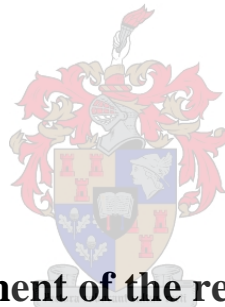


**THE USE OF CRISIS INTERVENTION WITH PARENTS
OF CHILDREN IDENTIFIED AS IN NEED OF CARE
AND PROTECTION: EXPERIENCES OF SOCIAL
WORKERS**

By

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**Thesis presented in fulfilment of the requirement of the degree of
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DECLARATION

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Date: December 2016

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ABSTRACT

Child maltreatment is a challenge of global concern. Definitions of child maltreatment usually are stipulated in a country's policies and legislations such as the Children's Act 38 of 2005 in South Africa. It is generally accepted that family dysfunctioning is a consequence of factors such as poverty, environmental stressors, feelings of powerlessness as well as frustration in parents. Parents of children in need of care may often experience an existential crisis when they are confronted with a variety of internal and interpersonal challenges in resource-limited environments. Various factors such as parents' history of abuse, substance abuse, parental stress and mental illness can be the cause of parents' abuse of their children.

Child neglect and abuse is escalating in South Africa. This alarming increase calls for the utilisation of social work models such as the crisis intervention model with parents of children identified to be in need of care and protection. Social workers are equipped to provide intervention that enable clients to find solutions for their problems, such as child maltreatment.

The goal of the study, therefore, was to obtain the social worker's understanding of and experiences with the use of crisis intervention with parents of children identified to be in need of care and protection. A qualitative approach was used together with an exploratory and descriptive design. A semi-structured interview schedule was used to collect data from twenty social workers employed by the Department of Social Development. The findings of the study revealed that social workers are experiencing challenges such as parents' aggressive behaviour and lack of cooperation, during the intervention process. Based on the findings of the study, it is recommended that social workers need to reflect more purposefully on their experiences of how and why they utilise crisis intervention with parents of children identified to be in need of care and protection.

OPSOMMING

Kindermishandeling is 'n saak van globale belang. Definisies van kindermishandeling word gewoonlik vervat in 'n land se beleid en wetgewing soos die Kinderwet nommer 38 van 2005, in Suid Afrika. Daar word algemeen aanvaar dat gesin disfunksionering die gevolg is van faktore soos armoede omgewing stressors, gevoelens van magteloosheid, sowel as ouerfrustrasies. Ouers van sorgbehoewende kinders ondervind dikwels 'n eksistensiële krisis wanneer hulle gekonfronteer word met verskeie interne en interpersoonlike uitdagings in omgewings waar hulpbronne beperk is. Verskeie faktore soos ouers se geskiedenis van kindermishandeling afhanklikheid aan dwelms of geestesongesteldheid kan die oorsaak wees van ouers se mishandeling van hulle kinders.

Suid Afrika ondervind 'n toename in kindermishandeling. Hierdie ontstellende toename noodsaak die gebruik van maatskaplike werk modelle, soos die krisisintervensie model toename met ouers van geïdentifiseerde sorgbehoewende kinders. Maatskaplike werkers is toegerus om intervensie te verskaf wat kliënte instaat stel om oplossing vir hulle probleem soos kindermishandeling te vind.

Die doel van hierdie studie was om maatskaplike werker se begrip van en ervaring met die gebruik van krisisintervensie met ouers van sorgbehoewende kinders vas te stel. 'n Kwalitatiewe benadering is gebruik saam met 'n verkennende en beskrywende ontwerp. 'n Semi-gestruktureerde vraelys is gebruik om data te versamel van twintig maatskaplike werkers in diens van die Departement van Maatskaplike Ontwikkeling. Die bevindinge van die studie dui aan dat maatskaplike werkers uitdagings, soos ouers aggressiewe gedrag en 'n gebrek aan samewerking, ervaar gedurende die intervensieproses. Gebaseer op die bevinding van die studie word aanbeveel dat maatskaplike werkers meer doelgering moet reflekteer oor hulle eie ervaring van hoe en waarom hulle krisisintervensie gebruik met ouers van kinders wat as sorgbehoewende geïdentifiseer is.

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CHAPTER 1

THE USE OF CRISIS INTERVENTION WITH PARENTS OF CHILDREN IDENTIFIED AS IN NEED OF CARE AND PROTECTION: EXPERIENCES OF SOCIAL WORKERS

1.1 PRELIMINARY STUDY AND RATIONALE

According to Section 28 of the Constitution of the Republic of South Africa 108 of 1996 (hereinafter referred to as the Constitution), every child has the right to be protected from maltreatment, neglect, abuse or degradation. In South Africa, child abuse and neglect is a serious and escalating problem for many children (Pierce & Bozalek, 2004:819). Boezaart (2009:163) mentions that a child in need of care and protection can be potentially in need of the state's imposed care and intervention and possibly even removal to an alternative care placement when his or her present family environment or other living conditions are inappropriate in that harm is occurring or likely to occur.

In Section 150 of the Children's Act 38 of 2005, a child is found to be in need of care and protection when exposed to any of the following situations:

- Has been abandoned without any visible means of support
- Displays behaviour which cannot be managed by the parent
- Lives or works on the streets or begs for a living
- Is addicted to a dependence-producing substance and is without any support to attain treatment for such dependency
- Has been exploited or lives in circumstances that expose the child to exploitation
- Lives or is exposed to circumstances, which may seriously harm that child's physical, mental or social well-being
- May be at risk if returned to parents as there may be reasons to believe that the child will live in or be exposed to circumstances which may seriously harm the physical, mental or social being of the child
- In a state of physical neglect or being maltreated, abused, deliberately neglected or degraded by the parent(s).

In Section 155 of the Children's Act 38 of 2005, a designated social worker investigates the child's case and presents the findings to the children's court for a review. If the social worker finds that the child is in need of care and protection, the children's court on hearing the matter may make an appropriate order stating that the child be removed from the parents into alternative care.

Schofield and Ward (2011:48-49) explain that the process in which children go into alternative care, such as foster care or child and youth care centres, in the parent's view is often difficult. It can even be a traumatic event and is likely to have an impact on how parents view their subsequent parenting roles and experiences during the years their children are growing up in foster care or child- and youth-care centres. Parents' perception of the process of separation is linked strongly to a question of who was responsible for the children coming into alternative care and where the blame should lie. Most of the parents who are angry with social workers for removing their children to alternative care recognise that their care of the children at the time of removal was not as good as the children needed. Some parents experience a very personal blame and guilt for their behaviour such as the consumption of drugs and alcohol at the time their children were removed into alternative care. Such parents can take into account their traumatic childhood experiences, violent partners or lack of support when reflecting on what happened to their children.

The removal of children away from the family home into alternative care, even in circumstances where the move was accepted by some parents as necessary, causes subsequent grief reactions similar to that of bereavement. There is always a risk that the parents could suffer shock, denial, anger and depression. The loss experienced at both a private and public level with the loss of role and relationships being compounded by the stigma attached to losing children to the care of the state. Adding to that there are also allegations of neglect and abuse; even their entitlement to grieve for the loss of their children may not be recognised because of the blame that attaches to parents through the court process (Schofield & Ward, 2011:74).

The parents may experience the removal of a child as a crisis situation. The inability to cope with the crisis situation can lead to a number of consequences including emotional distress, damaged sense of personal self-worth, incapability to enjoy interpersonal contacts and an

impaired task performance, all of which results in a crisis state (Regehr, 2011:134). Crisis intervention can be used to assist parents to deal with the crisis of the removal of their children. Crisis intervention refers to a social worker entering into a life situation of an individual or a family to ease the impact of a crisis and to assist mobilising the resources of those directly affected, such as the parents of children in need of care and protection when losing their children into alternative care (Roberts, 2005:12-13).

Crisis intervention focuses on the client's current problems. For the purpose of this study, the focus is on how social workers use crisis intervention with the parents of children in need of care and protection during the process of losing their children into alternative care. The problems that parents experience such as drug use, unemployment and violent partners are often the ones that radiate the crisis. The social worker is interested in revealing what experiences in the client's life has led him/her to seek help at a specific time in order to determine problems mostly needing to be addressed. The emphasis is on the importance of allowing the client to express his/her story about the crisis situation (Roberts & Ottens, 2005:334-335). Crisis intervention is viewed as a process of working through the crisis event and for the person to be assisted with exploring the traumatic experience and his/her reaction to it (Roberts, 2005).

Roberts (2005:13) characterises a crisis state as follows, an individual:

- observes a precipitating event as being meaningful and threatening
- appears unable to adapt or reduce the impact of stressful events with normal coping methods. It has been mentioned that parents of children in need of care and protection could suffer shock, denial, anger and depression that could last for months or years at the removal of their children into alternative care (Schofield & Ward, 2011:74)
- experiences enhanced fear, tension and confusion, for example parents living with guilt that they are responsible for what happened to their children (Schofield & Ward, 2011:49).

Crisis intervention is a timely skilful intrusion into a personal crisis to defuse a potentially disastrous situation before physical or emotional destruction. Crisis intervention attains problem management not problem resolution (James, Greenstone & Leviton, 2011:1-2).

Four natures of crisis theory occur in individuals, namely developmental, situational, existential and ecosystemic crises (James, 2008:13-14):

Developmental crises: an event in the usual flow of human growth and evolution where drastic change occurs that produces abnormal responses, for example retirement. These are considered normal, though all personal and developmental crises are unique.

Situational crises: emanates with occurrence of uncommon and extra-ordinary events that an individual has no way of forecasting or controlling situation crisis flow events such as sudden illness and death.

Existential crises: occurs when there is inner conflicts and anxiety that accompany vital human issues of purpose, responsibility, freedom, commitment and independence.

Ecosystemic crises: occurs when human-caused disaster overtakes a person through no faults of own.

Existential crises is applicable to this study as parents of children in need of care may have conflict within themselves in terms of losing their children into alternative care due to allegations of abuse and neglect because of the lack of parental care and responsibilities. According to Section 18 of the Children's Act 38 of 2005, the parental rights and responsibilities include the right to care for the child.

1.2 PROBLEM STATEMENT

Parents often are cynical about the child protection system acting in the best interest of their children. They perceive social workers as holding constricted pre-conceived ideas about the problems that exist in their families. In addition, they may feel deprived of opportunities to challenge or even dialogue with social workers regarding the interpretation given to events happening in their families (Dumbrill, 2006:30). Little research exists in investigating the extent to which parents feel undeserved and overlooked by child protection services (Alpert & Britner, 2009:136). Dumbrill (2006:31) discovered that parents are struggling to deal with the problems and issues that bring them to the attention of child protection services; they

experience powerlessness. Section 144 of the Children's Act 38 of 2005 emphasises the use of early intervention for preserving a child's family structure by developing appropriate parenting skills and the capacity of parents to maintain the well-being and the best interest of their children to avoid the removal of the child from the family environment.

There are disagreements in South Africa between professionals and the general population, especially parents of children identified to be in need of care and protection, when it comes to evaluating the severity of child maltreatment. In Section 110 of the Children's Act 38 of 2005, professionals are obliged to report child maltreatment if they suspect any. It can be challenging for social workers to effectively implement a crisis intervention model when parents are not in agreement with social workers about what type of child maltreatment is severe enough to be reported and dealt with (Pierce & Bozalek, 2004:830). Social workers can experience verbal hostility from parents due to the concerns about the removal of their children into alternative care. Existing research reveals that social workers are trained to be where the client is and to empower the client. There is a need for critical reflection on the utilisation of social work models such as the crisis intervention model with parents of children identified to be in need of care and protection, as child neglect and abuse is escalating in South Africa. Social workers need to reflect on their experiences of how they utilise crisis intervention with parents of children identified to be in need of care and protection in order to disclose the effectiveness of the model, to show what challenges are experienced and to bring forth recommendations that will assist in reducing the increasing child abuse and neglect problems (Kohl, Kagotho & Dixon, 2011:224; Savaya, Gardner & Stange, 2011:66; 70).

1.3 GOAL AND OBJECTIVES OF THE STUDY

The goal of the study is to gain an understanding of the experiences of the social workers with regards to the use of crisis intervention with parents of children identified as in need of care and protection.

In order to achieve the goal of study the following objectives were formulated:

- To explain the provision of the Children's Act 38 of 2005 for care and protection of children.

- To explain the need to use a crisis intervention with parents of children who are identified to be in need of care and protection.
- To investigate how social workers experience the use of crisis intervention with parents of children identified to be in need of care and protection.
- To provide conclusions and recommendations based on the findings of the study.

1.4 CLARIFICATIONS OF CONCEPTS

1.4.1 Crisis Intervention

Crisis is an acute disturbance of psychological homeostasis in which one's natural coping mechanism fails; following evidence of distress and functional impairment. Crisis is an exposure to the reaction of life's stressful experiences that include the individual's stability and ability to cope. The major cause of crisis is intensely stressful, traumatic or hazardous events (Roberts & Ottens, 2005:331).

Crisis intervention is an informed and mapped application of techniques derived from established principles of the crisis theory, by professionals with an understanding of these principles, with the intention to assist the individuals or families to adjust personal characteristics such as feelings, attitudes and behaviours that are judged maladaptive (Poal, 1990:129).

Crisis intervention, therefore, is a process of assisting clients to maintain balance and order in their lives when faced with problems that they cannot solve at a specific time.

1.4.2 Parent

The Children's Act 38 of 2005 defines a parent as a person in relation to a child, including adoptive parents of a child.

A parent, according to the definition cited in the Paperback Oxford English Dictionary, is a father or a mother (Soanes, Hawker & Elliotts, 2010:541).

1.4.3 Child

Section 28 of the Constitution (1996) and the Children's Act 38 of 2005 define a child as a person under the age of 18 years.

A child is a young human being below the age of full physical development (Soanes *et al.*, 2010:123).

1.4.4 Social Worker

According to the Children's Act 38 of 2005 a social worker is a person who is registered as a social worker in terms of Social Service Profession Act 110 of 1978.

1.5 RESEARCH DESIGN AND METHODOLOGY

1.5.1 Research Approach

The study made use of a qualitative approach. A qualitative approach was used to collect data in the field where participants experience the issue, that is how social workers experience the utilisation of crisis intervention with parents of children identified to be in need of care and protection (Fouché & Delport, 2011:64-66).

1.5.2 Research Design

The study utilised an exploratory research design. It is explained by Fouché and De Vos (2011:95-96) as research conducted to gain an insight into a situation, phenomenon, community or individual. Exploratory research is aimed more at providing an answer to a 'what' question. The study focused on what social workers experience with utilising crisis intervention with parents of children identified to be in need of care and protection.

A descriptive research design was used in the study. It aimed at presenting an image of the specific details of a situation and to focus on 'How' and 'Why' questions. For the purpose of the study, the focal questions revealed how and why social workers use crisis intervention

with parents of children in need of care and protection. In a qualitative approach, there was an examination of phenomena and their deeper meaning that led to a broad description. In a quantitative approach, the description referred to the attributions of a population (Fouché & De Vos, 2011:96).

The reasoning for this study was both deductive and inductive reasoning. The former moves from general to specific, starting with an abstract concept then moving to concrete evidence. The latter moves from specific to general, the starting point of reasoning is via observations (Delpont & De Vos, 2011:48-49).

1.5.3 Research Method

1.5.3.1 Literature Study

Delpont, Fouché and Schurink (2011:297) explain a literature review as a paradigm that offers a frame of reference for looking at life or understanding the reality; Delpont *et al* (2011:297) cite Babbie (2007:31) in that it is an essential frame of reference used to organise observations and reasoning.

The literature that was utilised in the study brought enlightenment on the following aspects that were the focus of the study, namely social work services with children in need of care and protection and the need to use crisis intervention with parents of children in need of care and protection. Local and international journals, books, articles and thesis within social sciences, specifically the human service professions were used.

1.5.3.2 Population and Sampling

Population refers to individuals in the universe owning specific characters. The population of the study was all social workers employed by the Department of Social Development in Gauteng. Therefore, it is vital to choose a subset of the population as a sample for the feasibility of the study (Strydom, 2011a:223). Non- probability sampling was used in the study. It means that the chance of selecting a particular individual is unknown. Therefore, purposive sampling was utilised where individuals were selected because they met the criteria

for inclusion (Strydom 2011a:232). A total number of twenty participants were selected for the study.

Criteria for inclusion in the sample of the study were that participants should be:

- Social workers employed by the Department of Social Development in Gauteng
- Social workers providing child protection services in terms of the Children's Act 38 of 2005
- Social workers working with parents of children identified to be in need of care and protection.

1.5.3.3 Method of Data Collection

Since the study utilised a qualitative approach, the researcher utilised one-on-one interviews using semi-structured questionnaires. The interviews were structured around areas of particular interest in the study, while allowing flexibility in scope and depth (Greeff, 2011:348). Hugh-Jones (2010:77) promotes interviewing by stating that talking is part of everyday human experience. It is an answer to understanding our world and others. It is concerned with ways that people experience everyday life. The researcher tape-recorded the interviews with permission from the participants.

The participants were provided with informed consent forms prior to completion of the questionnaires where they gave consent to be part of the study. The informed consent forms included information about the nature of the research including the completion of the questionnaires.

1.5.3.4 Pilot Study

A pilot study was conducted to determine whether relevant data could be obtained with the semi-structured questionnaires from participants. Two participants were selected to test the feasibility of the study using the data collection methods mentioned above (Strydom & Delport, 2011:394-395). The two participants were only used for the pilot study.

1.6 DATA PROCESSING PROCEDURE

1.6.1 Method of Data Analysis

A qualitative data analysis was used as a non-numerical interpretation of observations for the aim of discovering underlying meaning and patterns of relationships. Data collected for the study in a form of recorded interviews was transcribed to produce patterns and themes. The researcher managed the data by keeping written memos after intensely listening to the voice recordings of the interviews. The data was analysed and presented in a form of tables, figures and tables with narratives (Schurink, Fouché & De Vos, 2011:399-400; 405; 408-409).

1.6.2 Method of Data Verification

- **Credibility**

The purpose of credibility is to display that the enquiry for the study is conducted in a manner that ensures that participants have been accurately identified and described. Participants were assigned a number on the interview schedule, the researcher utilised the same number on the tape recordings in order to be able to identify and describe the participants accurately. Credibility places emphasis on strategising by using prolonged engagement, constant observations in the field and member checks (Schurink *et al.*, 2011:419-420). Shenton (2004:66-67) adds that the researcher must use an approach that enhances honesty in participants. The participants who met the selection criteria were provided with a chance to refuse to participate, to make sure that that the study consists of those who were prepared to take part and offer data freely.

- **Transferability**

The researcher asked whether the results of the research could be transferred from a particular situation to another. The study referred to a theoretical framework to show that it is guided by context, hence the use of the crisis intervention model (Schurink *et al.*, 2011:420; Shenton, 2011:71).

- **Dependability**

The researcher tried to account for changing conditions in the phenomenon chosen for the study. The in-depth description of the research design and its execution were described in terms of what was implemented (Schurink *et al.*, 2011:420; Shenton, 2011:71).

- **Conformability**

Conformability means that the findings of the study could be confirmed by another. It is concerned with objectivity. Evaluation is removed from the researcher and placed on the data itself (Schurink *et al.*, 2011:421; Shenton, 2011:72).

1.7 ETHICAL CONSIDERATION

According to Strydom (2011b:114), “ethics implies to preferences that influence behaviour in human relations, confirming a code of principles, the rules of conduct, the responsibility of the researcher and the standards of conducts of a given profession”.

The researcher is a registered social worker with the South African Council for Social Service Professions (SACSSP); the researcher, therefore, used the professional standards of conduct prescribed by the SACSSP. To conduct the study, the researcher had to gain permission from the Research Committee of the Department of Social Development and the Departmental Ethical Screening Committee (DESC) of Stellenbosch University.

The following are ethical issues considered for the study:

- *Avoidance of harm:* It could not be said with certainty that participants were not going to be harmed because everything we do in life can possibly harm someone (Strydom, 2011b:115). Due to the nature of social work services, the possible harm could be of an emotional nature. The researcher, however, compiled the interview schedule in such a manner that they only focused on the social workers’ experiences with parents of children in need of care and protection. If the researcher foresaw any harm, participants were going to be advised to seek assistance, such as counselling if needed.

- *Informed consent*: The researcher provided participants with written consent forms that included the title and purpose of the study; stressing confidentiality of the information that was gathered and voluntary participation. (Strydom, 2011b:117).
- *Confidentiality*: Strydom (2011b:119) defines confidentiality as the handling of the information received from participants in a confidential manner. Participants were informed that the only person who will have access to the information is the researcher's supervisor.
- *Debriefing*: During debriefing, participants were required to work through their experience and its aftermath after they had completed the questionnaires (Strydom, 2011b:122).

1.8 CONTENT

The thesis is structured into five chapters:

- Chapter 1 comprises of the introduction to the study, with information on how the study is executed.
- Chapter 2 is based on a literature study describing the nature of social work services with regards to children identified to be in need of care and protection in terms of the Children's Act 38 of 2005.
- Chapter 3 entails a literature study on the need to use crisis intervention with parents of children identified to be in need of care and protection.
- Chapter 4 provides the findings of social workers' experiences with the use of crisis intervention with parents of children identified to be in need of care.
- Chapter 5 provides conclusions and recommendations based on the findings of the study.

CHAPTER 2

THE PROVISION OF THE CHILDREN'S ACT 38 OF 2005 FOR CHILDREN IN NEED OF CARE AND PROTECTION

2.1 INTRODUCTION

Child maltreatment is a long existing challenge within societies not limited to specific countries or communities but currently under global concern. The incidence rate of child maltreatment globally and in South Africa, is however, poorly documented. An indicator, which has caused global alarm and concern for child abuse is that of continually increasing cases of crimes committed against children. In the year 2000 and 2001, the South African Police Services (SAPSs) crime statistics indicated that the common crimes committed against children were rape, attempted rape and assault with attempt to cause severe bodily harm (Berry, 2007:168).

This chapter's aim is to address the first objective of the study, which is related to the provision of the Children's Act 38 of 2005 for children in need of care and protection. In this chapter, an overview on the background of the establishment of the Act in accordance with the Bill of Rights embedded in the South African Constitution (1996) as it is the backbone for all policies and legislations such as the White Paper for Social Welfare (1997) and Integrated Service Delivery Model (2006) will be presented. A discussion of different forms of child maltreatment, which are physical, emotional, sexual and neglect, related to grounds for finding a child in need of care and protection according to the Children's Act 38 of 2005. This chapter also focuses on identifying factors contributing to maltreatment as well as the consequences thereof. A discussion of social work intervention will be presented with emphasis on the court procedures and court orders as well as the process undertaken in reporting child maltreatment as stipulated in the Act for safeguarding, documenting and ensuring the wellbeing of abused children in South Africa will also be offered.

2.2 CHILD PROTECTION POLICIES AND LEGISLATION

Every country needs a structure for its functioning and the protection of its citizens. For one to understand the laws of a country one needs to understand the objectives and reasoning behind the formation of the laws within a country. For the purpose of this study, it is vital to

provide background information on policies and legislation related to child protection in South Africa.

The cornerstone and the basis of the establishment of all policies and legislations in the South African democracy are embedded in the Bill of Rights of the South African Constitution (1996) (Lombard, 2008:156). According to the Oxford English Dictionary, a policy is a principle of action adopted by an organisation and legislation is a process of making laws. Roux (2002:424) defines public policy as the authoritative allocation of values for the entire society including proposed statements by public institutions to address policy problems. In South Africa, parliament as the national legislature has legislative authority, that is, the power to make laws in the national sphere of government. Parliament has the power to pass new laws, amend existing laws and retract old laws. The same power is exercised by provincial legislatures in the provincial sphere of government in respect of provincial laws (Department of Justice and Constitutional Development, 2004).

According to Chapter 5 of the Constitution, the executive authority of the Republic is vested in the president. Such authority involves development and implementation of national policy and preparation and initiating legislation. Law making in the country has its foundation in policy. The policy making and legislative drafting involves public inputs. According to the parliament of the Republic of South Africa (2001), Section 2 of the public participation in the political environment and the Department of Justice and Constitutional Development (2004), the policy formulation process is usually a two-step process, including a Green Paper and a White Paper, which are published for comment. A Green Paper or White Paper is drawn up involving consultation within the Department responsible, for instance, the Department of Social Development is responsible for child protection policies. The executive, whether or not, preceded by a policy paper, also generally drafts legislation. Child protection policies and legislations are established to provide child protection organisations with a framework on service delivery in protecting the rights and well-being of children in the country. Below is a detailed discussion of the Constitution and the Bill of Rights (1996), The White Paper for Social Welfare (1997), Integrated Service Delivery Model (2006) and the Children's Act (2005). These are the acts and policies aimed at addressing child protection matters.

2.2.1 The Constitution and Bill of Rights

The Republic of South Africa is a democratic state founded on the values of human dignity, equality, freedom and supremacy of the Constitution (1996). The Constitution is the supreme law of the country and the obligations imposed by it must be fulfilled. It is the legal foundation of the existence of the Republic of South Africa. The Bill of Rights is the second chapter of the Constitution; it preserves the rights of all the people in the country and the democratic values of human dignity, equality and freedom (Lombard, 2008:156). According to the Bill of Rights, everyone has the right to inherent dignity and the rights to have their dignity respected and protected, including children. Section 28 of the Bill of Rights preserves the rights of children by enshrining that every child has a right to parental care, the right to be protected from harmful circumstances and the right to be protected from maltreatment, neglect, abuse or degradation.

2.2.2 The White Paper for Social Welfare

White Paper is used as a means of presenting government policy for commentary before introducing legislation. The White Paper for Social Welfare (1997:62) indicates that the major contributor to family problems and breakdown in family functioning is the increasing economic stress facing households. Those living below the poverty line as well as poor single-parent families, mostly female-headed households are the worst affected. Family dysfunction manifests when poverty is combined with environmental stress and feelings of powerlessness and frustration. This, in turn, could contribute to social problems, which affect the capacity of the family to function optimally. The ability for poor families to meet their needs is affected, an indication that individuals and families become vulnerable. Vulnerability leads to social dysfunction. Children become vulnerable and experience difficult circumstances in being denied their most basic human rights and their growth and development are thus impaired.

The White Paper for Social Welfare (1997:62-63) indicates that child abuse is a serious and growing problem. The level of abuse and neglect is unknown as a result of under reporting and an uncoordinated record-keeping system. The well-being of children depends on the ability of families to function effectively. Children need to grow up in a nurturing and secure

family that can ensure their survival, development, protection and participation in family and social life. Families have a potential to give their members a sense of belonging and imparting values and life skills. Families create security; they set limits on behaviour; and together with the spiritual foundation, they provide notions of discipline. All these factors are essential for the healthy development of the family and of any society. Children grow up in a wide range of family forms and structures, with different needs, role divisions, functions and values. The implementation of the White Paper for Social Welfare (1997) is established on a rights-based approach, which recognises the rights of the poor and vulnerable groups, such as the children, to social security as well as their rights to socio-economic development (Lombard, 2008:166).

2.2.3 Integrated Service Delivery Model

The Integrated Service Delivery Model (2006) also known as the ISDM, is a framework for developmental social services in the country utilised in conjunction with other policies such as the White Paper for Social Welfare (1997). The aim of the ISDM is to provide a national framework that determines the level that constitutes the service delivery model for developmental social services. According to Lombard (2008:162), the ISDM provides a platform for child protection services based on the developmental approach. The developmental approach recognises a strength approach to service delivery. The emphasis is on protection services aimed at preserving the wellbeing of individuals such as children in families. Protection services usually are provided within the context of a policy or a legislative framework and include statutory services, that is, services rendered to children. These services were rendered previously in terms of the Child Care Act 74 of 1983 and currently in terms of the amended Children's Act 38 of 2005. The ISDM highlights that children are among the target groups who are poor and vulnerable entities of the community.

There are three aspects covered in the ISDM with regards to addressing the nature of services provided to children, that is prevention services, rehabilitation services and continuing care services and reintegration. First, *prevention services* include early childhood development for children under the age of six years. The Department of Social Development monitors and evaluates the services provided by early childhood development centres established for such age group. Secondly, *child protection services* are aimed at preventing the abuse, neglect and

abandonment of children. Protection programmes are aimed at protecting and promoting the wellbeing of children, especially those in difficult situations. Lastly, *continuing care services* include foster care and adoption services, child and youth care centres, reunification services and after care applicable to children who have been found in need of care and protection. *Reintegration* programmes focus on successful reintegration of service users to society, work environment, family and community life.

2.2.4 The Children's Act 38 of 2005

The Children's Act is an Act of the Republic of South Africa that consolidates and reforms the law on affairs related to children. Below is a discussion of the history, purpose, provision of the Act and grounds for finding a child in need of care and protection.

2.2.4.1 The History of the Act

In 1989, the world leaders met in the General Assembly to adopt the United Nations Convention on the Rights of the child. The convention emphasised accountability of governments to fulfil their obligation towards the rights of children. In the year 1995, South Africa authorised the rights of children entrenched and protected by the Bill of Rights in the country's Constitution (Girma, 2011:7). The constitutional protection of the rights of children in the Bill of Rights and South Africa's endorsement of the United Nations Convention on the Rights of the Child influenced the redrafting of legislations affecting children to provide effect to constitutional and international law commitments (Sloth-Nielsen, 2003:2 & Berry, 2007:168). The South African Law Commission, also known as the Commission, was mandated to investigate and review the Child Care Act 74 of 1983 in 1997 and to provide recommendations to the Minister of Social Development. The Commission released feedback on the reviews with the draft of the Children's Bill in the year 2002 (Sloth-Nielsen, 2003:2). The Commission's major goal was to replace the Child Care Act of 1983 with the Children's Bill as it was considered inconsistent with the Constitution (Berry, 2007:169; Martin, 2003:5; Sloth-Nielsen, 2003:2).

The main concern that the Children's Bill aimed to address was the need to enhance mechanisms to protect children from abuse and neglect. This was to be reached by providing

services and means for promoting and monitoring the physical, intellectual, emotional and social development of children (Sloth-Nielsen, 2003:2). The Children's Bill, therefore, was going to be an advantage for the children in the country, especially because according to Van Bogaert and Ogunbanjo (2013:2) children have not always been on the human rights programme as a separate group. They were viewed as the property of their parents. The Children's Bill was passed in June 2005 and is known as the Children's Act 38 of 2005 (Berry, 2007:168). Due to the division of powers between the national and provincial government, the Act had to be amended for national and provincial government to hold joint responsibility. The Act was amended by the Children's Amendment Act 41 of 2007 and came into effect in 2010 (Van Bogaert & Ogunbanjo, 2013:2).

2.2.4.2 The Purpose of the Act

Boezaart (2009:185) reported that the Act is intended to be comprehensive legislation protecting the wellbeing of children. It provides a mechanism to promote certain rights of children as stated in the South African Constitution, such as the right for all children to be protected from maltreatment, neglect, abuse or degradation, as stated in Section 28 of the Constitution. The Children's Act is aimed at providing South African children with this essential protection to ensure that their constitutional rights are sustained and not infringed upon and that their overall wellbeing is protected.

2.2.4.3 Provision of the Act

According to Pierce and Bozalek (2004:818) there are three aspects that contribute to child maltreatment, that is, cultural differences in child rearing practices and beliefs; distinctive departure from ones cultural range of acceptable behaviour; as well as societal harm to children such as child labour and child marriages.

The Act provides the children with the protective measures against social, cultural and religious practices, which may be harmful to the child's wellbeing. It provides a measure of protection against child trafficking; the recognition of child-headed households and the minimum norms and standards under which such households should function. That is, children under the age of sixteen years may not assume household responsibilities. The Act

also provides a measure of protection relating to child's health with a specific focus on the issues relating to consent to medical treatment, surgical operations and HIV testing.

2.3 Grounds for Finding a Child in Need of Care in Terms of the Act

Section 150 of the Act provides guidelines for the grounds on which a child can be found in need of care and protection. These grounds are that a child can be found in need of care and protection if a child lives or is exposed to circumstances, which may seriously harm the child's physical, mental or social wellbeing. A child can be found in need of care and protection if a child is being maltreated, abused, deliberately neglected or degraded by a parent and when a child is in a state of physical and mental neglect. Children living and working on the streets as well as children with uncontrollable behaviours can also be found in need of care. The nature of these grounds of maltreatment will be discussed in the following section.

2.3.1 Types of Maltreatment

In South Africa, child abuse and neglect is a concern; the numbers of reported crimes against children are increasing (Sewpaul, 2001:573). However, it is very difficult to obtain accurate national data on the number of children being abused and neglected because many of the incidences are not reported. Pierce and Bozalek (2004:819) explain that the Child Protection Unit keeps only national statistics on child abuse offenses. It was discovered that the statistics are at times not inclusive of all the cases reported to social workers or health care workers. Contributing to that are the cultural and societal differences about what is regarded as abuse and neglect (Gray, 2013:8; Righthand, Kerr & Drach, 2003:7). There is a large population of children living on the streets in many parts of South Africa, which is one indication of the fact that the country has many children in need of care and protection (Boezaart, 2009:163). As previously mentioned, there are guidelines provided in Section 150 of the Act on the criteria that can be utilised to decide whether a child is need of care, including the decision by the children's court.

Newton and Gerrits (2011:5; 7) explain that child abuse can take different forms; it can either be hurting a child with one's hands or words or not providing food and a safe place. When a

child is displaying behaviour misconducts or changes, it is often associated with a child's way of seeking attention and the means for communicating emotional pain and distress. Children's behaviours may reflect deductions they may have drawn from recent, past or recurring events they have encountered. Most children found to be in need of care and protection experience abuse of some sort. All maltreatment entails certain aspects of harm to a child as per Section 150 of the Act (Daniel, Gilligan & Vassell, 2010:255; Pierce & Bozalek, 2004:819)

For the purpose of the study, the focus is on the abusive behaviour perpetrated by parents. Many children are maltreated by their parents; everyday there are media reports of children who have suffered at the hands of a parent worldwide. There are child protection units in place to assist families in developing healthier parenting skills and that penalise perpetrators of maltreatment when appropriate, but there is still an escalating issue of child maltreatment (Scannapieco & Connel-Carrick, 2005:3; Righthand *et al.*, 2003:10). Child maltreatment falls into four broad categories, namely physical abuse, emotional abuse, sexual abuse and neglect. Each country, however, is responsible to define more specifically the parameters of abuse and neglect, hence the use of the Act in South Africa (Scannapieco & Connel-Carrick, 2005:11).

2.3.1.1 Physical Abuse

Physical abuse occurs when an adult, or someone in a position of power, physically injures or kills a child. Harm can be the result of severe hitting of a child. The adult oversteps the boundaries of discipline. Child physical abuse is the most visible form of abuse (Newton & Garrits, 2011:8; 10; Butler & Roberts, 2004:188; Righthand *et al.*, 2003:10).

Peterson, Durfee and Coutler (2003:3) provide possible incidences that may be indicators of child physical abuse such as when a parent is unable to provide adequate explanation of the injuries sustained by a child or when a parent delays seeking medical treatment for the child's injuries and does not accompany the child to the hospital. Scannapieco and Connel-Carrick (2005:11-12) argue that the injuries alone are not enough to determine maltreatment. A number of factors need to be considered when determining whether the injuries are the result of physical abuse.

The child's level of development and pattern of the bruise: It takes a particular level of development for children to injure themselves. The developmental stage of a child needs to be considered. The pattern of a bruise can determine what object was utilised to create it.

The position of the injury: One can identify whether a bruise was intentional or unintentional. Unintentional injuries may occur in the front part of the body due to the body's defence mechanism, any other injuries such as burn marks on a child's back, may be intentional.

The parent's explanation of the injuries: The parent's explanation of the injuries should be assessed in the context of authentic circumstances, for example a three month old child cannot accidentally fall down on his own. If a parent's explanation does not logically meet the injury, it may be a sign of abuse. These factors, therefore, can provide social workers with a guide to determine physical abuse indicated in Section 150 of the Act.

Physical abuse is one of the commonly occurring types of abuse; the information provided above indicates that a child's injuries alone cannot be the basis of finding a child in need of care and protection. Other elements need to be explored in order to get to a factual conclusion of the nature of the injuries. A parent's lack of explanation of a child's injuries can be a disadvantage to a parent, whether the injuries were intentional or unintentional, because they highlight a certain level of neglect.

2.3.1.2 Emotional Abuse

Emotional abuse takes place when an adult says hurtful things that cause a child to feel inadequate such as attacking and questioning a child's intelligence. Emotional harm can also occur when a child is exposed to someone else being abused, such as a parent (Newton & Garrits, 2011:8). Emotional abuse incorporates parents distorted behaviours such as habitual verbal assault, rejection, restricting a child's movements with physical restrains or confining a child to an enclosed space, which may cause severe psychological harm to such child (Howing & Wodarski, 1992:332). According to Scannapieco and Connel-Carrick (2005:17) emotional abuse can occur in the following five forms:

Rejection: A parent may refuse to recognise the child's worth and legitimacy of the child's needs.

Isolation: The parent may restrict the child from social experiences and prevent the child from establishing friendships.

Terrorising: A parent may verbally assault or frighten a child.

Corrupting: A parent may stimulate a child to engage in destructive antisocial behaviour such as stealing.

Ignoring: A parent may deprive a child of important stimulation and responsiveness such as emotional growth and intellectual development. Social workers can utilise these factors to determine emotional abuse mentioned in Section 150 of the Act.

Emotional abuse has no patterns to prove its occurrence; a child is deprived of an environment that promotes social and developmental wellbeing. Emotionally abused children learn to live in isolation and at times present uncontrollable behaviour that is a result of destructive behaviour they may have been taught. Children's emotional needs are neglected.

2.3.1.3 Sexual Abuse

Sexual abuse occurs when an adult or adolescent touches a child in places that are private. It involves persuasion, inducement or coercion of any child to engage in or assist any other person to engage in any sexually explicit conduct (Newton & Garrits, 2011:8; Scannapieco & Connel-Carrick, 2005:13; Butler & Roberts, 2004:188).

According to Peterson *et al.* (2003:4), when a child displays a sexually obsessive behaviour or has acute genital injuries without a clear accidental cause, such incidences could be indicators that such child is being sexually abused. Levenson and Morin (2006:63) argue that though many are trained to recognise the sexual abuse indicators, most of these indicators are not exclusive to sexual abuse but can be recognised in children traumatised by other types of abuse. It is argued that a child who is a victim of sexual abuse is unlikely to display any type

of behaviour that is linked to sexual abuse because of fear, loyalty to the abuser, or a belief that the child contributed to the abuse. Medical assessments are crucial in such incidences (Levenson & Morin, 2006:63-64). Therefore, it is not easy to identify sexual abuse without the possible indicating factors mentioned above for assistance. Social workers can make use of them to identify sexual abuse mentioned in Section 150 of the Act.

2.3.1.4 Child Neglect

Neglect of children is interpreted differently to abuse. While some abuse may focus on the parent's behaviours, others may focus on the consequences to the child. Neglect tends to be defined in terms of the harm to the child (Scannapieco & Connel-Carrick, 2005:15). Child neglect occurs when a parent fails to meet the basic essential needs of a child such as leaving a child without adult supervision and not providing food for the child (Buttler & Roberts, 2004:188). Children who are neglected may come to medical attention for different reasons and evidence of neglect is apparent. For instance, a child may appear dirty, smell of urine and be underweight. Neglect may result in children sustaining injuries such as burns (Peterson *et al.*, 2003:70).

According to Srivastava (2013:4) abuse can be a wilful and intentional act. Neglect can be due to ignorance or the inability of parents to meet the child's requirements for various reasons. Child neglect is denial of health care, nutrition and education to children. Although in some instances, there is a connection between poverty and child maltreatment. The constraints of poverty pose a negative impact on the child's health and development. Miller-Perrin and Perrin (2013:151-152) explains that child neglect may at times be unintentional but that does not make it less harmful than intentional neglect.

The above information provides enlightenment on the complexity of child maltreatment. The Act explains abuse in relation to a child as any form of harm inflicted on a child. The guidelines provided in the types of abuse can assist social workers in deciding whether a child is in need of care and protection as indicated in Section 150 of the Act.

2.3.2 Factors Contributing to Maltreatment

As discussed in the previous section, maltreatment has no distinct cause; there are many factors that contribute to it (Chan, 2012:953). A number of the factors are parent-related, that is, parents who are not able or willing to care for their children because of addictions or stressors in their lives such as the expression of anger, anxiety and using corporal punishment. Child abuse is often about power and control (Chan, 2012:953; Newton & Gerrits, 2011:10).

Chan (2012:953), Newton and Garrits (2011:10) and Peterson *et al* (2003:4) provide possible circumstances that can place children at risk of maltreatment. These include children living in a household where there is domestic violence and substance abuse, for example a child living with a parent who is addicted to drugs; children living in a household where a parent has a mental health condition such a depression and is not being treated for it and where parents have limited parenting skills; and children whose parents suffered some form of abuse and underwent life changing events such as dealing with the stress of unwanted pregnancy.

The risk factors indicate the high probability of children experiencing maltreatment when exposed to the risk circumstances mentioned above, with consequences affecting the child's developmental wellbeing, even after abuse has been dealt with. A discussion on the negative consequences of abuse in a child's life follows.

2.3.3 Consequences of Child Maltreatment

It is well documented that children who are maltreated are more at risk of developing emotional disorders such as anxiety, depression and post-traumatic stress (Newton & Garrits, 2011:14). Maltreated children may struggle with self blame, particularly if physical abuse occurs during disciplinary interactions and parental blames. In such cases, the maltreated child learns to associate reasons for abuse with self blame, especially if they were engaged in misbehaviour prior to the abuse incident (Swannell, Martin, Page, Hasking, Hazell, Taylor, Protani, 2012:580).

A child may be confused and feel embarrassed by the abuse such as sexual abuse, resulting in a tentative, contradictory and minimisation of the abuse to shield the abuser (Levenson & Morin, 2006:63; Peterson *et al.*, 2003:4). Victims of abuse often have to live with external shame and a sense of being disgraced by the abuse. This sense of shame can affect the psychobiological maturation and functioning of a child (Annerbäck, Sahlqvist, Svedin, Wingren & Gustafsson, 2012:586). The outcome may include but not be limited to lack of interest in academic engagement, social skills deficits, aggressive behaviour, family and financial problems and runaway behaviour. The psychobiological factors include physical and motor development, social and emotional development and cognitive and academic development (Trickett & McBride-Chang, 1995:316). Maltreated children may become agitated, difficult to calm and may not seek reassurance from the parent or authority figure (Jonson-Reid, Kim, Barolak, Caterman, Laudel, Essman, Fezzi, Green, Kontak, Mueller, & Thomas, 2007:183&186; Peterson *et al.*, 2003:4).

Consequences of maltreatment may last throughout a person's life, affecting their ability to work and to form healthy relationships or to parent their own children successfully, thus perpetuating the cycle of child maltreatment (Gray, 2013:11). Children with emotional neglect may, as in cases of physical and sexual abuse, experience behavioural problems at school. Children may die due to neglect (Peterson *et al.*, 2003:70). However, these children are now protected by the Act that is used by social workers to protect them.

2.4 SOCIAL WORK INTERVENTION

Kleijn (2004:29) citing Terminology of Social Work (1995:62) defines statutory social work as a specialised field of social work with the purpose of improving the social functioning of individuals, families and communities by applying administrative procedures. A social worker is an individual registered with the professional social work body (South African Council for Social Service Profession) who renders services ranging from developmental services such as early childhood development, victim empowerment and children's court matters such as foster care and alternative placement. Below is a discussion of the children's court procedures and orders and a discussion of the process undertaken in reporting child maltreatment:

2.4.1 Procedures for Reporting Cases of Child Maltreatment

Section 110 of the Act states that any person such as a teacher, who on reasonable grounds believes that a child is in need of care and protection, may report that belief to the provincial Department of Social Development or a designated child protection organisation or police official. Members of the public, however, more often bring child maltreatment forward (Hobart & Frankel, 2001:92).

According to Regulation 33 of the Act, a report by a person considered in Section 110 of the Act who on reasonable ground concludes that a child has been abused in a manner causing physical injury, sexual abused, emotional abused or deliberate neglect must provide a Form 22 completed to the best of that person's ability. In situations where a member of the public reports the incident, the social worker completes the required form. The designated child protection organisation submits the details of the abuse in a Form 23 to the Director-General for inclusion in Part A of the National Child Protection Register.

According to Section 113 of the Act, the purpose of Part A of the Child Protection Register is to have records of abuse or deliberate neglect inflicted on specific children. The records involve information surrounding the abuse or deliberate neglect of the children. Such information can be utilised to protect the children from further abuse and neglect. The information is shared between professionals that are part of the child's protection team. Such information contained in the register is aimed at assisting child protection teams in determining the patterns and trends of abuse or deliberate neglect of children. The information in the register can be used for planning purposes to prevent the abuse and deliberate neglect of children and protect the children on a national, provincial and municipal level.

A social worker employs extensive psychosocial assessment as soon as a case of child maltreatment is reported in order to understand the nature of maltreatment. For instance in cases of sexual abuse, a perpetrator residing in same house with a child can influence how a child copes with a problem (Webb, 2011:12-13). The social worker takes measures to assist the child including counselling, mediation, family restructuring and behaviour modification according to Section 110 of the Act. In such instances, the use of crisis intervention is useful

as it represents a strengths approach and highlights the possibility of client's growth even in traumatic situations. The use of crisis intervention can be used with a range of presenting problems (Walsh & Lantz, 2007:3).

2.4.2 Court Procedures and Orders

The children's courts devote a large amount of their caseload to evaluating children by conducting hearings to establish whether a child is in need of care and protection (Boezaart, 2009:164). Section 45 of the Act indicates that the children's court may adjudicate any matter relating to the care and protection or well being of a child.

2.4.2.1 Establishment of Children in Need of Care and Protection

According to the Section 155 of the Act, a children's court must decide on the question of whether a child is need of care and protection. Such decision is influenced by the investigations and recommendations of a social worker. Before a child is brought before the children's court, the designated social worker must investigate the matter and within ninety days complete a report in a format prescribed by the court on whether a child is need of care and protection. The social worker's report includes the views of the child on the matter being investigated (Weatherall & Duffy, 2008:283). The designated social worker must report the matter to the relevant provincial Department of Social Development. If, after the investigations the social worker finds that the child is in need of care and protection, that child must be brought before the children's court. Section 155 of the Act explains that in a situation where a decision on the children's court matter is pending, the children's court must make an order to either keep the concerned child in temporary safe care, place the child under the control of a family member, or have the child remain in the care of the person whose control the child was before the investigation if it is in the best interest of such child.

2.4.2.2 Orders in the Best Interest of a Child

Section 156 of the Act provides guidelines of the orders that the children's court may make in the best interest of the child on the matters of children found to be in need of care and protection. First, the child can be returned to the person under whose care the child was

before the child was placed in temporary safe care, if the court finds that the person is a suitable person to provide for the safety and well-being of the child. Secondly, the person whose care the child was can be ordered to make arrangements for the child to be cared for in a partial care facility at the expense of such person, if the court finds that the child became in need of care and protection because the person under whose care the child was lacked the time to care for the child. Thirdly, if a child has a parent who is unable or not suitable to care for the child, such child may be placed in foster care with a suitable foster parent. Fifthly, the child is placed in a Child and Youth Care Centre, which provides a secure care programme suited to the needs of the child, if the court finds that the parent cannot control the child. Lastly, the court can interdict a person from maltreating, abusing, neglecting or degrading the child or from having any contact with the child, if the court finds that the child has been or is being maltreated, abused, neglected or degraded by that person.

2.4.2.3 Reunification Services

The social worker is expected to render reunification services to the child and the parents. The person in whose care the child is placed is expected to co-operate with the supervising designated social worker according to Section 155 of the Act. Crisis intervention can be used to assist parents to deal with the crisis of the possibility of, or the removal of, their children. Crisis intervention refers to a social worker entering into a life situation of an individual or a family to ease the impact of a crisis and to mobilise the resources of those affected, such as the parents of children in need of care and protection when losing their children into alternative care (Roberts, 2005:12-13). A discussion on the use of crisis intervention with parents of children in need of care and protection is covered in the next chapter of this study.

2.5 CONCLUSION

Child maltreatment is a global challenge, mainly because of societal differences in the perspectives on what is constituted as child abuse or maltreatment. This has led to an underreporting of child maltreatment incidences and often by the time social workers become aware of cases, serious harm has been done on a child. There have been major changes in South African policies in ensuring the wellbeing of children guided by the Bill of Rights in the Constitution such as the establishment of the White Paper on Social Welfare, the ISDM,

and the implementation of the Act in 2010. Although the Act has incorporated guidelines and legislations focusing on ensuring the well-being of children, there is still an issue of underreporting. There are guidelines provided in the Act on who is a child in need of care and protecting and the process of reporting a suspicion of abuse and that such should be prioritised. There is a need of crisis intervention with parents of children identified to be in need of care to alleviate the escalating child maltreatment problem.

CHAPTER 3

CRISIS INTERVENTION WITH PARENTS OF CHILDREN IDENTIFIED TO BE IN NEED OF CARE AND PROTECTION

3.1 INTRODUCTION

Parenting is not a quality that someone does or does not possess but a relationship that responds to fluctuations in other relationship (Woodcock, 2003:90-91). This means that, like any other relationship, parenting is subjected to difficulties. The parents' psychosocial functioning is considered to affect the quality of their parenting behaviour. The experience of psychosocial imbalance such as stress and poverty in the family environment has a negative impact on the quality of parent-child relationships, which can lead to the involvement of child protection services and a parent, therefore, can be considered to be in a crisis situation.

This chapter is aimed at addressing the second objective of the study in terms of explaining the need to use crisis intervention with parents of children who are identified to be in need of care and protection. Parental child maltreatment with the focus on the contributing factors such as history of abuse, substance abuse, parental stress and mental illness will be presented. There will also be a discussion of the historical background of crisis intervention, crisis theory, types of crisis intervention, theoretical influences of crisis intervention and its purpose. Crisis intervention models will also be discussed. An overview of crisis intervention assessment will be provided along with parental perceptions and responses to crisis intervention.

3.2 PARENTAL CHILD MALTREATMENT

In the previous chapter, child maltreatment was discussed and in terms of the White Paper for Social Welfare (1997), family dysfunction can manifest when poverty is combined with environmental stress and feelings of powerlessness and frustration. The children in such families become vulnerable and are subjected to maltreatment. The Children's Act 38 of 2005 is intended to be comprehensive legislation protecting the wellbeing of children.

Abusive parents often do not have an understanding of what parenting entails. Each parent does parenting differently. No parent knows everything, for instance, a parent can be considered informed about parenthood but end up with children on the street because children are unique. Good parents are sometimes seen as those who seek guidance as most adults receive least preparations parenting roles. Abusive parents have a need for information on coping with child development and health (Woodcock, 2003:90-91).

While it can be argued that there is a debate about disciplining a child and child maltreatment; one can only try to find an understanding by studying parental attitudes associated with disciplinary administration. An attitude held by a parent at the time of discipline can determine parental practices and whether harm was intended or inflicted in a child's life (Darling & Steinberg, 1993:488). There are various factors discussed below that can be the cause of parents' abusive behaviour such as parents' history of abuse, substance abuse, parental stress and mental illness.

3.2.1 Causes of Parental Abusive Behaviour

The stress that manifests from the demands of parenthood is highly linked to negative and controlling behaviour and harsh discipline practice. This stress has an impact on parenting qualities. Parenting stress may vary across groups of parents, that is stress for parents with hyperactive children may be based primarily on the child's behaviour, while stress for abusive parents may arise from parental attributes that entails parents' perceptions of children and characteristics of children's behaviour along with parental psychosocial difficulties such as a parental history of abuse, substance abuse, parental stress and parental illness (Turner, Chandler & Heffer, 2009:338; McPherson, Lewis, Lynn, Haskett & Behrend, 2008:320-341).

3.2.1.1 History of Abuse

One of the most studied parental characteristics that contribute to poor parenting is a childhood history of abuse and neglect. Parents who were abused are most likely to abuse their own children (Terry, Pezzat-Pearce & Pearce, 2004:107). Parents can be victims of their past experiences (Schofield & Ward, 2011:178).

3.2.1.2 Substance Abuse

There is a link between parental substance misuse and child maltreatment but not all parents misusing substances maltreat their children or come to the notice of welfare organisations, as parents may go to great lengths to keep their behaviour a secret. However, parental substance abuse is associated with child neglect (Kroll & Taylor, 2003:27-28, 30). Parents under the influence of any substance fail to meet the needs of the child. Substance misuse undermines the quality of parental care provided to children (Kroll & Taylor, 2003:41-42). While mothers are often seen as the caring guardians of their families' health and welfare, substance-misusing mothers challenge that ideal image and tend to provoke punitive responses (Kroll & Taylor, 2003:106). Neglecting a child is viewed as a sign of bad parenting (Bolar, 2013:57).

3.2.1.3 Parental Stress

Parental abuse often appears to be a response to psychological stress. The parent, in reacting to the stress, may select one child in the family as a victim and respond to his or her behaviour in an inappropriate manner. Poverty exposes parents to the additional stresses that may have effects upon a parent's capabilities to care adequately for their children (Polansky, Chalmers, Williams & Bittenwischer, 1981:22). Dore and Lee (1999:313) support this by stating that maltreating parents often live in highly stressful environments overwhelmed by poverty, family and community violence, substance use and abuse, as well as inadequate resources for housing, employment and education. Abusive parenting is, therefore, an outcome of a collection of attitudes, beliefs and behaviours. It is suggested that abusive parenting is a product of an escalating coercive interaction process between a parent and a child. Because abusive parents may hold unrealistic expectations of their children's developmental capabilities, when a child does not meet the expectations abuse may be experienced. These parents also interpret their children's behaviour more negatively than other parents do (Dore & Lee, 1999:313). Presented below is a discussion of circumstances contributing to parental stress.

Depressed parents: The depressed mood of a parent may result in decreased effectiveness in handling discipline situations. For example, depressed mothers can be described as more rejecting, critical, harsh and may utilise frequent physical punishment. Parental anxiety has

also been associated with increased rates of discipline confrontations and child abuse. The contribution of a child's behaviour and temperament is another component of parents' stress. Difficult children have been found to be at higher risk of child abuse and to have highly stressed parents (Whipple & Webster-Stratton, 1991:280). There is, therefore, a link between stress, parental difficulties, child behaviour problems and child abuse.

Marital problems: Whipple and Webster-Stratton (1991:280) indicate that the marital relationship may contribute to parental stress that can lead to child abuse. When parents are dissatisfied with their marriages and there are frequent spousal conflicts, parenting may be affected. In addition, single mothers may be particularly at high risk due to stressors such as financial losses and lack of marital support.

Work strain: An increased level of work strain such as poor and dangerous working conditions can affect individual parental functioning. The strenuous working conditions may produce feelings of stress, which then increase the likelihood of global stress reaction like depression. In addition, work stress influences marital functioning and affects parenting. It may result in parents withdrawing from their children and reducing their efforts for effective parenting (Turvey & Olson, 2006:8-9)

Poverty: A number of psychosocial stressors have been identified as placing families at an increased risk of child abuse. These include poverty leading to inadequate housing, financial problems, unemployment, lack of education and substance abuse. Such stressors provide a context for abuse or residing in such conditions may generate stressful situations, which may precipitate factors of child abuse (Whipple & Webster-Stratton, 1991:280). Therefore, it can be concluded that abusive parents who are lacking cognitive foundation and are highly stressed by poverty and its accompanying pressure may find it hard sustaining commitment to any intervention introduced by a social worker (Dore & Lee, 1999:322).

3.2.1.4 Mental Illness

It is not often that parents with mental disability come under the scrutiny of the child protection system. A very low number of children of parents with mental disability are

removed from their parents and placed in alternative care such as foster care (Mayes & Llewellyn, 2009:92).

Damaging effects of child removal on parental mental health, if not dealt with, may reduce the likelihood of restoration of a parent-child relationship or even parents' access to the child (Mayes & Llewellyn, 2009:94). Monds-Watson, Manktelow and McColgan (2010:41) explain that the risk associated with parental mental health difficulties and child rearing are well recognised. Parental mental health difficulties are a significant factor in cases reported to social workers dealing with child protection. This may cause difficulties in providing intervention due to the following: the unpredictable nature of mental illness; the psychological impact of parental mental health on children; and the stigma and fear parents with mental health difficulties often associate with interventions from social workers.

Parents, therefore, can experience difficulties such as work strain, stress and substance abuse that may contribute to child maltreatment. This section has provided enlightenment on the factors that may be the cause of parents' abusive behaviours. Crisis intervention can be utilised to assist parents of abusive children with addressing the problem of child maltreatment. Below is a detailed discussion of crisis intervention.

3.3 CRISIS INTERVENTION

The discussion on crisis intervention aims to address the third objective of the study, which is to investigate how social workers experience the use of crisis intervention with parents of children identified to be in need of care and protection. This section provides an overview on crisis intervention.

A crisis can be defined as an event where an individual experiences a harmful situation as an intolerant difficulty affecting functioning of such individual. Crisis intervention is mostly a short-term intervention, although at times intervention can be provided over a longer period of time. Walsh and Lantz (2007:1-2) have reported to prefer social workers to utilise long-term intervention (Walsh & Lantz, 2007:1-2).

According to Walsh and Lantz (2007:1), any type of emotional problem situation may threaten an individual's basic purposes in life. Parental experiences of the possible removal of an own child or the possibility of such occurrence may threaten the basis of being a parent in a child's life. Crisis intervention can be utilised to address a variety of presenting problems related to family stress. The successful handling of a crisis has the possibility of enhancing an individual's growth, even in threatening situations, and it can be seen as a strengths approach. The main focus is to build upon an individual's strength in order to adapt and grow from the experience (Walsh & Lantz, 2007:3).

Crisis intervention can be utilised for a variety of presenting problems such as partner or family distress and substance abuse. As stated above crisis intervention represents a strengths approach because it brings forth the possibility of a client's growth in difficult situations such as the removal or possible removal of a child from a parent. Social workers can utilise the approach to assist clients to use their strengths to outgrow the situation (Walsh & Lantz, 2007:3). It is, therefore, vital to discuss the historical background of crisis intervention in order to understand its origin.

3.3.1 Historical Background of Crisis Intervention

According to Poal (1990:122), the term crisis derives from the Greek word *krisis*, which means decision or turning point. Crisis intervention was developed initially as a response to the growing demand for services in situations where immediate assistance was required for a large numbers of individuals.

Crisis intervention originated from the work of Eric Lindemann following the Coconut Grove Fire in Boston on 28 November 1942. Lindeman and colleagues assisted survivors and those who had lost their loved ones in the fire disaster. Lindeman's 1944 clinical report became the cornerstone for subsequent theorising on the grief process (Poal, 1990:123 & Slaikeu, 1990:6).

According to Poal (1990:123), Gerald Caplan (1964) built on Lindemann's work and formulated the significance of a life crisis in adult psychopathology. Caplan's crisis theory, therefore, was shed in the framework of Erikson's (1963) developmental psychology in

which human beings were understood to grow or develop through a series of eight stage transitions. Caplan's interest was on how people negotiated transitions from one stage to another highlighting the importance of both personal and social resources. In the early sixties, Caplan's theory was adapted by various organisations, especially those that dealt with suicide matters. As crisis intervention programmes were developed, intervention literature emerged. Numerous reports on how to assist individuals and their families in crisis appeared in the psychiatry, psychology and social work journals (Daas-Brailsford, 2007:95; Poal 1990:123; Slaikou, 1990:6-7).

3.3.2 Features of Crisis Theory

Origins of crisis theory are attributed to Lindemann's classic of grief reactions. Poal (1990:122) mentions that Lindemann (1944) established the basic framework defining symptoms of a crisis. Poal (1990:122) explains that Lindemann's theory stated that an individual experiencing acute grief displays one or more of the following symptoms:

- Somatic distress
- Preoccupation with the image of a disease
- Guilt (This can be applicable to parents of children in need of care and protection. The guilt of failing to exercise parental rights and responsibilities)
- Hostile reaction
- Loss of patterns of conduct.

Poal (1990:123) explained that Caplan's theory suggests that the essential factor determining the occurrence of a crisis is an imbalance between the perceived difficulty and importance of the threatening situation and the resources available to deal with it. The crisis refers to an individual's emotional reaction to the crisis and not to the threatening situation itself. Caplan's theory is grounded in homeostasis. He explains that the organism constantly strives to maintain a homeostatic balance with the outside environment. When this balance is threatened either by psychosocial or physiological forces, the individual engages in problem solving activities established to restore this homeostatic balance. A crisis is considered a disruption of a steady or homeostatic state.

According to Poal (1990:124), Lazarus (1968) provides a description of two types of appraisals as a way of defining a crisis based on the cognitive perspective. Primary appraisal deals with the issue of threat or non threat. Secondary appraisal has to do with alternate ways of coping with the threat. Lazarus (1968) mentions that the nature of an emotional response in a crisis situation is determined by the cognitive processes of a person by means of which stimulus configurations are evaluated, namely the appraisal of its personal significance. An individual in a crisis situation is characterised as viewing the situation as extremely threatening with no coping mechanism (Poal, 1990:124).

The features of a crisis theory provide information on how an individual's cognitive functioning influences such individual's response to a crisis situation. Presented below is a discussion of theoretical influences of crisis intervention.

3.3.3 Theoretical Influence to Crisis Intervention

Slaikue (1990:8-9) mentions that there are four kinds of theoretical influences to crisis intervention that need to be taken into consideration when using crisis theory and they are as follow:

3.3.3.1 Charles Darwin's Theory on the Evolution

Darwin's notion of the survival of the fittest examines the struggle for existence of living organisms in relation to their environment. Darwin's ideas led to the development of human ecology whose distinctive hypothesis is that the human community is a vital adaptive mechanism in humanity's relation to the environment (Slaikue, 1990:8; 9).

3.3.3.2 Psychological Theory

Freud's ideas that motivation is an attempt to reduce tension contributed to the basic questions concerning motivation and drive. This includes questions such as what keeps people going and to what end. The theoretical influence from Carl Rogers (1961) and Maslow (1954) emphasised positive human growth and fulfilment (Slaikue, 1990:8; 9).

3.3.3.3 Erickson's Developmental Stages

Erickson's (1963) view of the eight stages, each presenting a challenge, transition or crisis, provided an option to a psychoanalytical theory that suggested that life was based essentially on events in infancy and very early childhood. Erickson's developmental stage theory suggested that with each transition, subsequent development is crucial (Slaikau, 1990:8; 9).

3.3.3.4 Empirical Data

The empirical data aims to reveal how human beings cope with extreme life stress. According to Slaikau (1990:8-9), Studies done by Holmes and Masuda (1973) in this field include coping with the trauma of concentration, dealing with loss and disasters. Holmes and Masuda (1973) demonstrated a relationship between the stress associated with life events and physical health and disease.

The information provided above is an indication that the theories discussed have had a major influence on crisis intervention. They explain how individuals can experience stressful situations that can disrupt their functioning and need to get to place of homeostasis through crisis intervention. Presented below is a discussion of the types of crises that individuals can undergo.

3.3.4 Types of Crises

Each individual and each crisis situation is different; thus social workers must view each individual and the situation precipitating the crisis as unique. When faced with the decision of deciding on the nature of a crisis, it is important to be informed about the different types of crisis intervention, that is developmental, situational, existential and environmental crisis. These types of crises will be discussed below.

3.3.4.1 Developmental Crisis

Developmental crises are events in the normal flow of human growth and evolution whereby a dramatic change or shift occurs that produces abnormal responses. For example, a

developmental crisis may occur in response to the birth of a child, graduation from college, midlife career change, retirement, or even the aging process. Developmental crisis is considered normal; however, all persons and developmental crises are unique and must be assessed and handled in unique ways (James & Gilliland, 2005:5; Sleikeu, 1990:17).

3.3.4.2 Situational Crisis

A situational crisis emerges with the occurrence of uncommon and extraordinary events that an individual has no way of forecasting or controlling. Situational crises may include events such as terrorist attacks, automobile accidents, kidnappings, rapes, corporate buyouts and loss of jobs and sudden illness and death. The key to differentiating a situational crisis from other crises is that a situational crisis is random, sudden, shocking, intense and often catastrophic (James & Gilliland, 2005:5; Sleikeu, 1990:15).

3.3.4.3 Existential Crisis

An existential crisis includes the inner conflicts and anxieties that accompany important human issues of purpose, responsibility, independence, freedom and commitment. An existential crisis might accompany the realisation, at a certain age in life, that one will never make a significant and distinct impact on a particular profession or organisation; remorse, that one chose never to marry or leave ones parents home and never really made a separate life and now has lost forever the possibility of being a fully happy and worthwhile person; or a pervasive and persistent feeling. It could be that one views one's life as meaningless and that there is a void that can never be filled in a meaningful way (James & Gilliland, 2005:5). Parents of children identified to be in need of care and protection struggle with human issues of purpose, such as failing to provide for the well-being of their children and facing the possibility having them removed from the family system. Presented below are some principles that need to be taken into consideration by the social worker when dealing with clients who experience an existential crisis.

3.3.4.3.1 Principles to Deal with Existential Crisis

Walsh and Lantz (2007:28) explain that working with clients such as the parents of children identified to be in need of care and protection requires an intervention process that involves human and technical elements. The healing can occur mostly when the social worker assists an individual in a crisis by using the following four principles:

a) **Holding the pain**

Individuals often ignore, avoid or deny significant interpersonal problems into the unconscious level of awareness in order to experience less pain. The principle of holding the pain refers to the process of holding up the problem experienced such as the possible removal of children and allowing an individual to become aware of a problematic situation (Walsh & Lantz, 2007:28).

b) **Telling the pain**

Individuals are encouraged to speak about the pain in order to master it. This principle places the emotional experience and pain on the nature of a relationship between the social worker and an individual client. Telling the pain can facilitate the development of a powerful encounter where an individual processes the situation and describes the emotions attached, for instance it could be parents' fear of losing a child to a welfare system (Walsh & Lantz, 2007:29-30).

c) **Mastering the pain**

Mastering emotional pain is the process of reflection and experimentation that assists an individual to discover healing activities such as attending parental programs that are useful in processing and defusing the problem situation. Mastering a crisis includes noticing and actualising the problem and taking advantage of growth opportunity (Walsh & Lantz, 2007:30).

d) **Honouring the pain**

This principle refers to the process of celebrating an individual's positive progress with dealing with the problem situation. An individual becomes consciously aware of some of the opportunities for self-transcendent giving to the world embedded in the problem situation.

The principles provide an understanding on the processes individuals experience when responding to a stressful situation. They can move from avoiding the problem to talking and reflecting on the emotions and acknowledging the progress. Presented below are responses to a crisis situation that social workers need to be informed about.

3.4 RESPONSES TO A CRISIS

It might be argued that individuals react differently to different crisis situations but according to Poal (1990:126), Caplan (1964) discovered that most crisis reactions follow the four stages presented below.

3.4.1 Stages of a Crisis Reaction

Caplan (1964), cited by Poal (1990:126, was the first to describe the main stages of a crisis reaction. According to Caplan (1964), most crisis reactions follow four different phases. Below are the reaction phases:

First phase: In the initial phase, the individual is confronted by a problem that creates a threat to his homeostatic state. Such individual responds to feelings of increased tension by utilising the habitual problem-solving measures in an effort to restore emotional equilibrium.

Second phase: In this phase, there is an increase in tension due to the failure of habitual problem-solving measures and the persistence of the threat and problem. The individual's functioning becomes disorganised and the individual senses feelings of distress and incompetence.

Third phase: The continuous failure of the individual's efforts and the increase in tension act as stimuli for the mobilisation of emergency and original problem-solving measures. At this

phase, the problem may be redefined; the individual may act in denial to the problem or may find a solution to it.

Fourth phase: If the problem persists, its burden increases over time to a breaking point. The result may be a major breakdown in the individual's mental and social functioning.

Responses to a crisis may vary from one stage of the problem to the next. For the purpose of the study, parents' response to a crisis is presented below.

3.4.2 Parents' Response to a Crisis

An individual experiencing a crisis situation may respond by either overcoming the crisis situation through the assistance of the professional personnel such as a social worker, return to pre-crisis level of functioning with no growth, or may not improve but makes adjustments to coping mechanism to numb the emotions associated with the threatening situation such as substance abuse (Walsh & Lantz, 2007:6). An individual's coping mechanism may be problem-focused or emotional-focused. A problem-focused response to a crisis includes confrontation and problem-solving strategies to change a stressful situation by viewing a stressful situation as controllable by actions. Emotional-focused response includes distancing and avoidance of a stressful situation. Individuals tend to have less control in crisis situations, a primary coping strategy is emotional numbing and the use of denial as a defence mechanism (Walsh & Lantz, 2007:7). Presented below is a discussion of the parents' perceptions of social work intervention that can influence the negative response to intervention by parents of children in need of care and protection.

3.4.3 Parents' Perceptions of Social Work Intervention

Gockel, Russell and Harris (2008:98) state that child welfare clients such as parents of children in need of care and protection often experience multiple challenges as previously stated. These challenges include poverty, single parenthood, violence, substance abuse and mental and physical health difficulties, which create social isolation and a sense of shame. Abusive parents may experience the social work crisis intervention as traumatic and demoralising, leaving them with a stigma of being singled out as inadequate parents. Parents

may be reluctant to engage in child protection services and can become defensive about sharing of information with social workers about themselves and their parenting method for fear of negative consequences as they may feel that social workers are exercising power over them when offering professional assistance (Drumbrill, 2006:32).

According to Drumbrill (2006:33-34), parents can respond negatively to an intervention being offered. Parents can fight by challenging and opposing social workers in court. Parents may pretend to be co-operating with social workers in what appears to be a genuine and collaborative relationships. The responses tend to hinge on the ways that parents perceive the use of power by social workers. Some parents with prior experience of the removal of the child may instantly assume that they will undergo the previous experience and may respond to intervention by fighting. Alpert and Britner (2005:40) supports this by stating that parents are more likely to be satisfied when they perceive that the social worker is working with them to get their children back, prepares them for meetings, has clear expectations of them and respects their cultural backgrounds. If parents perceive a negative attitude from social workers, they are most likely to be difficult during an intervention. According to Mayes and Llewellyn (2009:93), it is well documented that parents of removed children experience a painful and often prolonged sense of loss. If the loss was acknowledged publicly, there is a sense of blame, shame and guilt. The loss goes deeper than the loss of a child, there is a loss of parental role and what the parenting role should be like. Parents go through sadness and confusion when their children are removed. Some parents lose their children because of false accusations of abuse.

Mayes and Llewellyn (2009:94) state that the removal of a child may result in a parent being viewed as the other 'mother'. This may result in some parents conceiving another child to replace the removed child due to a lack of professional support or refusal of support offered to parents either to deal with their loss or to change their situation for the outcome of the future children to be different. Some families end up with more than one child removed. Parents undergo difficulties at the possibility of losing their children. This highlights the need for the use of crisis intervention with such parents.

Parents may negatively speculate about the people who filed the reports about child maltreatment. Many parents may deny difficulties and blame others or can see the situation as

unfair, referring to other families they know who may present poor parenting and yet have had no child welfare involvement (Terry *et al.*, 2004:198). Parents may have hope, however faint it is, that the court will rule in their favour, but when the final decision is made their hope may fade. Parents may then experience anger and feel the need to battle social workers in order to maintain a sense of connection and a role as a parent (Schofield & Ward, 2011:186). During this time parents may feel that their opinions has the least impact even when the social workers communicated with them because of the perception that social workers are quick to categorise their cases to fit pre-established intervention plans (Drumbrill, 2006:31).

Parents of children identified to be in need of care and problems may not positively receive the intervention of the social worker. It is, therefore, important to present the purpose of crisis intervention for guidance to social workers.

3.5 PREPARATION FOR CRISIS INTERVENTION

It is important to emphasise that any type of emotional problem situation can threaten a person's basic purpose in life. Parents of children in need of care can experience an existential crisis when they face a variety of internal, interpersonal and resource problems (Walsh & Lantz, 2007:1). In this study, the purpose of crisis intervention is to assist parents of children identified to be in need of care and protection with their traumatic experiences and to enable them to retain balance in their psychosocial functioning. In order to achieve this, parents need to be prepared for crisis intervention. The social worker, therefore, should build a professional relationship with such parents.

3.5.1 Building a Professional Relationship

According to Gallagher *et al.* (2011:129), the quality of the relationship between parents of children in need of care and social workers is crucial for effective intervention. Alpert and Bretner (2005:39), stating that once a family is involved in child protective services continued parental involvement critically depends on the social exchange relationship between a parent and social worker, support such a view. Parents appear to have no alternatives to the relationship with social workers because they are bound to participation

with the welfare organisation and its association as the only option of completing the service plan, hence surrendering their parental rights. Engaging with both parents and children eliminates the danger in child protection work of focusing on the needs of children while neglecting their parents' needs (Gallagher *et al.*, 2011:126).

Gockel *et al.* (2008:92) highlight that the relationship between social workers and parents of children in need as clients historically has been recognised as a key element of effective practice. Although getting parents to engage in the intervention can be challenging due to fear and shame they often experience in being identified in child protection services (Gockel *et al.*, 2008:92).

According to Daniel, Gilligan and Vassell (2010:12), in order for a child to be found in need of care and protection, the social worker needs to identify whether what would have been a child's normal pattern of development has been interrupted in some way; establish whether the environment in which a child is living is likely to affect the developmental process of such child; and find ways to maximise the possibility of a child attaining his or her developmental potential. It is, therefore, vital for the social worker to perform thorough investigations and to fully engage parents in the intervention process by building trusting relationships in order to make an assessment.

3.5.2 Crisis Intervention Assessment

According to Dass-Brailsford (2007:97), making an accurate assessment is the most critical aspect of a crisis response because it guides the intervention. A wrong decision in response to a crisis can be potentially lethal. Although situations may be similar, each person is unique; therefore, care must be exercised to avoid over generalising. The ability to think quickly and creatively is crucial. People under crisis sometimes develop tunnel vision or are unable to see options and possibilities. The social worker must maintain an open mind in order to help explore options and solve problems in an empowering manner with those affected. People in crisis already feel out of control; when opportunities to restore control present themselves, they should be grasped quickly. The social worker must be able to stay calm and collected. It requires the ability to maintain empathy while simultaneously avoiding subjective involvement in the crisis.

Once another professional or a member of the public alerts a social service organisation of a potential abuse, as per Section 110 of the Children's Act, the case is then allocated to a social worker. The social worker should then conduct interviews with the person who made the referral, the concerned child, parents, siblings, the accused abuser and any other relevant person (Hobart & Frankel, 2001:92). The social worker should conduct a detailed investigation in preparation for the children's court hearing. Depending on the nature of a case, other professionals may have to be consulted for additional investigations, for instance in a child sexual abuse case, information from medical professionals and psychologists may be required (Boezaart, 2009:172). Each situation dictates its unique process for involvement of sharing of information that will be in the best interest of a child (Webb, 2011:19).

The assessment must focus on both parents and children, taking into consideration parent-child relationship and family dynamics. The social worker should evaluate practical difficulties and environmental problems, which impose difficulties upon the family and reduce the capacity of parents to function according to what is expected of them with regards to the expectation of caring for their children (Faller, 1981:55).

According to Dass-Brailsford (2007:101) there are three primary methods of assessing clients in a crisis, that is, standardised inventories, general personality tests interpreted in the light of the crisis and client interviews. The interview is the most commonly used method. One-on – one counselling can assist parents to explore and understand their personal and parenting struggles by placing them in the context of their own developmental experiences and role models. As parents begin to see the link between for instance the lack of modelling they received and their lack of parenting knowledge or the trauma they experienced, their substance misuse and mental health challenges, parents are more likely to understand and forgive themselves, reducing their shame and defensiveness and building their motivation to break out of intergenerational cycles of family dysfunction. Dore and Lee (1999:319) explain intervention with parents as assisting parents understand their children's developmental needs, that is, age, current life events and behaviours. Intervention aids parents learn to apply appropriate strategies to address the needs.

The aim of crisis intervention indicates that the social worker works together with clients to address the traumatic event, for the purpose of this study, clients are parents of children

identified to be in need of care and protection. Working together entails building the relationship that can be useful during the assessment process where information is gathered. There are different models that can be used for crisis intervention which will be discussed in the next section.

3.6 CRISIS INTERVENTION MODELS

According to James and Gilliland (2005:11), crisis intervention models are the foundation for many crisis intervention strategies and methodologies. Poal (1990:131) adds that the models below focus on different aspects, that is, the individual, the stressful situation and the system in their attempt to deal with the crisis situation. Some models also offer guidelines on how to perform the different stages of a crisis intervention process. Below is a discussion of different crisis intervention models:

3.6.1 Gilliland's Six-Step Model

Gilliland's six-step model includes listening and action steps. Observing, understanding and responding with empathy, genuineness, respect, acceptance, non-judgment and caring are important elements in this model (Dass-Brailsford, 2007:101).

The *listening step* includes the following three tasks:

- Defining the problem
- Ensuring the client's safety
- Providing support.

The *action step* entails the following three tasks:

- Examining alternatives
- Making plans
- Obtaining commitment.

Gilliland's six-step model provide important elements that can be used in crisis as well as listening steps tasks and action step tasks that can be utilised in crisis intervention. Below is a discussion of the triage assessment system model.

3.6.2 The Triage Assessment System

The triage assessment system was developed by Meyer (2001) who emphasises the necessity to assess crisis reactions in three domains: affective (emotional), cognitive (thinking) and behavioural (actions). The assessment based on these three domains captures the complexity of a crisis. Affective reactions include anger, hostility, anxiety, fear and sadness. Cognitive reactions include transgression, threat and loss. Behavioural reactions include approach or avoidance and immobility and can be constructive or maladaptive (Dass-Brailsford, 2007:101-102). A social worker needs to know about this model to assist with parents' negative response to intervention. The next section entails a discussion of a Roberts' seven-stage model.

3.6.3 Roberts' Seven-Stage Model

Dass-Brailsford (2007:102) explains Roberts' (1990) seven-stage model of crisis intervention as follows:

Stage one involves planning and conducting a thorough biopsychosocial and crisis assessment. Assessing resilience and protective factors as well as family and other support networks is useful.

Stage two entails making psychological contact and establishing rapport with the client. By conveying respect and acceptance, the social worker develops a solid therapeutic relationship with the client. Displaying a nonjudgmental attitude and neutrality are important in crisis work.

Stage three involves examining and defining the dimensions of the crisis. Identifying any issues and challenges the client may have faced, especially the precipitant to the crisis will provide valuable insight into the presenting problem.

Stage four encourages an exploration of feelings and emotions. This can be achieved by actively listening to the client and responding with encouraging statements. Reflection and paraphrasing can also help this process.

Stage five explores past positive coping strategies and alternatives. Viewing the individual as a resourceful and resilient person with an array of potential resources and alternatives can help this process. Crisis workers should be creative and flexible in resolving crisis situations.

Stage six involves implementing the action plan. At this stage, identify supportive individuals and contact referral sources. The client should be able to implement some coping strategies.

Stage seven is about establishing a follow-up plan. It is important to follow up with clients after the initial intervention to determine the client's status and ensure that the crisis has been resolved.

This model provides clarity on the role of the social worker rendering crisis intervention to parents as well as the process that the parents can undergo in resolving the crisis situation.

3.6.4 The Equilibrium Model

James and Gilliland (2005:1) explain that individuals in a crisis are in a state of psychological or emotional disequilibrium in which their normal coping mechanism and problem solving methods fail to meet their needs. The aim of the equilibrium model is to assist individuals to recover a state of pre-crisis equilibrium. The equilibrium model is considered the most appropriate for early intervention when an individual is disoriented and unable to make suitable choices that can stabilise the equilibrium. Parents who have maltreated their children can be disoriented by the possible removal of their children. This model can assist them to make suitable choices for their children to stabilise the equilibrium. The next section is on the discussion of the cognitive model.

3.6.5 The Cognitive Model

The cognitive model of crisis intervention is based on the argument that a crisis is rooted in faulty thinking about the situation that surrounds the crisis, not the facts about the situation. The aim of the cognitive model is to assist individuals in becoming aware of and changing their views and beliefs about the crisis situation. The basic principle of the cognitive model is that individuals can gain control of crises in their lives by changing their thinking, in particular by recognising and disputing the irrational and self-defeating parts of their cognitions and by retaining and focusing on the rational and self-enhancing elements of their thinking (James & Gilliland, 2005:11-12; Slaikeu, 1990:17). This model is applicable to the study as parents who maltreated their children can have different views on what constitutes child maltreatment. They might not perceive their actions toward their children as maltreatment, but discipline. This model can assist parents who maltreated their children to

become aware of their beliefs about the crisis situation. Presented below is a discussion of the psychosocial transition model.

3.6.6 The Psychosocial Transition Model

The psychosocial transition model rests on the premise that individuals are products of their genes and the learning they have absorbed from their social environments. This model assumes that individuals are frequently changing, developing and growing. In addition, their social environments and social influence are continuously evolving, crises may be internal or external, such as psychological, social or environmental difficulties. The purpose of crisis intervention is both to collaborate with individual clients in assessing the internal and external difficulties contributing to the crisis and to help them choose workable alternatives to their current behaviours, attitudes and utilisation of environmental resources (James & Gilliland, 2005:12). This also applies to parents who maltreated their children.

The crisis intervention models provide guidelines that can be utilised by the social worker when employing crisis intervention to assist clients such as parents who have maltreated their children. They provide different aspects to consider when rendering services such as the consideration of parents view and beliefs about the situation and the evolving environment.

3.7 CONCLUSION

The literature indicates that parents undergo a great deal of difficult situations such as mental illness, parents' history of abuse, substance abuse, poverty and stress that can lead to abusive behaviours. Parents, therefore, are in need of crisis intervention in order to address these difficulties affecting their functioning. Parents' responses and perceptions to social work intervention are proof that crisis intervention is needed in such situations. Crisis intervention models are a great tool in administering intervention to a crisis situation, for instance the cognitive model places an emphasis on assisting individuals about their views and beliefs about the crisis situation.

This chapter has provided an overview on the need to use crisis intervention with parents of children identified to be in need of care and protection to address the imbalance in their

psychosocial functioning. It has also provided a discussion of crisis intervention such as the historical background of the theory and features of crisis theory. There was a discussion on how Charles Darwin's theory on evolution, the psychological theory, Erickson's stages development and empirical data have theoretically influenced crisis intervention. An overview of the different types of crises was provided and existential crisis was identified as the suitable type for the study. Existential crisis' purpose was discussed along with its principles of how to deal with such crisis. In addition, the stages of crisis reaction were discussed, along with parents' responses to crisis intervention and their perceptions to social work intervention. Preparation for crisis intervention was discussed and the importance of building a professional relationship with clients in order to make an assessment. The different types of crisis intervention models such as the Gilliland's six steps, Robert's seven stage model, the cognitive model and equilibrium model were presented in a manner that provides an overview on how some of the models offer guidelines on how to perform the different stages of a crisis intervention process.

CHAPTER 4

THE EXPERIENCE OF SOCIAL WORKERS ON THE USE OF CRISIS INTERVENTION WITH PARENTS OF CHILDREN IDENTIFIED AS IN NEED OF CARE AND PROTECTION

4.1 INTRODUCTION

This chapter aims at addressing the third objective of the research study with regards to investigating how social workers experience the use of crisis intervention with parents of children identified to be in need of care and protection. An empirical investigation was conducted and the data that was collected is presented in figures and tables with narratives of participants. The first section of the chapter entails reciting the empirical investigation of this study as mentioned in Chapter 1. This chapter also provides results and analysis on the following themes: the identifying particulars of the participants; policies and legislations guiding child protection services; service rendering with regards to different types of child maltreatment; contributing factors to parental child maltreatment; crisis intervention services with parents of children in need; and challenges related to services to parents of children in need of care and protection.

4.2 EMPIRICAL STUDY

The first chapter of this study provides an overview on how data for this study ought to be collected. The empirical investigation conducted for this study is in line with the explanation in Chapter 1. The following areas are recited: research approach, research design and the research method.

4.2.1 Research Approach

A qualitative approach is used to collect data in the field. The participants were requested to provide their experiences as social workers utilising crisis intervention with parents of children identified to be in need of care and protection.

4.2.2 Research Design

The study utilises an exploratory research design. Exploratory research is aimed at providing an answer to a ‘what’ question. The study focuses on what social workers experience with utilising crisis intervention with parents of children identified to be in need of care and protection. A descriptive research design is used in the study. It is aimed at presenting an image of the specific details of a situation and focus on ‘how’ and ‘why’ questions. For the purpose of the study, the focal questions reveal how and why social workers use crisis intervention with parents of children in need of care and protection (Fouché & De Vos, 2011:96).

4.2.3 Research Method

The research method focuses on the literature study that was utilised to provide insight on the research topic and to manage the collected data. The nature of the population and sampling are discussed along with the method of data collection and data analysis as well as the pilot of the study.

4.2.3.1 Literature Study

The literature that is utilised in the study brings enlightenment on the following aspects that will be the focus of the study: social work services with children in need of care and protection; and the need to use crisis intervention with parents of children in need of care and protection. Local and international journals, books, articles, legislation and theses within social sciences, specifically the human service professions are utilised.

4.2.3.2 Population and Sampling

The population of the study comprised of social workers employed by the Department of Social Development in Gauteng. Purposive sampling was utilised where individuals were selected because they met the criteria for inclusion (Strydom 2011a:232). Twenty social workers were selected as they met the following criteria for inclusion in the sample:

- Social workers employed by the Department of Social Development in Gauteng

- Social workers providing child protection services in terms of the Children's Act 38 of 2005
- Social workers working with parents of children identified to be in need of care and protection.

4.2.3.3 Method of Data Collection

Since the study utilises a qualitative approach, the researcher utilised one-on-one interviews using a semi-structured interview schedule. The interview schedule was structured around areas of particular interest for the study while allowing flexibility in scope and depth (Greeff, 2011:348). The researcher was granted permission from the head of the Department of Social Development in Gauteng to conduct interviews at the Sedibeng Region of the province. Communication was distributed to the managers in charge to give a directive to social work supervisors to ask their supervisees about participating in the study. The researcher then was provided with a list of those who were willing to form part of the study in order to schedule the interviews. The interviews were recorded with the permission obtained from the participants (see Annexure A).

4.2.3.4 Pilot Study

A pilot study was conducted to determine whether relevant data could be obtained with the semi-structured questionnaires from participants. Two participants who met the same criteria for inclusion as the sample that was selected were selected to test the feasibility of the study using the data collection methods mentioned above (Strydom & Delport, 2011:394-395). The interview schedule was adjusted after completion of the pilot study.

4.2.3.5 Method of Data Analysis

Data that was collected for the study during interviews was transcribed. Themes, sub-themes and categories were identified based on the correlation between the ranges of narrative responses provided by the participants. The themes were established based on the objectives of the study indicated in Chapter 1, with the aim of providing an understanding of the

experiences of the social workers with regards to the use of crisis intervention with parents of children identified as in need of care and protection.

The researcher managed the data by keeping written memos after listening intently to the voice recordings of the interviews for narrative purpose. The data is presented in a form of tables, figures and tables with narratives (Schurink *et al.*, 2011:399-400, 405, 408-409).

4.3 EMPIRICAL FINDINGS

Twenty participants were interviewed utilising a semi-structured interview schedule. The analysis of data collected is presented in the following subsections:

4.3.1 Identifying Particulars of Participants

The identifying particulars in this study focus on the participants' highest qualification in social work and the number of years that the participants have been rendering child protection services for the Department of Social Development. This information provides a better understanding of the population and the sample.

4.3.1.1 Highest Qualification in Social Work

The participants were asked to provide information on their highest qualification in social work. Table 4.1 provides information on the collected data in respect of the participants' highest qualification in social work.

Table 4.1: Highest qualification in social work

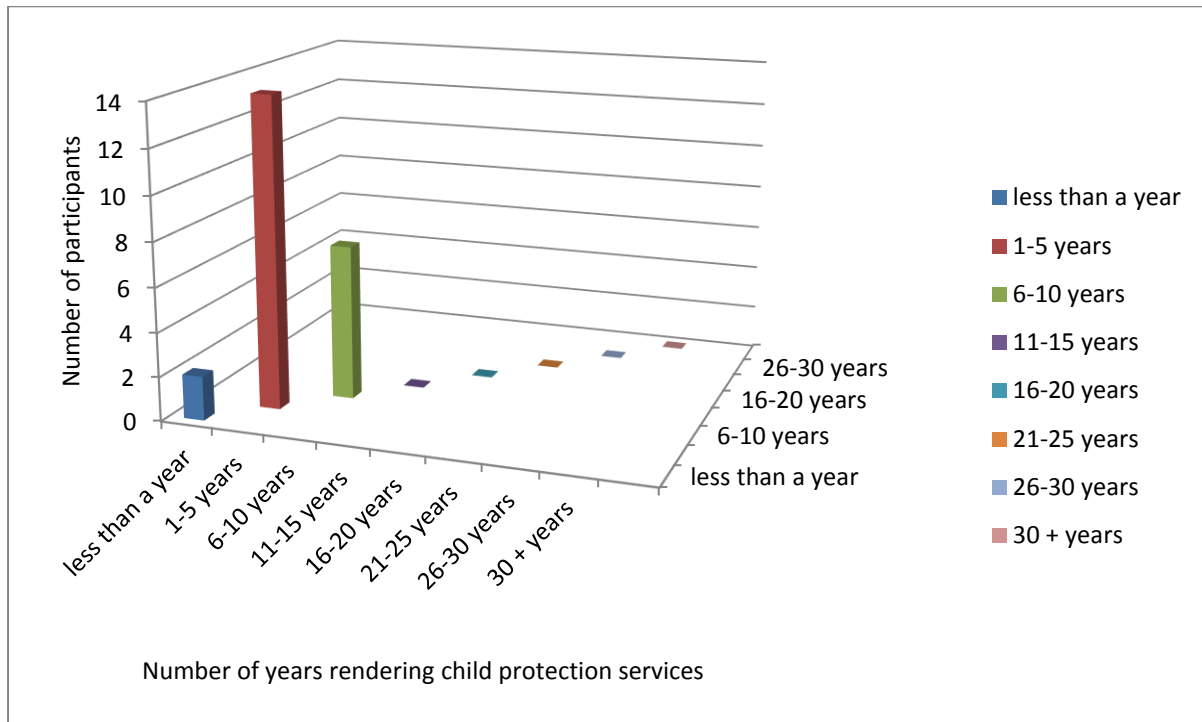
Highest qualification	Number of participants (N)	Percentage (%)
Diploma in Social Work	0	0
B. of Social Work	1	5
B.A. Social Work (3 years)	2	10
B.A. Social Work (4 years)	10	50
B. Social Work (4 years)	5	25
B. Diac Social Work	0	0
B.A. Honours (Social Work)	2	10
M.A. Social Work	0	0
DPhil/PhD Social Work	0	0

N=20

Table 4.1 indicates that half of the participants (50%) indicated a **B.A. Social Work (4 years)** degree as their highest qualification. Five participants (25%) indicated that a **B. Social Work (4 years)** degree is their highest qualification. Two participants (10%) indicated that **B.A. Honours in Social Work** is their highest qualification. Two participants (10%) hold a **B Social Work (3 years)** degree as their highest qualification. One participant (5%) selected **B of Social Work** degree as a highest qualification. There were no participants (0%) who hold a **Diploma in Social Work, B. Diac Social Work, M.A. Social Work** and **DPhil/PhD Social Work** degrees as their highest qualification. The majority of the participants have a **B.A. Social Work (4 years)** degree as a highest qualification.

4.3.1.2 Number of Years Rendering Child Protection Services

The participants were asked to provide information on the number of years they have been rendering child protection services for the Department of Social Development. The data collected is presented below in Figure 4.1



N=20

Figure 4.1: Number of years rendering child protection services

The findings displayed in Figure 4.1 indicate that one participant (5%) reported rendering child protection services for **less than a year**. Thirteen participants (65%) have been social workers rendering child protection services for a period of **one to five years**. While six of the participants (30%) reported rendering child protection services for **six to ten years**. Also neither of the participants reported rendering child protection services for **eleven to fifteen years** (0%), **sixteen to twenty years** (0%), **twenty-one to twenty-five years** (0%), **twenty-six to thirty years** (0%) and **more than thirty years** (0%).

These findings show that most of the participants' experience with rendering child protection services is between one to five years, followed by six to ten years. Participants with more than ten years' experience, therefore, were not represented in the study.

4.3.2 Policies and legislations guiding child protection services (Theme 1)

This section aims at providing information on the policies and legislation guiding the participants when rendering child protection services and to furnish a narrative of the participants understanding of the purpose of the Children's Act 38 of 2005. The collected data is demonstrated as a figure and a table.

4.3.2.1 Child Protection Policies and Legislations

The participants were asked to indicate which policies and legislations were guiding their service rendering. Participants were provided with an option of selecting more than one policy or legislation. The findings are presented in Figure 4.2.

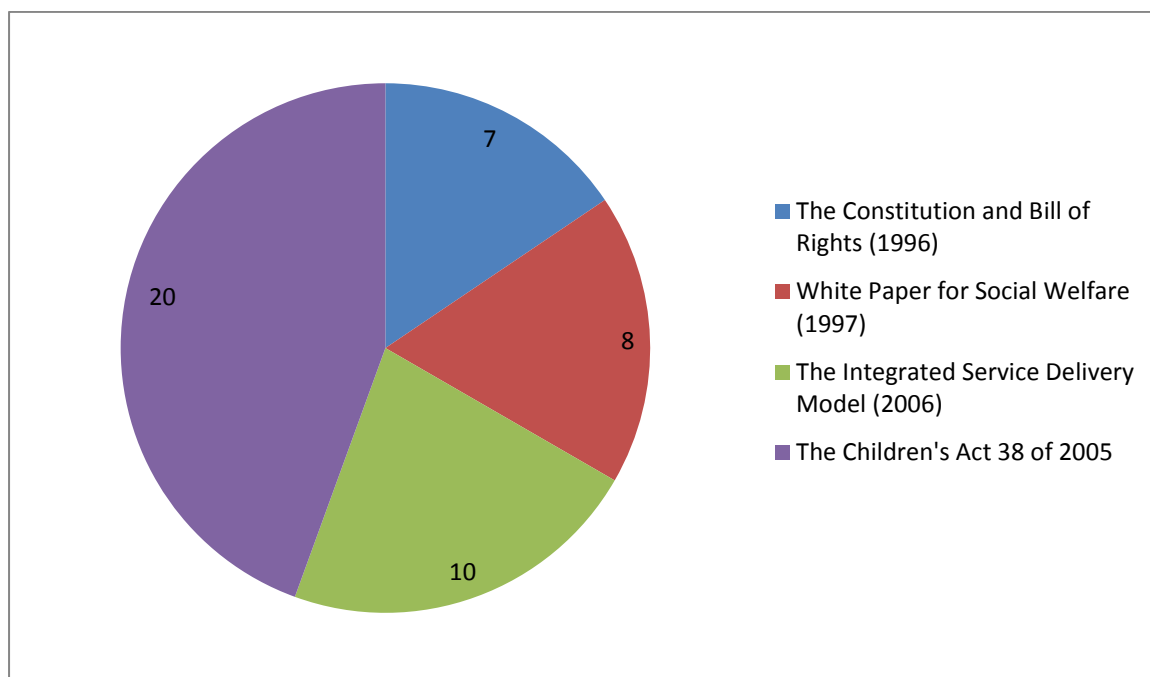


Figure 4.2: Child protection policies and legislations

The Figure above shows that the child protection service rendering of all the participants (20 = 100%) are guided by the **Children's Act 38 of 2005**. Half of the participants (10 = 50%) indicated that the Integrated Service Delivery Model (2006) guides their services. Eight of the participants (8 = 40%) specified that their child protection service rendering is guided by the **White Paper for Social Welfare (1997)** and seven of the participants (7 = 35%) indicated

that the **Constitution and Bill of Rights (1996)** are guiding their rendering of child protection services.

a) The Constitution and Bill of Rights

Roux (2002:424) explains that public policy reflects the values of the entire society including proposed statements by public institutions to address policy problems. This is the case in the Republic of South Africa, which is a democratic state founded on the values of human dignity, equality, freedom and supremacy as contained in the Constitution (1996). Because the Constitution is the supreme law of the country, the obligations imposed by it must be fulfilled. The cornerstone and the basis of the establishment of all policies and legislations in the South African democracy are embedded in the Bill of Rights of the South African Constitution (Lombard, 2008:156). Participants were asked whether their services are guided by the Constitution and Bill of Rights (1996). The fact that just more than a third (7=35%) of the participants acknowledged that services are guided by the Constitution and the Bill of Rights indicate their ignorance of the importance of the Constitution and the Bill of Rights (1996) as the foundation for their service rendering.

b) White paper for Social Welfare

The implementation of the White Paper for Social Welfare (1997) is established on a rights based approach, which recognises the rights of poor and vulnerable groups, such as the children, to social security, as well as their rights to socio-economic development (Lombard, 2008:166). The White Paper for Social Welfare (1997:62) explains that the major contributor to family problems and breakdown in family functioning is the increasing economic stress facing households. Family dysfunction manifests when poverty is combined with environmental stress and feelings of powerlessness and frustration. This in turn could contribute to social problems, which affect the capacity of the family to function optimally. The ability of poor families to meet their needs is affected – an indication that individuals and families become vulnerable. Vulnerability leads to social dysfunctioning. Children become vulnerable and experience difficult circumstances in being denied their most basic human rights and their growth and development are thus impaired. Eight (40%) of the participants explained that the White Paper for Social Welfare (1997) guides their services,

which is not even half of the participants. This also indicates that social workers are not paying much attention to the implementation of the White Paper for Social Welfare (1997) when rendering child protection services.

c) The Integrated Service Development Model (ISDM)

The aim of the ISDM (2006) is to provide a national framework that determines the level that constitutes the service delivery model for developmental social services. According to Lombard (2008:162), the ISDM provides a platform for child protection services based on the developmental approach. The developmental approach recognises a strength approach to service delivery. The emphasis is on protection services aimed at preserving the wellbeing of individuals such as children in families. There are three aspects covered in the ISDM with regards to addressing the nature of services provided to children. First, *prevention services* which include early childhood development for children under the age of six years. Secondly, *child protection services* aimed at preventing the abuse, neglect and abandonment of children. Protection programmes are aimed at protecting and promoting the wellbeing of children, especially those in difficult situations. Thirdly, *continuing care services*, which include foster care and adoption services, child and youth care centres, reunification services and after care applicable to children who have been found in need of care and protection. Lastly, *reintegration* programmes focus on successful reintegration of service users to society, work environment, family and community life. Half of the participants displayed that their services are guided by the ISDM (2006), which can be regarded as a satisfactory indication that social workers are aware of the policy and are utilising it to guide the process of rendering child protection services.

d) The Children's Act

The Children's Act 38 of 2005 is an Act of the Republic of South Africa that consolidates and reforms the law on affairs related to children. The Act provides children with the protective measures against social, cultural and religious practices, which may be harmful to their wellbeing. It offers a measure of protection against child trafficking; the recognition of child-headed households and the minimum norms and standards under which such households should function. That is, children under the age of sixteen years may not assume

household responsibilities. The Act also provides a measure of protection relating to the child's health with a specific focus on the issues relating to consent to medical treatment, surgical operations and HIV testing. All the participants indicated that the Children's Act 38 of 2005 guides their services, which is an indication that the Act majorly influences and guides the rendering of child protection services.

4.3.2.2 The Purpose of the Children's Act 38 of 2005

The views of the participants on their understanding of the purpose of the Children's Act 38 of 2005 were gathered. Two sub-themes were identified which are presented in Table 4.2 and Table 4.3.

a) Protection of Children and their Rights

The first sub-theme, the protection of children and their rights, is presented in Table 4.2.

Table 4.2 Understanding of the purpose of the Children's Act 38 of 2005

Theme: Understanding of the purpose of the Children's Act 38 of 2005	
Sub-theme	Narratives
Protection of children and their rights	<p>"...my understanding of the purpose of the Children's Act, I think it was meant to be there in order to <u>protect the children</u> and make people aware that <u>children do have rights</u>...."</p> <p>"...well basically I think Children's Act is just to <u>protect the children</u>, not necessarily who are in need of care and protection, I think all children in South Africa, <u>it's just to protect them</u>..."</p> <p>"Hmm, according to my understanding, it's helping us to know, to help eh <u>the children to attend their rights</u>..."</p> <p>"...my understanding of the purpose of the Children's Act, <u>it's about protection of children, the rights of children</u>...."</p>

The first sub-theme identified was that more than half of the participants understand the purpose of the Children’s Act 38 of 2005 as **protection of children and their rights** (“...*it’s about protection of children, the rights of children...*”). This finding is in line with the views of Boezaart (2009:185) who states that the Children’s Act 38 of 2005 is intended to be comprehensive legislation protecting the wellbeing of children. It provides a mechanism to promote certain rights of children as stated in the Constitution (1996), such as the right for all children to be protected from maltreatment, neglect, abuse or degradation as stated in Section 28. In addition, the Children’s Act is aimed at providing South African children with essential protection to ensure that their constitutional rights are sustained and not infringed upon and that their overall wellbeing is protected.

b) A Guide to Rendering Services to Children

The second sub-theme, a guide to rendering services to children, is presented in Table 4.3.

Table 4.3 Understanding of the purpose of the Children’s Act 38 of 2005

Theme: Understanding of the purpose of the Children’s Act 38 of 2005	
Sub-theme	Narratives
A guide to rendering services to children	<p>“Basically just <u>to guide us</u>, for us it’s like a little bible... yeah, <u>just to guide us on how to do our work properly and appropriately...</u>”</p> <p>“I think the Children’s Act, <u>it guides us</u> on how, I mean, <u>guides us</u> on the children, how should they be treated and so forth”</p> <p>“It’s a <u>guideline</u> to help, I don’t know, all people <u>professionals working with children...</u>”</p>

The second sub-theme outlined was that many participants’ understanding of the purpose of the Children’s Act 38 of 2005 was that it is a “...*guideline to help... professionals working with children...*”. This finding correlates with the definition of the Children’s Act 38 of 2005

defined as an Act of the Republic of South Africa that consolidates and reforms the law on affairs related to children. According to Boezaart (2009:185), the Act provides a mechanism to promote certain rights of children as stated in the South African Constitution (1996).

4.3.3 Service Rendering with Regards to Different Types of Maltreatment and Children at Risk (Theme 2)

This section focuses on the views of the participants regarding the different types of maltreatment that they deal with the most when rendering child protection services, the people that report child maltreatment in terms of Section 110 of the Children's Act 38 of 2005 and the steps that the participants take in terms of Section 150 of the Children's Act 38 of 2005 to establish whether a child is in need of care and protection. The findings are presented in the sub-sections below.

4.3.3.1 Types of Maltreatment

The participants were asked to provide information on the types of maltreatment they deal with the most when rendering child protection services. Participants were given an alternative of selecting more than one option. The findings are presented in Figure 4.3.

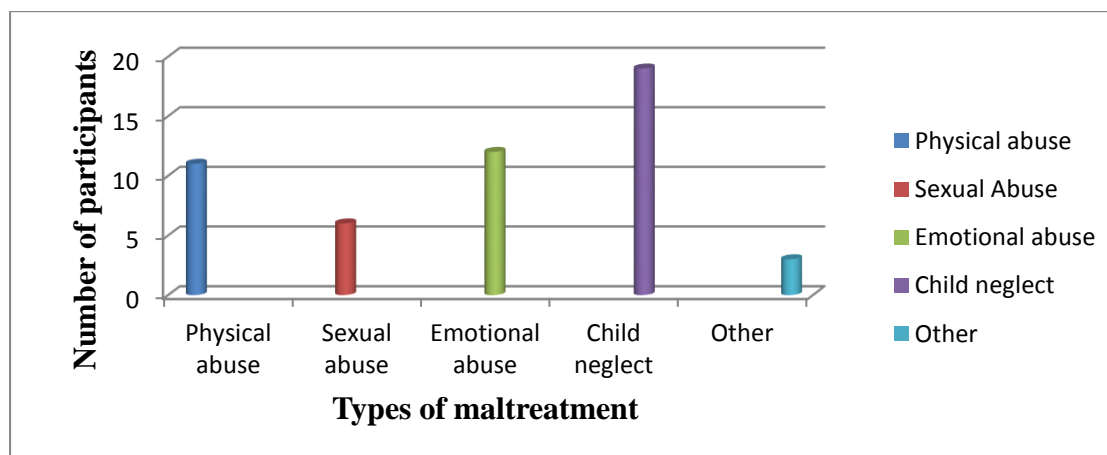


Figure 4.3: Types of maltreatment

According to the findings in Figure 4.3, the highest form of maltreatment reported by nineteen participants is **child neglect**, which may be influenced by other factors such as poverty, followed by **emotional abuse** indicated by twelve participants. Eleven of the participants indicated that they deal mostly with **physical abuse**. Six of the participants

reported **sexual abuse** as the type of maltreatment they deal with the most. Three of the participants reported other types of maltreatment they deal with the most, that is, orphaned children and child trafficking.

a) Child Neglect

Nineteen of the participants explained that they work mostly with child neglect cases when rendering child protection services, which shows that there is a major problem of neglect that needs to be addressed. These findings are in line with the belief that child neglect usually occurs when a parent fails to meet the basic essential needs of a child such as leaving a child without adult supervision and not providing food for the child (Buttler & Roberts, 2004:188). Children who are neglected may come to medical attention for different reasons and evidence of neglect is apparent. For instance, a child may appear dirty, smell of urine and be underweight. Neglect may result in children sustaining injuries such as burns (Peterson *et al.*, 2003:70). Although in some instances, there is a connection between poverty and child maltreatment. The constraints of poverty pose a negative impact on the child's health and development (Miller-Perrin & Perrin, 2013:151-152).

b) Emotional Abuse

Emotional abuse takes place when an adult says hurtful things that cause a child to feel inadequate, such as attacking and questioning a child's intelligence. Emotional harm can also occur when a child is exposed to someone else being abused, such as a parent (Newton & Garrits, 2011:8).

According to Scannapieco and Connel-Carrick (2005:17) emotional abuse can occur in the following five forms:

Rejection: A parent may refuse to recognise the child's worth and legitimacy of the child's needs.

Isolation: The parent may restrict the child from social experiences and prevents the child from establishing friendships.

Terrorising: A parent may verbally assault or frighten a child.

Corrupting: A parent may stimulate a child to engage in destructive antisocial behaviour such as stealing.

Ignoring: A parent may deprive a child of important stimulation and responsiveness such as emotional growth and intellectual development.

The fact that that twelve participants indicated that emotional abuse is a type of abuse they deal with the most when rendering child protection services is an indication that maltreatment in the form of emotional abuse occurs in any of the forms explained by Scannapieco and Connel-Carrick (2005:17).

c) Physical Abuse

Physical abuse occurs when an adult or someone in position of power physically injures or kills a child. Harm can be the result of severe hitting of a child. The adult oversteps the boundaries of discipline. Child physical abuse is the most visible form of abuse (Newton & Garrits, 2011:8; 10; Butler & Roberts, 2004:188; Righthand *et al.*, 2003:10). The findings of this study, therefore, are in line with existing views of authors regarding physical abuse, as more than half of the participants reported that they deal with physical abuse when rendering child protection services.

d) Sexual Abuse

Sexual abuse occurs when an adult or adolescent touches a child in places that are private. It involves persuasion, inducement or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct (Newton & Garrits, 2011:8; Butler & Scannapieco & Connel-Carrick, 2005:13; Roberts, 2004:188). According to Peterson *et al.* (2003:4), when a child displays a sexually obsessive behaviour and has acute genital injuries without a clear accidental cause, such incidences could be indicators that such child is being sexually abused. Only six participants displayed dealing mostly with sexual abuse when rendering child protection services. However, Levenson and Morin (2006:63) explain that a child who is a victim of sexual abuse is unlikely to display any type of behaviour that is linked to sexual abuse because of fear, loyalty to the abuser, or a belief that the child contributed to the abuse. Sexual abuse cases, therefore, are amongst those dealt with the least

when rendering child protection services as can be seen in the findings presented in Figure 4.3 and might be due to fear.

4.3.4 Reporting of Child Maltreatment in Terms of Section 110 of the Children's Act 38 of 2005

The participants were requested to explain who the people are who usually report child maltreatment in terms of Section 110 of the Children's Act 38 of 2005. The findings are presented in Table 4.4 to Table 4.6.

The findings displayed in the Table 4.4 to Table 4.6 indicate three sub-themes that were identified. The first sub-theme identified in reporting of child maltreatment is related to **informal systems**, with three categories of maltreatment reported by *children, family* and *neighbours*. The second sub-theme identified refers to maltreatment reported by **professional people** specifically the category of *teachers*. The last sub-theme identified mentions the maltreatment reported by **welfare organisations** with the categories of the *Police, Department of Health* and *NGOs*.

a) Informal Systems

The findings of the first sub-theme are presented in Table 4.4.

Table 4.4 People who report child maltreatment in terms of Section 110 of the Children’s Act 38 of 2005

Theme: People who report child maltreatment in terms of Section 110 of the Children’s Act 38 of 2005		
Sub-theme	Categories	Narratives
Informal Systems	<i>1. Children</i>	“the children... yeah <u>the children</u> ” “Uhm, the ones that I had it was just <u>the child</u> ”
	<i>2. Family</i>	“...the <u>biological fathers</u> ... even the one partner blames, especially if they don’t stay together one can blame another one” “... yeah, neighbours and <u>members of the family</u> ” “hmmm, mostly <u>neighbours</u> ... and basically <u>neighbours</u> ”
	<i>3. Neighbour</i>	“Mostly parents don’t report, <u>neighbours</u> normally <u>come and report</u> the abuse...” “usually in our cases... someone in <u>the community</u> ”

Almost half of the participants reported that child maltreatment is reported to them by **children, family and neighbours** confirming some Hobart and Frankel’s (2001:92) view, which states that child maltreatment is more often brought forward by members of the public.

b) Professional People

The findings of the second sub-theme are presented below in Table 4.5.

Table 4.5 People who report child maltreatment in terms of Section 110 of the Children’s Act 38 of 2005

Theme: People who report child maltreatment in terms of Section 110 of the Children’s Act 38 of 2005		
Sub-theme	Categories	Narratives
Professional people	<i>School teachers</i>	<p>“If the child is maltreated? The <u>teachers...</u>”</p> <p>“Neighbours, <u>teachers</u>, yeah those are the most, the common ones...”</p>

The findings present that about a fifth of the participants indicated that they receive child maltreatment cases from **school teachers** correlating with Section 110 of the Act, which states that any person, such as a teacher, who on reasonable grounds believes that a child is in need of care and protection must report that belief to the provincial Department or Social Development.

c) Welfare Organisations

The findings of the third sub-theme are presented below in Table 4.6.

Table 4.6 People who report child maltreatment in terms of Section 110 of the Children’s Act 38 of 2005

Theme: People who report child maltreatment in terms of Section 110 of the Children’s Act 38 of 2005		
Sub-theme	Categories	Narratives
Organisations	<p>1. <i>Police</i></p> <p>2. <i>Department of Health</i></p> <p>3. <i>NGOs</i></p>	<p>“<u>police</u>... and sometimes <u>hospitals and clinics</u> and our NGOs, they identify and also <u>come report</u>”</p> <p>“Hmmm, ok, sometimes <u>other social workers</u> let’s say maybe from <u>the Department of Health</u>, they do report it to us”</p> <p>“Well the trend I am seeing now is we have uhm <u>social workers from NGOs</u>...”</p>

The findings presented show that many participants explained that they receive child maltreatment cases from the **Police, Department of Health and NGOs**, also correlating with Section 110 of the Act, which makes a provision for reporting of child maltreatment at the provincial Department of Social Development or a designated child protection organisation or police official.

4.3.5 Establishment of the need of care and protection of a child in terms of Section 150 of the Children’s Act 38 of 2005

The participants were asked to explain the steps they take in terms of Section 150 of the Children’s Act 38 of 2005 in order to establish whether a child is need or care and protection. Three sub-themes were identified from the participants’ responses, that is, the need of care and protection established through **investigations, children’s court enquiry and reports**. The findings are presented below in Table 4.7 to Table 4.9.

a) Investigations

The findings of the first sub-theme are presented in Table 4.7.

Table 4.7 Establishment of the need of care and protection of a child

Theme: Establishment of the need of care and protection of a child	
Sub-theme	Narratives
Investigations	<p>“Yeah, first thing you need to <u>start investigation</u>, interview the people that the child is with. If the parents are neglecting the child... and then you start to <u>investigate and write the report...</u>”</p> <p>“As a social worker you intervene, you go and <u>do investigations if the child is really in need of care</u>, if you find that the child is really in need then it’s when you start taking the case up and taking it to court”</p> <p>“...basically <u>we investigate if whether the child is need of care and protection...</u>”</p> <p>“Well firstly it depends on what is reported... as for the other abuse types, usually we do a risk assessment first and then <u>we do investigations to find out how severe is it</u>, is it really necessary to remove the child now?”</p>

All the participants explained that they establish the need of care and protection of a child through conducting **investigations**, which entails the need to “...*investigate and write the report...*” and to “...*do investigations to find out how severe is it [the abuse]...*” as indicated in Table 4.7. This indicates that participants are aware that the decision pertaining to establishing the need of care and protection of a child is influenced by the investigations and recommendations of a social worker as per Section 155 of the Children’s Act 38 of 2005.

b) The children's Court Enquiry

The second findings of the second sub-theme are presented in Table 4.8.

Table 4.8 Establishment of the need of care and protection of a child

Theme: Establishment of the need of care and protection of a child	
Sub-theme	Narratives
The children's court enquiry	<p>“...to make sure that the <u>magistrate get your point from the report that this child is in need of care</u>”</p> <p>“...then we present the case to court then <u>the magistrate, the presiding officer is the one who decides whether the child is in need of care and protection...</u>”</p> <p>“...so at the end <u>the court decides on whether the child is in need of care and protection based on what you recommended...</u>”</p>

Most of the participants explained that they establish the need of care and protection of a child through the children's court enquiry, which means that “...*the magistrate, the presiding officer is the one who decides...*”. The findings presented in Table 4.8 are supported by Section 155 of the Children's Act 38 of 2005, which states that a children's court must decide on the question of whether a child is need of care and protection. The findings correspond with Boezaart (2009:164) stating that the children's courts devote a large amount of their caseload to evaluating children by conducting hearings to establish whether a child is in need of care and protection

c) Reports

The findings of the third sub-theme are presented in Table 4.9.

Table 4.9 Establishment of the need of care and protection of a child

Theme: Establishment of the need of care and protection of a child	
Sub-theme	Narratives
Reports	“...there’s a screening <u>report</u> that I have to do and then I have to do...”

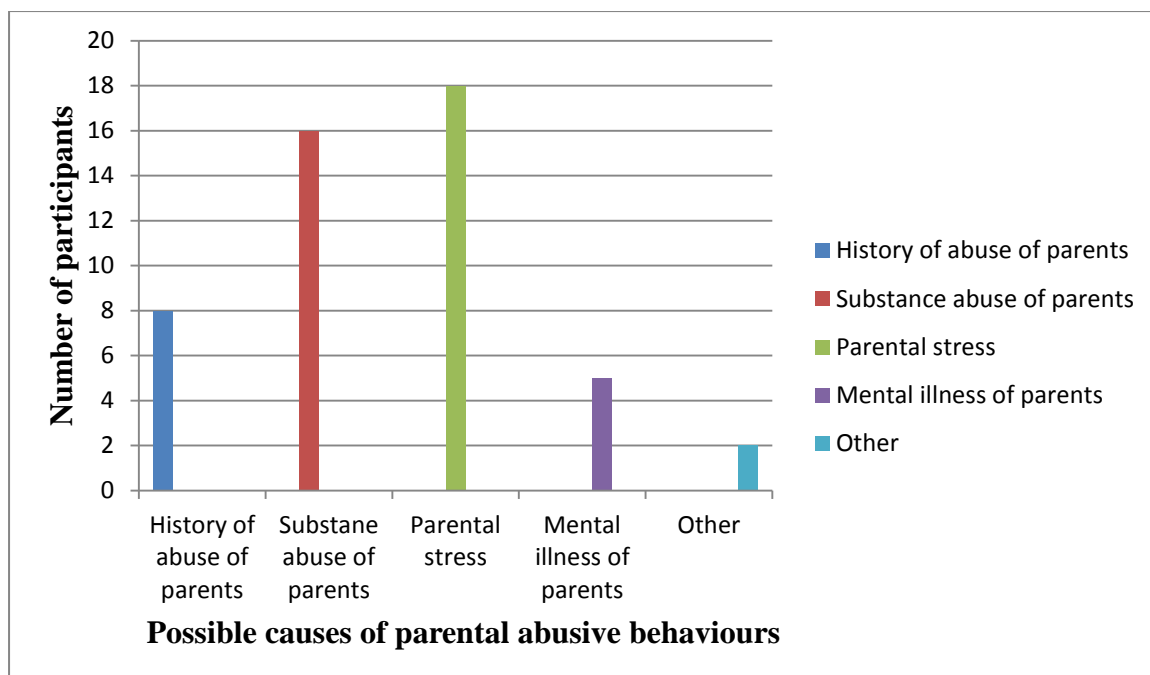
The findings reveal that all the participants stated that as designated social workers they must investigate the matter and within ninety days complete a **report** in a format prescribed by the court on whether a child is in need of care and protection. The social worker’s report includes the views of the child on the matter being investigated (Weatherall & Duffy, 2008:283).

4.3.6 Contributing Factors to Parental Child Maltreatment (Theme 3)

This section entails information on the possible causes of parental abusive behaviour and information on the types of crises experienced by parents. The findings are presented in sub-sections below:

4.3.6.1 Contributing Factors to Child Maltreatment by Parents

Various factors can be the cause of parents’ abusive behaviour. Stress for abusive parents may arise from parental attributes that entails parents’ perceptions of children and characteristics of children’s behaviour along parental psychosocial difficulties such as a parental history of abuse, substance abuse, parental stress and parental illness (McPherson *et al.*, 2008:320-341; Turner *et al.*, 2009:338). The participants were asked to select possible causes of parental abusive behaviour that they deal with in most cases of child maltreatment. The findings are presented in Figure 4.4. The participants could select more than one option.



N = 20

Figure 4.4: Contributing factors to child maltreatment by parents

Figure 4.4 indicates that eighteen participants indicated **parental stress** as the highest possible cause of parental abusive behaviour, followed by sixteen participants who mentioned **substance abuse of parents** as a contributing factor to child maltreatment. Eight participants reported that a **history of abuse of the parents** could be a contributing factor to child maltreatment. Only five participants said that **mental illness of parents** is a contributing factor to parental abusive behaviour. Lastly, two participants identified **other** contributing factors and specified that cultural beliefs and child behavioural problems were contributing factors to parental abusive behaviour, information that can be categorised with parental stress. The findings indicate that the parental abusive behaviours' causes vary from one situation to another.

a) **History of Abuse of Parents**

Terry *et al.* (2004:107) indicate that parents who were abused are most likely to abuse their own children. Parents can be victims of their past experiences (Schofield & Ward, 2011:178). Consequently, the findings show that all of the participants (n=20) were in agreement with a history of abuse of parents being a contributing factor to child maltreatment by parents.

b) Substance Abuse of Parents

According to the findings presented in Figure 4.4 sixteen of the participants (n=20) reported **substance abuse of parents** as a contributing factor to child maltreatment. Parental substance abuse is associated with child neglect (Kroll & Taylor, 2003:27-28; 30). The finding correlates with the views of the authors that parents under the influence of any substance may fail to meet the needs of the child and that substance misuse can undermine the quality of parental care provided to children (Kroll & Taylor, 2003:41-42).

c) Parental Stress

Eighteen of the participants (n=20) indicated that **parental stress** is a contributing factor to parental abusive behaviour. The study of Dore and Lee (1999:313) is in line with this finding by stating that maltreating parents often live in highly stressful environments overwhelmed by poverty, family and community violence, substance use and abuse, as well as inadequate resources for housing, employment and education, circumstances contributing to parental stress.

The following discussion of the factors contributing to parental stress is of importance for this study in order to provide a description of parents' behaviour that may lead to child maltreatment.

Depression: A depressed mood of parents may result in decreased effectiveness in handling discipline situations. Whipple and Webster-Stratton (1991:280) explain that depressed mothers can be described as more rejecting, critical, and harsh, and may utilise frequent physical punishment. Parental anxiety has also been associated with increased rates of discipline confrontations and child abuse. The contribution of a child's behaviour and temperament is another component of parents' stress. Difficult children have been found to be at higher risk of child abuse and to have highly stressed parents. There, therefore, is a link between stress, parental difficulties, child behaviour problems and child abuse.

Marital problems: Whipple and Webster-Stratton (1991:280) indicate that the state of the marital relationship may contribute to parental stress that can lead to child abuse. When

parents are dissatisfied with their marriages and there are frequent spousal conflicts, parenting may be affected. In addition, single mothers may be particularly at high risk due to stressors such as financial losses and lack of marital support.

Work strain: An increased level of work strain such as poor and dangerous working conditions can affect individual parental functioning. The strenuous working conditions may produce feelings of stress, which then increase the likelihood of a global stress reaction like depression. In addition, work stress influences marital functioning and affects parenting. It may result in parents withdrawing from their children and reducing their efforts for effective parenting (Turvey & Olson, 2006:8-9).

Poverty: A number of psychosocial stressors have been identified as placing families at an increased risk of child abuse. These include poverty leading to inadequate housing, financial problems, unemployment, lack of education and substance abuse. Such stressors provide a context for abuse or residing in such conditions may generate a stressful situation, which may be a precipitating factor of child abuse (Whipple & Webster-Stratton, 1991:280). It may, therefore, be that abusive parents who are lacking a cognitive foundation and who are highly stressed by poverty and its accompanying pressure may find it hard sustaining commitment to any intervention introduced by a social worker (Dore & Lee, 1999:322).

From the finding on the contributing factors to child maltreatment by parents, it is evident that parents may experience stressors such as depression, marital problems, work strain and poverty that may impair their parenting abilities and may cause parental child maltreatment behaviours.

d) Mental Illness of Parents

Only five of the participants (n=20) reported mental illness of parents as a contributing factor to child maltreatment. In this regard, it can be noted that the literature indicates that it is not often that parents with mental disability come under the scrutiny of the child protection system. The literature supports the findings by stating that a very low number of children of parents with mental disability are removed from their parents and placed in alternative care (Mayes & Llewellyn, 2009:92).

4.3.7 Types of Crises Experienced by Parents

Each individual and each crisis situation is different; thus social workers must view each individual and the situation precipitating the crisis as unique. Parents can experience different types of crises. James and Gilliland (2005:5) explain that parents can experience developmental, situational and existential crises, which will be discussed shortly. It was important to find out which type of crises the parents are experiencing in order to understand how social workers utilise the crisis intervention approach to assist parents to use their strengths to outgrow the crisis situation. Participants were requested to provide information on the types of crises they deal with the most when rendering services to parents of children in need of care and protection. Participants could select more than one option. The findings are presented in Table 4.10.

Table 4.10 Types of crisis experienced by parents

Type of crisis	Explanation	Number of Participant	percentage
Developmental crisis	<i>Developmental crises are events in the normal flow of human growth and evolvment whereby a dramatic change or shift occurs that produces abnormal responses.</i>	09	45%
Situational crisis	<i>A situational crisis emerges with the occurrence of uncommon and extraordinary events that an individual has no way of forecasting or controlling.</i>	08	40%
Existential crisis	<i>An existential crisis includes the inner conflicts and anxieties that accompany important human issues of purpose, responsibility, independence, freedom and commitment.</i>	14	70%

N=20

a) **Existential Crisis**

The findings indicate that fourteen (70%) participants indicated that parents experience an **existential crisis**. This finding correspond with James and Gilliland (2005:5) who stated that parents of children identified to be in need of care and protection may struggle with human issues of purpose, such as failing to provide for the well-being of their children and facing the possibility of having them removed from the family system. It could be that one views one's life as meaningless and that there is a void that can never be filled in a meaningful way.

b) **Developmental Crisis**

The findings also indicate that nine (45%) of the participants indicated that parents of children identified to be in need of care and protection experience a **developmental crisis**. According James and Gilliland (2005:5), and Slaikeu (1990:17), parents may experience dramatic change that produces abnormal responses such as a crisis that may occur in response to the birth of a child, midlife career change and retirement, or even the aging process.

c) **Situational crisis**

James and Gilliland (2005:5) and Slaikeu (1990:15) explain that a **situational crisis** emerges with the occurrence of uncommon and extraordinary events that an individual has no way of forecasting or controlling such as loss of jobs, sudden illnesses and death. The findings show that eight (40%) of parents are experiencing a **situational crisis**.

4.3.8 Parents' Response to a Crisis

Parents can experience different types of crises as discussed in the previous section. Parents can also react in different ways to the different types of crises. The participants were asked to provide a description of how parents of maltreated children usually respond to the crisis related to the need for care of a child or children. The findings are captured in Table 4.11 to Table 4.14.

The findings presented in the tables below show an emotionally-focused way of responding to a crisis by parents of children identified to be in need of care and protection. Four sub-themes were identified and are discussed below.

a) Defensiveness

The findings of the first sub-theme are presented in Table 4.11.

Table 4.11 Parents' response to a crisis

Theme: Parents' response to a crisis	
Sub-theme	Narratives
Defensiveness	"...but then they would just tell you no, <u>you can't tell me what to do...</u> they would only want to listen to you when you tell them now I'm going to remove this child, <u>they become defensive</u> and they want to tell you that what they are doing it's how they grow up, it's normal..."

A few of the participants indicated that parents become **defensive** when confronted with a crisis situation, especially the crisis of having the possibility of their children removed from their care. Drumbrill's (2006:32) findings are in line with these findings by indicating that parents may be reluctant to engage in child protection services and can become defensive about sharing of information with social workers about themselves and their parenting method for fear of negative consequences as they may feel that social workers are exercising power over them when offering professional assistance.

b) Resentment

The findings of the second sub-theme are presented in Table 4.12.

Table 4.12 Parents' response to a crisis

Theme: Parents' response to a crisis	
Sub-theme	Narratives
Resentment	<p>"...for her us coming there... to take her child, <u>we were her enemy</u>"</p> <p>"...immediately <u>they feel betrayed by the family members or the child</u>...they immediately think that you just there to take the child...they think that whatever is reported, you will believe it..."</p> <p>"...you know when you make them aware... <u>you become a bad person</u> in most cases..."</p>

The findings also show that a few participants indicated that parents respond to a crisis through **resentment** towards the social workers and others who report the maltreatment, which entails that the parents felt "...*betrayed by the family members*" and view a social worker as an "...*enemy*...". The findings are in line with the views of the authors Terry et al. (2004:198) who state that parents may speculate negatively about the people who filed the reports about child maltreatment. Parents may deny difficulties and blame others or can see the situation as unfair, referring to other families they know who act the same and yet have had no child welfare involvement.

c) Denial and Avoidance

The findings of the third sub-theme are presented in Table 4.13.

Table 4.13 Parents' response to a crisis

Theme: Parents' response to a crisis	
Sub-theme	Narratives
Denial and avoidance	<p>"<u>They are in denial</u>, they <u>don't accept</u> that they are maltreating their children..."</p>

Many participants indicated that parents of children identified to be in need of care and protection respond to a crisis with **denial and avoidance** because the parents “...*don't accept that they are maltreating their children...*”. According to Walsh and Lantz (2007:7), individuals such as parents tend to have less control in crisis situations; a primary coping strategy is emotional numbing and use denial as a defence mechanism.

d) Anger

The findings of the fourth sub-theme are presented in Table 4.14

Table 4.14 Parents' response to a crisis

Theme: Parents' response to a crisis	
Sub-theme	Narratives
Anger	<p>“...usually the parents do <u>cause fights</u>, they <u>fight to win their children back...</u>”</p> <p>“<u>Anger, violent...</u>they are not cooperative at all...otherwise you do get parents that couldn't care, they become numb, <u>but most of it is anger</u> because they believe that this is normal for us so who are you to come and tell us that I am neglecting my child...”</p> <p>“Hey, <u>it's war...they don't take it well</u> and I don't know if it's lack of information or it's ignorance but they just don't understand...”</p>

Some participants explained that parents respond to a crisis through **anger** as they “...*cause fights...*” and become “...*violent...*”. This finding is in line with Drumbrill's (2006:33-34) view, which states that parents could fight by challenging and opposing social workers.

4.3.9 Building a Professional Relationship

This section focuses on how the social workers build a professional relationship with parents of children in need of care and protection, as well as with the children in need of care and protection. According to Gallagher *et al.* (2011:129) the quality of the relationship between parents of children in need of care and social workers is crucial for effective intervention, focusing on both parents and children, taking into consideration parent-child relationship and family dynamics (Faller, 1981:55).

4.3.9.1 Challenges to Establish a Professional Relationship with a Child in Need of Care and Protection

In matters of child maltreatment, it is important for the social worker to form a relationship with a child as the social worker's report is expected to include the views of the child on the matter being investigated (Weatherall & Duffy, 2008:283). The participants were asked about the challenges they are experiencing with regards to building a professional relationship with a child in need of care and protection. Most participants explained that they never experience any challenges with regards to the relationship building process with a child in need of care and protection. Some participants, however, shared challenges such as the following that they experience: The children's **reaction to removal** is demonstrated by *suffering* and *refusal to be removed*; and the **lack of trust in the social worker** is expressed by *blame* and *shock*. Those were the two sub-themes that were identified and that will be discussed below.

a) Reaction to Removal

The findings of the first sub-theme are presented in Table 4.15.

Table 4.15 Challenges to establish a professional relationship with a child in need of care and protection

Theme: Challenges to establish a professional relationship with a child in need of care and protection		
Sub-theme	Category	Narratives
Reactions to removal	<i>- Suffering</i>	<p>“...Some of these children they will tell you that <u>you took me away from my parents but now I am suffering at that place...</u> they don't understand the reasons why we are removing them... <u>they feel that eh it's ok for me to be beaten because they grew up being beaten</u>”</p> <p>“<u>the child will recognise you and will tell you...I want my mommy and it's not nice</u> “</p>
	<i>- Refusal to be removed</i>	<p>“...when we were supposed to move him from the care, <u>he then changed everything around, he refused to eh to removed, to be placed somewhere...although in the beginning...he requested to be removed...</u>”</p>

The findings indicate that some participants described that the children's **suffering** (“...*you took me away from my parents but now I am suffering at that place...*”) and **refusal reaction to removal** (“...*he refused to eh to removed, to be placed somewhere...although in the beginning...he requested to be removed...*”) hinders the relationship building process. The maltreated children's emotional responses to social workers are explained by Newton and Garritis (2011:14) as a struggle with self blame, particularly if physical abuse occurs during disciplinary interactions, and parental blame. It is well documented by Trickett and McBride-Chang (1995:316), Jonson-Reid *et al.* (2007:183&186) as well as Peterson *et al.* (2003:4) that children who are maltreated are more at risk of developing emotional disorders such as

anxiety, depression and post-traumatic stress, hence the emotional response to the relationship building process with the social worker.

b) Lack of Trust in the Social Worker

The findings of the second sub-theme are presented in Table 4.16.

Table 4.16 Challenges to establish a professional relationship with a child in need of care and protection

Theme: Challenges to establish a professional relationship with a child in need of care and protection		
Sub-theme	Category	Narratives
Lack of trust in a social worker	- <i>Blame</i> - <i>Shock</i>	<p>“<u>The child does not trust you because you taking him or her away from the parent</u>”</p> <p>“...also the fact that we don’t see each other that often, not like we would like to because of the caseload.... the children usually they are quiet, <u>very quiet</u>, they <u>don’t speak</u> especially the small ones they don’t speak, they just <u>sit and stare at you</u>”</p>

One participant explained that children may have a **lack of trust in the social worker**. The same participant indicated that children could be **shocked** because “...*they are very quiet, they don’t speak... they just sit and stare at you*” and do not respond when the social worker attempts to build a relationship with them. Some children, according to the participants, could respond with **blame** because they do not trust the social worker for “...*taking him or her away from the parent...*”. Levenson and Morin (2006:63) and Peterson *et al.* (2003:4) explain that children may be confused and feel embarrassed by the abuse, such as sexual abuse, resulting in a tentative, contradictory and minimisation of the abuse to shield the abuser. Jonson-Reid *et al.* (2007:183&186) and Peterson *et al.* (2003:4) indicate that maltreated children may

become agitated, difficult to calm and may not seek reassurance from the parent or authority figure.

4.3.9.2 Challenges to Establish a Professional Relationship with a Parent or Parents of a maltreated children

According to Gallagher *et al.* (2011:129), the quality of the relationship between parents of children in need of care and social workers is crucial for effective intervention. Engaging with both parents and children eliminates the danger in child protection work of focusing on the needs of children while neglecting the needs of their parents (Gallagher *et al.*, 2011:126). It therefore was vital to find out from the participants about the challenges they are experiencing to building a professional relationship with a parent or parents of a maltreated child. The findings are presented in Table 4.17 to Table 4.21. These tables show five sub-themes that were established with regards to the challenges experienced by social workers when they try to establish a professional relationship with a parent or parents of a maltreated child.

a) Lack of understanding of child protection services

The findings of the first sub-theme are presented in Table 4.17.

Table 4.17 Challenges to establish a professional relationship with a parent or parents a maltreated child

Theme: Challenges to establish a professional relationship with a parent or parents a maltreated child	
Sub-theme	Narratives
Lack of understanding of child protection services	<p>“...I don’t know because the parents they consider us as wild a bit, you know <u>they consider us as people who take away their kids... they don’t understand that we’re trying to protect these children...they just consider us as people who just come and pick their children...</u>”</p> <p>“...maybe they <u>don’t understand...because of illiteracy...so I think it’s one of the major challenges</u> that we are experiencing as social workers...”</p> <p>“I think... they still <u>need to be informed...the lack of information...</u>”</p>

Half of the participants explained that **lack of understanding of child protection services** negatively influences the relationship building process because of “...*illiteracy...*” and “..*the lack of information...*”. The findings reveal that getting parents to engage in the intervention process can be challenging due to fear and shame they often experience in being identified in child protection services (Gockel *et al.*, 2008:92). Gockel *et al.* (2008:98) found that abusive parents may experience the social work crisis intervention as traumatic and demoralising, leaving them with a stigma of being singled out as inadequate parents, hence a misconception of child protection services.

b) Lack of Trust

The findings of the second sub-theme are presented in Table 4.18.

Table 4.18 Challenges to establish a professional relationship with a parent or parents of a child a maltreated child

Theme: Challenges to establish a professional relationship with a parent or parents of a child a maltreated child	
Sub-theme	Narratives
Lack of trust	“ <u>The challenge is obviously because there’s no trust...if you gonna have a professional relationship there’s got to be trust, this person doesn’t trust me....this person thinks I am out there to make their life miserable by taking away their children...</u> ”

A few of participants explained that **lack of trust** influences the professional relationship process because “*...there’s no trust...this person thinks I am out there to make their life miserable by taking away their children...*”. The findings show that the professional relationship is compromised by the challenges experienced by social workers. Gockel *et al.* (2008:92) highlight that the relationship between social workers and parents of children in need as clients has historically been recognised as a key element of effective practice but without trust, such relationship cannot be formed.

c) Hostility

The findings of the third sub-theme are presented in Table 4.19.

Table 4.19 Challenges to establish a professional relationship with a parent or parents of a child a maltreated child

Theme: Challenges to establish a professional relationship with a parent or parents of a child a maltreated child	
Sub-theme	Narratives
Hostility	<p>“...maybe uhm abuse was reported and you have to remove a child...you still have to go back to that parent to check if... their behaviour has changed or not and maybe try to give them some counselling and all that. So <u>it’s quite difficult because they see you as this monster who’ve taken their child away from them...</u>”</p> <p>“So when it first started <u>I appeared as somebody who was an enemy to the family...</u> the reason why we had to remove the children... the mother and the father were fighting in front of the children...”</p>

Some participants identified **hostility** as a challenge when establishing a professional relationship with parents of maltreated children as the parents see a social worker “...*as this monster who’ve taken their child away from them...*”. Dass-Brailsford’s (2007:101-102) findings are in line with these findings by stating that parents can have affective reactions including anger, **hostility**, anxiety, fear and sadness.

d) Language barrier

The findings of the fourth sub-theme are presented in Table 4.20.

Table 4.20 Challenges to establish a professional relationship with a parent or parents of a child a maltreated child

Theme: Challenges to establish a professional relationship with a parent or parents of a child a maltreated child	
Sub-theme	Narratives
Language barrier	“My <u>biggest challenge is the language barrier...</u> because I speak only Afrikaans and English, so my clients...they have their different home language usually it’s Xhosa or Sotho, uhm and then some of them don’t even speak English. <u>So it’s difficult to build when you struggle to understand</u> ”

Some participants explained that a **language barrier** is a major challenge when establishing a relationship with parents of maltreated children by indicating for instance that “...*it’s difficult to build (a relationship) when you struggle to understand...*”. The literature indicates that during the time of a crisis situation parents may feel that their opinions have the least impact, even when the social workers communicated with them, because of the perception that social workers are quick to categorise their cases to fit pre-established intervention plans and may use the language barrier to justify the lack of co-operation (Drumbrill, 2006:31). Alpert and Britner (2005:40) explain that parents are more likely to be satisfied when they perceive that the social worker is working with them to get their children back and may use the cultural backgrounds again to justify lack of co-operation. If there is a language barrier, the relationship building process can be hindered.

e) Aggression and threatening behaviour

The findings of the fifth sub-theme are presented in Table 4.21.

Table 4.21 Challenges to establish a professional relationship with a parent or parents of a child a maltreated child

Theme: Challenges to establish a professional relationship with a parent or parents of a child a maltreated child	
Sub-theme	Narratives
Aggression and threatening behaviour	<p>“We can’t actually build a good relationship, a professional relationship... <u>that person..., at that time... is angry with you, it’s even difficult to build a relationship with the parent at that time...</u>”</p> <p>“...it’s very difficult ‘cause at first it’s like sometimes <u>the parents would be rude...they don’t want to talk to you...they say don’t take my child, if you take my child it would be something else.</u> So sometimes <u>it’s not safe for us</u>”</p> <p>“...so sometimes <u>those that have anger</u> or as a result of you removing the child, not understanding what they doing wrong, there’s a possibility that they might wait for you at the street corner, so <u>you always have to balance being their friend, being professional...cause you fear they’ll be waiting for you at the street corner</u>”</p>

Aggression and threatening behaviour was another challenge experienced by a few participants when establishing a professional relationship with parents of maltreated children, demonstrated by anger and being rude. The participants explained that “...*there are those that have anger...*” and some parents “...*would be rude...*”. According to Drumbrill (2006:33-34), parents can fight by challenging and opposing social workers, making it difficult to build a professional relationship

4.3.10 Crisis Intervention Services with Parents of Children in Need of Care (Theme 4)

This section of the study focuses on how social workers utilise crisis intervention with parents of children in need of care. The section is divided into two sub-sections; the first sub-section provides information of the participants’ understanding of the concept of crisis intervention theory. The second sub-section provides information on the steps of the crisis

intervention process that participants utilise with parents of children in need of care. The findings are presented in tables.

4.3.10.1 Understanding of Crisis Intervention Theory

Participants were asked to provide their understanding of the concept of crisis intervention theory. The findings are provided below in Table 4.22 to Table 4.24.

a) Situation Needing Immediate Attention

The findings of the first sub-theme are presented in Table 4.22.

Table 4.22 Understanding of crisis intervention theory

Theme: Understanding of crisis intervention theory	
Sub-theme	Narratives
Situation needing immediate attention	<p>“...basically the first thing that comes is that something happened which is described as a crisis and I <u>need to intervene...as soon as possible or immediately</u> have to go and do something about the crisis...”</p> <p>“...it’s something that <u>need immediate reaction of a social worker</u>, you have to <u>react immediately</u>...”</p> <p>“...crisis intervention eh from my understanding is <u>a situation that has to be attended to immediately</u>...”</p>

Some of the participants understand crisis intervention as a **situation needing immediate attention** because it requires the social worker’s “...*immediate reaction*...”. It also requires the social worker “...*to intervene immediately*...” and the situation should be “...*attended to immediately*...”. According to Poal (1990:122), crisis intervention initially was developed as

a response to the growing demand for services in situations where immediate assistance was required for large numbers of individuals.

b) Guideline for Rendering Crisis Intervention Services

The findings of the second sub-theme are presented in Table 4.23.

Table 4.23 Understanding of crisis intervention theory

Theme: Understanding of crisis intervention theory	
Sub-theme	Narratives
Guideline for rendering crisis intervention services	<p>“...yeah the theory is just basically <u>steps that you need to follow to address the crisis situation</u>”</p> <p>“...so I think it assists us as social workers to, it <u>gives us a guideline to say this is how we have to work with our clients...</u>”</p>

According to the findings presented in Table 4.23, a few of the participants showed an understanding of crisis intervention as a **guideline for rendering crisis intervention services**. Less than a third of the participants explained that crisis intervention theory guides them by offering “...*steps that you need to follow to address the crisis situation*”. The findings reveal that most social workers do not consider crisis intervention theory as a guide, when numerous reports highlight the importance of crisis intervention to guide social workers on how to assist individuals and their families in crisis appear in the psychiatry, psychology and social work journals (Daas-Brailsford, 2007:95; Poal 1990:123 & Slaikeu, 1990:6-7).

c) Stabilising the Crisis Situation

The findings of the third sub-theme are presented in Table 4.24.

Table 4.24 Understanding of crisis intervention theory

Theme: Understanding of crisis intervention theory	
Sub-theme	Narratives
Stabilising the crisis situation	<p>“<u>Putting things at calm...at least close to back to normal</u>”</p> <p>“...responding to a situation to <u>minimise uhm the harm or some form of effects, negative effect of it</u>”</p>

The findings reveal that some participants understand crisis intervention as **stabilising the crisis situation** by “*putting things at calm...at least close to back to normal*”. The findings of Walsh and Lantz (2007:3) are in correspondence with these findings and explain that the successful handling of a crisis has the possibility of enhancing an individual’s growth – even in threatening situations, it can be seen as a strengths approach. The main focus is to build upon an individual’s strength in order to adapt and grow from the experience

4.3.11 Utilising Stages of Crisis Intervention Process

Participants were asked to provide information on how they practically utilise the stages of the crisis intervention process with the aim to deal with a crisis situation. The findings are captured in Table 4.25.

a) Planning and assessments for them mostly involves child removal

The findings of the first category are presented in Table 4.25.

Table 4.25 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-theme	Category	Narratives
<p><i>Stage one.</i> Planning and conducting a biopsychosocial and crisis assessment. Assessing resilience and protective factors as well as family and other support networks.</p>	<p>Planning and assessments mostly involves child removal</p>	<p>“No, not with us. <u>You don’t get stage one or two... we do not establish rapport, we do not assess any resilience or protective factors... we remove and we go to stage three...There isn’t stage one or two which is a gap honestly speaking...because of our case loads</u>”</p> <p>“...number one...I have to plan for an example let’s say <u>I have to remove a child...</u>”</p> <p>“...crisis intervention for us is to <u>normalise the life threatening situation for the child</u> and once the child... is normal you move it onto the next person so <u>I never really have to sit down with the parents...</u>”</p> <p>“...You know for me..., I just fall in... <u>I don’t do planning</u>, I know that you supposed to but immediately when I get a report whether it’s severe or not...the very same day <u>I would do home visits, I’ll contact the school...</u>”</p>

The findings show that most participants indicated that **planning and assessments for them mostly involves child removal**. The findings show that social workers do not plan (“...*I don’t do planning...*”) and assess (“...*we do not assess any resilience or protective factors...*”). These findings are not in line with the requirement of the first step in the process of crisis intervention and which is supported by Dass-Brailsford (2007:102) who explains that

it involves planning and conducting a thorough biopsychosocial and crisis assessment. Assessing resilience and protective factors as well as family and other support networks is useful as stated in the sub-theme indicated in Table 4.25.

b) Establish rapport

The findings of the second category are presented in Table 4.26.

Table 4.26 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-themes	Categories	Narratives
<i>Stage two.</i> Making psychological contact and establishing rapport with the client.	Establish rapport	<p>“..I <u>have to establish rapport</u>, make the people to understand that like I’m there to unite them, you understand <u>make them trust me</u>”</p> <p>“...yeah I think...<u>establishing rapport</u> starts from your interviews...”</p> <p>“...Let’s say I would have already <u>established my rapport</u>, I would have <u>explained why I am there</u> then once you start to explain to them what is going on and everything...”</p>

Many of the participants explained that they **establish rapport** with the parents when rendering crisis intervention services by finding ways to obtain parents trust (“...*make them trust me...*”). Dore and Lee (1999:319) explain that intervention with parents is assisting parents understand their children’s developmental needs, namely age, current life events and behaviours. Intervention aids parents to learn to apply appropriate strategies to address the

needs. The findings reveal that social workers strive to establish a rapport with parents of children in need of care for effective intervention.

c) Defining dimension of a crisis while removing a child

The findings of the third category are presented in Table 4.27.

Table 4.27 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-themes	Categories	Narratives
<i>Stage three.</i> Examining and defining the dimensions of the crisis.	Defining dimension of a crisis while removing a child	<p>“...you do it during the removal somehow <u>you must define the dimensions of this crisis while you remove</u>, in completing the Form 36, this is the form that you must remove the child...<u>we do think that it says which category that this crisis is...</u>”</p> <p>“...I think as social workers...we saying everything is a crisis even though it’s not...I think the problem it’s us <u>not being able to identify or define the word crisis...</u>”</p>

Most participants explained that they **define the dimension of a crisis while removing a child** by “...*completing the Form 36, this is the form that you must remove the child...we do think that it says which category that this crisis is...*”. Walsh and Lantz (2007:1) state that any type of emotional problem situation may threaten an individual’s basic purpose in life. Parental experiences of the possible removal of own child or the possibility of such occurrence may threaten the basis of being a parent in a child’s life. Some participants mentioned the difficulty to define the nature of the crisis and identified doing it while

removing a child (“...*I think the problem it’s us not being able to identify or define the word crisis...*”).

d) Exploring feelings and emotions during interviewing

The findings of the fourth category are presented in Table 4.28.

Table 4.28 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-theme	Categories	Narratives
<p>Stage four. Encouraging and exploring feelings and emotions.</p>	<p>Exploring feelings and emotions during interviewing</p>	<p>“...it’s not often where you find parents who care, where you find parents who are there, if they are there, they would not understand why is this a crisis to you anyways so <u>you have to go back to explaining the Act and you have to go back to tapping their feelings and relationship with the child and what not but it’s not often where you find that happening.</u></p> <p>“...you do...<u>when you conduct interviews but most of the time, it’s anger, anger, anger, which is an emotion, so uhm yeah, I think...communicating with them... giving them a chance to voice out their opinion</u>”</p>

Many of the participants **explore feelings and emotions during interviewing** parents. They reported that they to explore feelings and emotion during interviews “...*to tapping their feelings and relationship with the child and what not but it’s not often where you find that happening*”. According to Walsh and Lantz (2007:3), the successful handling of a crisis has the possibility of enhancing an individual’s growth, even in threatening situations. The main focus is to build upon an individual’s strength in order to adapt and grow from the

experience. Interviewing is one avenue that is utilised to explore parents' emotions but not many social workers conduct such interviews with the parents.

e) Referral

The findings of the fifth category are presented in Table 4.29.

Table 4.29 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-themes	Categories	Narratives
<i>Stage five.</i> Explaining past positive coping strategies and alternatives. Viewing the individual as a resourceful and resilient person with an array of potential resources and alternatives that can help this process.	- Referral	<p>“Usually we <u>refer them to counselling...</u> we can't provide the counselling. <u>we refer them to...</u>Alpha Trauma, at Alpha Trauma they will provide <u>the counselling...</u>through that feedback we have to write the report to court to say <u>parent...is coping well</u>”</p> <p>“I think it's just talking to the parent informing them you know about <u>the parental skills...</u>if you need to <u>refer the parents...</u>”</p> <p>“...the first thing will be to <u>refer the parent for uhm help...</u>to maybe Nicro or Sanca, <u>any other uhm organisation that can assist with the crisis...</u>”</p>

Some participants explained that they **refer** parents to use counselling (“*usually we refer them to counselling...*”) to enable parents to cope. The findings are in line with the views of Walsh and Lantz (2007:29-30) who state that individuals are encouraged to speak about the pain in order to master it. Telling the pain can facilitate the development of a powerful encounter where an individual processes the situation and describes the emotions attached,

for instance it could be parents' fear of losing a child to a welfare system (Walsh & Lantz, 2007:29-30).

Some participants also explained that parents are referred to other organisations “*that can assist with the crisis...*”. According to Walsh and Lantz (2007:30) these findings allow parents to master emotional pain by making use of reflection and experimentation that assists them to discover healing activities such as attending parental programs that are useful in processing and defusing the problem situation.

f) Contact referral sources and action plan

The findings of the sixth (contact referral sources) and seventh (action plan) categories are presented in Table 4.30.

Table 4.30 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-theme	Categories	Narratives
<i>Stage six.</i> Implementing the action plan. At this stage, identify supportive individuals and contact referral sources should be identified. The client should be able to implement some coping strategies.	<p>- Contact referral sources</p> <p>- Action plan</p>	<p>“...if they are interested anyway...to go wherever that you are <u>referring</u> them and if there's any <u>family members</u>, any <u>community church</u>, I mean resources we check...who's willing to assist...”</p> <p>“...I think it's to <u>make sure that the client is attending all the sessions</u> that you referred...whenever maybe he or she might be encountering any problem, <u>then you can find another alternative to make sure that he benefits or she benefits from that ...</u>”</p>

Most participants reported that they **contact referral sources** to assist parents of children identified to be in need of care and protection to cope with the crisis situation. Alpert and Britner (2005:40) state that parents are more likely to be satisfied when they perceive that the social worker is working with them to get their children back, prepares them for meetings, has clear expectations of them and respects their cultural backgrounds.

Most participants explained that the **action plan** involves continual contact with parents in order to monitor the effectiveness of the intervention process to “*make sure that he benefits or she benefits from that ...*”. These findings show that the social worker is expected to render reunification services to the child and the parents in accordance with Section 155 of the Children’s Act 38 of 2005. Gallagher *et al.* (2011:126) maintain that parents appear to have no alternatives to the relationship with social workers because they are bound to participation with the welfare organisation and its association as the only option of completing the service plan, hence surrendering their parental rights.

g) Use of reports for feedback

The findings of the eighth category are presented in Table 4.31.

Table 4.31 Utilising stages of crisis intervention process

Theme: Utilising stages of crisis intervention process		
Sub-theme	Categories	Narratives
<p>Stage seven.</p> <p>Establishing a follow-up plan. It is important to follow up with clients after the initial intervention to determine the client's status and ensure that the crisis has been resolved.</p>	<p>Use of reports for feedback</p>	<p>“What we do is we refer them to Alpha Trauma and after that <u>we have to ask for feedback...</u>”</p> <p>“if you already referred the client, <u>you communicate with the organisation and then they will give a report back...</u>up until the client finish the sessions...”</p> <p>“...we need the <u>report back</u>, now we need to see whether the child is going back to the parent, then where we refer they will send the report that...the <u>parent managed to change</u> or there's no progress...”</p> <p>“...empower them, you refer them in <u>most cases they become better parents...</u>”</p>

Most participants indicated that they make **use of reports for feedback** in order to follow up on the parents' status and to ensure that the crisis has been resolved (“*you communicate with the organisation and then they will give a report back*”). These findings support that social workers enter a life situation of an individual or a family to ease the impact of a crisis and to mobilise the resources available for the affected parents (Roberts, 2005:12-13).

4.3.12 Challenges Related to Services to Parents of Children in Need of Care and Protection (Theme 5)

This section of the study focuses on the views of the participants with regards to the responses of parents of children in need of care and protection on the utilisation of crisis intervention by a social worker in the beginning and on completion of the intervention process. The findings are presented below in a form of tables.

4.3.12.1 Parents' Response to Crisis Intervention by Social Worker in the Beginning of the Intervention Process

Participants were asked to provide information on how parents of children in need of care and protection usually respond to the use of crisis intervention by a social worker in the beginning of the intervention process. The findings are presented in Table 4.32

a) Negative response from parents of children in need of care and protection

The findings of the first sub-theme are presented in Table 4.32.

Table 4.32 Parents’ response to crisis intervention by social worker in the beginning of the intervention process

Theme: Parents’ response to crisis intervention by social worker in the beginning of the intervention process.	
Sub-theme	Narratives
Negative response from parents of children in need of care and protection	<p>“...<u>they become really cruel</u> and then in that situation it’s important to take somebody else with you because... <u>they will swear at you...</u>”</p> <p>“...<u>they fight because</u> uhm we are there to act upon something they did, so they don’t like that...”</p> <p>“...<u>you find them getting irritated</u> and they don’t want to response positively...”</p> <p>“...<u>they don’t cooperate...</u> and that is a challenge for the social workers...”</p> <p>“...they see what steps you are going to take... they <u>start to become angry...</u>”</p> <p>“In the beginning <u>they not gonna give you information</u>, they don’t even want to know what the problem...<u>they already have an attitude... they just become defensive</u>”</p>

Table 4.32 shows that most participants reported **negative response from parents of children in need of care and protection** demonstrated through being “...*really cruel...*”, “...*swear..*”, “...*fight...*”, “... *getting irritated...*” and “...*they don’t cooperate...*”. The findings correspond with Drumbrill (2006:3) who states that abusive parents may experience the social work crisis intervention as traumatic and demoralising, leaving them with a stigma of being singled out as inadequate parents. Parents may be reluctant to engage in child protection services and can become defensive about sharing of information with social workers about themselves and their parenting method for fear of negative consequences.

a) Positive response from parents of children in need of care and protection

The findings of the second sub-theme are presented in Table 4.33.

Table 4.33 Parents' response to crisis intervention by social worker in the beginning of the intervention process

Theme: Parents' response to crisis intervention by social worker in the beginning of the intervention process.	
Sub-theme	Narratives
Positive response from parents of children in need of care and protection	"...I would have already established my rapport, I would have explained why I am there then <u>once you start to explain to them what is going on and everything they start to calm down and they start listening...</u> "

The findings in Table 4.33 show that only a few of the participants reported receiving a **positive response from parents of children in need of care and protection** due to the relationship they establish with the parents and "*...explain to them...what is going on...*". The views of Gallagher *et al.* (2011:129) are that the quality of the relationship between parents of children in need of care and social workers is crucial for effective intervention. The findings of Alpert and Bretner (2005:39) also correspond with the findings by stating that once a family is involved in child protection services, continued parental involvement critically depends on the social exchange relationship between the parent and the social worker.

4.3.12.2 Parents' Response to the Intervention Process on Completion

Participants were asked to provide information on how parents of children in need of care and protection usually respond to the crisis intervention process on completion. The findings are presented in Table 4.34.

a) **Satisfaction with the intervention process**

The first findings of the first sub-theme are presented in Table 4.34.

Table 4.34 Parents' response to the intervention process on completion

Theme: Parents' response to the intervention process on completion		
Sub-theme	Narratives	Number of participants
Satisfaction with the intervention process	<p>“...we can call them bad parents but all we know they love their children, immediately you intervene you took away children, you deal with them, you empower them, you refer them in most cases they become <u>better parents</u>...because they want their children back...you end up having that relationship with them...”</p> <p>“...maybe they went for other help and the child is reunited with them, then it's usually a <u>good experience</u> uhm then they...not mad or upset with you...”</p> <p>“They are <u>grateful</u> but it's not all of them, you know there are those that really want you to know change then there are those no matter how hard you try, it's not going to happen, to them you'll always be this person who took their child...”</p>	19 (95%)

Most of the participants explained that parents show satisfaction with the intervention process on completion if the outcome is in their favour because they are “...*better parents*...” and they are “...*grateful*...”. The views of Alpert and Britner (2005:40) indicate that parents are

more likely to be satisfied when they perceive that the social worker is working with them to get their children back.

b) **Dissatisfaction with the intervention process**

The findings of the second sub-theme are presented in Table 4.35.

Table 4.35 Parents' response to the intervention process on completion

Theme: Parents' response to the intervention process on completion	
Sub-theme	Narratives
Dissatisfaction with the intervention process	<p>“...some they are still <u>not satisfied</u> ‘cause they want their children back...”</p> <p>“...some they come and then give us the feedback if the intervention was helpful or not if they are coping then after, how is the relationship with the child...some they come some <u>they don't...</u>”</p>

Most of the participants reported that parents experience **dissatisfaction with the intervention process** because “...*they want their children back...*”. These findings correlate with Drumbrill (2006:33-34) who states that parents can fight by challenging and opposing social workers in court in the hope of having their children returned to their care. The dissatisfaction response may hinge on the ways that the parents perceive the use of power by social workers. Some parents with prior experience of the removal of the child may instantly assume that they will undergo the previous experience and may respond to intervention by fighting.

c) Negative response

The findings of the third sub-theme are presented in Table 4.36.

Table 4.36 Parents’ response to the intervention process on completion

Theme: Parents’ response to the intervention process on completion	
Sub-theme	Narrative
Negative response	“...even when <u>you go to the police</u> , you want to <u>open a case of neglect</u> , know what?...it’s a tedious process you won’t even get anything out... <u>having fallen pregnant with another child while those two were away</u> , wasn’t any way resolving...the cause of her neglecting the children. So reunifying, <u>completing the process is just jeopardising those children in fact we actually remove this one as well</u> . So <u>it’s just one cycle...</u> ”

The findings presented in Table 4.36 show that one of the participants explained that they receive **negative response** from parents of children identified to be in need of care and protection; this means that the process is never ending because “...*it’s just one cycle...*”. According to Drumbrill (2006:33-34), these parents can respond negatively to an intervention being offered. Alpert and Britner (2005:40) add to such findings by explaining that if parents perceive negative attitude from social workers, they are most likely to be difficult during an intervention.

4.4 CONCLUSIONS

This chapter focused on addressing the third objective of the research study with regards to investigating how social workers experience the use of crisis intervention with parents of children identified to be in need of care and protection. The aim of the objective was met as participants were selected as per the stipulated criteria for selection of a sample. The semi-structured questionnaire was used as a method of data collection through one-on-one interview schedules. The participants’ views were captured in the form of tables, figures and

narrative tables. The literature review from the previous chapters was utilised to manage the results of the study. The information gathered from this chapter, therefore, will be utilised in writing about the fourth objective of the study that is providing conclusions and recommendations of the study

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter, the first and second objectives of the study were covered. The first objective was to explain the provision of the Children's Act 38 of 2005 regarding care and protection of children. The second objective focused on the need to use crisis intervention with parents of children identified to be in need of care and protection. The literature review in these chapters was used in Chapter 4 to compare the findings of the empirical investigation with existing research.

This chapter focuses on addressing the fourth objective of the study, which aims at providing conclusions and recommendations based on the findings presented in the previous chapters.

5.2 CONCLUSIONS AND RECOMMENDATION BASED ON EMPIRICAL FINDINGS

This section of the chapter provides conclusions and recommendations based on the empirical findings on the following aspects: identifying particulars of participants: **theme 1**: policies and legislations guiding rendering of child protection services; **theme 2**: service rendering with regards to types of maltreatment and children at risk; **theme 3**: contributing factors to parental child maltreatment; **theme 4**: crisis intervention with parents of children in need; and **theme 5**: challenges for service rendering to parents of children in need of care and protection.

5.2.1 Identifying Particulars of Participants

Twenty participants employed by the Department of Social Development in the Sedibeng Region of Gauteng were interviewed. All twenty participants met the criteria for inclusion in the sample of the study entailing the following:

- Social workers employed by the Department of Social Development in Gauteng
- Social workers providing child protection services in terms of the Children's Act 38 of 2005

- Social workers working with parents of children identified to be in need of care and protection.

5.2.1.1 Highest Qualification in Social Work

The participants provided information on their highest qualification in social work. The findings indicated that most social workers possessed four year training or a degree such as B.A. Social Work (4 years) as displayed in Table 4.1.

Conclusion: It can be concluded that most social workers are in possession of a B.A. Social Work degree as it was stated by 50% of the social workers.

5.2.1.2 Number of Years Rendering Child Protection Services

The participants provided information on the number of years they have been rendering child protection services for the Department of Social Development. The findings displayed in Table 4.1 showed that most social workers have work experience that ranged from one to ten years.

Conclusion: It can be concluded that social workers with the experience of less than ten years are dominating the field of child protection work.

Recommended: It is recommended that the Department of Social Development should retain social workers and equip them to do child protection work.

5.2.2 Policies and Legislations Guiding Child Protection Services (Theme 1)

Participants provided information on the policies and legislation that guide them when rendering child protection services. The findings revealed that all the participants are guided by the Children's Act 38 of 2005 when rendering child protection services. The findings also indicated that participants are guided by other policies and legislation, but only just over a third of the participants indicated that the Constitution and the Bill of Rights (1996) guide them when rendering child protection services, even though these policies are the cornerstone for the establishment of all other policies and legislations in South Africa.

Conclusion: It can be concluded that the Children's Act 38 of 2005 is utilised by all social workers as a guide when rendering child protection services. Other policies and legislations appear to be neglected, especially the Constitution and the Bill of Rights (1996), which is meant to be the cornerstone for all policies and legislation in the country.

Recommendation: It is recommended that the Department of Social Development should promote the use of all policies and legislations that guide child protection services through training of the social workers in order to be better informed.

5.2.3 Service Rendering with Regards to Different Types of Maltreatment and Children at Risk (Theme 2)

Participants provided the types of maltreatment that they deal with the most when rendering child protection services. Participants also provided information regarding the persons that report child maltreatment in terms of Section 110 of the Children's Act 38 of 2005. Lastly, the participants provided information regarding the steps that they take in order to establish whether a child is in need of care and protection.

5.2.3.1 Conclusion and Recommendation Regarding the Types of Maltreatment

The form of child maltreatment that social workers deal with most was child neglect, followed by physical abuse, emotional abuse and sexual abuse. The findings showed that **child neglect** occurs when a parent fails to meet the basic essential needs of a child such as leaving a child without adult supervision and not providing food for the child. The constraints of poverty pose a negative impact on the child's health and development. **Physical abuse** occurs when an adult oversteps the boundaries of discipline. **Emotional abuse** takes place when an adult says hurtful things that cause a child to feel inadequate, such as attacking and questioning a child's intelligence. **Sexual abuse** occurs when an adult or adolescent touches a child in places that are private. All these indicated participants reported they had dealt with different types of maltreatment and a common pattern was indicated, that is, adults who are supposed to protect the child administer the maltreatment.

Conclusion: It can be concluded that child maltreatment is the result of the issues that adults face in their environment. The highest form of child maltreatment being child neglect, which

can be influenced by factors such as poverty is an indication that as long as those elements that influence parents' behaviours exist, there will be an escalating issue of child maltreatment.

Recommendations:

- The Department of Social Development should establish programmes for social workers that will raise awareness regarding how maltreatment is influenced by factors such as poverty.
- The Department of Social Development should enable social workers to offer programmes to prevent child maltreatment.

5.2.3.2 Reporting Child Maltreatment in Terms of Section 110 of the Children's Act 38 of 2005

The findings showed three different categories of reporting child maltreatment. First, child maltreatment reported by informal systems such as the neighbours, then maltreatment reported by professional people, mostly the teachers, as well as welfare organisations.

Conclusion: It can be concluded that child maltreatment is reported by different individuals. The neighbours were the most identified as the persons that report child maltreatment as they closely observe it if maltreatment occurs.

Recommendation:

- It is recommended that social workers should educate communities about child protection services in order for them understand their roles and that of social workers regarding the protection of children.
- It is recommended that the Department of Social Development should enable social workers to offer regular parenting programmes which parents in communities, to address specifically child maltreatment issues, could attend.

5.2.3.3 Establishment of the Need of Care and Protection of a Child in Terms of Section 150 of the Children's Act 38 of 2005

The findings revealed that the need of care and protection of a child is established through the social workers investigations; the social workers presentation of the matter at the children's court; and the social workers written reports regarding the maltreatment circumstances.

Conclusion: It can be concluded that the decision on whether a child is in need of care and protection is highly dependent on the investigations of the social worker and nature of the report presented at the children's court in terms of the Children's Act 38 of 2005.

Recommendation: It is recommended that the Department of Social Development should equip social workers to effectively assess the occurrence of child maltreatment as they play a crucial role in child protection services.

5.2.4 Contributing Factors to Parental Child Maltreatment (Theme 3)

This section provides conclusions and recommendations regarding the contributing factors to child maltreatment by parents. The findings revealed that the highest contributing factor was parental stress, followed by substance abuse by parents. The history of abuse of parents was also a contributing factor, followed by mental illness of parents.

Conclusion: It can be concluded that the difficulties in life that parents undergo affects their behaviours towards their children. Parents, therefore, experience stressors in their lives such as mental illness, parental stress, substance abuse and dealing with hurt from their past abuse.

Recommendation: It is recommended that social workers of the Department of Social Development and NGOs should be equipped for rendering counselling services to parents experiencing difficulties with stress related factors that can lead to child maltreatment.

5.2.5 Types of Crises Experienced by Parents

The findings discovered that parents experience developmental, situational and existential crises. The most reported form of crises was the existential crises followed by developmental crises and lastly, situational crises. Table 4.10 shows what each type of crises entails.

Conclusion: It is concluded that parents experience different crises in their lives, such as inner conflicts and anxieties, situational changes and developmental changes that can affect their lives and families.

Recommendations: It is recommended that social workers at the Department of Social Development and NGOs should provide counselling services to parents of children identified to be in need of care and protection.

5.2.6 Parents' Response to a Crisis

The findings showed that parents respond to a crisis with defensiveness, resentment, denial, avoidance and anger. These findings have revealed that the anger is directed at social workers.

Conclusion: It can be concluded that the possible removal of their children is experienced as a crisis by the parents. Parents, therefore, resent the individuals, such as the social workers and the individuals who they feel are responsible for them experiencing the crisis and who reported the matter.

Recommendations:

- It is recommended that safety measures for the protection of social workers are considered for implementation by the Department of Social Development, working in collaboration with the SAPS and the Department of Justice.
- It is recommended that the Department of Social Development, NGO and the SAPS create platforms for maintaining anonymity of the individuals who report child

maltreatment to ensure that the parents do not turn their anger and resentment towards the individuals who report child maltreatment.

5.2.7 Building a Professional Relationship

The findings revealed that the relationship building process with children in need of care and protection is hindered by the children's reaction to removal. They show signs of suffering and refuse to be removed. The children's lack of trust in a social worker also affects the relationship building process.

The findings also showed that the relationship building process with parents of children in need of care and protection is affected by the lack of understanding of child protection services, lack of trust in a social worker, parents' hostility towards a social worker, language barriers and aggression and threatening behaviour. Table 4.17 to Table 4.21 provide detailed descriptions of these hindrances.

Conclusion: It can be concluded that it is difficult for the social worker to establish a relationship with either the parents or a child in need of care and protection due to their emotional reactions and experiences. Hostile and aggressive parents' behaviour towards social workers hinders the intervention process.

Recommendation: It is recommended that the Department of Social Development and the Child Protection Unit should collaborate to ensure the safety of social workers when rendering services to hostile parents of children in need of care and protection. Legal implication should be put in place by the Department of Social Development for those who threaten the social workers.

5.2.8 Crisis Intervention Services with Parents of Children in Need of Care (Theme 4)

The findings revealed that participants understood the concept of crisis intervention theory; that it is utilised in situations that need immediate attention. Participants also understood that crisis intervention theory guides rendering of crisis intervention services. The findings are captured in Table 4.25 to Table 4.31 regarding the utilisation of the crisis intervention

process. Some social workers, however, showed lack of planning as the first step of the process of crisis intervention. The findings revealed that they follow the other steps in rendering services to parents of children in need of care and protection.

Conclusions: It can be concluded that social workers are aware of and understand crisis intervention theory. However, when it came to explaining how they utilise the steps of the crisis intervention it was discovered that some social workers do not follow the stages of the process of crisis intervention such as planning and assessments.

Recommendation: It is recommended that refresher courses be organised by the Department of Social Development to expand social workers' knowledge of theoretical framework in respect of the social work field and especially for dealing with crisis intervention in child protection work.

5.2.9 Challenges to Services to Parents of Children in Need of Care and Protection (Theme 5)

The findings displayed in Table 4.32 and Table 4.33 show that parents respond negatively in the beginning of the intervention process by not cooperating with the social workers. The findings show that parents' responses on completion of the intervention process are outcome-based.

Conclusion: It can be concluded that parents of children in need of care and protection resent the social workers to an extent that they do not want to build a relationship with the social worker. In addition, the positive response from parents at the completion of the intervention process is influenced by the outcomes of intervention process.

Recommendations:

- It is recommended that social workers of the Department of Social Development and NGOs should offer dialogues to communities in order to provide information on the process that is followed in rendering child protection services.

5.3 FURTHER RESEARCH

Based on the findings of the study it is proposed that further research be conducted with other child protection organisations such as NGOs and the SAPS in order to capture their experiences when rendering child protection services to parents of children in need of care and protection.

Furthermore, the effectiveness of resources available to parents of children in need of care and protection could be investigated.

5.4 CONCLUSION

This chapter fulfilled the last objective of the study. Relevant conclusions and recommendations were drawn from the empirical findings regarding social workers' experiences when rendering crisis intervention services to parents of children in need of care and protection. The conclusions and recommendations were discussed according to the themes that were laid out in the previous chapters.

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ANNEXURE A



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
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STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

The use of crisis intervention with parents of children identified as in need of care and protection: Experiences of social workers

You are asked to participate in a research study conducted by Celimpilo Zwane, a master's student from the Social Work Department at the University of Stellenbosch. The results of this study will become part of a research report. You were selected as a possible participant in this study because you are a

- **Social worker employed by the Department of Social Development in Gauteng.**
- **Social worker providing child protection services in terms of the Children's Act 38 of 2005.**
- **Social worker working with parents of children identified to be in need of care and protection**

1. PURPOSE OF THE STUDY

The aim of the study is to gain an understanding of the experiences of the social workers with regards to the use of crisis intervention with parents of children identified as in need of care and protection.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

A recorded semi-structured interview will be utilised to gather information confidentially. You need not indicate your name or any particulars on the interview schedule. The schedule will be completed during an interview conducted by a student-researcher.

3. POTENTIAL RISKS AND DISCOMFORTS

Any uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND / OR TO SOCIETY

The results of this study will inform welfare organisations and **Gauteng Department of Social Development**. This information could be used by welfare organisations for further planning in service delivery.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each questionnaire is numbered. All questionnaires and recorded data will be managed, analysed and processed by the researcher and will be kept in a safe place.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so, eg should you influence other participants in the completion of their questionnaires.

8. IDENTIFICATION OF STUDENT-RESEARCHER

If you have any questions or concerns about the research, please feel free to contact:

Professor Sulina Green (Supervisor), Department of Social Work, University of Stellenbosch,

Tel. 021-808 2070, E-Mail: sgreen@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me the participant by _____ in English and the participant is in command of this language or it was satisfactorily translated to him / her. The participant was given the opportunity to ask questions and these questions were answered to his / her satisfaction.

I hereby consent voluntarily to participate in this study.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name of subject/participant]. [He / She] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

ANNEXURE B

**STELLENBOSCH UNIVERSITY
DEPARTMENT OF SOCIAL WORK**

SEMI-STRUCTURED INTERVIEW SCHEDULE

The use of crisis intervention with parents of children in need of care and protection:

Experiences of social workers

Date of Interview _____

Location of interview _____

1. IDENTIFYING PARTICULARS

1.1. Specify your highest qualification in social work.

Qualification	Mark with an X
Diploma in Social Work	
B. of Social Work	
B.A. Social Work (3 years)	
B.A. Social Work (4 years)	
B. Social Work (4 years)	
B. Diac Social Work	
B.A. Honours Social Work	
M.A. Social Work	
DPhil/PhD Social Work	

1.2. How many years have you been a social worker rendering child protection services at the Department of Social Development?

Number of years in child protection service	Mark with an X
Less than a year	
1-5 years	
6-10 years	
11-15 years	
16-20 years	
21-25 years	
26-30 years	
30 + years	

2. THE IMPLEMENTATION OF POLICIES AND LEGISLATION RELATED TO CHILD PROTECTION

2.1.1. Which of the following policies and legislations are guiding your service rendering?

Policies and Legislations	Mark with an X
The Constitution and Bill of Rights (1996)	
White Paper for Social Welfare (1997)	
The Integrated Service Delivery Model (2006)	
The Children's Act 38 of 2005	

2.1.2. What is your understanding of the purpose of the Children's Act 38 of 2005?

3. TYPES OF MALTREATMENT AND CHILDREN AT RISK

3.1. Which of the following types of maltreatment do you deal with the most?

Types of maltreatment	Mark with an X
Physical Abuse	
Sexual Abuse	
Emotional Abuse	
Child Neglect	
Other	

3.1.1. Who are the people in terms of Section 110 of the Children's Act 38 of 2005 that usually report child maltreatment?

3.1.2. Explain the steps you take in terms of Section 150 of the Children's Act to establish whether a child is in need of care and protection?

4. CONTRIBUTING FACTORS TO CHILD MALTREATMENT BY PARENTS

4.1. Which of the following possible causes of parental abusive behaviour have you dealt with in most cases of child maltreatment? Choose more than one option if applicable:

Parental abusive behaviour	Mark with an X
History of abuse of parents	
Substance abuse of parents	
Parental stress	
Mental illness of parents	
Other (Specify)	

5. TYPES OF CRISES EXPERIENCED BY PARENTS

5.1. Which of the following types of crisis do you deal with most when rendering services to parents of children in need of care?

Type of crisis	Explanation	Mark with an X
Developmental Crisis	<i>Developmental crises are events in the normal flow of human growth and evolvment whereby a dramatic change or shift occurs that produces abnormal responses.</i>	
Situational Crisis	<i>A situational crisis emerges with the occurrence of uncommon and extraordinary events that an individual has no way of forecasting or controlling.</i>	
Existential Crisis	<i>An existential crisis includes the inner conflicts and anxieties that accompany important human issues of purpose, responsibility, independence, freedom, and commitment.</i>	

6. PARENTS' RESPONSE TO A CRISIS

6.1. How do parents of maltreated children usually respond to the crisis related to the establishment of the need of care of child/children?

7. RELATIONSHIPS WITH PARENTS AND CHILDREN

7.1. Explain the challenges you are experiencing with regards to building a professional relationship with a child in need of care and protection?

7.2. Explain the challenges you are experiencing with regards to building a professional relationship with a parent or parents of a maltreated child in need of care and protection?

8. UTILISATION OF CRISIS INTERVENTION

8.1. What is your understanding of the crisis intervention theory?

8.2. Explain how you practically utilise the following stages of the process of crisis intervention to assist parents of children in need of care and protection with the aim to deal with a crisis situation.

Stages of crisis intervention process
<i>Stage one.</i> Planning and conducting a biopsychosocial and crisis assessment. Assessing resilience and protective factors as well as family and other support networks.
<i>Stage two.</i> Making psychological contact and establishing rapport with the client.
<i>Stage three.</i> Examining and defining the dimensions of the crisis.
<i>Stage four.</i> Encouraging and exploring feelings and emotions.
<i>Stage five.</i> Explaining past positive coping strategies and alternatives. Viewing the individual as a resourceful and resilient person with an array of potential resources and alternatives that can help this process.
<i>Stage six.</i> Implementing the action plan. At this stage, identify supportive individuals

and contact referral sources should be identified. The client should be able to implement some coping strategies.
<i>Stage seven.</i> Establishing a follow-up plan. It is important to follow up with clients after the initial intervention to determine the client's status and ensure that the crisis has been resolved.

9. CHALLENGES RELATED TO CRISIS INTERVENTION SERVICES TO PARENTS OF CHILDREN IN NEED OF CARE AND PROTECTION

9.1. Explain how parents of children in need of care and protection usually respond to the use of crisis intervention by a social worker in the beginning of the intervention process.

9.2. Describe how parents of children in need of care and protection usually respond to the crisis intervention process on completion.

Thank you☺