global Social Service Workforce Alliance, 2014). On the other hand, the adopted character of institutional care affects the psychosocial milestones during childhood and outcomes in adult life. At this stage, their psychosocial, emotional, and cognitive functioning is largely influenced by those who provide care (Ambrosino, Hefferman, Shuttleworth & Ambrosino, 2012; Wlodarski, 2015). This highlights the notion that even the well-resourced institutions cannot substitute the cultivation of individualised care that a loving family can provide (Delap, 2011). Therefore, children in institutions may be reunited with their communities and families, but others may not, exposing them to challenges, leaving them vulnerable to abuse and attachment disorders. Institutions struggle to enhance solid and eloquent relationships among parents and their children, siblings, and relatives whilst isolating

children and depriving them of learning relevant skills for community living (Winter, 2015).

Most children in institutional care have limited knowledge and connection with their families as well as the community and they lose touch with their values, cultural heritage, and traditions (Cantwell, Davidson, Elsley, Milligan & Quinn, 2012). Once a child is institutionalised, the child is deprived of consistent contact or current updates about their families. At times families are not informed about the developments of their children, which often exposes these children to situations where they move from one institution to another. In the process, children end up losing touch with their family members, friends, and communities resulting in the opportunity to build a true sense of identity and belonging being denied.

The most aggravating issue about institutions is the separation of children according to gender, medical condition, and age. This may lead to the split of siblings since they may be placed in different rooms, or even different institutions of care (King, 2014). Usually, staff members within these institutions takes on the character of long-term carers, teaching children biases against different cultural beliefs.

It is a common practice in institutions to inform children that their primary caregivers have abandoned or given up on them or failed in their parental tasks (Bunkers, 2015). Factors related to the isolation of children from their geographical area is common and these factors force children to live their entire lives within the institution because the environment constitutes facilities that offer basic needs such as health care, educational services, and relaxation. Even in instances where children attend schools in communities, they are often stigmatised and seen as different because institutions are often unable to offer children an ordinary life and a sense of belonging to the community, hence the situation creates further side-lining and segregation.

2.4 REUNIFICATION SERVICES

Social workers have the task of conducting reunification services with the family whenever a child is institutionalised (Kleijn, 2004; Kirst-Ashman & Hull, 2012). In situations where a child is placed in an institution, the court is to be provided with a standard strategy that looks at the objectives aimed at archiving stability for the child concerned. It is essential to prioritise reunification with family and highlight precise

time frames for the process of reunification to occur (South African Law Commission's Review of the Child Care Act Report, 1998). The Children's Act (38) of 2005, Section 157 indicates that the social worker facilitating the process of reunification between families and their children (for example, between children and their parents), should explore factors that influenced the removal of the said children from their respective parental care and take action to prevent a recurrence of the same situation.

When a child is placed in an institution, services focused on reunification should be rendered and emphasis should be placed in ensuring constant interaction between the child and his/her family (Kleijn, 2004; Giraldi, 2014). The Children's Act No. (38) of 2005, Section 157 also emphasises the fact that the reunification services should be rendered before and after placement into an institution. This concurs with the views by Beyl (2013) who states that there is a need for a documented reunification plan which outlines all the processes to be followed. However, in certain situations, it becomes impossible to reunify the child with their original family due to the extent of abuse inflicted or the unwillingness of the parent to reform (Bornstein & Leventhal 2015). It is therefore advisable that the child be placed with other available family members permanently.

2.4 CHALLENGES EXPERIENCED WHEN RENDERING REUNIFICATION SERVICES

The accomplishment of reunification and family preservation services is influenced by the collaboration of members within a family together with the social worker. Lack of cooperation by families is summarised as follows:

- Some parents may reject the services from a social worker (Strydom, 2010).
- Individuals within families may lack collaboration and cooperation which negatively influences the provision of family preservation and reunification services (Sandoval, 2010); and
- Parents may develop negative perceptions of the staff within the institution which leads to a negative view of the programmes offered in the reunification services (Grochel, Russell & Harris, 2008).

2.5 IMPLEMENTATION OF THE DE-INSTITUTIONALISATION SERVICES

The de-institutionalisation process started in the United States of America between 1941 and 1980 as a result of the Social Security Act of 1935 (SSA) that stipulated the removal of children from their families of origin and being placed in an institution should no longer practised. In Africa, children's homes are funded by both the government and private donors who are often not part of a larger coherent child protection system. The process of de-institutionalisation in Africa has support from the governments of Rwanda, Ghana, and Ethiopia as it ensures that children remain within their own communities and families (Walker, 2011). Sudan has also progressed towards the implementation of the process with a partial closure of Mygoma Children's Home and the setting up of foster placements for children who are being abandoned. In Eastern Europe, the implementation of de-institutionalisation involves the development of places for care within communities for children who require protection and care through the identification of family hubs (Euro child Working Paper, 2012).

2.6 DE-INSTITUTIONALISATION SERVICES AS OPPOSED TO INSTITUTIONALISATION

De-institutionalisation is an intricate process of removing care systems that depend on the philosophy of institutionalising children (Birrell, 2011). It entails adopting a modern system that focuses on preventing the breakdown of family through adoption, foster care and community family-based alternatives (United Nations International Children's Emergency Fund, 2013). De-institutionalisation presents a ground-breaking method towards a fundamental change in programmes that provide holistic services.

The said services focuses on the needs of each individual and advocate for the best interests of families and children. The purpose of restructuring the services is more essential than virtuously shutting down institutions (McCall, Groark & Rygaard, 2014), hence the aim is to create a comprehensive conversion of the care system by changing the manner of service provision to families and children.

The nature of children's homes entails gaps since they regularly struggle to deliver consistent and sustained personal attention and stimulation which is easily available to a child in a family-based setting (Tottenham, 2012). Attachments with the family can

be broken in cases where children under three years are placed within an institution of care. Children in these institutions are more likely to have abnormalities related to their behaviour and social inclusion such as violent conduct, attention challenges and a counterbalance of harmful effects associated with severe and chronic social deprivation (Sonuga-Barke & Rubia, 2010; Ismayilova, 2014).

CHAPTER THREE

REUNIFICATION SERVICES

3.1 INTRODUCTION

The South African White Paper on Families No. 44799 of 2021, Section 3 under the heading Strategic Priority 3 which outlines the response strategy for families, describes treatment and support for vulnerable families. Therefore, family preservation forms part of interventions in social work which outlines the four steps attached to services rendered by social workers (Department of Social Development in the Republic of South Africa, 2012). This chapter gives an in-depth understanding and importance of reunification services.

3.2 PREVENTION

The levels of intervention include the following steps: The service aims at empowering enabling awareness and providing support programmes such as life skills, anger management and parenting skills that counteract the demand from families and their members to receive intensive services from professionals.

Early detection and intervention: Services delivered at this level utilise mechanisms that can detect families that are categorised as being at-risk. Therefore, the intervention at this stage includes developmental and therapeutic programmes that ensures that the negative consequences which can cause any form of dysfunction are limited. This will enable families to support and tackle the various problems that they have encountered in methods that encourage the stability and well-being of each family member.

Treatment: Services rendered at this level are intended to provide treatment to those families as well as their members who require such interventions which includes the ones dealing with mental health and substance abuse challenges, especially those that affect their capacity to positively engage in relationships.

Statutory intervention: The statutory process is at the level where families await outcomes from the legal intervention received as well as support services to be conducted following the court proceedings.

Reunification and aftercare: At this stage, the services include aftercare and family

preservation which takes place with the family of origin to tackle the aspects that lead to the removal of a family member.

Family reunification is a central concept within the topic of Child Welfare, which is a prominent area within the social work profession (Martín, González-Navasa, & Betancort, 2020). Reunification can be viewed as the end goal when a child is placed in care and is generally included among the child welfare social worker's duties (Children's Act 38 of 2005, 156 (9)).

Approximately 3.9 million children do not live with their biological parents in South Africa (Statistics South Africa, 2018). Additionally, the children's court places thousands of children in alternative care outside their parental home (Fortune, 2017; Witbooi, 2019; Children's Act 38 of 2005, 151(9)). The UN Committee on the Rights of the Child (CRC) (2016) indicates that 22 000 children in South Africa were placed in child and youth care centres (CYCC) as alternative care in 2012. At the CYCCs social workers work to reunify the children with their families (Children's Act 38 of 2005, 156(9)).

3.3 REUNIFICATION PROCESS

The reunification process for a child in alternative care is assigned to a designated social worker (Children's Act 38 of 2005, 157(9)). The designated social worker is required to investigate circumstances surrounding the child 's removal from family of origin. Before and after reunification, the child and their family must be provided with counselling by a designated social worker. The permanency plan includes reunification services in order to ensure reunification with their family or another suitable caregiver (Jamieson, 2013). Before a child's reunification with the family or another suitable caregiver can be accomplished, the social worker responsible for the child and the process of reunification must compile a report (Children's Act 38 of 2005, 155(9)). The report is based on the best interest of the child and with the purpose to fulfil the development goals of the child. The report must be compiled in collaboration with the caregiver, the head of the child and youth care centre and the child and include a recommendation regarding whether reunification is a desirable option for the child.

In order for reunification to take place, both the child and parents need to be ready if the external and CYCC social workers believe that "reunification is on the table," both

of the CYCC social workers and external social workers will file reports to the children 's court. These reports will state the child's and family's progress, respectively. Before the court hearing takes place and the reports are filed, a panel meeting will be held. The social workers the parents and the child and youth care worker who stays with the child at the centre will be present at the panel meeting. There, the progress of the child and parents is discussed by the different parties and feedback is given. At the court hearing, the magistrate will review the progress and if it is deemed sufficient, a time frame is given, which could mean six or eight months for instance. There will be more contact between the parent and the child with a greater focus on therapy during this time.

Contact between child and parents is increased gradually where after each visit, the social workers ask the child and parent about their experiences. Thereafter the child will start visitations during holidays, then moving on to every second weekend and thereafter every weekend. After this time frame another court hearing will take place where all the parties will appear again. If the progress during this process is once again deemed sufficient, the magistrate decides whether reunification should take place.

3.4 LEGAL FRAMEWORK FOR REUNIFICATION

According to the Children's Act 38 of 2005, a child that is found in need of care and protection can be placed in different forms of alternative care such as child and youth care centers. The Act further stipulates that whenever a child is placed in alternative care, reunification services should also be provided. Section 187 of the Children's Act (38 of 2005), as amended, states that whenever a child is removed from family care reunification with the biological family should always be taken into consideration as to be in the best interest of the child

Placements within a CYCC should be for the shortest time possible, preferably for six months or less to ensure that family bonds do not break down. Section 157 (2) specifies that the social service professional responsible for rendering family placement services will be required to support and monitor the family within the first year after the process of reunification has taken place. Carnochan, Lee and Austin (2013) indicate that family-based care should be the primary permanency plan for the majority of the children within CYCC and highlights that reunification requires

consistent communication and interaction between the child and their family.

3.5 FAMILY INVOLVEMENT IN RESIDENTIAL CARE

According to Geurts, Boddy, Noom, and Knorth, et al. (2008), the participation and commitment of family members when a child is institutionalized can drastically improve the state of the child concerned. Involving families is similarly vital in ensuring that the child copes well in society (Geurts et al., 2012; Underwood, 2004). The importance of participation by the family in residential care is derived from the framework of putting family as the essence in a child's life. Family-centred services aim to emphasize partnerships that involve service providers and families. Geurts (2012) points out that the family influences the decisions pertaining to the child. The body of research on caring for the child, referring precisely to residential care emphasises the essence of family engagement during the time the child is in an institution and when the child leaves the institution, through reintegration into the family and community. A family-centred approach to residential care entails that the family, alongside the child, is empowered and therefore develops within an ecological perspective.

The first year is the most important period for the child and caregivers to settle into their physical environment and relationship. Sometimes, children are removed when they are still infants only to be reunified as adults. In such instances, adaptation may take longer (Geurts, 2012). Furthermore, the reintegration of a child into the daily lives of caregivers can be challenging. It is also important that the parents adapt to the child being at home. It is essential that the parents receive support to navigate the process. Care givers must be prepared for challenges, such as misbehavior once the child is reunited with them. The social worker is expected to help caregivers navigate such circumstances. The support from social workers during the first few months of reunification needs to be thorough and as the family develops, termination can take place gradually, so that families can be independent.

3.6 DEFINING SUCCESSFUL REUNIFICATION

Two different views that constitute a successful reunification process were discussed in a research conducted by Esau (2015), social workers defined successful reunification as the process where a child and his/her family reintegrate successfully

at home after being institutionalized, utilizing the coping skills and mechanisms they were taught before reunification. In addition, successful reunification was also defined as an experience where no further removals take place and families successfully take care of their children.

Many social workers indicated that, a successful reunification may involve the placement of the child with extended family members or parents intending to adopt the child. It is believed that this knowledge derived from a cultural background that family goes beyond the biological family. Considering the many problems and social complications related to the experiences children and families have been exposed to, social workers seem to understand that no simple explanation of the reunification process that is successful can be employed. An important concern for Social Workers is the emotional need and a sense of belonging and meaningful connection with a guardian that a child may have. However, it is also important to consider balancing out against the possibility of harm in situations where the main aspects that lead to the removal have not been fully addressed. This balance may be achieved by considering other family members who are in a position to care for the child concerned and provide for the child's daily needs while guaranteeing interaction to the care giver who stays nearby but may not be in the best position to care for the child due to various circumstances. By so doing, the best interest of the child is considered. Finally, definitions of successful reunification are largely related to the time frame where families have been reunified. Reunification that has been sustained for a longer period is considered successful

3.7 ACTION TO BE TAKEN FOLLOWING REUNIFICATION

Social workers are supposed to provide a planned time frame when providing monitoring and evaluation services to the child and family after reunification. One on one interaction with the children when evaluating outcomes should be encouraged. Social workers have a mandate to determine their desires and beliefs concerning the services that are delivered (Esau, 2015). The effectiveness of the services and assistance should be supervised and documented, and the support being delivered should be evaluated (Esau, 2015). Ongoing tracking enables the analysis of the extent to which the reunification process is successful, as well as its benefits.

The issues that are attached to the reunification services include the following: Accounting on the numbers of children who returned home and whether the numbers fluctuate or stay the same. The nature of the characteristics of those children who remain at home versus those who re-enter care. The utilisation of a practice framework when conducting case management. The child's social care and legal status and whether or not this makes a difference to the child's stability, characteristics displayed in relation to the age of the child and the severity of the child's behavioral and emotional difficulties (Esau, 2015).

3.8 THE NEEDS OF CHILDREN IN THE REUNIFICATION PROCESS

According to Carnochan, Lee and Austin (2013), social workers stated that an inclusive method of intervention is required whenever children are being assisted during the first few months of reunification. A Social worker working within the CYCC indicated that some boys, who have been reunified, indicated 'that the process was not inclusive, and they felt left out like a boat being left out in the ocean'. Many of them indicated that during the initial weeks of reunification, great attention should be on establishing trust between the child and the family. Furthermore, Carnochan, Lee and Austin (2013) highlighted concern that the children constantly required assistance at school, home, within the community and in their personal development. Furthermore, it is extremely crucial that support services are based on a child-centred understanding and approach and to further explore child participation.

3.9 THE ROLE OF CHILDREN IN THE REUNIFICATION PROCESS

Conversations with social workers in the study conducted by Esau (2015) revealed that sometimes the reunification process is influenced by the power dynamics that exist between the children and parents. Sometimes the voice and thoughts of the children are suppressed in comparison to their adult counterparts. The children expressed the concern that they feel as if their voices were not taken into consideration. At the same time, it was stated that children know their environment best because they have lived experiences. Simply put, children understand their world and therefore respond appropriately. A number of Social workers believe that children can handle most of the challenges that they are faced with. However, this view is largely determined by the child's chronological age. The older children were seen to

be in a better position to deal with such challenges.

According to social workers, children prefer to be with family despite the circumstances which they are confronted with. It has been identified that social work interventions focus on the child while the child is removed due to the parents' shortcomings. Very little effort is directed at the family itself.

3.10 SOCIAL SUPPORT NETWORK BEYOND FAMILY

It was indicated that families require care that goes beyond the assigned worker; instead, psycho-social support is of the essence. Similarly, groups aimed at rendering support can assist in the process of reunification. Support groups decrease the loneliness that is experienced by parents and will therefore give new parents some insights on caring for children (Esau, 2015).

3.11 EFFECTIVE COLLABORATION BETWEEN CYCC AND EXTERNAL SOCIAL WORKERS

A reassuring and genuine connection between the assigned social workers and the social worker within the CYCC is important for the process of reunification; the success rate of the reunification process is likely to increase. Approaching the integration of family reunification and child in a CYCC as a cohesive process makes it possible for the family placement to be sustainable.

CHAPTER FOUR

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

4.1 INTRODUCTION

This study adopted an exploratory approach to explore the perceptions of social workers in Ekurhuleni regarding reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa. This chapter aim to orientate the reader on the research approach, design and methodology utilized to carry out the study. The ethical considerations that were followed are also presented. Furthermore, this chapter will present the biographical information of participants which will be noted in a table form. Further on the themes that emerged from the interviews will be highlighted with supporting literature.

4.2 RESEARCH APPROACH

The study followed the qualitative approach. According to Pilot and Beck (2010), a qualitative research method provides an opportunity for the researcher to conduct the study in a holistic manner by collecting rich narrative data. The approach will be appropriate for this study because it will enable the researcher to collect first-hand information from participants about their understanding of the services rendered by the CYCC. It will also help to establish their views regarding institutionalisation and determine their knowledge and perceptions about the de-institutionalisation process and reunification services. The said approach will assist the researcher to produce the study findings which will inspire Hope and Homes for Children South Africa to conduct its reunification services and the de-institutionalisation process optimally.

4.3 RESEARCH DESIGN

The researcher adopted the exploratory research design since the study focused on an investigation that had never been conducted (Brown, 2006). According to Sandhursen (2000) and Dudovskiy (2011), this type of study resulted in the discovery of a range of causes and alternative options towards the solution of a specific problem. The design was deemed appropriate because this study intends to explore the need for the implementation of the de-institutionalisation process and reunification services

as offered by HHCSA in the Gauteng Province. The roles and intentions of HHCSA towards the provision of the de-institutionalisation process and reunification services within the informal and semi-settlement area in the Gauteng Province have never been subjected to any form of investigation or study.

4.4 POPULATION

The researcher intended to attain the research target population that is inclusive of social workers within some areas of the Ekurhuleni Municipality in the Gauteng Province. Participants included statutory social workers that have the responsibility of placing children in either one of the three targeted CYCC that are in collaboration with HHCSA. As part of the pilot project, social Workers were employed to provide psychosocial services to the children within institutions of care. The population included both male and female social workers, of all races and ethnicities. The total number of participants targeted is fifteen.

4.5 SAMPLING

This study will adopt a purposive sampling using a non-probability technique when selecting participants. Participants of the study will be selected with a specific purpose in mind (Neuman, 2009) and in this case, it will be social workers that render placement services to children into the CYCC as well as social workers employed within the CYCCs. Since the target population includes social workers in Ekurhuleni which comprises nine towns, the researcher will engage with only five of the nine towns: Boksburg, Edenvale, Germiston, Springs, and Kempton Park. The researcher will interview three social workers from each town of the five selected towns in Ekurhuleni, meaning the total participants for the study will be fifteen. The researcher's knowledge of the targeted participants' places of employment made it easy for her to identify and access suitable participants.

4.6 DATA COLLECTION

In this study, data was gathered through the utilisation of semi-structured interviews. Semi-structured interviews are open-ended and allow participants to respond to questions in a friendly manner where the conversation is non-threatening (Patton, 2002). In this study, the researcher intended to gather data from participants about

their perceptions of the process of de-institutionalisation and reunification services rendered by HHCSA. Since the participants constituted of social workers employed to facilitate institutionalisation as well as those who work within the CYCCs, the researcher gathered rich information from these relevant individuals about their perceptions and views concerning those services rendered by HHCSA.

This data is beneficial to the study because it assisted the researcher to identify gaps as well as any possible threat to the services rendered by HHCSA. The researcher also used interview schedule to gather data to achieve triangulation. An interview schedule allowed the researcher to collect the most complete and accurate data in a logical flow. This is done to reach reliable conclusions from what the researcher is planning to observe (Abawi, 2017).

4.7 DATA ANALYSIS

Data analysis often requires reviews of the strategies and procedures used when collecting data. This procedure will yield new data which should be subjected to a new process of data analysis. To have a coherent interpretation of data, it is important for the data collected to correlate with the data being analysed (De Vos, Strydom, Fouche & Delport, 2012). Therefore, thematic data analysis method is used in the process, of collecting data which is crucial in generating alternative emerging themes which provide the basis for a shared construction of reality.

4.7.1 STAGE 1: MANAGING THE DATA

This is the initial stage of analysing data away from the site and is referred to as the intensive data analysis phase. At an early stage in the analysis process, the researcher will organise data into file folders (computer files) and convert the files to appropriate text units for analysis. The researcher used transcription steps to interpret and transcribe all the information gathered from the participants. This was followed by the process of going through the data for the researcher to become acquainted with the collected data. This is important as it helped the researcher to make sense out of the obtained data. The researcher wrote down the responses from the participants which involve transcribing the interview and arranging data into various categories of information.

4.7.2 STAGE 2: READING THROUGH ALL THE DATA

After having gone through the first step of obtaining the general sense of responses obtained in the interview, the researcher focused on the overall meaning by reflecting on the information provided and the ideologies behind it. Such ideas were written down to separate the tone, overall depth, and credibility of the information. The researcher categorised the information by documenting it according to where, how, and why those occurrences happened. Esterberg (2002) indicates that to find the information understandable and helpful, data should be categorised to generate categories for an effective analysis.

4.7.3 STAGE 3: THEMES IN DATA

The researcher combined the trends and identified categories into themes that signify the data. Themes were recognised where data will be assembled beneath various themes in agreement with the categories under which data would have been gathered. The intention is to assimilate the concepts and themes into a philosophy offering a precise, thorough, yet suitable interpretation (Mouton, 2001).

4.7.4 STAGE 4: WRITING THE REPORT

The researcher compiled a report and reflected on the summary of the research findings, recommendations, and possible domains for future research. The researcher treated the participants with respect and their identities will not be revealed.

4.7.5 STAGE 5: PRESENTING THE DATA

The researcher drafted a qualitative data analysis to clarify how the data and concepts fit together to be presented in a written form as part of the results of the study.

4.8 QUALITY CRITERIA

4.8.1 DEPENDABILITY

The researcher ensured that a review of the information is kept to achieve dependability. This process will enable the researcher to make sure that there is consistency in the findings. Furthermore, consistency in the findings will assist as future reference for compliance. The researcher will ensure that there is adequate information from the research report so that those who wish to replicate the study are

able to do so. This ensured that the study produces clear and traceable information. All the information and records relating to the study will be stored in a secured place.

4.8.2 CREDIBILITY

Credibility falls within the criteria intended to establish trustworthiness (Cope, 2014), therefore, the data provided by the researcher should be a true reflection of what has been presented by the participants. The researcher ensured that all the information provided in the study represents the views of the participants. The study was based on the linkage between the information provided and the purpose of the study. This ensured credibility by considering the linkage between the findings and the reality obtained within the study communities to demonstrate the truth in the findings. In order to maintain credibility in the study, all the interviews were recorded with an audio recorder and accompanied by field notes. In this study, data was gathered from the affected groups (families with children moved to a facility or those who have been reunified with their children, including those who took part in fostering children in their homes). The data to be gathered has the potential to produce deep information which will make it possible to come up with intensive interpretations.

4.8.3 TRANSFERABILITY

In terms of the study, transferability was achieved through the researcher's ability to generate findings that may assist Hope and Homes for Children in South Africa. This was made possible by determining the extent to which the de-institutionalisation initiative and the intended reunification service of the children with their families within the target communities happen. Furthermore, since transferability refers to the extent to which the results should apply to other similar situations, the findings of the study can be transferable from the target area to other areas in the Gauteng Province.

4.8.4 CONFORMABILITY

In an effort to uphold conformability, all participants were expected to sign an informed consent for them to participate freely and willingly in the study. The researcher did not force anyone to be involved in the study and each participant was given thorough explanation regarding the intentions of the study. This was to ensure that everyone who wishes to participate understands the procedures to be undertaken in the study to enhance their level of participation. The researcher took into consideration the

findings of the report and ensure the neutrality of the study findings. The researcher will submit the raw data, transcripts, and field notes to the editor to provide the rationale for the study

4.9. ETHICAL CONSIDERATIONS

The researcher understands that it is important for a study to adhere to ethical issues and as such attention was paid to the following aspects:

4.9.1 PERMISSION TO CONDUCT THE STUDY

The researcher requested ethical clearance which was obtained from the Turfloop Research and Ethics Committee (TREC) to ensure the protection of individuals to be involved in this study. The researcher will only collect data once she is granted approval.

4.9.2 CONFIDENTIALITY

Confidentiality refers to the researcher's explicit or implied assurance that the information shared in the study will be treated with the utmost confidentiality. In this study, information shared by participants included personal aspects of their life; therefore, the researcher will ensure that participants share their secrets with trust. The researcher will also ensure that confidentiality goes beyond ordinary loyalty. The information provided by participants will be stored in a secured place while all recordings, electronic or manual, will be accessible to the researcher only. Interviews will be conducted in a private place and all interviews will be conducted by the researcher.

4.9.3 PRIVACY AND ANONYMITY

The researcher ensured that participants' names are not revealed in order to ensure anonymity. The researcher will not allow any situation where participants' personal details such as the name, identity number, home address, contacts or any form of personal address are revealed. The researcher ensured that the participants remain anonymous so that no one can locate anyone who formed part of the study. Furthermore, due to the sensitivity of the information to be shared.

4.9.4 INFORMED CONSENT

Participants' right to self-determination will be respected. The intention as well as the procedures to be undertaken in conducting the study was explained to all the participants. The researcher ensured that it was communicate clearly from the onset by informing participants that there will be no monetary gain or any form of incentive to be provided for being involved in the study. Participants who expressed unwillingness to participate in the study where given assurance that their non-participation will not be used against them.

4.10 IDENTIFYING PARTICULARS OF THE PARTICIPANTS

The demographic information such as the participants' area of focus, gender and municipality will be presented in Table 1. The information regarding the identifying particulars of the participants is important as it indicates who the participants are and also provide diverse opinions and insights to the study

Table 1: Identifying particulars of participants

Participants' Age	Office of Employment	Gender	Duration of service as social workers
41	St Francis care centre Boksburg	Female	16 years
35	St Francis care centre Boksburg	Male	10 years
27	Child welfare Boksburg	Female	4 years
30	DSD Edenvale	Male	2 years
26	DSD Germiston	Male	2 years
30	Child welfare Springs	Male	6 years
30	Child welfare Springs	Female	3 years
33	Child welfare Springs	Male	6 years
35	Child welfare Kempton Park	Male	5 years
37	Child welfare Kempton Park	Female	12 years
26	DSD Germiston	Female	1 year
24	DSD Edenvale	Female	1 year
29	DSD Edenvale	Female	3 years
33	Child welfare Kempton Park	Female	6 years
39	DSD Germiston	Female	8 years

The data in Table 1 indicates the area of focus where the participants practice. Further, the gender of the professional, their office of employment, and the duration of service are also stipulated.

4.11 THEME 1: KNOWLEDGE AND UNDERSTANDING OF THE SERVICES RENDERED BY HHCSA

The data reveals that all the participants (N=15) fully understand the services that are rendered by HHCSA and that they fully understand the scope of work offered by the organisation. All Participants further indicated that they believe that the reunification and de-institutionalisation services are necessary and that they would even recommend the service to other colleagues. Engle, Groza, Groark, Greenberg,

Bunkers and Muhamedrahimov (2011) report that the placement of children from institutional care to family-based care is an important yet sensitive transition that requires thorough support and planning as children are individuals with different backgrounds, needs and experiences. The following are some of the responses from the participants with regards to knowledge and understanding of the services rendered by HHCSA

“I know that they are not a statutory organisation, they do not go to court. but they work hand in hand with the statutory organisation such as the Department of Social Development and other child protection organisations such as child welfare to ensure family placement to vulnerable children” [Participant 3].

“I know that their clear objective is de-institutionalisation, and they render services within the social service profession in partnership with the department of social development” [Participant 8].

“When it comes to their service basket, I know that they develop and empower [the] community-based organisation and link social service professionals with training that go through the point of upgrading their skills and abilities to work within the space of de-institutionalisation” [Participant 6].

“The biggest objective for them is relating to what de-institutionalisation is to professionals and creating a paradigm shift where people get to understand that it is better to raise children in communities rather than institutions and orphanages.” [Participant 9].

“They support statutory social service professionals to ensure that children that are already in institutions are taken into families and ensure that, that transition is sustainable” [Participant 11].

4.12 THEME 2: SOCIAL WORKER’S VIEWS REGARDING THEIR WORKING RELATION WITH HHCSA

The majority of the participants (N=12) indicated that they have a good working relationship with HHCSA. The social service professionals interviewed indicated that they believe that the approach carried out by HHCSA is innovative and strongly in line with the Children’s Act. They further said that as stipulated in the Children’s Act it is

mandatory that reunification takes place therefore an organisation like HHCSA plays an important role as they are experts in that field. One participant felt that although she has a good relationship with HHCSA, she feels that if one is not careful, there could be a duplication of work. The following are some of the responses from the participants with regards to the nature of the working relationship with HHCSA.

“I have worked with HHCSA social workers on four cases, and we have built a good working relationship, their help is always welcomed” [Participant 1].

“I believe their services are very necessary as their approach is very practical in nature. They have assessments that enable a thorough intervention plan. I have had [a] multidisciplinary discussion with them on some of my cases and their input goes a long way” [Participant 7].

“I have been in the field of social work for more than ten years and have been struggling to implement reunification as indicated in the Children’s Act but HHCSA ‘s approach has made it much more practical and possible” [Participant 2].

“I currently have been working very well with HHCSA, however when we started the relationship was very rocky because I felt like we are duplicating work on one client” [Participant 8].

Based on participants views It is clear that HHCSA has managed to cultivate a good working relationship with effective and efficient mechanisms for reunifying children in institutions. Further on social service professionals are given hope that HHCSA is willing to assist with what they have been struggling to achieve in their working journey

4.13 THEME 3: THREATS AND CONCERNS ABOUT THE DE-INSTITUTIONALISATION PROCESS RENDERED BY HHCSA TOWARDS CURRENT EMPLOYMENT.

The following are some of the responses from the participants with regards to their view on threats and concerns about the de-institutionalisation process rendered by HHCSA towards current employment.

For me, I do not see any threats on my job because the organisation is working within the social service policies. If anything, it is working towards the best interest of the child [Participant 1].

I do not foresee any threat to my job, because the law states that children need to be in families. By so doing I will be reaching my objectives as an employee [Participant 4].

Currently, I have come to an understanding that they are no threats. Initially, I thought they [were] a threat to social service professionals working in institutions, but I later realised that the issue of children being in need of protection will never stop but what is emphasised is the turnaround time. Children should not spend too much time in an institution [Participant 8].

HHCSA indicated that the end goal is to see institutions being repurposed into multi developmental centres where social service professionals can run developmental programmes for families and communities ensuring that children remain in families. Therefore, with that goal in mind, social workers will not run out of jobs but rather they will be a diversion whereby instead of institutionalising children effort is put to tackle prevention and early identification which will ultimately respond into de-institutionalisation [Participant 10].

HHCSA is doing a very good thing of placing children out of institutions because no one deserves to grow up in there, however, what will happen to the staff at the institutions if institutions close down? [Participant 2].

4.14 THEME 4: BENEFITS EMERGING FROM THE REUNIFICATION AND DE-INSTITUTIONALISATION SERVICES OFFERED BY HHSCA

“As a social worker that is working with children, with the partnership that we have with HHCSA we have put plus or minus 50 children into family care. If it’s not original families, we have worked tirelessly to find families and equip them for foster care” [Participant 9].

“What I like about HHCSA is that they go back to social work 101. You, know we as social workers are so overwhelmed with work, so they empower the case managers to say let us go back and check on the child after the family

placement has taken place. They push case managers to work on the challenges that families may be experiencing to avoid any breakdown of placement” [Participant 8].

“By ensuring that children grow up in families we ensure better developmental structure for children. By so doing we are allowing them to enjoy their basic human right, which is to have a sense of belonging” [Participant 1].

“HHCSA has proven that it is cheaper to raise a child in a family than it is to raise a child in an institution. This is very crucial as it gives even more reasons why children belong in families. The benefit of family care offered by HHCSA will really go a long way for vulnerable children” [Participant 3].

Cantwell, Davidson, Elsley, Milligan & Quinn (2012) indicate that most children in institutional care have limited knowledge and connection with their families as well as the community and they lose touch with their values, cultural heritage and traditions. Based on the responses from the participants, it is clear that they all agree with the discovery made by Cantwell, et al. (2012), and they see a great benefit in an organisation such as HHCSA that specialises in de-institutionalisation and reunification services.

4.15 CONCLUSION

The data interpreted above indicates the perception of social workers working within Ekurhuleni on the services rendered by HHCSA. All the participants have previously worked with HHCSA therefore their responses are from personal encounters with the organisation. The general response reflects the great significance of the reunification and de-institutionalisation services offered by HHCSA. The participants who were case managers were happy with their input and contributions towards children in need of care and protection. Based on the responses HHCSA has left a good impression on the participants thus even making their day-to-day duties of keeping children safe easier.

CHAPTER 5

FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This chapter gives an overview of how the goal and objectives of this study were met by presenting the key findings of the study. Furthermore, the conclusions are made from the study and the recommendations are presented based on the findings that emerged from the study.

5.2 GOALS AND OBJECTIVES

The goal and objectives of the study were met to a certain degree as presented through the following paragraphs.

5.2.1 GOAL

The goal of the research was to explore the perceptions of social workers in Ekurhuleni regarding reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa.

5.2.2 OBJECTIVE

The following sub-section presents the individual objectives and highlights how they were met during the study. The following objectives were followed to attain the goal of the study:

- ❖ Objective 1: To determine the opinions of social workers concerning the services rendered by Hope and Homes for Children South Africa (HHCSA).

The objective was realised in Chapter 3 (sub-section 3.3), where it was noted that the services rendered by HHCSA are crucial to ensuring that a child's right of having a sense of belonging is fulfilled. The phenomenon of children growing up in families is further supported in Chapter 1 (Subsection 4.3) whereby it was discovered that even well-resourced institutions cannot substitute the cultivation of individualised care that a loving family can provide (Delap, 2011). Keeping children within the family is at the core of HHCSA's daily objective.

- ❖ Objective 2: To establish the views of social workers regarding their working relationship with HHCSA.

The researcher used the method of probing to establish social workers' views on their relationship with HHCSA. The subjective responses looked at the experience that each participant had with the organisation. Interestingly, the researcher noted positive feedback on the relationships that the participants have with HHCSA. The reflection of objective 2 is seen in Chapter 3 (subsection 3.4) where the participants spoke of the great relationship, they have with HHCSA and further stipulating the importance of the reunification and de-institutionalisation services they render. In Chapter 1 section 3, Browne (2009) and Hamilton-Giachritis and Browne (2012) also agree with the significance of de-institutionalization and reunification services as institutions deny children personalised care and attention which is important for their growth and development. Further on the children's milestones, such as social and emotional development can be severely delayed by being confined in an institution as compared to those children of a similar age group who grow up in a family setup. All the above-noted aspects were identified as the views of social workers regarding their working relationship with HHCSA. As a result of the valuable relationship that participants have with HHCSA, they referred clients that required reunification services to them.

- ❖ Objective 3: To determine the perceptions of social workers regarding the de-institutionalisation process and how it will affect them.

This objective was met in Chapter 3, (sub-section 3.5), which discussed the threats and concerns about the de-institutionalisation process rendered by HHCSA towards current employment. The family was regarded by the participants as an important unit that provides the most support and care to children; therefore, the researcher discovered that the participant does not perceive any danger to their employment mainly becomes the paramount need for a child is family care. Thus, it is ethical for an organisation like HHCSA to carry out its mandate of ensuring that children grow up in loving and caring families.

- ❖ Objective 4: To establish the social worker's views on the effectiveness of reunification services offered by HHCSA.

5.3 KEY FINDINGS, CONCLUSION, AND RECOMMENDATIONS OF THE EMPIRICAL STUDY

This section presents the key findings, conclusions, and recommendations according to each theme that emerged from the study in Chapter 3.

5.3.1 THEME 1: KNOWLEDGE AND UNDERSTANDING OF THE SERVICES RENDERED BY HHCSA

All the participants were acquainted with the basket of services rendered by HHCSA. The participants specified a certain service that they have received from HHCSA together with the programmes and models offered by the organisation. One participant for instance mentioned that the organisation works hand-in-hand with child protection organisations to protect children by ensuring that they do not grow up in institutions but rather in family care. The researcher knows the participant showed a vast knowledge of the organisation which gives the researcher enough evidence to conclude that all the participants are knowledgeable about the organisation together with the services they render.

Recommendation

HHCSA is currently in a good position when it comes to communicating its services to its partners and child protection organisation. The researcher recommends that they offer annual training to the child protection organisation that they work with and have targets to ensure the sustainability of that knowledge and to ensure that as the project evolves the affected social service professionals can also keep up with those improvements.

5.3.2 THEME 2: SOCIAL WORKER'S VIEWS REGARDING THEIR WORKING RELATION WITH HHCSA (KEY FINDINGS)

HHCSA has managed to cultivate a healthy working relationship with most of the social workers because the majority of the participants (N=12) indicated that they have a solid relationship with HHCSA. Further on the participant advocate for the approaches carried out by HHCSA. However, a few previously felt that the involvement of HHCSA is a duplication of work.

Recommendation

The researcher recommends that HHCSA places special attention on social workers that feel the work is duplicated. They need to workshop them on the essence of their models and methods of intervention.

5.3.3 THEME 3: THREATS AND CONCERNS ABOUT THE DE-INSTITUTIONALISATION PROCESS RENDERED BY HHCSA TOWARDS CURRENT EMPLOYMENT. (KEY FINDINGS)

The majority of the participants revealed that they do not anticipate any threats to their employment (n=11) although the minority (n=3) indicated that at some point they were concerned about their job security. Since they work directly with children in institutions, they have been made aware that there is no need to be concerned and are currently at ease. (N=1) one participant expressed concern for job security in the future as institutions may close.

Recommendations

HHCSA has a plan regarding the usage of institutions after all children have been successfully transitioned into family care. This plan needs to be workshopped in detail to the social workers working in institutions to decrease their concerns of job security.

5.3.4 THEME 4: BENEFITS EMERGING FROM THE REUNIFICATION AND DE-INSTITUTIONALISATION SERVICES OFFERED BY HHSCA (KEY FINDINGS)

Many of the participants (N=15) indicated that they saw the great benefits of the services offered by HHCSA. Many quoted the Children's Act which indicates that institutionalisation care should be the last resort while family care should be prioritised. All the participants had the same sentiments regarding the services rendered by HHCSA. Based on these responses' services offered by HHCSA to social service professionals in Gauteng Ekurhuleni are perceived to be effective, efficient, and very necessary.

Recommendation

The reunification and de-institutionalisation services offered by HHCSA are proved to be effective and efficient. Therefore, the researcher will recommend that they continue with the existing methods as they are working. The children are being prevented from

institutionalisation and those in institutions already are being transitioned into family-based care.

5.4 SUMMARY

This chapter firstly presented the goals and objectives of the study. Furthermore, the individual objectives were discussed in-depth to understand how they were realised and met throughout the study, in order to answer the research question. Secondly, the findings, conclusions and recommendations of the study were presented by looking at the themes that emerged in Chapter 3.

REFERENCES

- Abawi, K. (2017). Training in Sexual and Reproductive Health Research Geneva Workshop: Geneva.
- Ambrosino, R., Hefferman, J., Shuttleworth, G. & Ambrosino, R. (2012). Social Work and Social Welfare: An introduction. 7th Ed. Australia: Brooks and Cole.
- Bailey, D. B., Raspa, M. & Fox, L. C. (2012). What is the future of family outcomes and family-centered services? Topics in Early Childhood Special education, 31(4):216: United States of America.
- Bak, M. (2004). Can developmental social welfare change an unfair world? The South African experience. International Social Work. 47(1):81-94.
- Berry, M. (2005). Overview of family preservation. New York: Columbia University Press.
- Better Care Network and Global Social Service Workforce Alliance. (2014). Working paper on the role of social service workforce development in care reform. Washington DC: Intra Health International. Network, B.C., 2014. Global Social Service Workforce Alliance.
- Beyl, A. E. (2013). A critical analysis of section 21 of the Children's Act No. 38 of 2005 with special references to parental responsibilities and rights of unmarried fathers. (Doctoral dissertation, University of Pretoria). South Africa.
- Birrell, I. (2011). Orphanages in Haiti and Cambodia rent children to fleece gullible Westerners. London: Daily Mail.
- Bornstein M & Leventhal T. (2015). Handbook of Child Psychology and Developmental Science. 7th Ed. Hoboken: Wiley.
- Bowlby, J. (1969). Attachment and Loss. London: Hogarth Press.
- Brown, R. B. (2006). Doing Your Dissertation in Business and Management: The Reality of Research and Writing. United Kingdom: Sage Publications.
- Browne, K., 2009. The risk of harm to young children in institutional care. London: Save the Children.

Browne, K.D; Hamilton-Giachritsis, C.E; Chou, Johnson, R; Ostergren, M. (2006). Overuse of institutional care for children in Europe. Europe: Sage publishers.

Bunkers, K. (2015). Country Care Profile and Better Care Network. United Kingdom: UNICEF.

Cantwell, N., Davidson, J., Elsley, S., Milligan, I., & Quinn, N. (2012). Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children.' United Kingdom: Centre for Excellence for Looked After Children in Scotland.

Carnochan, S. Lee, C. and Austin, M. J. (2013). Achieving Timely Reunification. Journal of Evidence-Based Social Work. Children's Act.

Cash, S. J. (2008). Family preservation services. New York: Springer Publishers.

Children's Act No. (38) of 2005, Section 151,155: Juta and Company.

Children's Villages International. (2015). Causes and Risks of Losing Parental Care in Latin America and the Caribbean. SOS Children's Villages International. Austria: Innsbruck Publishers.

Coady, N. & Lehman, P. (2008). Theoretical perspectives for direct social work practice: a generalist-eclectic approach, 2nd Ed. New York: Springer Publishes.

Cock, L. (2008). Transformational challenges facing contemporary social work: an exploratory study. Pretoria: University of South Africa.

Constitution of the Republic of South Africa Act No. (106) of 1996 in Chapter 2: Pretoria Government Printers.

Cope, D. G. (2014). Methods and Meanings: Credibility and Trustworthiness of Qualitative Research. In Oncology nursing forum 41 (1).

Costa, M and Giraldi, M. (2014). Opening doors for Europe's children: deinstitutionalisation and quality alternative care for children in Europe. Belgium: Eurochild.

Creswell, J. W. (2009). Research design: Qualitative, quantitative, and mixed methods approach. 3rd Ed. United Kingdom: SAGE.

Dărăbuș, S. (2017). Closing down institutions for children. Intervention, implementation, and action plan. Europe: Romanian National Library and printing: Hope and Homes for Children.

De Vos, A. S., Strydom, H., Fouche, C. B., & Delport, C. S. L. (2012). Research at Grass roots: For the Social Sciences and Human Service Professions. 4th Ed. Pretoria: Van Schaik.

Delap, E. (2011). Scaling Down. Reducing, reshaping, and improving residential care around the world. United Kingdom: SAGE.

Department of Health and Human Services, Children's Bureau. (2016). Reasonable efforts to preserve or reunify families and achieve permanency for children. Washington DC: Child Welfare Information Gateway.

Dominelli, L. (2007). Revitalising communities in a globalising world. Routledge: Ashgate Publishing Limited.

Dudovskiy, J. (2011). An educational portal that offers knowledge, resources, and practical insights for conducting business studies. California: Corwin Press.

Ekurhuleni Welfare. Social Services and Development Forum. (2012). Monthly forum meeting. Benoni: South Africa.

Engle, P. L., Groza, V. K., Groark, C. J., Greenberg, A., Bunkers, K. M., & Muhamedrahimov, R. J. (2011). VIII. The situation for children without parental care and strategies for policy change. Monographs of the Society for Research in Child Development.

Sauls, H., Esau, F. 2015. An Evaluation of Family Reunification Services in the Western Cape: Exploring children, families and social workers' experiences of family reunification services within the first twelve months of being reunified.

Esterberg, K.G. 2002 Social sciences -- Research -- Methodology. Boston: McGraw-Hill.

Freundlich, M. & Avery, J. (2005). Planning for permanency for youth in congregate care. *Journal of Children and Youth Services*. 27:115-134.

- Gale, C. & Khatiwada, C. (2016). *Alternative Child Care and Deinstitutionalisation: A case study of Nepa*. Scotland: University of Strathclyde.
- Geurts, E. M., Boddy, J., Noom, M. J., & Knorth, E. J. (2012). Family-Centred Residential Care: The new reality? *Child & Family Social Work*. 17(2).170-179.
- Giraldi, M. (2014). *Deinstitutionalisation and quality alternative care for children in Europe*. Europe: European Union Programme for Employment and Social Solidarity.
- Gray, M. & Lombard, A. (2008). The post-1994 transformation of social work in South Africa: *The International Journal of Social Welfare*. 17:132-145.
- Grockel, A., Russell, M. & Harris, B. (2008). Recreating family: parents identify worker-client relationships as paramount in family preservation programs, Vol. 87(6):91-113. America: *Child Welfare Journal*.
- Hamilton-Giachritsis, C. and Browne, K., 2012. Forgotten children? An update on young children in institutions across Europe. *Early Human Development*, 88(12), 911-914.
- Hawk, B., & McCall, R. B. (2010). CBCL Behavior Problems of Post-Institutionalized International Adoptees. *Clinical Child and Family Psychology Review*, 13(2), 199–211.
- Henning, E. (2004). *Finding your way in qualitative research*. South Africa: Van Schaik.
- Ismayilova, L. (2014). Reforming child institutional care in the post-Soviet bloc: The potential role of family-based empowerment strategies. *Children and Youth Services Review*, 47, 136–148.
- Jamieson, L. (2013). *Children's Act Guide for Child and Youth Care Workers (2nd Ed.)*. Cape Town: Children's Institute, University of Cape Town.
- Janzen, C., Harris, O., Jordan, C. & Franklin, C. (2006). *Family treatment: evidence-based practice with populations at risk*. 4th Ed. Australia: Thomson Brooks/Cole.
- Jamieson, L, Mahery, p. and Seyisi-Tom K 2010. Key legislative developments in 2009/2010: children 's health rights.

King, A. (2014). Contractual governance as a source of institutionalised waste in construction: A review, implications, and road map for future research directions: Emerald Publishing.

Kirst-Ashman, K. K. & Hull, G. H. (2012). Understanding general practice. 6th Ed. United States of America: Brooks and Cole.

Kleijn, W.C. (2004). A developmental approach to statutory social work services. MA Thesis, South Africa: Pretoria University.

Krane, J., Davis, L., Calton, R. & Mulcahy, M. (2010). The clock starts now: feminism, mothering, and attachment theory in child protection practice. London: Wiley Blackwell.

Landman, L. & Lombard, A. (2006). Integration of community development and statutory social work services within the developmental approach. 42:1-15.

Law, M., Hanna, S., King, G., Hurley, P., King, S., Kertoy, M. & Rosenbaum, P. (2003). Factors affecting family-centred service delivery for children with disabilities. 29(5):357-366.

Leff, J. (2015). Deinstitutionalisation in Low- and Middle-Income Countries in International Encyclopedia of the Social & Behavioral Sciences. 2nd Ed. Europe: Pearson.

Madsen, W.C. (2009). Collaborative helping: a practice framework for family-centered services. Family Process. 48(1):103-116.

Maher King, M. (2014). Stability and Change in Institutional Alternative Care for Children in Israel and Japan. United Kingdom: University of Oxford.

Mahery, P. Proudlock S. Jamieson. L. (2010). Key legislative developments; Children's health rights: University of Cape Town.

Malatji, H. & Dube, N. (2017). Experiences and challenges related to residential care and the expression of cultural identity of adolescent boys at a Child and Youth Care Centre (CYCC) in Johannesburg. Social Work. 53(1), 109-126.

Mallon, G.P. & Hess, P.M. (2005). *Child Welfare for the twenty-first century: a handbook of practices, policies, and program*. New York: Columbia University Press.

Mara, T. (2011). *Institutionalised childhood and adolescence: making serious Human Rights violations visible*: London.

Martín, E., González-Navasa, P., & Betancort, M. (2020). Who will go back home? Factors associated with decisions to address family reunification from residential care. *Children and Youth Services Review*. 109:104729.

Mashigo, B.P. (2007). *Social workers' experiences on the transformation of social welfare from remedial approach to developmental approach*. MA dissertation, Nelson Mandela Metropolitan University, Port Elizabeth: South Africa.

Matthias, C.R. & Zaal, F.N. (2009). Supporting familial and community care for children: legislative reform and implementation challenges in South Africa. 18:291-298, *International Journal of Social Welfare: South Africa* 18(3), .291-298.

McCall, R. B., Groark, C. J., & Rygaard, N. P. (2014). Global research, practice, and policy issues on the care of infants and young children at risk: the articles in context: Introduction. *Infant Mental Health Journal*, 35(2), 87–93.

Mouton, J. (2001). *The Practice of Social Research*. South Africa Oxford University Press, Cape Town.

Neuman, W.L. (2006). *Social research methods: qualitative and quantitative approaches*, 6th Ed. Boston: Allyn and Bacon.

Nichols, M. P. (2010). *Family therapy. Concepts and methods*. Boston: Allyn and Bacon.

Parton, N. ed, (2015). *Contemporary Developments in Child Protection*. United Kingdom.

Patton, M. Q. (2002). *Qualitative research and evaluation methods*. 3rd Ed. Thousand Oaks: SAGE Publications.

Polit, D. F., & Beck, C. T. (2010). *Essentials of nursing research: appraising evidence for nursing practice*, 7th Ed. Philadelphia: Lippincott Williams & Wilkins Publishers.

Pratt, C. W & Roberts, M. M. (2014). *Assertive Community Treatment and Case Management in Psychiatric Rehabilitation*. 3rd Ed. United Kingdom: Pearson.

Roby, J. (2011). *Children in Informal Alternative Care*, New York: UNICEF.

Sandoval, C. (2010). *Children's social workers' experiences and perceptions on the family preservation program*. California: California State University.

September, R. L. (2006). A review of child protection services in South Africa: State of the art policies in need of implementation. *Social Work-Stellenbosch*-, 42(1), 54.

Sewpaul, V. & Hölscher, D. (2007). *Against the odds: community-based interventions for children in difficult circumstances in post-apartheid in South Africa*. South Africa: Van Schaik.

Skhosana, R; Schenck, R & Botha, P. (2014). Factors enabling and hampering social welfare services rendered to street children in Pretoria: Perspectives of service providers *Social Work*, 50(2), 213-236.

Smith, B.; Hurth, J.; Pletcher, L.; Shaw, E.; Whaley, K.; Peters, M.; & Dunlap, G, (2014). *A guide to the implementation process*: Chapel Hill: University of Carolina.

Social Security Act of 1935: South Africa A & E Television Networks, LLC.

Sonuga-Barke, E., & Rubia, K. (2010). Inattentive/overactive children with histories of profound institutional deprivation compared with standard ADHD cases: a brief report. *Child: Care, Health and Development*, 34(5), 596–602.

Staggenborg, S. (2013). *Institutionalization of Social Movements*. United Kingdom: Wiley Library.

Stalker (2005) & Ennew (2005). *Children as active researchers*. United Kingdom: NCRM prints.

Strydom, M. (2010). The implementation of family preservation services: perspectives of social workers at NGOs. *Volume*, 46(2): 192-208. South Africa: Stellenbosch University.

The Department of Justice and Constitutional Development. *Children's Act No. 38 of 2005, Section 151*. South Africa: Pretoria Government Printers.

The Department of Justice and Constitutional Development. Children's Act No. 38 of 2005, Section 155. Pretoria Government Printers: South Africa.

The Department of Justice and Constitutional Development. Children's Act No. 38 of 2005, Section 157. South Africa: Pretoria Government Printers.

The Department of Social Development. Revised White Paper on Families No. 44799 of 2021, Section 3. South Africa: Pretoria Government Printers.

The European Union Programme for Employment and Social Solidarity - progress (2007-2013). United Kingdom: Hope and Homes for Children.

The Unique Behavioural Health Service Needs of Children, Youth and Families. (2006). Available: www.azdhs.gov/bhs/guidance/unique.

Tottenham, N. (2012). Risk and Developmental Heterogeneity in Previously Institutionalized Children. *Journal of Adolescent Health*, 51(2), S29–S33.

Tromble, K. (2007). Permanency of Reunification: Definitions for Foster Care Entry and Re-entry. Washington DC: Child Welfare League of America.

UN Committee on the Rights of the Child (CRC). (2016). Consideration of reports submitted by States parties under article 44 of the Convention, Second periodic reports of States parties due in 2002: South Africa. UN Committee on the Rights of the Child (CRC).

Un.org. (2020). Research Guides: UN General Assembly - Quick Links: 64th Session (2009-2010). [online] Available at: <https://research.un.org/en/docs/ga/quick/regular/64>

UNICEF. (2011). Application of the UN Guidelines for the Alternative Care of Children: RELAF.

UNICEF. (2013). At home or in a home: Formal care and adoption of children. United States of America: Brooks and Cole.

Van IJzendoorn, M.H., Palacios, J., Sonuga-Barke, E.J., S., Gunnar, M.R., Vorria, P., McCall, R.B., Le Mare, L., Bakermans-kranenburg, M.J., Dobrova-Krol, N.A. and Juffer, F. (2011). Children in Institutional Care: Delayed Development and Resilience. *Monographs of the Society for Research in Child Development*,

Van Wyk, B. (2016). Research design and methods Part I. South Africa: University of Western Cape.

Walker, G. (2011). Children 's rights in practice. London: SAGE

Winter, K. (2015). Supporting positive relationships for children and young people who have experience of care. London: Routledge.

Wlodarski, G. H. (2015). A Parenting Toolbox A Collection of Strategies to Raise Children and Teenagers into Happy and Successful Adults. India: Pearson.

APPENDICES

APPENDIX A

Request for participation

My name is Mathabo Dolo, a master's student at the University of Limpopo student number. 201401031, attached to the department of Social Work. I am also a Social Worker employed by Hope and homes for Children South Africa and based in Gauteng Province. I have the pleasure to invite you all to form part of my research titled: "Perceptions of social workers towards reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa: A case of Ekurhuleni Municipality."

Your participation in the study will be of high impact.

Kind regards

Mathabo Dolo

Student

APPENDIX B

INFORMED CONSENT FORM

TOPIC OF THE STUDY: Perceptions of social workers towards reunification and de-institutionalisation services rendered by Hope and Homes for Children South Africa: A case of Ekurhuleni Municipality.

DECLARATION OF CONSENT (PARTICIPANT)

I..... (Initials and surname) being the participant in this study, hereby give permission to voluntarily participate in this research study with the following understanding:

The researcher conducting the study is a student at the University of Limpopo (Turfloop Campus).

The research forms part of the requirements for student's master's degree in Social Work.

Data will be collected by means of unstructured interview.

My rights as a participant:

I am aware that my participation in this study is not forceful.

I have the right to withdraw from the study at any given time.

I have the right to refuse to give responses to any question(s) when I feel that I am not comfortable.

I acknowledge that I have been assured that my personal information in this study will remain anonymous and my name and identity will be kept from public knowledge.

I grant permission for any information that I will reveal during the interview process, with the understanding that data collected will be utilised for the sake of this study.

I, (Participant), agree to take part in this study.

SIGNATURES

Participant:

Dolo M

M.A. Social Work

APPENDIX C

DATA COLLECTION TOOL (INTERVIEW GUIDE)

SECTION A: DEMOGRAPHIC INFORMATION

- Participant's gender
- Participant's age
- Participant's office of employment
- Participant's duration of service

SECTION B

Knowledge determines the understanding social workers concerning services rendered by HHCSA.

- Are you aware of the services rendered by HHCSA? (Probe)
- Do you know their scope of practice? (Probe)
- Do you think their services are necessary? (Probe)
- can you recommend their services to anyone? (Probe)

SECTION C

Establish the views of social workers regarding their working relationship with HHCSA

- Do you have any working relationship with HHCSA?
- Do you think their mechanisms and approaches differs from yours or relevant in any way? (Probe)
- Do you refer cases to HHSCA? (Probe)

SECTION D

Determine the perceptions of social workers regarding the de-institutionalisation process by HHCSA.

- What is your view with regards to the de-institutionalisation process rendered by HHCSA? (Probe)
- Do you support the approach of de-institutionalisation process rendered by HHCSA? (Probe)
- Are there any threats and concerns about the de-institutionalisation process rendered by HHCSA towards your current employment? (Probe)

SECTION E

Establish social worker's views on the effectiveness of reunification services offered by HHCSA?

- Do you perceive any benefits emerging from the reunification services offered by HHSCA? (Probe)
- What is your opinion towards the approach by HHCSA towards reunification services? (Probe)