

UTILISING GROUP WORK IN THE IMPLEMENTATION OF FAMILY PRESERVATION SERVICES: VIEWS OF CHILD PROTECTION SOCIAL WORKERS

Josane Van Huyssteen, Marianne Strydom

The largest area of service rendering in social work in South Africa pertains to child and family welfare. Policy directives indicate that services should be aimed at reducing child abuse and neglect while protecting the child and preserving the family unit. Group work is a cost-effective intervention strategy to be implemented to meet the high demand for child protection services. However, social workers face various challenges when utilising group work in service delivery. Yet because of the advantages of group work in addressing the social isolation of at-risk families, this intervention method should be incorporated into family preservation programmes.

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INTRODUCTION

The South African government adopted a social developmental approach to welfare after 1994. The goal of the developmental approach is to build a society that upholds the welfare rights of all South Africans regardless of gender, race, culture, language, religion, class, disability, geographical location or sexual orientation (Green & Nieman, 2003:161; Lombard, 2003:224-239; Midgley, 1995:3-21; White Paper, Ministry of Welfare and Population Development, 1997:7). To achieve this goal, a shift from the previous residual approach to a developmental orientation was needed (Ministry for Welfare and Population Development, 1997:11). The residual approach was characterised by social services that were fragmented, specialised, remedial and focused on the individual, whereas a developmental approach is focused on the sustained holistic improvement of the wellbeing of the individual, family, community and broader South African society (Drower, 2002:11; Midgley & Tang, 2001:247). At the time there was a growing need to understand how this shift to developmental service delivery should be implemented in all sectors of social welfare (Gray & Lombard, 2008). Studies on the implementation of a social development approach have since noted that social workers are having trouble adjusting to this shift (Forward, 2008; Strydom, 2010).

SOCIAL DEVELOPMENT AND CHILD WELFARE SERVICES

The largest area of service rendering in social work in South Africa is geared towards child and family welfare. Social work services in this sector should focus mainly on preventative services to implement the developmental policy. Policy directives indicate that non-governmental organisations (NGOs) should be aimed at reducing child abuse and neglect while protecting the child and preserving the family unit (Ministry for Welfare and Population Development, 1997). Child protection services are focused on family-centred interventions, referred to in the literature as “family support services” and “family preservation services” (Katz & Hetherington, 2006; McCowskey & Meezan, 1998; Statham, 2000).

Research in this field has repeatedly indicated that the required shift to a developmental approach with a focus on prevention is not taking place. This is mostly the consequence of an overwhelming amount of statutory work (Dlangamandla, 2010:4; Midgley, 1995:20; Rankin, 1997:189; Strydom, 2010:207) that has been defined as “services”, whereas the primary definition of “services” should emphasise one-on-one care in the best interest of the child (Collins & Jordan, 2006:12). Another possible explanation for this strong focus on statutory services is the neoliberal influence on welfare policy, where it is expected of child and family welfare organisations to expand their

preventative service delivery without any change government funding. Expectations are to do more with less money, resulting in a lack of community-based support services to support at-risk families and to prevent removals.

Child and family welfare social workers are therefore still struggling with how to incorporate the social development approach into their service delivery by addressing socio-economic issues while still focusing on statutory service delivery (Abdullah, 2013:2; Lombard, 2008:155). Policy directives indicate that NGOs providing family preservation services need to focus on building the capacity for change within families, as well as promoting sustainable development in communities through their services. Pre-statutory services are classified as early intervention services applying developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted to avoid statutory services, more intensive intervention or placement in alternative care. Core early intervention services are further classified into five broad categories: promotion and prevention, rehabilitation, protection, continuing care, and mental health and addiction services (Department of Social Development, 2006:10, 18-22). Family preservation and child protection services could be seen as early intervention services aimed at preventing the abuse, neglect and abandonment of children (Department of Social Development, 2006:18-22).

Globally the numbers of children being exposed to child abuse and neglect have increased (Adams, 2005; Watson, 2005), yet family welfare organisations are finding themselves under-resourced and unable to meet this demand for services (DePanfilis & Zuravin, 2002; McCowskey & Meezan, 1998). In South Africa inadequate human resources and the growing demand for child protection services have had a profound effect on the professional practice of social workers, posing critical challenges to them in achieving both the goals of social work and the democratic ideals of the country (Abdullah, 2013:2).

To meet the demands for family preservation services to protect children, social workers need to be multi-skilled (Patel *et al.*, 2012:212). This means that various intervention strategies should be utilised, including group work (Midgley, 1995:25), the reason being that group work is built on aspects of social development, including “social, economic, political, cultural, environmental and personal or spiritual development” (Ife, 1995:132). This is in contrast with casework, which focuses only on changing the individual and not directly affecting changes within the community (Lombard, 1996:167; Midgley, 1995:25; Potgieter, 1998:117).

Two unique elements in group work that may play a role in leading the social work profession to the paradigm shift towards developmental social work are identified. The first element is the mutual aid element, which envisages clients as having the inherent capacity to help themselves and others. Mutual aid has helped social workers to realise the strength in communal action and create a safe environment where clients can assist with each other’s healing. Furthermore, mutual aid can help social workers understand the role of the strength perspective role in the shift towards developmental service delivery. The second element refers to the fact that group work has proved to be a

valuable method in working with oppressed and vulnerable populations, such as sexual abuse survivors and AIDS patients (Kurland & Salmon, 2005:3-16; Shulman, 1992:1-16). Therefore, according to Abdullah (2013:12), in theory group work as a social work method may prove helpful if implemented as part of other interventions of social welfare, such as family preservation services.

GROUP WORK AND FAMILY PRESERVATION SERVICES

Research into group work, in the context of family preservation, reveals that group work allows for cost-effective interventions, while simultaneously meeting the high demand for child protection services (Howing, Wodarski, Gaudin & Kurtz, 1989; Silovsky & Hembree-Kigin, 1994). Group work provides the parents of abused and neglected children with opportunities to improve parenting skills, enhance knowledge and build networks (Gaudin, Wodarski, Arkinson & Avery 1990-1991; Marziali, Damianakis, Smith & Trocmé, 2006).

Theoretically different types of groups could be utilised in intervention, such as psychotherapeutic, educational, therapeutic, counselling and support groups (Goodson, Layzer, Pierre, Bernstein & Lopez, 2000:8; O'Reilly, Wilkes, Luck & Jackson, 2009:83; Rodrigo, Byrne & Alvarez, 2012:91). All of these groups are relevant to family preservation services as the aim is not only to educate families and to develop parenting skills, but especially to develop social networks, to reduce social isolation. Support groups are therefore a very important component of an effective family preservation programme.

Research into the efficacy of family preservation services to reduce child abuse and neglect revealed that the traditional interventions of home visiting and individual sessions demonstrated more inconsistency in efficacy than family preservation services did through group work (O'Reilly *et al.*, 2009:83). The involvement of families in group work during the implementation of family preservation services, increased parent-initiated contact with child and family welfare workers and other family members, as well as with community resources (Marziali *et al.*, 2006:408). Therefore it can be conceded that group work is an effective intervention method and boasts a clear advantage in the rendering of family preservation services (O'Reilly *et al.*, 2009:85).

Most research around the utilisation of group work in reducing or preventing child abuse and neglect is found in the form of experimental designs such as pre- and post-test studies (Garrett, 2005; Golub, Espinosa, Damon & Card, 1987; Hack, Osachuk & De Luca, 1994) and comparative studies (Andrews, 2001; Cohen & Mannarino, 1996; Toseland & McClive-Reed, 2009). According to Marziali *et al.* (2006), another point of note is that much of the research on family preservation services is conducted in the United Kingdom and the United States of America (Midgley, 1995; O'Reilly *et al.*, 2009). Furthermore, most research into the effectiveness of group work during family-centred interventions in cases of child abuse and neglect was published in the 1980s and 1990s (Cohn & Daro, 1987).

South African research on the utilisation of group work in family preservation services is limited. Existing studies focus on the utilisation of group work in other areas of social work, such as alcohol dependency and foster care. These gaps in research and the positive role group work has to play in family preservation services, as discussed, provided the necessary motivation for this paper, which is based on answering the research question: How do social workers within NGOs utilise group work as part of the implementation of family preservation services and what are the challenges experienced in its execution.

RESEARCH DESIGN AND METHODOLOGY

An exploratory design (Bless, Higson-Smith & Kagee, 2006:43; Creswell, 2009:26) was used since there is a void in literature on the implementation of group work in family preservation services, and an attempt was made to collect new data. In addition to the gathering of new data, it is also necessary to create an understanding of social workers' experience or perceptions of group work in rendering family preservation services (Fouché & Delpont, 2011:65). Therefore a descriptive design (Bless *et al.*, 2006:43; Creswell, 2009:26; Delpont & Fouché, 2011:441), which was mainly qualitative in nature, was used to describe the utilisation of group work during the implementation of family preservation services as well as obstacles experienced by social workers when utilising this social work method during such delivery.

Data collection

Data collection was done through a semi-structured interview schedule with mainly open-ended questions (De Vos *et al.*, 2011:351). Non-probability sampling, specifically purposive sampling, was used to identify participants (Bless *et al.*, 2006:106; De Vos *et al.*, 2011:232). Twenty social workers with at least six months' working experience, currently working for a child and family welfare organisation in the Western Cape, South Africa were interviewed. They had to be working in family preservation services at the time of the study or had to have extensive experience working with children at risk of abuse.

Interviews were recorded and transcribed into narratives. Analysed data were completed manually to form a presentation of the collected data through themes, sub-themes and categories. The data analysis enabled the researcher to detect consistent patterns and to generalise findings from the sample obtained in the research to the larger population that the researcher was interested in (Bless *et al.*, 2006:163).

DISCUSSION OF FINDINGS

The following section will focus on the analysis of the findings of the empirical investigation, which are presented in a narrative style, accompanied by tables and figures.

IMPLEMENTATION OF FAMILY PRESERVATION SERVICES

The views of participants were obtained, according to the guidelines set out in South African policy documents pertinent to the delivery of family preservation services.

Views of participants on the implementation of family preservation services with regard to policy documents

The participants were asked to discuss how the requirements set out in policy documents directed their service delivery with regard to the strong focus on family preservation (Department of Social Development, 2006; Ministry for Welfare and Population Development 1997). The narratives of participants were divided into sub-themes and categories, which are presented in Table 1.

TABLE 1
VIEWS OF PARTICIPANTS ON THE IMPLEMENTATION OF FAMILY PRESERVATION SERVICES WITH REGARD TO POLICY DOCUMENTS

| THEME: Views of participants on the implementation of family preservation services with regard to policy documents | | |
|---|---|--|
| SUB-THEME | CATEGORY | NARRATIVES FROM PARTICIPANTS |
| 1. Difficult to implement family preservation services | 1. Lack of resources | “... but it is very difficult because <u>we don't have resources.</u> ” “With frustration... because <u>there aren't resources.</u> ” |
| | 2. Workloads are too heavy | “And the <u>workload</u> makes it so that I cannot... always effectively render those services.” “You know you have to do it, but it ... you even plan for it, but you half <u>don't get to it.</u> ” |
| | 3. Low participation from families | “... it's difficult... parents <u>don't cooperate...</u> ” “... they <u>aren't interested...</u> ” “It's difficult... the people... <u>aren't interested...</u> ” |
| 2. Family preservation services are implemented | 1. Prevent removal of children | “I'm a reasonable advocate for <u>not removing a child unnecessarily</u> from the family system.” “Well, it is very important for me to try and keep the family together <u>rather than removing children left and right.</u> ” “Yes, it is a big focus...mmm what we... we concentrate on... mmm we <u>aren't so quick on removing children...</u> ” “... that it should be the <u>last option with regard to removal...</u> ” |
| | 2. Educate parents and improve parenting skills | “... must do groups with the parents... <u>to improve parenting skills...</u> ” “...everything focuses on <u>parenting support...</u> ” “... to <u>teach skills</u> to parents...” |
| | 3. Focus on working with the family system | “We must now <u>first work inside the family</u> and see whether we can't help the family so that the child can stay within the family”. “...we focus on the <u>strengthening of the family...</u> ” “... but to first <u>work with the family...</u> ” “... we concentrate on... <u>first working with the family...</u> ” |

Difficult to implement family preservation services

The first sub-theme that emerged concerns the difficulty of rendering family preservation services according to the guidelines in South African policy documents. Three categories were identified.

In the first category a few participants indicated that family preservation services are difficult to render because of a lack of resources. This view is acknowledged by various South African authors, who state that child and family welfare organisations are under-resourced and unable to provide the necessary child protection services, such as family preservation services (Ismail, Taliep & Suffla, 2012:1; Loffell, 2005:83; Meintjies & Van Niekerk, 2005:3; Strydom, 2008:300). This lack of resources in communities is unfortunate, since it greatly exacerbates family problems (Marziali *et al.*, 2006:402).

The second category refers to the fact that about a fifth of the participants experienced their workloads as being too heavy. Heavy workloads are a recurring theme in South African literature as a result of the limited time available to social workers for service rendering, resulting in many families not receiving preventative services geared towards family preservation (De Villiers, 2008:22; Kleijn, 2004:46, 93; Strydom, 2012:445). The negative effect of heavy workloads on the rendering of family preservation services was also noted in the United States of America in a study done by Michalopoulos *et al.* (2012:660), where social workers expressed their concern about the heavy workloads and the resultant negative effect on delivering good-quality family preservation services.

The third category revolves around the fact that some participants found family preservation services difficult to render because of low participation from families. This view is corroborated in other South African research (Strydom, 2010:200) as well as in American research (Landy & Menna, 2006:xvi), which found that social workers experience family preservation services as difficult to implement because of families being resistant, uncooperative and chaotic, and consequently there was little hope among social workers that these families could change.

Family preservation services are implemented

The second sub-theme identified, according to Table 1, is that the majority of the participants indicated that they place great emphasis on the rendering of family preservation services. The first category identified by almost half of the participants indicated that their focus is to prevent the removal of children. According to participants, family preservation services are aimed at keeping the family together, preventing placement of children in alternative care.

The second category is that the focus of family preservation services is on educating the family and improving parenting skills. Participants indicated that it was important to include the biological parents in services that would enhance their parenting. This could entail including the families in parenting groups or support groups, where the focus would be on teaching parents new parenting skills.

The third category, highlighted by almost half of the participants, is that the focus is on working with the family system when delivering family preservation services.

Participants noted that services rendered to the family system provide family members with the opportunity to address specific individual problems, such as drug abuse, domestic violence or poverty.

The abovementioned three categories correspond with the aim and content of family preservation services. The literature and South African policy directives state that family preservation services are based on the rationale that the inexpedient alternative placement of children should be avoided. Family preservation services should therefore focus rather on educating at-risk families and improving their skills and knowledge. Strengthening the family is an important aim, and consequently services should focus on the family as a whole to ensure that the required intervention prevents the unnecessary removal of children (Dagenais, Be'gin, Bouchard & Fortin, 2004:250; Department of Social Development, 2012:38; Department of Social Development, 2006:9, 33; Tracy, 1995:973).

Views of participants on the types of services delivered to at-risk families to prevent the removal of children

The participants were asked to discuss the types of services they provide to at-risk families to prevent the removal of children. The data are shown in Table 2. The participants were asked to discuss the types of services they provide to at-risk families to prevent the removal of children. The narratives of participants were divided into sub-themes and categories as indicated in Table 2.

TABLE 2

VIEWS OF PARTICIPANTS ON THE TYPE OF SERVICES DELIVERED TO AT-RISK FAMILIES TO PREVENT THE REMOVAL OF CHILDREN

| THEME: Views of participants on the type of services delivered to at-risk families to prevent the removal of children | | |
|--|---|---|
| SUB-THEME: | CATEGORY | NARRATIVES FROM PARTICIPANTS |
| 1. Services aimed at prevention | 1. Utilisation of community-based programmes | “We have volunteers... that <u>keep an eye on the children’s safety</u> for us...” “We focus on <u>awareness programmes</u> .” |
| 2. Services aimed at early intervention | 1. Investigation through risk assessment | “...mmm <u>we assess</u> ... we look at the risks...” “Okay we have the <u>risk assessment</u> that we do... basically we do home visits, to investigate...” “So the first step is then to do <u>risk assessment</u> .” |
| | 2. Include the whole family and extended family members in intervention | “... yes and you have to try to <u>involve the family resources</u> as much as possible...” “So a person should try and get the whole family together to, to <u>work on those things [problems] [inside the family]</u> ...” |

| THEME: Views of participants on the type of services delivered to at-risk families to prevent the removal of children | | |
|--|--|---|
| SUB-THEME: | CATEGORY | NARRATIVES FROM PARTICIPANTS |
| | 3. Services through the casework method | “Mostly a lot of <u>individual interviews</u> .” “ <u>Individual intervention</u> ... to eliminate everyone’s problems...” |
| | 4. Increase parenting skills through inclusion in parenting groups | “... support services, and we have the <u>parental groups</u> and we have our ECP programme.” “... focused a lot on insight development, <u>focused a lot... to change the parents’ thoughts on parenting</u> .” “So firstly we would <u>place the parents in the parenting group</u> ... just so to educate them...” |
| | 5. Facilitate the family’s use of community resources | “She can also <u>refer them to the necessary help inside the community</u> .” “So you try to refer as much as you can... <u>to resources</u> ...” |

Services aimed at prevention

The first sub-theme identified by a few participants was that preventative services were delivered through the utilisation of community-based programmes. The fact that only a few of the participants held this view is unfortunate, given the emphasis on preventative service delivery in welfare policy (Department of Welfare, 1997:81). This finding does correspond with findings earlier in this study as well as in other South African studies, namely that communities lack available resources to render these preventative services, leaving social workers no other option than removal (Strydom, 2013:513).

However, family preservation services aimed at the general population through community work enable social workers to focus on preventative work ensuring that all families receive the necessary support (De Villiers, 2008:2; Holzer *et al.*, 2006:3; Matthias, 2004:173). A Canadian study found that the lack of support services to families offered through community-based programmes was both the cause and effect of family problems (Marziali *et al.*, 2003:441). The lack of community-based resources is therefore detrimental to South African communities as it exacerbates family problems and is not conducive to the effective delivery of preventative family preservation services.

Services aimed at early intervention

The second sub-theme refers to services rendered to at-risk families on the level of early intervention. In this sub-theme five categories were identified. The first category refers to services rendered by means of an investigation through risk assessment. This service is in line with requirements of the Children’s Act (2005). Section 155 of this Act states that it is the responsibility of the social worker to determine through comprehensive investigation whether a child is in need of care and protection, and consequently whether that child should be placed in alternative care.

In the second category almost half of the participants mentioned that services are aimed at including the whole family and extended family members in intervention. This view correlates with findings in the literature as being one of the primary goals of family preservation services in maintaining and strengthening family bonds. Services therefore include the whole family and extended family to enhance the utilisation of resources within the family (Al *et al.*, 2012:1472, Dagenais *et al.*, 2004:250; Mullins *et al.*, 2012:265).

The third category, again mentioned by almost half of the participants, indicates that the types of services rendered to prevent statutory services are services rendered through the casework method and individual interviews. Individual interviews are seen as a way to stabilise the crisis situation and to focus on specific stressors experienced by the family, stressors that contribute to the crisis situation when having to render family preservation services (Al *et al.*, 2012:1472, Dagenais *et al.*, 2004:250; Mullins *et al.*, 2012:265).

In the fourth category the majority of participants indicated that they focus on increasing parenting skills through inclusion in parenting groups. Parenting groups could increase the family's coping skills and competencies and constitute an important goal of family preservation services (Al *et al.*, 2012:1472; Mullins *et al.*, 2012:265).

The final category, mentioned by only a few participants, describes the types of services delivered to at-risk families as being focused on facilitating the family's use of community resources. An important goal of family preservation services is to facilitate the family's use of appropriate formal and informal community resources (Al *et al.*, 2012:1472; Mullins *et al.*, 2012:265).

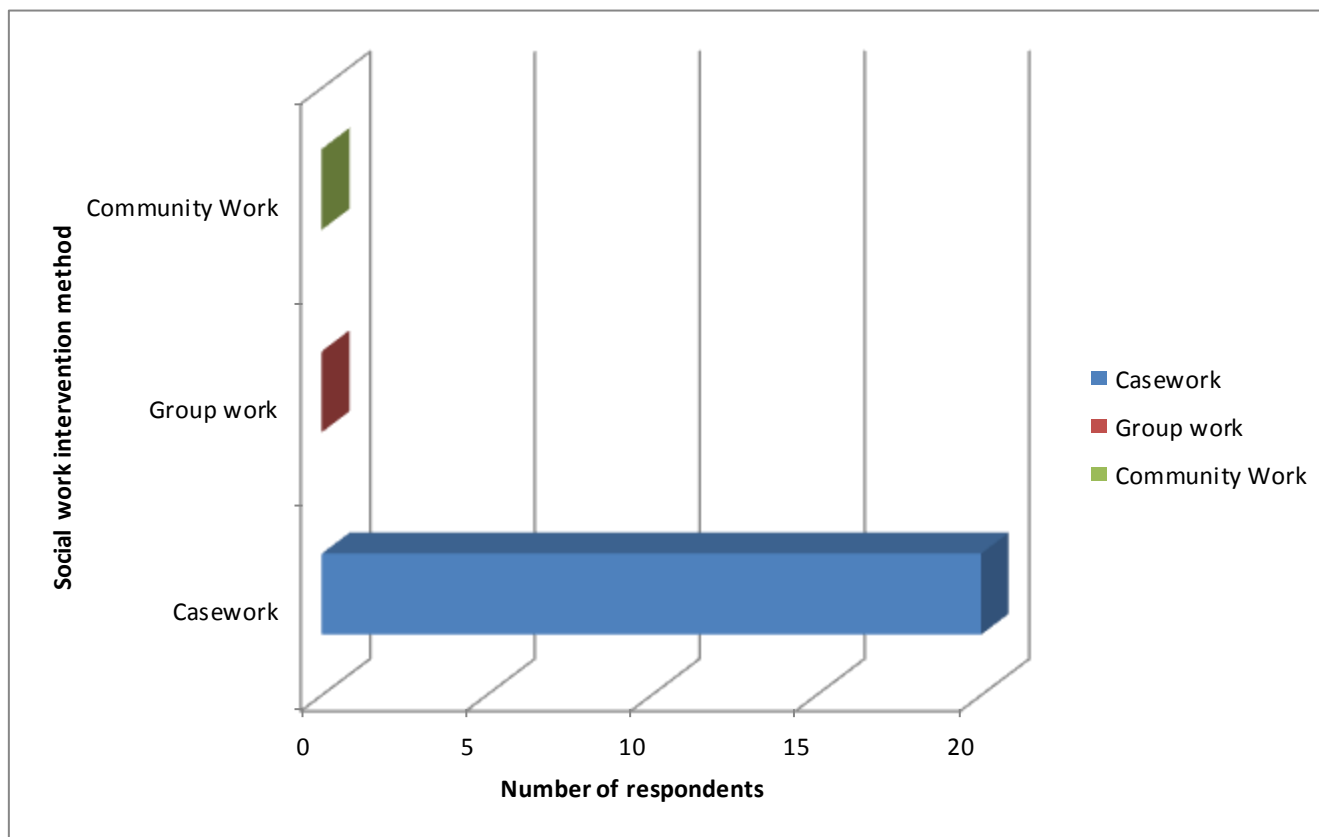
It can be concluded that the majority of participants view these types of services to at-risk families as early intervention, as well as that the types of services rendered correspond broadly with family preservation as envisaged.

Social work intervention method utilised when rendering family preservation services

The participants were asked to identify the social work intervention method they utilise most often during family preservation services. The results are shown in Figure 1.

Figure 1 shows that all the participants indicated that casework is their preferred method in the delivery of family preservation services. This finding supports the literature that child and family welfare social workers refrain from utilising the group work method during service delivery, often working individually with family members through casework (Kammerman, 2011:244; Trevithick, 2005:100). However, it was found that this traditional, individualistic approach could lead to fragmented services (Glisson *et al.*, 2012:45).

FIGURE 1
SOCIAL WORK INTERVENTION METHOD UTILISED WHEN
RENDERING FAMILY PRESERVATION SERVICES



N = 20

Utilisation of group work in the implementation of family preservation services

The following section will focus on the utilisation of the group work method when rendering family preservation services.

Views of participants on how group work is utilised as an intervention strategy during the delivery of family preservation services

The participants were asked to indicate how they utilised the group work method during family preservation services. The data are shown in Table 3.

TABLE 3
VIEWS OF PARTICIPANTS ON HOW GROUP WORK IS UTILISED AS
AN INTERVENTION STRATEGY DURING THE DELIVERY OF
FAMILY PRESERVATION SERVICES

| THEME: Views of participants on how group work is utilised as an intervention strategy during the delivery of family preservation services | | |
|---|---|---|
| SUB-THEME | CATEGORY | NARRATIVES FROM PARTICIPANTS |
| 1. Do not utilise group work during the delivery of family preservation services | 1. Only foster care workers utilise group work | <p>“We do not do the groups... That is... <u>with foster care.</u>”</p> <p>“...No... I did, however, do group work with foster children and my foster parents.”</p> <p>“... the <u>foster care</u> section does have foster parenting groups with their foster parents.”</p> |
| | 2. Would rather utilise group work when implementing reunification services | <p>“... group work for me comes in more... as a <u>condition for reunification with a child</u>, to then commit this family to attend group work sessions...”</p> <p>“... it is maybe more of an option <u>when the child has already been removed...</u>”</p> <p>“... not necessarily... as a prevention method... you can utilise it <u>as part of the... statutory process...</u>”</p> |
| 2. Utilise parenting groups | 1. Implement parent guidance programmes | <p>“...we have a <u>parenting guidance programme...</u> and we involve all parents.”</p> <p>We have <u>parenting guidance programmes</u> that we present.”</p> <p>“... the only one is the <u>parenting guidance groups.</u>”</p> |
| | 2. Determine the needs of family members | <p>“...we could then easily find out <u>what the needs are...</u>”</p> <p>“... this way a person could <u>determine what the needs are...</u>”</p> |
| | 3. To provide information | <p>“... to <u>give them that information...</u>”</p> <p>“... it is very important for the mother to <u>obtain more information.</u>”</p> |
| | 4. To develop the skills and knowledge of families | <p>“... actually with parenting <u>skills</u> it is very important...”</p> <p>“...with regards to that... to <u>provide them with new skills.</u>”</p> |

Do not utilise group work during the delivery of family preservation services

According to Table 3 the first sub-theme that emerged was that almost half of the participants do not utilise the group work method. Two categories were identified.

The first category identified by a few participants holds that the group work method is not utilised because only foster care workers utilise group work. This view emphasises that the strong tradition within social work remains to provide family preservation

services mainly through casework and that the group work method is barely applicable to family preservation. Group work, however, cannot be viewed as only limited to certain types of social work services, such as foster care. Owing to the nature as well as cost and time advantages of utilising group work during family preservation services, it should be applied more often. Authors note that in a world where a growing demand is placed on child and family welfare organisations, group work has become an increasingly important aspect of the services needed (Clements, 2008:330; Ismail *et al.*, 2012:1; Loffell, 2008:83; Meintjies & Van Niekerk, 2005:3).

The second category refers to the view of more than a third of the participants that they would rather utilise group work when implementing reunification services. The view could be linked to an earlier finding in this investigation where some participants mentioned that family preservation services are difficult to deliver, because of the low participation from families. Group work could be easier with families who have some incentive to participate, which is the case with family reunification services, since parents could be more motivated to participate, because they want their children returned to their care. These families are easier to engage in services, since they are viewed as more inclined to change. In contrast, at-risk families are viewed as resistant to service delivery and there is less hope that they will change unless statutory intervention takes place.

The impediments of low levels of participation and poor motivational issues when utilising the group work method in family preservation services are a reality. The literature emphatically states that social workers experience at-risk families as resistant and uncooperative. Consequently, it is challenging for at-risk families to deal with the duality of the professional relationship, since the social worker supplies both the support for at-risk families to move towards improvement, as well as forming part of the organisation that has the authority and mandate to remove their children. This ambiguous role causes a level of distrust of social workers among at-risk families which permeates the intervention process and overall participation of at-risk families (Landy & Menna, 2006:xvi; Michalopoulos *et al.*, 2012:661).

Utilises parenting groups

The second sub-theme was raised by the majority of participants, who do utilise group work during family preservation services through parenting groups. Four categories were identified.

The first category, mentioned by about a fifth of the participants, utilises parenting groups as a means to implement parent guidance programmes where all at-risk families are supported and services are non-threatening. Group work is perceived as an opportunity to preserve at-risk families by providing the necessary support service (Al *et al.*, 2012:1472; Dagenais *et al.*, 2004:250; Mullins *et al.*, 2012:265; Tracy, 1995:973). This is done by providing a safe place where group members can feel comfortable to share their feelings, which will reduce social isolation and enhance their contact with other families and resources in communities (Berg-Weger, 2010:243; Healy, 2012:137).

The reducing of social isolation is especially important for at-risk families, who are often without any visible support systems (Landy & Menna, 2006: xvi).

The second category refers to the fact that some participants utilise parenting groups as a planning activity to determine the needs of family members. This view echoes findings by authors who maintain that if social workers conscientiously practise group work, they can enhance their functionality by rendering services to a greater number of people within a shorter amount of time than is possible with casework (Berg-Weger; 2010:243; Healy; 2012:139).

The third category refers to the view of a participant that utilising parenting groups is an effective social work method to provide information to family members. This participant indicated that families lack a variety of information, such as the regulations of the Children's Act, basic parenting information or other information with regards to school fees and identification documents. This view confirms findings in the literature that a possible goal of group work is to provide much needed information (Berg-Weger, 2010:243; Healy, 2012:137).

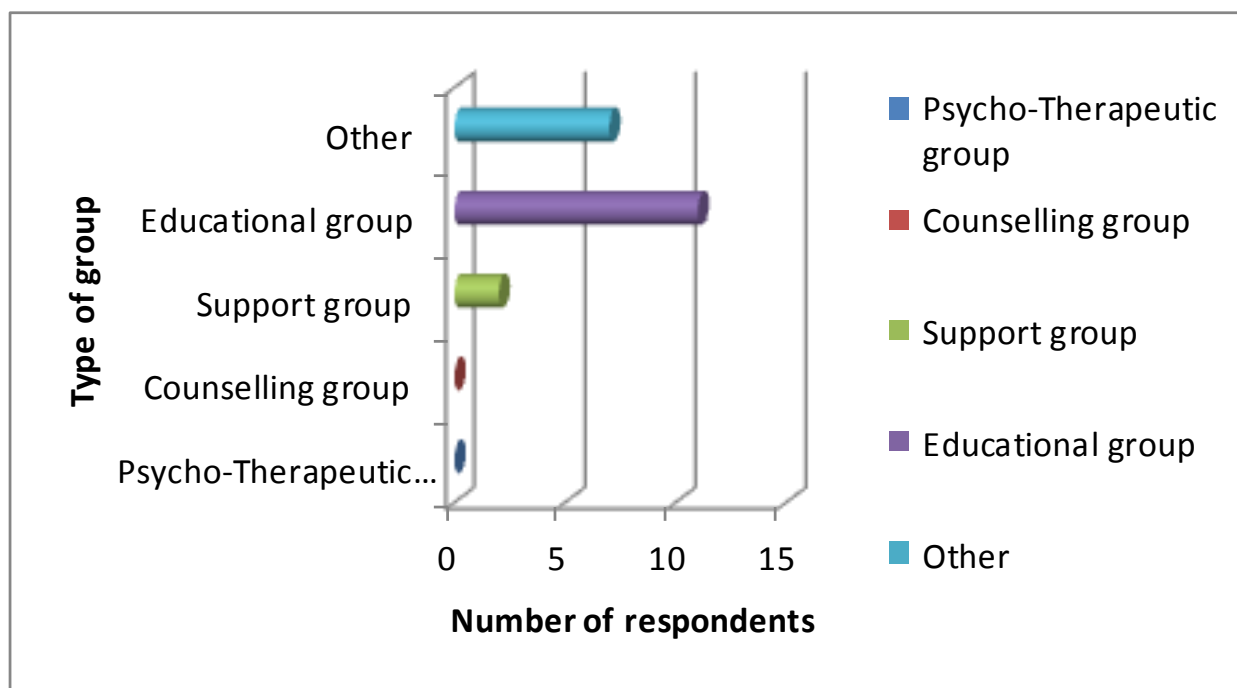
The last category represents the view expressed by a few participants that the utilisation of parenting groups provides the opportunity to develop the skills and knowledge of families. This fact is acknowledged in the literature, namely that a goal of group work to preserve families is to provide opportunities for group members to grow or develop the necessary skills and knowledge to improve their social functioning and to prevent statutory removals (Al *et al.*, 2012:1472; Dagenais *et al.*, 2004:250; Mullins *et al.*, 2012:265; Tracy, 1995:973).

Type of group utilised in the implementation of family preservation services

Participants were asked to indicate the type of group they utilise most often during family preservation services. The results are presented in Figure 2.

First, according to Figure 2, no participants utilise **psycho-therapeutic groups**, which is unfortunate, since a psycho-therapeutic group provides social workers with the opportunity to promote change in clients' understanding of themselves. Psycho-therapeutic groups push clients to generate insights into themselves through engagement with others who are experiencing a similar personal crisis, change or journey (Glisson *et al.*, 2012:52; Healy, 2012:141). Furthermore, psycho-therapeutic groups, when engaging at-risk families, were found to improve family functioning since positive changes occurred in their parenting techniques and practices. Family members recognised that they understood their roles as parents better and could cope more effectively with normal life stressors (Lewis, 2005:501; O'Reilly *et al.*, 2010:83).

FIGURE 2
TYPE OF GROUP UTILISED IN THE IMPLEMENTATION OF FAMILY PRESERVATION SERVICES



N=20

Second, it is also unfortunate that no participant made use of **counselling groups**. When a counselling group is utilised in family preservation services, at-risk families are provided with the opportunity to understand and learn more about their behaviour and subsequent ways of changing their behaviour, such as parenting behaviours or with regard to relationships (Goodson, Layzer, Pierre, Bernstein & Lopez, 2000:8).

A few participants indicated that a **support group** was their preferred type of group to utilise. The fact that such a small number of participants utilise a support group is in contrast with the literature, since Rodrigo *et al.* (2012:91) found that the need for social support is especially crucial for at-risk families, where the task of parenting can only be successful if social support is available to the family. Furthermore, Landy and Menna (2006:253) affirm that there is a strong link between the availability of the at-risk family's support systems (such as extended family, community members or friends) and their sense of competence and parenting behaviours. Support groups could therefore extend the family's social support network and reduce their social exclusion.

A number of the participants indicated **other** as their preferred type of group work, where they preferred to use a combination of different groups to be able to attend to a wider variety of group member needs. A combination group is an appropriate group type for use, since a certain group type can evolve into another type (Healy, 2012:143). The most successful groups employed in family preservation services were found to be a combination of who adopted parent education strategies, concrete services and

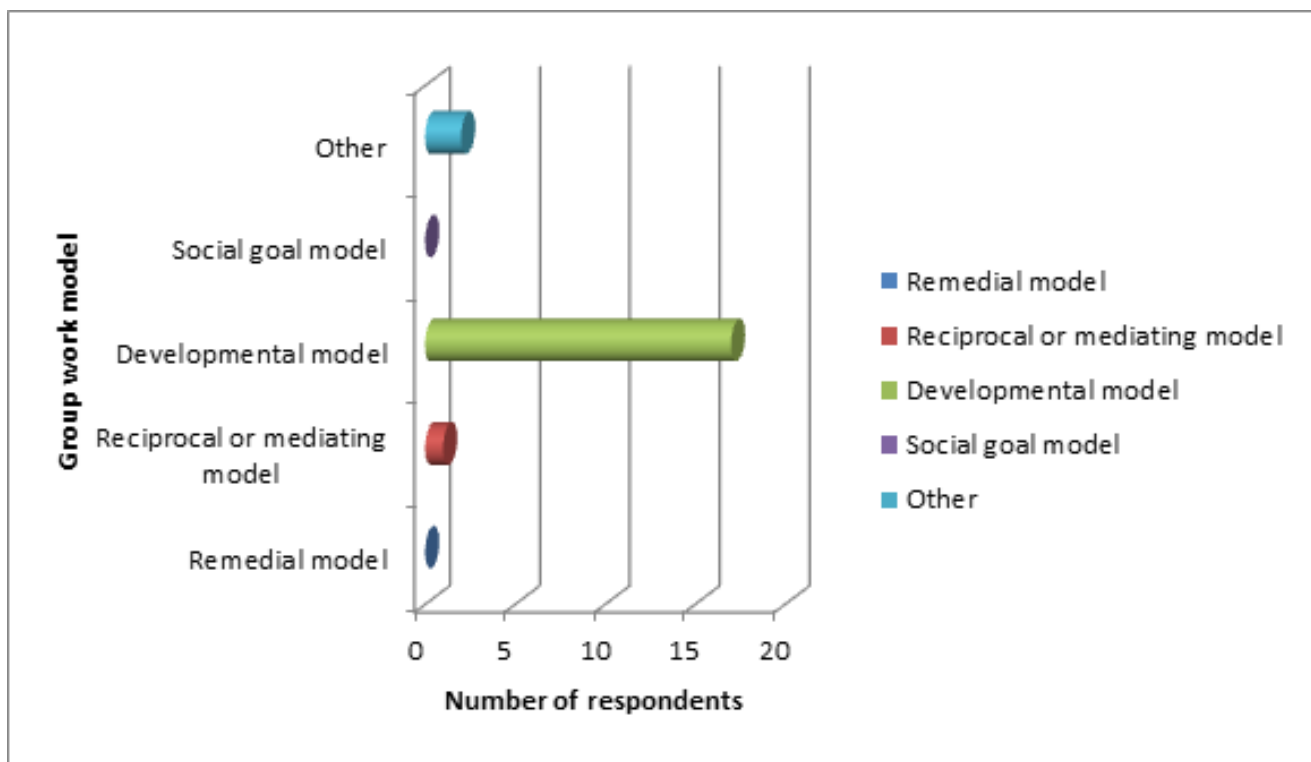
therapeutic interventions, thus a combination group (Holzer *et al.*, 2006:11). The finding that many participants did not identify the support group as the preferred group work type may be ascribed to the fact that these participants indicated the “other or mixed group” as their preferred type of group, where support services were included in the group.

The majority of participants indicated that they utilise the **psycho-educational group** most often. This corresponds with an earlier finding that participants utilise parenting groups as a method of intervention with at-risk families. These parenting groups were focused on the development of the family’s skills and knowledge, as well as providing guidance and information to family members, thus a psycho-educational group. According to Rodrigo *et al.* (2012:91), psycho-educational groups with at-risk families successfully increased parental knowledge, confidence and capabilities. It is therefore important that psycho-educational groups are utilised by social workers, as this was found to be an essential component of early intervention services rendered to at-risk families (Holzer *et al.*, 2006:9).

Group work model utilised in the implementation of family preservation services

Participants were asked to indicate the group work model they found most useful in group work. The results are shown in Figure 3.

FIGURE 3
GROUP WORK MODEL UTILISED IN THE IMPLEMENTATION OF FAMILY PRESERVATION SERVICES



N=20

The majority of the participants found the **developmental model** to be the most appropriate group work model when delivering family preservation services. This finding echoes Sheafor and Horejsi's (2010:113) assertion that the developmental model is the preferred model when the focus is on promoting normal growth and development, as well as when teaching new skills in order to cope with problems or to correct dysfunctional behaviours, which is the focus of family preservation services.

Only one participant indicated that the preferred group work model to utilise is the **remedial or mediating model**. None of the participants preferred the **reciprocal model** as group work model. This is understandable, since although identified as a possible model by Verma (2014:212), the reciprocal model is considered to be a more clinical model that seeks to improve dysfunctional behaviour. This model is best utilised with clients with physical or mental disabilities or alienated members of society.

Obstacles encountered when utilising the group work method in family preservation services

An attempt was made to identify the obstacles the participants experience when utilising the group work method. The participants had to indicate two obstacles from a list. The results are shown in Table 4.

TABLE 4
OBSTACLES ENCOUNTERED WHEN UTILISING THE GROUP WORK METHOD IN FAMILY PRESERVATION SERVICES (N = 20)

| Obstacles encountered when utilising the group work method in family preservation services | f | % |
|---|----------|----------|
| Motivational Issues: e.g. resistance from group members, high levels of distrust among group members and/or of the social worker, group goals are not compliant with individual group member goals. | 13 | 65% |
| Life Stress Issues: e.g. difficulty with developmental stages of group members, such as parents of young children who are unable to attend group meetings, problems with engaging teenagers. | 13 | 65% |
| Pattern of Life Issues: e.g. certain times of the day, week, month or year impacting on group meetings. | 9 | 45% |
| Cultural Issues: e.g. difficulty relating to the language, values and/or other culture-related barriers of group members. | 5 | 25% |

From Table 4 it is clear that an equal number of participants indicated **motivational issues** and **life stress issues** as the biggest obstacles they encounter. Participants mentioned that group members are not motivated and attend group work sessions sporadically. This view correlates with the literature, since Michalopoulos *et al.* (2012:661) also found that social workers described their services to at-risk families as challenging owing to resistance from families. Social workers should also understand

the developmental phases of the at-risk family, and plan intervention according to the life stress issues that the family may be experiencing.

Almost half of the participants indicated that **pattern of life issues** proved an obstacle when attempting group work. Participants postulate that at-risk families are usually unavailable for group work sessions during the week or during working hours, because they are dependent on their income and cannot miss work. Group work sessions need to be held on Saturdays or after working hours. This obstacle is acknowledged in the literature, noting that at-risk families may be unable to attend group work sessions as there are times of the day, week, month or year when it may be difficult for them to participate in intervention (Glisson, Dulmus & Sowers, 2012:8).

Only a few participants view **cultural issues** as an obstacle to utilising group work in family preservation services, which is a rather interesting perception. According to participants, at-risk families in their caseload differ tremendously and it is not easy to form a coherent group with families from such vastly different backgrounds. Participants are therefore left with no choice but to intervene through casework with these families on an individual level.

Obstacles encountered in the organisation when utilising the group work in family preservation services

The views of the participants on the obstacles they experience in their organisations when utilising the group work method were explored. Four sub-themes were identified.

A lack of space or appropriate venue

The first sub-theme refers to the fact that almost half of the participants indicated that they lack the space or an appropriate venue to conduct group work sessions. The narratives are:

“...so space is actually our biggest problem.”

“... it is a big problem to find an appropriate venue or place to present group sessions...”

“... with us there is currently the fact that we don't really have a venue...”

This view was also expressed by other authors (Michalopoulos *et al.*, 2012:660). An appropriate venue to present group work sessions is of great importance to the success of a group. It was found that the meeting space should be carefully selected in advance, since the size of the room may influence the interactions among group members and the functioning of the group. A venue that is too small can cause anxiety in group members who may feel prematurely pressured to form close relationships, which can lead to feelings of discomfort and the development of negative behaviour patterns within the group (Nicholas, Rautenbach & Maistry, 2010:131; Seabury, Seabury & Garvin, 2011:436).

A lack of time

The second sub-theme refers to the lack of time available to the participants for group work. Two participants remarked:

“Definitely... the high statutory... pressure and, and time.”

“... *it is also time consuming.*”

This view corresponds with the view expressed earlier in this investigation that social workers are experiencing heavy caseloads and are unable to render effective family preservation services. Michalopoulos *et al.* (2012:660) report that social workers lack the required time and that overly high expectations are placed on them, which affects the quality of services. This is unfortunate, since group work is also promoted as a social work intervention method that is time efficient. The deduction is that although group work should be time efficient, it can only be so if priority is given to developing appropriate programmes.

The lack of transport for clients

A third sub-theme was identified by some participants who indicated that the lack of transport heavily influences their utilisation of group work. The remarks of the participants were:

“... *some of the clients are quite far away and not everyone has transport...*”

“...*transport is a major issue.*”

Lack of transport is a recurring theme in research in South Africa on service delivery in child welfare services (Strydom, 2010:198). The lack of transport is also acknowledged by Michalopoulos *et al.* (2012:660), who found that a lack of resources such as transport affected the success of service delivery to at-risk families and inhibited social workers from doing their job effectively.

Lack of personnel

The final sub-theme was the point raised by a few participants who pointed to a lack of personnel as well as understaffed child and family welfare organisations as another obstacle they face when utilising the group work method during family preservation services. Narratives of the participants were:

“... *physically we are understaffed so that is a huge issue at the moment.*”

“... *currently with the... the shortage of... personnel...*”

Various South African authors (Ismail *et al.*, 2012:1; Loffell, 2005:83; Meintjies & Van Niekerk, 2005:3; Michalopoulos *et al.*, 2012:660) concluded that child and family welfare organisations are under-resourced and understaffed, hampering effective service delivery.

CONCLUSIONS AND RECOMMENDATIONS

With regard to the utilisation of group work in the implementation of family preservation services, it was determined that casework is the preferred intervention method and that group work is often not seen as applicable to family preservation. A possible reason for social workers refraining from utilising group work could be because of limited training in the applicability of group work to family preservation services. This could result in social workers struggling to identify the ways in which group work can be effectively utilised, e.g. to prevent the removal of children.

Apart from this possible lack of education to utilise group work effectively to preserve families, there is the finding that there is a lack of knowledge as to which group work models are appropriate in the delivery of family preservation services. This became evident as the majority of participants are mostly utilising the developmental model. Although the developmental model does meet the aims of family preservation services, other models may also be appropriate, such as the remedial model. Ignorance regarding more appropriate models may lead to services not being tailored to address the specific needs and problems of families abusing or neglecting their children.

Of the different types of groups used when implementing family preservation services, the educational group was used most often. In the educational group the focus is on the development of the family's skills and knowledge as well as on providing guidance and information to family members. Although this is an appropriate group approach to adopt, the lack of therapeutic, counselling or supportive groups is unfortunate. These groups, when used for at-risk families, were found to improve the parenting techniques and practices of families, as well as helping parents understand their roles better and learn ways of coping more effectively with normal life stressors. It seems as if the utilisation of appropriate group work models is not tailored to the specific needs of families in need of family preservation services.

Although group work was viewed as advantageous, various obstacles were encountered when applying the method. These obstacles mostly derive from the fact that at-risk families are resistant to service delivery and become uncooperative when it comes to participating in group work. Resistance to service delivery is a well-documented characteristic of at-risk families in a child and family welfare set-up and should be expected, which means that ways should be found by social workers to deal with it.

The resistance to service delivery by at-risk families and their lack of cooperation during group work can possibly be linked to a lack of knowledge among social workers on how to use group work to ignite motivation and overcome their resistance. At-risk families may feel stigmatised and less motivated to attend individual counselling, whereas services rendered through group work may provide some motivation and lessen stigmatisation, as well as provide an opportunity to extend informal support networks. Other obstacles encountered include, but are not limited to, the motivational and life stress issues of at-risk families, as well as social workers' lack of resources and time as a result of high caseloads to practise group work. Group work is, however, seen as a time-efficient intervention, which could enable social workers to manage caseloads more effectively.

Furthermore, it was again determined that the types of services delivered to at-risk families are mainly impaired at the early intervention level. Consequently, prevention programmes are lacking, which results in a further lack of resources to at-risk families in their communities. These last obstacles form a recurring theme in research on child protection and family preservation services in South Africa, pointing to the fact that children could be removed from families because of the absence of a variety of appropriate early intervention and prevention services. It also means that the emphasis in

services is on child protection mainly implementing casework and that the shift to developmental social welfare is not taking place.

Child and family welfare organisations as such, however, are not in a position to remove or rectify structural obstacles such as high caseloads and lack of community resources. Government and child and family welfare NGOs should therefore attempt to define possible and appropriate family preservation services in the South African context as it seems that policy directives emphasising family preservation are not in line with the situation on the ground.

Universities should furthermore focus on training in all possible applications of group work in family preservation services. This also suggests that social workers should conduct thorough assessments with at-risk families to ensure that appropriate intervention plans are developed to address the needs and problems of such families through different intervention methods and not only casework. Child and family welfare organisations should strive to develop effective group work programmes and should, in their TPA (Transfer Payment Agreement), make provision for opportunities that would enable social workers to render family preservation services through group work.

The aim in family preservation services is to preserve the family; therefore, as the first line of service delivery, at-risk families should find the support and education they need. Group work should be utilised to this end, as it is not only cost effective, but would also empower families to build support networks to reduce their social isolation. The facilitation of the at-risk family's use of formal and informal resources is after all seen as one of the most important aspects of an effective family preservation service.

REFERENCES

- ABDULLAH, S. 2013. Multicultural social work and national trauma: lessons from South Africa. **International Social Work**, 0(0):1-17. DOI: 10.1177.
- ADAMS, B.L. 2005. Assessment of child abuse risk factors by advanced practice nurses. **Paediatric Nursing**, 31(6):498-502.
- AL, C.M.W., STAMS, G.J.J.M., BEK, M.S., DAMEN, E.M., ASSCHER, J.J. & VAN DER LAAN, P.H. 2012. A meta-analysis of intensive family preservation programs: placement prevention and improvement of family functioning. **Children and Youth Services Review**, 34:1472-1479.
- ANDREWS, J. 2001. Group work's place in social work: a historical analysis. **Journal of Sociology and Social Welfare**, 28(4):45-65.
- BERG-WEGER, M. 2010. **Social work and social welfare: an invitation** (2nd ed). United States: Taylor and Francis.
- BLESS, C., HIGSON-SMITH, C. & KAGEE, A. 2006. **Fundamentals of social research methods: an African perspective** (4th ed). Cape Town: Juta.
- CLEMENTS, J. 2008. Social work students' perceived knowledge of and preparation for group-work practice. **Social Work with Groups**, 31(3):329-346.

COHEN, J.A. & MANNARINO, A.P. 1996. A treatment outcome study for sexually abused preschool children: initial findings. **Journal of the American Academy of Child and Adolescent Psychiatry**, 35:42-50.

COHN, A.H. & DARO, D. 1987. Is treatment too late: what ten years of evaluative research tells us. **Child Abuse and Neglect**, 20:433-442.

COLLINS, D. & JORDAN, C. 2006. **An introduction to family social work**. United States of America: Thomson Corporation Press.

CRESWELL, J.W. 2009. **Research design: qualitative, quantitative and mixed methods approaches** (3rd ed). Thousand Oaks: Sage Publications.

DAGENAIS, C., BE'GIN, J., BOUCHARD, C. & FORTIN, D. 2004. Impact of family support programs: a synthesis of evaluation studies. **Children and Youth Services Review**, 26:249-263.

DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. 2011. **Research at grass roots: for social science and human service professions**. Pretoria: Van Schaik Publishers.

DELPORT, C.S.L. & FOUCHÉ, C.B. 2011. Mixed methods research. **In: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L., Research at grass roots: for social science and human service professions** (4th ed). Pretoria: Van Schaik Publishers.

DEPANFILIS, D. & ZURAVIN, S.J. 2002. The effect of services on the recurrence of child maltreatment. **Child Abuse & Neglect**, 26:187-205.

DEPARTMENT OF WELFARE. 1997. **White Paper on Social Welfare**. Government Gazette, Notice 57 of 1996. Pretoria: Government Printer.

DEPARTMENT OF SOCIAL DEVELOPMENT (ISDM). 2006. **Integrated Service Delivery Model Towards Improved Social Services**. Pretoria: Government Printers.

DEPARTMENT OF SOCIAL DEVELOPMENT. 2012. **White Paper on Families**. [Online] Available: <http://www.info.gov.za/view/DownloadFileAction?id=152939>. [Accessed: 10/10/2014].

DLANGAMANDLA, V.P. 2010. **The experiences of social workers regarding the implementation of a developmental social welfare approach within the Department of Social Development Gauteng Province**. University of Pretoria, Pretoria.

DROWER, S.J. 2002. Conceptualizing social work in a changed South Africa. **International Social Work**, 45(1):7-20. DOI 10.1177.

FORWARD, D.K. 2008. **Social workers' experience of the implementation of a developmental social welfare approach: a qualitative exploratory study**. University of the Western Cape, Cape Town.

FOUCHÉ, C.B. & DELPORT, C.S.L. 2011. Writing the research proposal. **In: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L., Research at grass roots:**

for social science and human service professions (4th ed). Pretoria: Van Schaik Publishers.

GARRETT, K.J. 2005. Use of groups in school social work: group work and group processes. **Social Work with Groups**, 27(2-3):75-92.

GAUDIN Jr, J.M., WODARSKI, J.S., ARKINSON, M.K. & AVERY, L.S. 1990-1991. Remediating child neglect: effectiveness of social network interventions. **Journal of Applied Social Sciences**, 15(1):97-123.

GLISSON, C.A., DULMUS, C.N. & SOWERS, K.M. 2012. **Social work practice with groups, communities and organizations: evidence-based assessments and interventions**. Hoboken, New Jersey: John Wiley & Sons Inc.

GOLUB, J.S., ESPINOSA, M., DAMON, L. & CARD, J. 1987. A videotape parent education program for abusive parents, **Child Abuse & Neglect**, 11:255-265.

GOODSON, B.D., LAYZER, J.I., St. PIERRE, R.G., BERNSTEIN, L.S. & LOPEZ, M. 2000. Effectiveness of a comprehensive, five-year family support program for low-income children and their families: findings from the comprehensive child development program. **Early Childhood Research Quarterly**, 15(1):5-39.

GRAY, M. & LOMBARD, A. 2008. The Post-1994 transformation of social work in South Africa. **International Journal of Social Welfare**, 17(132-145). ISSN 1369-6866 / DOI: 10.1111.

GREEN, S. & NIEMAN, A. 2003. Social development: good practice guidelines. **Social Work/Maatskaplike Werk**, 39:161-181.

GUTMAN, C. & SHENNAR-GOLAN, V. 2012. Instilling the soul of group work in social work education. **Social Work with Groups**, 35(2):138-149.

HACK, T.F., OSACHUK, T.A.G. & DE LUCA, R.V. 1994. Group treatment for sexually abused preadolescent boys. **Families in Society**, 5(4):217-228.

HEALY, K. 2012. **Social work methods and skills: the essential foundations of practice**. United Kingdom: Palgrave Macmillan.

HOLZER, P.J., HIGGINS, J.R., BROMFIELD, L.M. & HIGGINS, D.J. 2006. The effectiveness of parent education and home visiting child maltreatment prevention programs. **Child Abuse Prevention Issues**, 24. National Child Protection Clearinghouse, Melbourne.

HOWING, P.T., WODARSKI, J.S., GAUDIN Jr, J.M. & KURTZ, D.P. 1989. Effective interventions to ameliorate the incidence of child maltreatment: the empirical base. **Social Work**, 7:330-338.

IFE, J. 1995. **Community development: creating community alternative – vision, analysis and practice**. Australia: Addison Wesley Longman Pty Ltd.

ISMAIL, G., TALIEP, N. & SUFFLA, S. 2012. **Child Maltreatment prevention through positive parenting practices**. UNISA. [Online] Available: <http://www.mrc.ac.za/crime/ChildMaltreatmentInformationSheet.pdf> [Accessed: 13/06/2013].

KAMMERMAN, D. 2011. A new group worker's struggles and successes in a host school. **Social Work with Groups**, 34(3-4):233-245. DOI:10.1080/01609513.2011.558827 [Downloaded: 06/02/2013].

KATZ, I. & HETHERINGTON, R. 2006. Co-operating and communicating: a European perspective on integrating services for children. **Child Abuse Review**, 15:429-439.

KLEIJN, W.C. 2004. **A developmental approach to statutory social work services**. Social Work Department. Pretoria: Pretoria University, South Africa. (MA Thesis)

KURLAND, R. 2007. Debunking the "blood theory" of social work with groups: group workers are made and not born. **Social Work with Groups**, 30(1):11-24.

KURLAND, R. & SALMON, R. 2005. **Teaching a methods course in social work with groups**. Council on Social Work Education, Alexandria, VA.

LANDY, S. & MENNA, R. 2006. **Early Intervention with multi-risk families: an integrative approach**. United States of America: Paul H. Brookes Publishing Inc.

LEWIS, R.E. 2005. The effectiveness of families first services: an experimental study. **Children and Youth Services Review**, 27:499-509.

LOFFELL, J. 2008. Developmental social welfare and the child protection challenge in South Africa. **Practice: Social Work in Action**, 20(2):83-91.

LOMBARD, A. 1996. Developmental social welfare in South Africa: a theoretical framework. **Social Work/Maatskaplike Werk**, 32(2):162-172.

LOMBARD, A. 2003. Entrepreneurship in Africa: social work challenges for human, social and economic development. **Social Work/Maatskaplike Werk**, 39(3):224-239.

LOMBARD, A. 2008. The implementation of the White Paper for Social Welfare: a ten-year review. **The Social Work Practitioner-Researcher**, 20(2):154-173.

MARZIALI, E., DAMIANAKIS, T., SMITH, D. & TROCMÉ, N. 2006. Supportive group therapy for parents who chronically neglect their children. **Families in Society: The Journal of Contemporary Social Services**, 87(3):401-408.

MATTHIAS, C.R. 2004. Can we legislate for prevention and early intervention services for children? An analysis of aspects of the 2002 Draft Children's Bill. **Social Work/Maatskaplike Werk**, 40(2):172-178.

McCOWSKY, J. & MEEZAN, W. 1998. Family-centred services: approaches and effectiveness. **The Future of Children**, 8(1):54-71.

MEINTJIES, H. & VAN NIEKERK, J. 2005. **Child protection and social security in the face of poverty and the AIDS pandemic: issues pertaining to the Children's Bill**. Children's Institute, [Online] Available: <http://www.ci.org.za/depts/ci/pubs/pdf/rights/bills/Childprotection-socialsecurity.pdf>. [Accessed: 13/06/2013].

MICHALOPOULOS, L., AHN, H., SWAN, T.V. & O'CONNOR, J. 2012. Child welfare worker perception of the implementation of Family-Centered Practice,

Research on Social Work Practice 22(6):656-664. DOI: 10.1177/1049731512453344 [Downloaded: 05/07/14].

MIDGLEY, J. 1995. **Social development: the developmental perspectives in social welfare**. London: Sage Publications Ltd.

MIDGLEY, J. & TANG, K. 2001. Social policy, economic growth, and developmental welfare. **International Journal of Social Welfare**, 10:244-252.

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT. 1997. **White Paper for Social Welfare**. Government Gazette (18166), 386. Pretoria: Government Printer.

MULLINS, J.L., CHEUNG, J.R. & LIETZ, C.A. 2012. Family preservation service: incorporating the voice of families into service implementation. **Child and Family Social Work**, 17:265-274.

NICHOLAS, L., RAUTENBACH, J. & MAISTRY, M. 2010. **Introduction to social work**. South Africa: Juta and Company Ltd.

O'REILLY, R., WILKES, L., LUCK, L. & JACKSON, D. 2009. The efficacy of family support and family preservation services on reducing child abuse and neglect: what the literature reveals. **Journal of Child Health Care**, 14(1):82-94. DOI: 10.1177/1367493509347114. [Downloaded: 01/04/2013].

PATEL, L., SCHMID, J. & HOCHFELD, T. 2012. Transforming social work services in South Africa: perspectives of NPO managers. **Administration in Social Work**, 36(2):212-230. DOI 10.1080.

POTGIETER, M.C. 1998. **The social work process: development to empower people**. South Africa: Prentice Hall South Africa (Pty) Ltd.

RANKIN, P. 1997. Developmental social welfare: challenges facing South Africa. **Social Work/Maatskaplike Werk**, 33(3):184-192.

REPUBLIC OF SOUTH AFRICA. 2005. **Children's Act 38 of 2005**. Cape Town: Government Publishers.

RODRIGO, J.M., BYRNE, S. & ALVAREZ, M. 2012. Preventing child maltreatment through parenting programmes implemented at the local social services level. **European Journal of Developmental Psychology**, 9(1):89-103.

SEABURY, B.A., SEABURY, B.H. & GARVIN, C.D. 2011. **Foundations of interpersonal practice in social work: promoting competence in generalist practice**. United States: Sage Publications.

SHEAFOR, B.W. & HOREJSI, C.R. 2010. **Techniques and guidelines for social work practice** (8th ed). United States: Pearson Education Inc.

SHULMAN, L. 1992. **The skills of helping: individuals, families and groups** (3rd ed). Illinois: FE Peacock Publishers.

- SILOVSKY, J.F. & HEMBREE-KIGIN, T.L. 1994. Family group therapy treatment for sexually abused children: a review. **Journal of Child Sexual Abuse**, 3(3):1-20.
- STATHAM, J. 2000. **Outcomes and effectiveness of family support services: a research review**. Institute of Education University of London, London.
- STRYDOM, M. 2008. **Maatskaplike werkers by gesinsorganisasies se perspektief of gesinsinstandhoudingsdienste aan hoërisiko-gesinne**. Stellenbosch: Stellenbosch University. Social Work Department. (DPhil Thesis)
- STRYDOM, M. 2012. Family preservation services: types of services rendered by social workers to at-risk families. **Maatskaplike Werk/Social Work**, 48(4):435-455.
- STRYDOM, M. 2010. The implementation of family preservation services: perspectives of social workers at NGO's. **Maatskaplike Werk/Social Work**, 46(2):192-208.
- STRYDOM, M. 2013. Community based family support services for families at-risk: services rendered by child and family welfare organisations. **Maatskaplike Werk/Social Work**, 49(3):501-518.
- TOSELAND, R.W. & McCLIVE-REED, K.P. 2009. Social group work: international and global perspectives. **Social Work With Groups**, 32:1-2, 5-13.
- TRACY, E.M. 1995. Family preservation and home-based services. **Encyclopaedia of Social Work** (19th ed). Washington, NASW Press, 973-981.
- TREVITHICK, P. 2005. The knowledge base of group work and its importance within social work. **Groupwork**, 15(2):80-107.
- VERMA, R.B.S. 2010. Principles, skills and models of group work practice (Volume 1). In: THOMAS, G., **Social work intervention with individuals and groups**. Indira Gandhi National Open University, New Delhi.
- WATSON, J. 2005. Child neglect. **Literature Review**. NSW Dept of Community Services, Ashfield Centre for Parenting. [Online] Available: http://www.community.nsw.gov.au/DOCSWR/_assets/main/documents/research_child_neglect.pdf.

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