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College of Humanities
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Experiencing social work interventions: Understanding the perspectives of caregivers labelled neglectful in a selected local community, KwaZulu-Natal.

Submitted for the fulfillment of the requirements for the Degree of Master of Social Science: Social Work

Zinhle Tracey Mqadi

208512589

Supervisor: Mr Mbongeni Sithole

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Preface

“I came to the conclusion that there is an existential moment in your life when you must decide to speak for yourself; nobody else can speak for you”.

Dr. Martin Luther King Jr.

Declaration of originality

I, Zinhle Tracey Mqadi declare that,

1. The research, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university
3. This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers:
 - a) Where other written sources have been quoted, then their words have been re-written but the general information attributed to them has been referenced;
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5. This thesis does not contain text, graphics or tables copied and pasted from the internet, unless specifically acknowledged, and the source being detailed in the dissertation and in the references sections.

Signed

Zinhle Tracey Mqadi

Mr Mbongeni Sithole

Dedication

This dissertation is dedicated to my family, the Mqadi Clan, my late nephew Lindani ‘Handsome’ Ndabezinhle Mqadi and my late sister Patricia ‘Happy’ Mqadi. To my loving family I hope you are proud of me.

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Abstract

The problem of child neglect in South Africa remains complex in terms of causes, forms, and required interventions. In the process of rendering services, including sometimes removing children from their homes, some caregivers or parents have been labelled as ‘neglectful’ by their social workers either ‘wilfully’ or ‘circumstantially’, or both. Caregivers were seen as neglecting children within the domains of their home. However, the nature of the relationship between social workers and their service users, the focus of interventions has been on the ‘best interest of the child’, and the large number of cases that social workers respond to on a daily basis; the perspectives of the caregivers themselves are often neglected.

Therefore, the aim of this study was to understand the lived experiences of the participants labelled neglectful by their social workers, at the time of social work intervention. Caregivers were seen/observed as neglecting children at home. However, considering the researchers years of experience, because of the nature of the relationship between social workers and their service users, the focus of interventions has been on the ‘best interest of the child’. As opposed to focusing on the perspectives of caregivers themselves, for being labelled neglectful by their social workers

The qualitative research approach and descriptive research design were adopted for this study, and six in-depth interviews were conducted with the caregivers. The study identified four main themes in terms of: Understanding the perspectives of caregivers labelled neglectful. These include; Participants’ Understanding of Neglect, Labels and reasons given for why participants were labelled as neglectful, Evaluation of social worker/client relationship and Evaluation of Social Work Interventions.

This study concluded that caregivers faced numerous challenges when dealing with parents, workplace challenges and lacked support and training. Hence, a national response is required in order to solve the problem of child neglect and to present the impact of neglect in South Africa. This is because child neglect is on the increase due to psychosocial challenges experienced by families. In addition, more social workers should be deployed in communities to reach individuals, children and families to address child neglect in society at large. This is in order to increase awareness campaigns on child neglect, so that society can better understand this phenomenon from a legal and social welfare perspective.

Keywords: *Caregivers, neglect, Social workers, challenges, awareness, support, training*

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LIST OF ACRONYMS

Acronym	Complete Term
ACRWC	African Charter on the Rights and Welfare of a Child
DCSF	Department for Children, School and Families
DSD	Department of Social Development
DWPD	Department of Welfare and Population Development
CFWS	Child and Family Welfare Society
CPS	Child Protection Services
CYCC	Child and Youth Care Centre
eNCA	eNews Channel Africa
FAMSA	Family & Marriage Society of South Africa
FY	Financial Year
HSRC	Human Sciences Research Council
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
IGMSS	Information Guide for the Management of Statutory Services
ISDM	Integrated Service Delivery Model
NCCAN	National Committee on Child Abuse and Neglect
NGO	Non-Governmental Organisations
NFD	Non-Financial Data
RSA	Republic of South Africa
SACSSP	South African Council for Social Service Professionals
SANCA	South African National Council on Alcoholism and drug dependency
SAPS	South African Police Services
UNDHR	United Nations Declaration of Human Rights
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of a Child
UN	United Nations
WHO	World Health Organization

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Introduction

The interest in this study was developed in the late 2015, while carrying out official duties under Vulindlela Service Office. The cases of neglect and abuse of the child in the study area were identified as growing in numbers, even though this would seem to have conflicted with escalated reports on child neglect cases in the child abuse register, Olawale (2009:142). He pointed out that child neglect and abuse remain one of the social issues that undermine every society's fabric (Olawale, 2009:142). In order to provide an empirical basis for this occurrence, this researcher decided to conceptualize this dissertation by involving living persons with objective responses of their understanding and narratives of lived experiences in the selected local township. Therefore, the growth on child abuse and neglect cases that were reported during service delivery duties, gave rise to the desire to carry out a study to hear more about such narratives from the perspectives of service users.

In South Africa, it is arguable that child neglect and child abuse are a phenomenon that is worthy of attention. Sewpaul (2001) asserts that specific household abuse and neglect is a major concern in South Africa, with the number of reported crimes rising by 11.7% between 1993 and 1996 (Department of Welfare and Population Development (AWPD), 1996/1997). Many of the reported child neglect cases were either reported by anonymous concerned persons like neighbors and school teachers or principals, or by only a few of the children and their parents/ caregivers. The incidents of this nature raised concerns as to the manner by which obliged and designated social workers responded to them. This challenge involved asking about how those caregivers felt and perceived services rendered by their social workers. According to Jamieson (2013:42), a child is said to have been neglected if, the caregiver does not meet his or her fundamental parental responsibilities. According to the Children's Act No 38 of 2005, these responsibilities are 'to provide for the basic physical, intellectual, emotional or social needs' of a child. As stated in the definitions of "neglect" presented in Chapter 2 of this dissertation, the understanding of neglect needed to be heard from the perspectives of caregivers labelled neglectful.

As indicated earlier above, this study sought to understand the lived experiences of the participants labelled neglectful by their social workers, at the time of social work intervention. In South Africa, the national prevalence study conducted in relation to the characteristics of reported abuse and neglect depicts that, out of an overall, 62% (158) of victims reported sexual abuse; 30% (75) reported deliberate neglect, and 8% (20) reported physical abuse as the primary forms of abuse (Jamieson, 2017). According to the Childline South Africa's Annual Report (2016), the Financial Year 2014- 2015 neglect estimated to be a total of 3311 in comparison to the Financial Year 2015-2016 neglect 4869. This suggests that there was an increase in the numbers of reported neglected cases, between 2014 and 2016, in the Childline South Africa Annual Reports.

For the purpose of this study, I chose to focus on caregivers and parents whose children had been removed from parental care by social workers. These included caregivers whose children had been threatened to be removed by social workers, on allegations of neglect towards their children. To achieve this, the targeted caregivers' views and perspectives were sought in order to understand the narratives of their lived experiences, during social work intervention. This is because the voices of caregivers have been unheard, and their side of the story remained untold. The social injustices and services rendered by their social workers were unresolved because they had been misunderstood, and all of this was noticed in the course of this study. It was important to gather information about the extent to which these caregivers understand neglect and just what it means. With an array of social adversities, challenges and societal norms, it was up to the caregivers to speak and give the account of their stories to the public. Thus, this study explored how the target residents in Umlazi, who had previously received social work services and labelled as neglectful caregivers, experienced the interventions offered. In this chapter, I provide the background and rationale that underpinned the study. Thereafter, I also discussed the problem statement upon which the study was considered inevitable. Afterwards I indicated discussed the location of the study (study area) given its appropriateness. I also mentioned and provided an illumination on the conceptual/theoretical framework of the study. The study is predicated on four research objectives and questions, and also an insight into the study's underlying assumptions. The last segment of this chapter outlines the structure of this research, as well as, a brief overview of Chapters 1 to 5.

1.2 Background of the Rationale of the Study

The motivation of the study was triggered by the status of the researcher who currently, is employed as a designated social worker in the Department of Social Development, KwaZulu Natal. Having held this position for the past 7 years, coupled with the experience of dealing with a large number of what is referred to in service office as child neglect cases, the study became attractive to engage in. Over the years, the researcher has observed a growing number of children presented as unhygienic, malnourished, and emotionally disturbed, as well as, experiencing difficulties coping at school. The researcher's own life experience, which is outside the realm of the 'data,' collectable for this study, though not collected systematically within the research setting, can also be used as data (Holliday, 2002).

In the process of rendering services, including sometimes removing children from their homes, some caregivers or parents were labelled by their social workers as 'neglectful', either 'willfully' or 'circumstantially', or both. Caregivers were seen/observed as neglecting children within the domains of their home. However, considering the years of my experience, and the nature of the relationship between social workers and their service users, the focus of interventions has been on the 'best interest of the child', and the large number of cases that social workers respond to on a daily basis. Interestingly, the perspectives of the caregivers themselves are often neglected. This gap forms the motivation for the study.

This research considers that there is the willful neglect of children. And this has been established by previous scholars. Willful child neglect is generally considered a form of abuse (Miller-Perrin & Perrin, 2013). The main difference between neglect and other forms of abuse, is that the latter typically involves contract actions, whereas neglect results from omission. According to Miller-Perrin and Perrin (2013), child neglect refers to the inability meet basic physical, psychological, medical / dental or educational needs of a child. In other words, the term neglect of children involves the failure of parents or caregivers to provide basic physical health care, supervision, food, personal hygiene, emotional treatment, education or safe housing (Miller-Perrin & Perrin, 2013). Thus, the scope of child neglect is large and complex (Miller-Perrin & Perrin, 2013), and I have observed this in both my colleagues and in my own social work practice. The consequences of child neglect - whether willful or otherwise - can be severe, and this can become a justification

for removing children from the care of their parents or other caregivers in terms of the South African Children's Act (No 38 of 2005). This Act provides the basis for much of the work provided by the South African Department of Social Development and non-government organization(s) working in the field of child and family welfare.

According to the Children's Act (2005), in order for a child to be removed from the custody of his or her parents or custodians, a duly authorized social worker needs to furnish the Children's Court with evidence of the preventive and ameliorative work done; of the lack of success of these interventions; and of the roles played by the caregivers concerned, to be able to establish the inevitability of intervention. My experience is that invariably, caregivers are presented as harmful, in the reports of social workers and in the Children's Court. Once a court order is issued for a child or children to be removed, it may take up to two years, or more, before their custody is awarded back to the original caregivers. The difficulties that caregivers go through when experiencing the removal of a child /children is easily noticeable. Yet, little is often known about how caregivers really feel themselves and the care they provide to the children in their care, their social workers and the interventions offered to them, and the fact that they have been labelled 'neglectful'. This is true for much of the social work practice the researcher has engaged in overtime, and for the literature on social work in the field in child neglect (Jamieson, 2013). In addition, the interventions in such cases range from establishing the kind of abuse alleged to have occurred, which may lead to removing a child in terms of section 150 of the Children's Act No.38 of 2005. Yet, if the removal of children is to be prevented, the problem of child neglect needs to be addressed, and the perspective of caregivers may be instrumental in this regard. This study will provide caregivers who have been labelled as neglectful with an opportunity to speak, and talk to those who were historically excluded from formal academic debate (Rossman & Rallis, 2012) and permit them to be listened to. It works to address the issue of protecting the researcher's voice and identity (Holliday, 2002: 146).

1.3 Problem Statement

Based on the researcher's experience in the field of social work, the perspectives of caregivers who have been labelled as neglectful have been underreported in that, they seem to insufficiently inform social work practice. This situation inexorably leads to an assumption that the perspectives

of the social workers highlight power differentials with service users. Furthermore, the problem of child neglect seems complex in terms of causes, forms, and required interventions, particularly where there have been few cases where preventive and ameliorative interventions with caregivers labelled as neglectful may have been successful (DeBruin, 2015). This challenge therefore suggests a need to explore existing interventions in local practice with a view to making recommendations towards social work practice. Against the background, it is worth mentioning that this exploration was guided by the perspective of the caregivers towards whom social work interventions were directed.

1.4 Location of the Proposed Study

The present study was conducted in the semi-urban location of Umlazi, Southeastern KwaZulu-Natal, South Africa. The location lies along the South Bank of the Mlazi River and adjoins the city of Durban on the Southwest. Umlazi falls within the eThekweni Metropolitan Municipality. The main statistics show a female headcount of 52.0% compared to 46.1% for men (Maluleke, 2018). According to the Socio-Economic Impact Study (2013:51), the Umlazi Magisterial District has been found to have higher rates of tavern approvals. Therefore, the poverty and alcohol statistics are prevalent in this area and are always linked to child neglect. In addition, this shows that both are linked to circumstantial neglect and willful neglect. Although the researcher has never worked within this location, she has however, been exposed to service delivery duties within the Department of Social Development in the Umsunduzi Local Municipality, having grown up and lived in Umlazi location. This means that, with regard to such service delivery duties rendered in the field of child and family welfare, the researcher has yet been involved in providing services in the latter area.

1.5 Research Aim and Objectives

The main objective of the study was to explore how Umlazi community, who has previously received social work services and labelled as neglectful caregivers, experience the interventions offered.

The study's aim was to be achieved by pursuing the following objectives and ensured that the research questions were answered accordingly. To achieve this aim, the study explored the following objectives:

- i) To explore how caregivers perceive themselves and the care they have been providing to children in their home;
- ii) To explore the caregivers' thoughts and feelings about having been labelled as neglectful;
- iii) To explore how caregivers experienced their relationships with their social worker; and
- iv) To explore how caregivers perceived, the social work interventions received.

1.6 Research Questions

The research questions guiding this study were therefore: -

- i. How do caregivers perceive themselves and the care they have been providing to the children in their home?
- ii. What do caregivers think and feel about having been labelled as neglectful?
- iii. How did caregivers experience their relationships with their social workers?
- iv. How did caregivers perceive the social work interventions received?

1.7 Underlying Assumptions

Marshall and Rossman (2011:40) assert that in order to ensure confirmability, researchers will state clearly what they plan to do during the study design stage forecast. To this end the following underlying assumptions were explicated:

- Caregivers may perceive themselves as powerless and insecure about the way they have been caring for their children;
- Caregivers may feel that their experiences and views were not taken into consideration during social work interventions;
- Caregivers may have experienced social workers as controlling, and this may have been inflicted by social workers labelling them as neglectful; and
- Lastly, caregivers may have perceived that the interventions implemented by social workers, as having used power over them to declare what is in their children's best interest, without their consent.

1.8 Theoretical Framework

The theoretical framework for the proposed study is social constructionism. Social constructionism is a philosophy that has its roots in sociology, and was identified in qualitative research with the post-modern era as an attempt to reconcile the nature of reality (Andrews, 2012). According to Gergen (1999) the main concern of social constructionism is to understand the mechanisms by which people come to view, justify or otherwise account for the environment in which they live (including themselves). Social constructionists are concerned about how worlds are built through the use of language in relationships, and social processes are considered essential to the creation of reality (Teater, 2010:73). In the opinion of Gergen, language produces reality through communication between two parties or more. Consequently, a great deal of life exists due to social and interpersonal influences (Gergen, 1999). This also means that, through interactions and relationships with others, individuals construct their beliefs and knowledge. This then enables them to make sense of the social world around them (Andrews, 2012), and to act and interact in relation to it. In this way, language provides people with understanding, and a sense of direction of how to perceive and relate to themselves; others; particular situations; and the broader contexts within which they find themselves. Because people's actions always cause reactions, complex relationships and patterns of interpretations, actions and reactions are created over time. This is what social constructionist theorists try to explain, and will be applied to shape this study in the following sub-section below.

The discussions in the Background, Rationale and Chapter 2 on Literature Review depict social workers as having more power than their service users and caregivers, as more voiceless than their social worker. This implies that, for instance, caregivers do not compile court reports, do not make file entries and are instead written about. Based on this power differentials, caregivers can therefore be labelled 'neglectful', a label which in turn gives rise to particular kinds of relationships, interventions, and consequences in the lives of the service users. A number of assumptions and value judgements are attached to the label 'neglect' (Jamieson et al., 2017), as is evident from court reports. It is interesting to note that while social workers have been given the positive label of 'agents of social change' in the relevant policy documents, they are also agents of control and discipline, especially when it comes to statutory interventions in terms of the Children's Act No 38 of 2005, which are often insufficiently understood by service users. Little is known about the

alternative constructions that caregivers may have of their relationships with their social workers; and how they might interpret; cooperate with or resist social workers' labels; interventions; assumptions; value judgements; and the implications these have in their lives. For all these reasons, social constructionist theory is likely to provide a relevant interpretive frame for understanding the lived experiences of caregivers labelled as neglectful. This theory was viewed as relevant in enabling me as a researcher to enter the realms of caregivers in a different way than relating to them as their social workers would. As asserted by Andrews (2012), constructionists emphasize vocabulary, narrative, socio-historical and cultural structures as the primary factors in our own creation and knowledge base. This allowed me to hear the study participants differently than I had heard clients so far, and this has enabled the researcher to obtain rich, thick, and detailed data to bridge the knowledge gap that currently appear to exist in the literature.

1.9 Value of the Study

Jansen and Vithal (2008:13) argue that, in general, the importance of any research is illustrated in terms of its contributions to enhancing practice, informing policy or furthering the body of knowledge of the matter or the issues under investigation. This is because the perspectives and experiences of caregivers who have been labelled by their social workers as neglectful are currently under-researched. The 'participants' constructions of reality' (Marshall & Rossman, 2011) was voiced out paving a way to shape social work interventions and ensure such interventions are understood.

The illumination of the voices of those unheard service users being heard, serves as an encyclopedia worth exploration to the public at large. The interviews that were conducted with caregivers labelled as neglectful allowed the participants voices heard in the public and in professional domains. With the participants' consent, I intend to present my findings to the Department of Social Development (DSD) and the local Child and Family Welfare Society (CFWS). This can be an important contribution in the field of child protection in that, it might assist social service providers in delivering better services to users. In the same way, the study also has the potential to contribute to teaching and learning in South Africa, as it aims to contribute to local knowledge in the literature on child neglect. The intention here is to enhance an envisioned critical reflection on the roles and responsibilities of social work and social work interventions.

1.10 Structure of the dissertation

Chapter 1: In this chapter I provided the introduction, which consists of the background and rationale of the study. This was followed by the problem statement which motivated for the study to transpire, the location of the study, the main aim of the study, research objectives, and research questions. I have subsequently presented the study's underlying assumptions. The theoretical framework for the study was subsequently presented and discussed. The chapter ends with a description of the study's importance and the dissertation's structure.

Chapter 2: This chapter discussed related studies on this topic. It began by conceptualizing the study variables including - neglect, both legally and academically; typologies of neglect; and causes of neglect. This was followed by defining/explaining the role of social workers in dealing with neglect cases, and this was further discussed in both theory and practice. The chapter also contains information on the interventions provided for neglectful caregivers by social workers. Thereafter, I provided a discussion on defining the general and/or specific perspectives of neglectful caregivers of social work interventions, and the overall social work interventions including policy frameworks/legislation.

Chapter 3: In this chapter, I discussed the qualitative research paradigm that was utilized to conduct the study. Following this, is the researcher made a presentation on the chosen design, which is a combination of exploratory-descriptive design employed for the study. Thereafter, I presented the sampling method which was the semi-structured individual interviews, as well as, the process of data collection. Next, I discussed the ethical considerations that guided the study and its trustworthiness. This chapter concluded with a discussion on the limitations of the study.

Chapter 4: This chapter presented and discussed the study's findings. The purpose of the presentation and discussion in this chapter was to determine and delineate the participants' understanding of neglect, in their lives. Thereafter, I presented the themes of the study findings expected to address the research questions that informed the research. This chapter is organized over four themes and five sub-themes.

Chapter 5: This is the concluding chapter for the study, and is thus divided into four sections. In the first, section 5.1, I presented an introduction of the chapter; section 5.2 I discussed the findings in relation to the research questions. I concluded the study in section by the discussions, and I presented recommendations for social work practice, and provided indications and the necessity for further social work research and education and training.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter was to contextualize this research by reviewing existing theoretical and empirical literature on neglect and social workers' responses to such neglect. Both international and local literature accessed were reviewed for the purposes of determining where gaps existed. This chapter also discussed the role of social work interventions in the lives of parents/caregivers labelled as neglectful. The chapter focused on the conceptualization of neglect, both legally and academically; typologies of neglect; and causes of neglect. This is followed by explanation on the role of social workers in dealing with neglect cases, thus further intended to be discussed in both theory and practice; interventions provided for neglectful caregivers by social workers. Thereafter, the chapter provided a discussion on defining the general and/or specific perspectives of neglectful caregivers of social work interventions; and the overall social work interventions including policy frameworks/legislation. This includes how social workers are viewed as positive agents of social change (Children's Act No 38, 2005), and for the implementation of interventions governing children's best interests as paramount (Section 7 of the Children's Act No 38, 2005). In the process, I referred to the theory of social construction as the fundamental basis for understanding the experiences of caregivers that have been marked as negligent (Andrews, 2012).

2.2 Conceptualizing neglect

This section provides an informative overview of neglect by conceptualizing the term as derived from descriptions concerning the two types of neglect, namely circumstantial and willful neglect. This is against the background of the fact that child neglect is viewed as part of a bigger and broader spectrum of maltreatment (DeBruin, 2015). For this purpose, I identified different forms of neglect and concluded with the legislative definition, as applicable in South African context. This explanation of neglect sets the tone and background for understanding the phenomenon, which is reliant on guidance from both theoretical and legal perspective. The Bill of Rights and

the Children's Act define a "child" as a person under 18 years of age. This ensures that all individuals under the age of 18 are entitled to the protection provided for in section 28 of the Bill of Rights and in the 2005 Children's Law No 38 (Mahery & Proudlock, 2011). The importance of this prescription is that, it provides a clear indication that the focus of neglected persons referred to in this case are children. This clarity could be viewed as playing an important role to caregivers in relation to any possible neglectful act towards children.

Legally, as stipulated in the Children's Act No.38 of 2005, neglect is characterized as failure to meet the basic physical, mental, emotional or social needs of the child in the exercise of parental responsibilities. Consequently, neglect means a deliberate inaction or failure to act to do what is expected. This can be obvious when a parent or caregiver does not provide adequate food, shelter and clothing, or does not protect a child from physical harm or risk, or does not provide a child with adequate access to health care. As highlighted in the Act, child neglect is not only about an inability to provide for the physical needs of a child, but also a failure to cater for their emotional needs. The concept of child neglect therefore also includes unresponsiveness to a child's basic emotional needs by its parent or caregiver. Tanner and Turney (2002) contend that, a neglect is not only about the failure to provide for all of the above-stated needs, but also about a persistent failure to do so. As Miller-Perrin and Perrin (2013:151) assert, child neglect is usually viewed as an act of omission rather than commission. In 2010, the Department for Children, School and Families (DCSF, 2010) came up with a similar notion in defining neglect, and describes neglect as including a failure to provide for the basic health of a child, education, psychological, developmental, nutritional, clothing, shelter, protection and adequate living conditions, including exclusion and abandonment of a child from home. According to the DCSF (2010), as a consequence, child neglect is likely to affect the health and development of a child.

It is clear that the legislation has given a mandatory reference to neglect, which takes precedence in ensuring that the basic needs of children are adequately met by their parents or caregivers. In this study, legislation also plays an important role in redefining what is being regarded as the best interest of the child (Children's Act No 38 of 2005). Swift (1995) opines that South Africa's complex and punitive child welfare system is based on the perspective that, the children of neglectful parents or caregivers require particular legally sanctioned rescue by those better suited

to care for them. The author extends the contribution of these individuals in dealing with neglect, inclusive of and as stipulated by legislation, to this being an obligation which these service providers have been tasked with as a social duty.

Runyan, Hassan and May-Chahal (2002:60) defined neglect as a parent's failure to provide for the development of the child in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. The authors added that neglect is therefore distinguished from circumstances of poverty, in that neglect can only occur in cases where, the family or caregiver does not have reasonable resources. Some studies consider neglect or harm caused by lack of treatment by parents or other caregivers as part of the concept of neglect (Runyan et al., 2002). It should be remembered that the failure of parents/caregivers to fulfill the basic needs of a child is an example of what neglect entails in the real meaning of the concept. Therefore, the study is of the opinion that if neglect really portends a lack of parental care, it may be necessary to examine parental behaviour in the way they raise their children and to let them know that it is not only wrong but illegal to neglect the development of children. It should be noted, according to the authors' definition of neglect, that factors such as hunger and poverty are sometimes included in the description and clarification of neglect.

On the contrary, amongst the other complications presented by defining the concept of neglect, what also appears to be an added complication in the issue of neglect are indicators of the actual act. Mennen, Kim, Sang and Trickett, (2010:2) assert that the problem of neglect is also complicated by the fact that, unlike physical and sexual abuse where open actions are performed against a child (referred to as commission acts). As the researchers pointed out in the discussion provided earlier in this study, there are many explanations for this 'neglect of neglect' as it is often called (Dubowitz, 2000, 2005; Mennen et al., 2010; Miller-Perrin & Perrin, 2013). With such distinct complications identified, the lack of care and lack of parental supervision are amongst the defining indicators of neglect. However, it is interesting to note that what the authors are saying as the definition of neglect, does not necessarily tell us much about the child's experience. Thus, the focus remains on how parents/caregivers are being labelled as neglectful.

Subsequently, this omission to caretaking behaviour can directly be associated with parental acts towards a child. Therefore, this then becomes a societal decision of understanding neglect, its causes and forms that are available. This is because, for social services to intervene in any family matter, the omissions of caretaking if identified, may pose serious harm to the child concerned, when considering neglect indicators. As a result, it is an obligation for social workers to utilize relevant interventions to appropriately access a household where child neglect is prevalent. This then leads to the notion affirmed by Mennen et al., (2010:2) that cultural expectations help to identify parental expectations which contribute to various interpretations of irresponsible behaviour. To this end, there is a link between neglect and homelessness, which considered to be a problem that many feel(s) includes both society and parents in child abuse (Mennen et al., 2010).

Similarly, in a paper written by DeBruin (2015:37), it notes that the cultural norms, beliefs and values of the family must be included in order to be right in explaining child neglect. According to the Pierce and Bozalek, it is clear that, due to different cultural attitudes and beliefs, there is a difficulty to describe child neglect in the South Africa. Nevertheless, the problems of uncertainty in operationalizing and calculating neglect are another obstacle faced in describing neglect. (Dubowitz, 2005; Mennen et al., 2010; Turner et al., 2019). The researchers (Mennen et al., 2010; Turner et al., 2019) added that this is because, unlike other forms of abuse classified and conceptualized as commission acts, child neglect reflects omission acts - which are inherently difficult to define and measure.

In summary, similar to the definition of 'neglect' as stipulated by the Children's Act No 38 of 2005, several authors have contended that neglect is the 'failure to care'. This failure to care is embodied as the failure to cater for a child's emotional needs. In the opinion of this researcher, when considering defining neglect, the DCSF seems to have also reached a conclusion towards better understanding this phenomenon. To this end, neglect has been defined as the 'persistent failure on the part of the parent or caregiver', which may be a cause for concern considering that such unfavorable results of this phenomenon are directed at affecting children's development negatively. This is because, this hindrance is an impairment of a child's health and development. Comparatively, it is important that whilst some authors reach a common understanding in defining

neglect, others also refer to it as a behavioral aspect manifested in particular individualistic parents as child neglect risk factor.

2.3 Typologies of neglect

In this study, it will be noted that neglect has been categorized into two types, namely willful neglect and circumstantial neglect (Swift, 1995). However, in this sub-section I will provide the types of neglect from sources who have academically cited a various range of neglect types. Consequently, labelling caregivers as behaving neglectfully can be viewed and regarded as blameworthy when looked at in terms of these two types when perceived in an overlapping form. Consequently, child neglect over the past century has been characterized as being a problem of the deficiency in care provided for children by their mothers (Swift, 1995). Meanwhile, as neglect continues before it is detected, a child may go through various developmental disturbances. Whether willful or circumstantial, the occurrence of neglect shapes the future functioning of a child. While different definitions of neglect have been outlined, what they all have in common is that caregivers are presented explicitly as being deficient and children are presented as victims. The role of social workers therefore becomes framed as being that of protecting children against their caregivers and their actions. Having thus defined neglect, and by acknowledging both willful and circumstantial varieties, below is an illustration of neglect types from an academic perspective.

The types of neglect listed below (*to be highlighted shortly*) serve as a guide for defining neglect, as they focus on the developmental areas which affect children, and consist of various underlying forms of neglect. Arnaldo (1995) describes two types of neglect, namely physical neglect and psychological neglect. In consensus with this, Miller-Perrin and Perrin (2013) state that child neglect exists in many forms, such as physical, emotional, and developmental. As an additional category, some experts in the field propose pre-natal neglect, which is a form of neglect which occurs even before a child is born. In this section also, I will present and discuss briefly the typologies of neglect borrowed from several authors' perspectives, when and where child neglect is prevalent. It is the complex nature of what constitutes neglect that has led several authors to use various forms or types of neglect, as an attempt in defining and explaining neglect as a phenomenon (Mennen et al., 2010; Miller-Perrin & Perrin, 2013). Mennen et al., (2010:9) suggest

a typology of neglect that comprises of five forms of neglect, namely care neglect, environmental neglect, medical neglect, educational neglect and supervisory neglect.

Mennen et al., (2010:9) asserts that *care neglect* happens when the parent does not provide the basic needs of the child, such as adequate food in terms of quantity and consistency, proper hygiene or sanitation by keeping the child clean and well-placed. For example, if a child is often found asking the neighbour for food; only has a short-sleeved shirt on without a jersey or a coat in cold weather, smells of urine or faeces, or has lice in their hair, a report of care neglect is made. *Medical neglect* concerns failure to provide adequate medical care when a child requires medical examination or treatment by a medical practitioner for injury, disease, disorder or disability (Mennen et al., 2010).

According to Mennen et al., (2009) *neglect in education* implies a parent who does not send the child to school or prevents the child from receiving adequate education. *Environmental neglect* is assumed when there is a significant safety and health risk in the physical environment of a child or, the home is not enough size. For example, if the home is infested with pests or vermin; or a child lives in a car; or the home is packed with garbage or animal feces; or a child has a parent who do not take appropriate measures to address the issue, the child is deemed neglected in the environment . Besides, this implies that the living conditions environmentally, are non-conducive for the upbringing of a child. *Physical neglect* is defined as a failure by a parent or caregiver to provide adequate medical care, nutrition, cleanliness/hygiene and/or safe and healthy living conditions for the child, as well as adequate education (Mennen et al., 2009).

Supervisory neglect is characterized as the absence of adequate supervision by a parent or caregiver to ensure safety from dangerous situations or people. In the opinion of Mennen et al., (2019), supervisory incompetence occurs when children are left alone with no alternative care plans, or where carers are present but too unable to provide appropriate childcare, and/or leaving dangerous adults with access to the child. To this end, supervisory neglect tends to include the parent or caregiver's lack of supervision, and highlights the caregiver's inability to provide adequate supervision for adults. Supervisory neglect involves a condition in which a parent leaves a child alone or with insufficient replacement treatment. For example, if a child is left unsupervised while the parent travels or works or a child is placed in charge of a sex offender, the lack of

supervision of the parent puts the child at risk of injury or harm . In addition, two specific types of neglect are identified in the authors' citations, namely physical neglect, supervisory neglect and emotional neglect (Turner et al., 2019; & Mennen et al., 2010).

Types of Neglect

As indicated earlier, DeBruin (2015) shares what Pierce and Bozalek (2003) identified as certain types of neglect which are prominent in South Africa; namely:

- Selective neglect
 - The parents who deliberately neglect their children who first choose to feed the male children, and the female children will receive only the remaining food after the male child has eaten.
 - On the streets, the parents left their daughters (abandonment).
- Supervisory neglect - In Barnes et al., (2008:187) this is referred to as adequate care deprivation).
 - Parents frequently leave their children out of their homes unattended.
 - Parents leave their children in their homes unattended or alone.
- Cleanliness (this is similar to living environment deprivation as defined in Barnes et al., 2008:186).
 - The parents leave their children dirty and in dirty clothes.
 - The parents do not wash their children at all.
- Medical neglect
 - The parents ignore cry for help from their children because of pain.
 - The parents ignore their children when they are sick.
- Nutritional neglect
 - The parents regularly fail to feed their children (for at least 24 hours).
 - The parents only give their children milk.
- Educational neglect (this may be similar to educational deprivation as described in Barnes et al., 2008:186).
 - The parents frequently keep their children from school, (DeBruin, 2015).

These typologies of neglect culled and highlighted above, are reported from a South African perspective, and clearly place emphasis on parental behaviours leading to neglect prevalent. The

purpose of this illustration is to highlight forms of neglect from certain author's perspectives and how the omission transpires.

2.4 Causes of neglect

According to Crosson-Tower (2002:70-71), as well as, Miller-Perrin and Perrin (2013:167), there are four main causes of child neglect, namely: economic, ecological, and societal and personality. Below is a discussion which sheds some light about the primary causes of neglect, as indicated in DeBruin (2015: 27).

2.4.1 Economic

The socio-economic causes of child neglect can be seen as a response to stress and deprivation. (Crosson-Tower, 2002; Howe, 2009). The results of the study by Mennen et al. (2010:9) suggest that neglect is not just a question of deprivation, but part of a more clear pattern of ineffective and sometimes punitive parenting. Respectively so, there are certain factors and explanations of how they are linked to neglect, to be considered for the purpose of this paper. As regards individual and relational factors, the relationships between children and parents are affected by social and societal factors such as childcare availability and deprivation (Dubowitz, 1993). The researchers note that the poorest of the poor are or are at the highest risk of failure when considering the impact of deprivation. Thus, by hindsight, if neglect was conceptualized within an ecological framework, it follows that poverty could be regarded as a stressor and societal factor that might compromise a parent's nurturing abilities.

Sedlak (1997) affirms that a number of problems associated with low income earners as a plausible causal contributor to child maltreatment, such that there are daily stressors of poverty, social mobility and lack of education amongst other risk factors. In addition, Runyan et al. (2002) asserts that there are other predictive socioeconomic factors, such as family member congestion at home, misuse of drugs and deprivation. Similarly, poverty was found as a risk factor of neglect where children are concerned. Poverty was one of many reasons why children do not develop their full potential (Mbambo, 2014: 1).

2.4.2 Ecological

Giardino et al., (1997) and Miller-Perrin and Perrin (2013) note that the ecological approach to child neglect centers on caregivers' environment and how it promotes neglect and the resources available in the environment to help caregivers overcome neglect. A aspect to consider from an environmental point of view, as represented by (Richardson & Rodriguez, 2007; Munro, 2008 cited in DeBruin, 2015), is the culture of the family, as it will affect how they raise their children. In the researcher's opinion, an additional factor that these types of neighbourhoods may be characterized by is stress, as the parents are constantly under stress and a lot of duress to survive and also more importantly, to provide for their family's everyday needs. Another noticeable feature of these communities is lethargy for daily tasks such as housekeeping, home repairs and lack of communication with neighbours. (Crosson-Tower, 2002 cited in DeBruin, 2015:28). Similarly, what Miller-Perrin and Perrin (2013) stated regarding the social ecology framework also suggests, a lack of social cohesion amongst community members exists. However, this segment is also discussed in the following subsection of this Chapter. This is where neglect explanations are briefly presented and discussed, borrowed from Miller-Perrin and Perrin (2013) as they considered child neglect prevalence occurs in a non-conducive environment.

In the researcher's opinion, this lack of communication with neighbourhoods predicts a further identified contribution to maltreatment – specifically neglect. This is because caregivers and/or parents constantly feel that they are unable to adequately meet household demands in the form of everyday basic needs, towards their children and families. Additionally, this inability to provide for their children's immediate and basic needs highlights a lack of motivation to doing so, since their ability to care, soon diminishes, thereby leaving the parents feeling unproductive and unfulfilled. On the contrary, if the willingness of the parent to care for their children is affected by the social context in which they reside, then feeling neglected by their community may produce parents who neglect. (Crosson-Tower, 2002; DeBruin, 2015). Therefore, from a South African viewpoint or experience, the nature of negligence and what causes it to occur, will be to understand that environmental perspective leads social service practitioners to view negligent families in the sense of their climate, community, history, cultural norms and values and beliefs, as well as the historical education of parents. (Dubowitz & DePanfilis, 2000; Crosson-Tower, 2002; Miller-Perrin & Perrin, 2013).

2.4.3 Parenting

Bornstein (2002: ix) claims that, parents are creating people, (Bornstein, 2002). Among many other things, parents are responsible for preparing the physical, economic and psychosocial conditions of their children in which they are expected to live, (Bornstein, 2002). Parents have a duty to socialize their children as part of the planning for psychological and social conditions (Bornstein, 2001). Children are expected to be helped to control their own behavior, emotions and morals, helping them to establish healthy interpersonal relationships (Bornstein, 2001:2). Bornstein (2001:2) highlights that in meeting the physical needs of their children, parents are expected to meet their biological and health needs, thus leading to promoting the well-being of children and preventing disease. According to Crosson-Tower (2002, cited in DeBruin, 2015) for a long time, negligent parents have been a burden on society, and it is hard to understand how a family falls into the confusion, disorder, indifference and lack of cleanliness that negligent families display. Kay (2003) and Miller-Perrin and Perrin (2013) believe that child neglect can be caused by gross ignorance of the needs of the child.

In addition, various authors have opined that child neglect may also result from parents suffering from mental illness; substance abuse; influenced by poverty and unemployment; domestic violence; incarceration, and absence without explanation (absentee fathers); and these authors include (Sternberg et al., 1993; Pinson-Millburn et al., 1996; Widom & Hiller-Sturmhofel, 2001; Kay, 2003; Shonkoff & Meisels, 2009; Olawale, 2009). It is the researcher's opinion that some parents may be under duress, when faced with the social adversities, resulting in the impairment of providing and caring for their children, that is, causal factors of child neglect. For instance, a parent may not have the necessary means of financially providing for a child's basic needs, due to being a single-parent, who has to solely provide, whilst the child's father may be absent in the child's life; or leave a child at home unsupervised because there may be no alternative family member or neighbour, whilst seeking employment. Yet, Crosson-Tower (2007: 71) contends that there are sections of the population that know a little more than others, who are marginalized and have few opportunities to learn to be able to improve their life chances. In other words, other parents go through this limitation of resources to better their lives in order to work towards providing for their children's needs, adequately. The researcher thinks that this may be due to their upbringing and/or environment, which may present unforeseen circumstances of role changes, that

is, having grown up in impoverished conditions subjected to possibly becoming unemployed. This can also be witnessed in instances of child-headed households, where children become the parent as opposed to children undergoing the necessary stages of development and role changes take place. With all of parenting's responsibilities, Bornstein (2001:3) states that increasingly, parenting often involves frustration and pressure, such that parenting does not always go right or well. Besides, parents are sometimes unable to care for their children, often neglecting and abusing their children, and most families are seeing to be going through difficult times at some point or another (Bornstein, 2001).

Often parenting is also affected by the values of a parent. This happens, when they define what it means to be a mother, and how children should be brought up and their expectations of the children they raise (Bornstein, 2001; Bornstein, 2002). Parenting is not just about the family, but also about the kids who are parented. (Bornstein, 2001, 2002). Therefore, a parenting discussion often needs to take into account the developmental stages, activities and needs of children. Having discussed the numerous responsibilities parents have, (Rubin & Chung, 2006) – including issues such as thinking about developmental milestones and trajectories, and finding effective and rational ways of helping children achieve such milestones in a positive and normative manner (Rubin & Chung, 2006: vii). It is noteworthy, that for years, researchers have been studied parental thoughts, feelings, behaviours, and relationships (Rubin & Chung, 2006).

Thus, much of these researches, according to (Rubin & Chung, 2006: vii) had been “focused directly on the parent”. This could be why researchers are also eager to show that the cognitions of parents regarding children and child-parent rearing, parent attitudes, and the reliability of parent-child relationships, lead to their offspring's well-being or ill-being. (Bornstein, 2001; Rubin & Chung, 2006). It is the author's opinion, that the social persistence of parent's thoughts on child-rearing and how they communicate with children, that conduce to their achieving specific parenting or developmental goals (Bornstein, 2001; Bornstein, 2002; Rubin & Chung, 2006).

Parenting is influenced, as shown by Bornstein (2001), not just by parents, but also by the environment where the family lives, i.e. the external factors in which the family interacts. The bottom line, as accorded by Rubin and Chung (2006), is that the psychological significance

assigned to any particular social activity, depends largely on the ecological niche within which it is created. Shonkoff and Meisels (2009) opine that single-parent families are at risk of neglect, while Ferguson's (2011) research shows that women are heading the most irresponsible houses. In addition, Shonkoff and Meisels (2009: 58) further assert that 'single parents are often women'. Yet, from a South African perspective, (Richter & Morrell, 2006: 5) believed that 'parenthood and family are important to South African men'. But the research by Richter and Morrell (2006: 4) affirms that such fathers 'abandoned and neglected their children'. The authors further stated that neglectful parents, those incarcerated and absent fathers had individualistic behaviours that had been invoked by the inability to adequately provide for their children (Pinson-Millburn, 1996: 550).

Consequently, the absence of fathers from their families may also lead to the poor ability of mothers to cope (DeBruin et al., 2015: 30). In the views of Crosson-Tower (2002) and Ferguson (2011), isolated individuals who fail to form relationships or perform daily tasks constitute the usual forms of negligent parents. We are burdened with 'rage, pressure' (Rodriguez & Richardson, 2007) and sorrow over unmet childhood needs (Shonkoff & Meisels, 2009). And so, find it impossible to recover reliably.

2.5 Neglect explained from four theory frames

This section is based on the key theoretical frameworks forwarded in a book entitled *Child Maltreatment* by (Miller-Perrin & Perrin, 2013). The authors assert that four key groups of theories exist which assist in explaining neglect. The application of these theoretical frameworks is based on theories concerning the following: social ecology; social class, strain and frustration; social learning; and attachment and parent-child interaction.

The social ecology theory suggests that residents of certain neighbourhoods may have few emotional attachments to each other, and may care very little about the community in which they live (Miller-Perrin & Perrin, 2013). The theory explains neglect in relation to cases reported by community members, who wish to remain anonymous. This, in form, illustrates a lack of social cohesion which causes a breakdown within communities. For example, an investigating Social Worker may keep the reporting individual anonymous in order to keep their neighbourhood relationships intact. However, the assumed outcome in some anonymously reported neglect cases

is that, they result in communities with less social cohesion. In addition to this, the social ecology theory suggests that, where stronger ties exist amongst neighbours, such environments are more conducive to the raising of children. It is said that the raising of a child takes a village which implies that, while in the case of this theory, and even if neglect may be evidence-based where weak social cohesion exists, it assumes that such neglect can inadvertently motivate children to commit acts considered deviant.

Social class and strain and frustration theories suggest that poverty may be a direct social class contributor to neglect (Miller-Perrin & Perrin, 2013). These theories explain neglect by asserting that poverty contributes to circumstantial neglect, and leads to specific forms of neglect which afflict the poor or less privileged. As a consequence of the fact that not everyone is wealthy, working class and below-average earners can find themselves faced with financial frustrations; become unemployed or poverty stricken; and thus, also stressed for not having the means to find solutions for survival. Financial constraints can lead to unhygienic living conditions where children grow up in unhealthy environments. In some situations, parents may not have the means necessary to provide adequately for their children's needs, and this which may lead to the possibility of their children becoming neglected. In this instance, parents are held accountable for the inability to provide for their children, which is related to the absence of parental supervision. With mounting responsibilities faced by parents, such socio-economic limitations reveal an apparent link between poverty and neglect.

Contrary to popular belief, it is considered possible that learned social and cognitive behaviours can simply be imitated by others. Miller-Perrin and Perrin (2013) assert that the social learning theory is characterised by the modelling of certain behaviours. Because the focus of this study focuses on understanding the perspectives of caregivers labelled as neglectful, the social learning theory which is embodied in modelled behaviours aptly fits into the study. Such so-called learned behaviour traits cannot be determined or deemed to have the same outcomes in humans. As a result, this study posits that it can only remain an assumption that caregivers who may have been neglected in childhood, model certain neglectful behaviours towards their children on their own experiences in an apparent cycle of neglect.

The attachment and parent-child interaction theories are founded on parent-child bonds and

relationships. According to Coon and Mitterer (2010), for the first few years of a child's life, when caregivers are the centre of their world, and on through to adulthood, the style and quality of mothering and fathering are very important. Because it is also known that pre-natal neglect occurs, emotional attachments are perceived as particularly close to monitoring relationships as they develop. According to these authors, child development is consequently dependent on the formation and function of the parent-child attachment, and this ongoing relationship from prenatal stages through to adulthood. In addition, the authors suggest an impairment in a child's development and/or resilience, which can result from the nature of the parent-child attachment, relationship and chosen parenting style. While these theoretical explanations make reasonable sense, it is not clear whether, or to what extent, they are informed by the lived experiences of caregivers themselves. This may constitute a gap with regard to understanding the perspectives or lived experiences of caregivers labelled as neglectful. The role of social workers in dealing with neglect cases will be highlighted and discussed shortly here below.

2.6 Interventions: Legislative and policy frameworks

In the previous section, neglect was explained in terms of the key theoretical frameworks as expounded by in Miller-Perrin and Perrin (2013). In this section, I discuss the interventions provided for by the legislative and policy frameworks which govern the cases of children considered as being either neglected or abused. I present them from global to regional and local levels of intervention. At a global level, interventions in the field of child neglect are dictated by the UN Convention on the Rights of the Child (UNCRC). At a regional level, they are guided by the African Charter on the Rights and Welfare of the Child (ACRC). At a national level, social work interventions are prescribed by the South African Children's Act, No. 38 of 2005 which, besides defining neglect, establishes social work interventions with particular regard to their statutory definition.

In terms of the national legal policy document, statutory intervention is only one of four service levels which social workers are required to follow. This is defined in the Integrated Service Delivery Model (ISDM), which details four levels of action to be taken, namely: prevention; early intervention (non-statutory); statutory intervention/residential/alternative care; and also,

reconstruction and aftercare. The practical interventions of social workers are, hence guided by these legal social policies. The purpose of these policies, amongst other things, is to translate legal mandate into practice.

The Integrated Service Delivery Model, as well as, the Protocol for the Management of Child Abuse, Neglect and Exploitation (PCANE, 2014) and the Department of Social Development (DSD): Information Guide on the Management of Statutory Services (2012), work in conjunction, to govern which actions are paramount in the best interests of the child (Children's Act, No. 38 of 2005). The Protocol for the Management of Child Abuse, Neglect and Exploitation (2014) and the Department of Social Development: Information Guide for the Management of Statutory Services (2012) are presented in more detail in Chapter 5 of this dissertation. This is not to overlap the three mandatory policy papers or legislature.

The UN Convention on the Rights of the Child defines neglect in Article 19, Subsection 1, in positing that:

“State Parties shall take all necessary legislative, institutional, social and educational measures to protect the child from all forms of physical or mental harm, injury or neglect, negligence or negligence, mistreatment or exploitation, including sexual abuse, while caring for parents, legal guardians or any other individual caring for the child”.

Subsection 2 further states that:

... “these protective measures should include, where possible, active mechanisms for setting up social programs to provide the necessary support for the child and those caring for the child, as well as other types of prevention and detection of child abuse cases mentioned above, and, where appropriate, judicial intervention”. (UN Convention).

The African Charter on The Rights and Welfare of the Child refers to neglect, as taken from Article 16 under the subheading Protection Against child abuse and torture, Subsection 1 as follows:

“States Parties to this Charter shall take clear legislative, institutional, social and educational measures to protect children against all forms of torture, cruel or degrading treatment and, in particular, physical or mental harm or violence, neglect or abuse, including sexual abuse, while caring for children”.

Subsection 2 further states that:

“Protective measures pursuant to this Article shall include appropriate procedures for setting up special monitoring systems to provide necessary support for the child and those caring for the child, as well as other types of prevention and detection, reporting, reporting, treatment and tracking of child abuse and neglect”.

The national Integrated Service Delivery Model: Protocol for the Management of Child Abuse, Neglect and Exploitation (2014), and the Department of Social Development: IGMSS, (2012) explain the third intervention level, reconstruction and aftercare, which is aimed at reintegration and support services to enhance self-reliance and optimal social functioning of the family unit, in more detail. An example of this intervention level is for the service provider to conduct family preservation and family reunification services before a child is returned to its home. Amongst other services rendered to caregivers are, parenting programmes and rehabilitation for substance abuse. For example, in a case where a caregiver had been abusing alcohol and neglecting their child, they are provided with support by being required to attend counselling, as well as South African National Council on Alcoholism (SANCA) services.

Reconstruction and aftercare may extend over periods of six months, a year or longer, during which time a child may be placed in a children’s home or Child and Youth Care Centre (CYCC), and supervised on a three-monthly basis by attending case conferences at a CYCC. During this time, Social Workers monitor visitations, and preserve the integrity of the family unit, by providing family preservation services to maintain good relationships between children and their caregivers. Following this, social workers request a report from SANCA, describing caregiver progress and

the completion of programmes to be included in a court report, and investigate home circumstances to confirm that a more conducive environment has been established, to which a child may be returned. Once a satisfactory report is endorsed by the court overseeing a case, a child may be discharged under the Children's Act and reunited with their caregiver, who will continue to receive aftercare services, prior to their file being closed at the local department for Social Services.

The Integrated Service Delivery Model: Protocol for the Management of Child Abuse, Neglect and Exploitation (2014), and the Department of Social Development: IGMSS (2012) are guidelines for social services provided within the context of a developmental paradigm, and provide a value chain for social development services. The concept also states that, in order to achieve the desired outcome, namely an increase in social functioning, services are provided at various levels, primarily by Social Work practitioners (Jennisen, 2018). Social work interventions in response to neglect cases are best suitably implemented, especially when the social worker receives a referral for a possible neglect case, taking precedence. The four stages of intervention are: prevention, early intervention (non-statutory), formal treatment/residential/alternative care, and rehabilitation and aftercare. As stated by the Integrated Service, the aim of prevention is to reinforce and develop the client's capacity and self-confidence. (Shonkoff & Meisels, 2009).

With regard to this first level of intervention, social services work in partnership with community development practitioners to mobilise target groups, and to address problems relating to poverty reduction in communities. This is followed with their second aim, which is to empower people. Early intervention provides for programmes which are therapeutic and developmental for those identified as being at risk, to prevent them from requiring statutory services such as children entering into alternative care (Integrated Service Delivery Model; Protocol for the Management of Child Abuse; Neglect and Exploitation (2014); Department of Social Development: IGMSS (2012).

In cases where preventative work is found to be unsuccessful, statutory intervention through residential/alternative care follows. Such intervention is about removing a child from their home by court order as recommended by a service provider (Jamieson et al. 2017), for example, by being placed in a temporary place of safety, (ISDM; the Protocol for the Management of Child Abuse;

Neglect and Exploitation, 2014; IGMSS, 2012). The initial response at this level is for the social service provider to investigate where the concern of the alleged neglect, may have originated. Further investigations then follow to determine the state and nature of such neglect. This also entails interviews with the victim (child), parent(s), family members, neighbours, school teachers and principal and the individual(s) who reported the neglect. Follow up interviews with the child to determine the cause and effects of the reported neglect, and to create trust and establish the child's side of the story, are also conducted. Interviewing individuals at a child's school assists in establishing their school progress and performance prior to the reported neglect, as well as thereafter. An investigation is considered necessary to determine whether the child is safe and secure, following which the child's possible removal from its home may occur. Conduct towards the child needs to be assessed in consultation with the child's entire family structure. Establishing the child's feelings regarding the alleged neglect, and the child's age to ascertain their mental capacity to provide such information, also takes place.

Thereafter, since this still forms part of the statutory phase, interviewing the caregiver assists in determining reasons behind the neglect, leading to establishing whether willful neglect, circumstantial neglect or both are in evidence. The Social Worker informs the parent or caregiver about their findings, and the possible intervention steps which will follow, including the reasons behind these, and considering also that the Children's Act, No.38 of 2005 contains legislative grounds for removing the child from their custody. Social service providers must discover whether suitable relatives exist, who can assist with caring for the child pending further investigation of the allegations made, or until the case has been finalisedfinalized. Removal of a child from its caregiver's custody is considered a last resort.

Following this, the social worker must open (by obligation) a court inquiry to have the child placed into alternative care, for example, at a place of safety or CYCC. Thereafter, the investigating Social Worker informs the child about their alternative placement, and interviews the child to determine their understanding of what has transpired, as being the reasons for their removal from their parent or caregiver, and then prepares the child for a court appearance. Sewpaul (2001) details that the Social Worker must open a court inquiry; furnish a court report; gather all necessary documentation as evidence based on the child's removal; compile a care plan for the child to be

reviewed on a bi-annual basis; obtain a medical certificate (Form 7) from a medical practitioner required by the court for the child; and inform the child caregiver or parent to attend an initial court inquiry in compliance with the issued court date for such an appearance.

Following this, the social worker attends the court inquiry with the child and parent or caregiver, an interpreter and the presiding officer (Jamieson et al., 2017). The child is then transported to a place of safety (alternative placement). It is then ensured that the child is safe and the child is then escorted to a dormitory. The Social Worker hands over the detention order determining future custody for the child, pending further investigation, to the administering officials at the place of safety. The Social Worker monitors the child's progress at the place of safety, visits the child, and ensures that the place of safety renders the necessary services to the child. The Social Worker also assists the parent or caregiver with visiting the child; with attending parenting programmes (Shonkoff & Meisels, 2009; Van Niekerk & Ismail, 2013; WHO, 2016), and with preparation for family reconstruction which must follow. The Social Worker presents the case findings at a conference at the place of safety with a team of multidisciplinary professionals to discuss the child's future placement or release from parental custody (Jennisen, 2018).

The purpose of this section was to introduce and elaborate on social work interventions, which amongst other things, include translating legal mandates into practice. The policies that were integrated to describe practice in grass root levels are the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child; the Children's Act No.38 of 2005; and the Integrated Service Delivery Mode; Protocol for the Management of Child Abuse, Neglect and Exploitation (2014); Department of Social Development: IGMSS, 2012).

In the next subsection, I discuss the role of social workers in dealing with neglect cases.

2.7 Interventions provided for neglectful caregivers by social workers

In this section, I present the interventions provided for neglectful caregivers by social workers. The purpose of this section is to provide an outline of the services rendered by social service practitioners, when offering support to those parents and/or caregivers labelled neglectful, towards their own children. It should be noted that this paragraph reviews measures that are reported to

child protection providers following suspected child maltreatment National Research Council (NRC, 1993).

The National Research Council (1993: 255) asserts that, in services that often involve families with multiple problems, it is difficult to isolate factors specifically related to child abuse and neglect. In addition, the Council notes that service delivery and accessibility work is complicated by social, legal and logistical issues. Researchers in this field therefore, have limited resources to obtain compatible information, and the findings of project assessments are seldom published in the academic literature. It is noteworthy that many physical abuse, child neglect and emotional abuse rehabilitation programs aim to change parents or the home environment. Treatment programs have only recently begun to integrate scientific studies that draw on evolutionary, developmental models of child abuse and analyze family member's behaviors, violent parents' views of their children, behavioral patterns that may impair parental capacity, and emotional reactions to traumatic child-bearing circumstances (Wolfe, 1992), cited in National Research Council, 1993). According to the National Research Council (1993) programs for neglectful parents often look at areas such as health, child care & homemaking. In addition, the National Research Council (1993) devised the following intervention program, called Project 12-Ways (Lutzker, 1984), cited in National Research Council, 1993). This exemplifies the kind of specialized programs that illustrate the umbrella of social services interventions directed at parents and/or caregivers labelled neglectful. In the opinion of this researcher, it is important to highlight the clustered interventions used internationally, in order to evaluate their effectiveness to those service users in need or identified. According to Mahoney & Wiggers (2007: 12) just a few evidence-based curricula are explicitly designed to work with parents in collaboration. This means that organizations need to design their own work for families, which can be an overwhelming task.

According to Dawson and Berry (2002: 296) 'services can only be effective when clients fully participate in them'. Many of the services and recovery approaches available to parents, supported by child welfare organizations, are based on abuse and neglect. Dawson and Berry (2002: 305) extend their knowledge and place emphasis in stating that, regardless of any circumstance, abuse and neglect trends are affected by completely different factors, and these different factors should be treated adequately by interventions. Thus, it is of the researcher's opinion that once

establishment of these factors has been conducted, devising parenting programmes, centred around such factors, namely poverty, unemployment, stress, and substance abuse may be beneficial, if parents and/or caregivers, are involved in parenting programmes, from the initial stages through implementation. Furthermore, the authors add that these factors include substance abuse, poverty and mental illness (Dawson & Berry, 2002). Dawson and Berry (2002) further assert that effective intervention strategies are in place, and specifically designed and implemented to treat neglectful families. Nevertheless, it is important to acknowledge that social service practitioners have come to find these techniques quite useful for service delivery and ‘many offer successful outcomes’ (Dawson & Berry, 2002: 307).

In-Home Services – In Cohn and Daro’s (1987), cited in Dawson & Berry (2002: 308), the study of child neglect initiatives has been found to be the most effective type of services in alleviating family neglect. The services provided included family counseling, case management at home and individual counseling; and job skills training at home and out of the home.

Early Intervention Through Early Childhood Programs – In general, these early intervention services focus on children between the ages of 2 and 5 years old (Dawson & Berry, 2002; Mahoney & Wiggers, 2007; Lachman et al., 2016). According to the Department of Social Development: IGMSS (2012: 26), services provided by a Social Worker at this stage provide behavioral and rehabilitation services to ensure that those identified as at risk, are supported until they need legal service involvement, more extensive treatment or alternative care placement. Early intervention services include: - Support programmes on substance abuse; Family preservation services, including individual and family support; Marriage enrichment programmes; Positive discipline programmes. Income generating projects. Caring for carers; Recreation programmes; Crisis intervention; Appropriate linkages and referral of clients to relevant service providers; Basic care for children (provision of meals, physical care, hygiene, and health services); and Social relief services, including food parcels, clothing and school uniforms.

Concrete Services – Families of the neglect often have a range of obstacles to participation, including insufficient accommodation, deprivation, unemployment, and lack of transport. Meeting these needs is important if, long-term behavioral changes are to be expected (Dawson & Berry,

2002: 309). More importantly, and according to (Dawson & Berry, 2002: 310), any initiative aimed at neglecting and not providing specific services may be overlooking the root causes of the problem.

Behavioural Parent Training – On this, Dawson and Berry (2002: 310) assert that the emphasis of parental behavioral learning is on teaching and reinforcing healthy parental habits that will ultimately affect children. This training, as the authors explain, ‘may take place in a small group, in an agency setting, or in the home, but most of these behavioural strategies are concrete and problem-focused’. Parent training that is particularly effective with this population goes beyond parenting behaviors to address multiple forms of family stress, including financial and other problems for adults (Dawson & Berry, 2002; DSD: IGMSS 2012; & Ward & Wessels, 2013).

Family-Focused Approaches - This element focuses on family preservation services, which in the opinion of Dawson & Berry (2002), will ensure that family preservation strategies have been placed under scrutiny. Research reveals poor results in effectiveness of this approach with neglectful parents and families. Alternatively, the authors have cited several studies by various other authors, advising certain other assertive interventions placing emphasis on: -

- ✓ The allocation of family roles;
- ✓ Setting better boundaries for parents / children;
- ✓ Enhance clear communication between members of the family; and
- ✓ Reframing parents and children's unhealthy experiences.

To this end, these approaches and interventions provided for neglectful caregivers, have been outlined as services rendered by Social Workers. The outline of these services informs social work practice to incorporate in policies and approaches, parents and/or caregivers’ perceptions of the services that they have received, in order to better service delivery. This review of social work interventions sheds some light in the approaches that are already facilitated and made operational, and also expresses what to incorporate in the services rendered for parents, guardians and caregivers ranging from their narrative experiences of their accounts with their social workers during entry point to exit point.

2.8 The role of Social Workers in dealing with neglect cases

In this section I present the role of Social Workers in dealing with neglect cases, including the difficulties faced in identifying genuine cases of neglect; both in theory and in practice. This section informs the reader of the main roles and responsibilities of Social Workers, as well as, of social service professions in carrying out their duties to implement the Children's Act No. 38 of 2005. These roles and responsibilities are illustrated beyond statutory intervention, so as to highlight the expanded intervention options from the provisions of the Children's Act No 38 of 2005, which is mandatory to dealing with child neglect cases (Information Guide on the Management of Statutory Services, 2012: 40). According to the Children's Act No. 38 of 2005, a designated Social Worker is referred to as a social worker representing – (a), a social development agency or provincial government; (b), a designated child protection organization; or (c), a municipality. (Children's Act No 38 of 2005: 24). Additionally, a Social Worker is defined in section 1 of the Act as a person registered as a Social Worker under the Social Service Professions Act, 1978 (Act No 110 of 1978), (IGMSS, 2012: 40), as personnel trained and required to perform certain functions, humanity-based, and are regarded as the main role players in the implementation of the Act. Below is a presentation incorporated in the Children's Act, obliging direct procedures social workers must follow.

It is of importance to explain what the Child Protection Register is, as well as, what it entails, because it carries an explanation for Social Workers' roles when dealing with child neglect cases. According to the (Information Guide on the Management of Statutory Services, 2012: 119), the Child Protection Register (CPR) is an electronic, confidential national Register kept by the national Department of Social Development. It includes a list of all recorded cases of child abuse or intentional neglect, and a record of people found unfit to work with children. Thus, information guide carries an informative view of the procedures and role of players when reported of child abuse, or if deliberate neglect is identified, and it is thus regulated by section 110 of the Act. According to the Children's Act No 38 of (2005, section 110; & Information Guide on the Management of Statutory Services, 2012:119) – reporting of abused or neglected child and child in need of care and protection, subsection (1):

- (1) (1) “Each correctional officer, dentist, homeopath, immigration officer, labor agent, legal practitioner, medical practitioner, midwife, religious minister, nurse, occupational therapist, physiotherapist, psychiatrist, religious leader, social worker,

speech therapist, educator, traditional health professional, traditional administrator or staff member or volunteer worker in a partial care facility, drop-in center or child and youth care center who, on reasonable grounds, determines that a child has been abused in a way that causes physical harm, has been sexually abused or has been intentionally ignored, must report the finding to a designated child protection agency, a provincial social development department or a police office in the specified form”.

The Information Guide on the Management of Statutory Services (2012), goes on to elaborate that section 110 therefore obliges the above-mentioned child protection and social service professionals to act as guided by the Children’s Act. Additionally, this guide unfolds the salient use of a Form 22, when dealing with any reported child abuse or deliberate neglect cases. Drawing from these sources, designated Social Workers (Children’s Act 38, 2005: 24) are obliged to use the necessary forms when initially having to deal with child neglect cases, both in theory and in practice. In the researcher's view, once the assigned Social Worker has been informed (within 24 hours of child abuse or intentional neglect) or a report of child neglect, the Social Worker considers the steps to be taken to ensure adequate and detailed understanding of the reports, and the events of neglect, the actions taken by the reporting individual and, more specifically, Form 22.

Subsection 5 of the Act, is a guideline of the duties that must be performed by the designated social worker, is as follows (Children’s Act No 38, 2005) -

(5) The provincial social development department or approved child protection agency to which a report under subsection (1), (2) or (4) has been submitted shall –

- provide the child's safety and well-being if the child's safety or well-being is at risk;
- make an initial needs assessment report;
- unless the report is irrelevant or obviously baseless, investigate or investigate the truthfulness of the report;
- where the document is warranted by such an inquiry, proceed without delay under this Child Protection Act; and
- forward the information as recommended for inclusion in Part A of the National Child Protection Register to the Director-General.

Following this, the Social Worker who has been notified of the child neglect report must, upon receipt of the Form 22, from a person mentioned in section 110, or an authorized Police official

must: forward the Form 22 to the provincial Department of Social Development; make an initial needs assessment report; and compile a report that substantiates the findings in line with the Information Guide on the Management of Statutory Services, (2012: 120), and as also enshrined in the Children's Act 38 of 2005, and the regulation in section 110, subsection 5. It is noteworthy that once the Social Worker has done so, the next step is to further and thoroughly investigate the matter, so as to implement the necessary interventions required.

Subsequently, the designated Social Worker must receive information or a report of the alleged child neglect, and follow measures enshrined in section 110, subsection 7 of the Act, which highlights the following measures (Children's Act No 38, 2005; Information Guide for the Management of Statutory Services, 2012).

The provincial social development department or approved child protection agency that has investigated as provided for in subsection (5) can –

- (a) take measures to assist the child, including therapy, mediation, preventive and early intervention programs, recovery and restoration of the family, behavioral modification, problem solving and referral to another appropriate person or organization;
- (b) if he or she is satisfied that it is in the best interests of the child not to be removed from his or her home or place of residence but to ensure the safety and well-being of the child by removing the alleged offender from that home or place, ask the police officer to take the action referred to in section 153 in the specified manner.; or
- (c) assist the child in the manner provided for in Sections 151, 152 or 155.

Since the Children's Act has specified and outlined the role of the Social Worker, it will be relevant to explain what sections 151, 152 and 155, as well as section 153 mean. According to the Children's Act No 38, 2005, section 110, subsection (7) of the Act, section 153 refers to written notice to alleged perpetrator – this means that any obliged person referred to, in section 110, or any application referred to in section 110(7) may, if he or she is satisfied that, it is in the best interests of the child, give such written notice, if the alleged perpetrator is removed from the child's home or place of residence or geographical location. Thus, this written notice must specify the name, surname, residential address and other important particulars of the alleged perpetrator. In addition, this written notice is inclusive, such that the alleged offender must appear at a Children's

Court, specifying the exact date, address and time. Section 151 of the Children's Act No 38, 2005 refers to the 'removal of a child to temporary safe care by court order'. This section states that if, upon evidence given by any person on/under oath or affirmation before a presiding officer, informs that a child is in need of care and protection; implores that the Social Worker must ensure to investigate the case, contemplated in section 155 (2). Also, that the presiding officer issue an order placing the child in temporary safe care, for the well-being and safety of the child.

Section 152 of Children's Act No 38 (2005: 145) consequently applies to removing a child to temporary safe care without a court order. Subsection 1, requires that a designated Social Worker or police officer may remove a child and, without a court order, place the child in temporary safe care; that is, if there are reasonable grounds to believe:

(a) the child –

- (i) needs care and protection; and
- (ii) urgent need of safety;

(b) that the delay in obtaining a court order for the child's removal and temporary safe care of the child, can jeopardize the security and well-being of the child; and

(c) the best way to ensure the health and well-being of that child is to remove the child from his or her home environment.

More importantly, it is important to continue with section 152, subsection (2), as this sheds some light in terms of the duties to be performed by the designated Social Worker–

where a designated Social Worker has removed a child and put the child in temporary safe care as provided for in paragraph (1), the social worker shall –

- (a) Without delay, but within 24 hours, to inform the child's mother, guardian or caregiver of the removal of the child if the child can be easily traced; and
- (b) Inform the appropriate clerk of the children's court of the removal of the child not later than the next court day; and
- (c) Report the matter to the provincial social development department concerned.

Section 155 of the Children's Act No 38 (2005), applies to the decision on whether or not a child needs care and protection. Section 155 (2), obliges that; a designated Social Worker must investigate the matter before the child is brought before the child's court and produce a report

within 90 days as required on whether the child needs care and protection. In the opinion of the researcher, this means that the designated Social Worker must follow the prescribed Form 38 Report and furnish it to the children's court, with set recommendations, as this also applies to dealing with cases of child neglect. Furthermore, the Information Guide for the Management of Statutory Services (2012) states that, the designated Social Worker must after investigating and substantiating the report, must complete a Form 23 and submit it to the provincial Department of Social Development concerned, within six weeks. In addition, the designated Social Worker must also be aware that temporary placement in safe care of a child, envisages their stay be up to six months; pending finalization of the matter by Form 38 Report (section 155) at a children's court.

According to the DSD: IGMSS (2012: 37) **family reconstruction services** include services provided by a Social Worker to inspire, assist and support parents, caregivers or families of children while they are in alternative care. Such programs are intended to encourage the child to be reunited with his or her parents, guardians, friends and/or community of origination if the circumstances allow it. In the opinion of the researcher, such services include family preservation services whereby the caregiver, and child receive individual counselling, as well as, participate in family case conferences deciding when the circumstances become or deemed favorable for the child(ren) to be returned to parental care. Most specifically, reconstruction programs address issues that led to or contributed to the child's removal into alternative treatment. Therefore, it is important that these services must be provided to the parents or family of the child immediately after the child has been removed in order to facilitate rapid reunification. (DSD: IGMSS, 2012).

Social Worker's function in delivering family recovery services may include: assessment; therapy or rehabilitation services; parenting skills; life skills; family survival services; counseling; marriage counseling; referral to related services, including referral to addiction treatment, mental health issues; and support services.

As asserted by the DSD: IGMSS (2012: 28), **family reunification services** target services designed and provided to the child mother, guardian or caregiver to help and encourage them to enable and promote the return of the child to the care of the parent(s), caregiver(s). It is worth noting that family reunification programs seek to reunite the child by resolving the issue(s) that led to or contributed to the removal of the child into foster care. This is an important part of the

process of family reunification because it entails the Social Worker to perform such duties, whilst ensuring that the facilitation of leave of absence (LOA) runs smoothly. In addition, this leave of absence requires the Social Worker to ensure that visitations from alternative care (place of safety or child and youth care centre [CYCC]) to the child(ren) residence are facilitated, if this is in the best interests of the child (Children's Act 38 of 2005). While **after care**, supportive services are to be provided after reunification or discharge from alternative care to a child and his or her family. The purpose of aftercare services here, is to evaluate, monitor and evaluate progress with respect to the child's re-unification adjustment (DSD: IGMSS 2012).

More importantly, the Social Worker performs prevention services such as family preservation. The aim of providing these services to the family concerned, is to help prevent the recurrence of problems that led to the child's initial removal or to prevent new problems from occurring. (DSD: IGMSS, 2012). In addition, the DSD suggests that the Social Worker should plan ahead and perform such services before discharging the child(ren) back to parental care. The DSD also adds that it is necessary to focus on independent living after care services for children over 18 or 21 years of age (DSD: IGMSS, 2012). Subsequently, the DSD affirms that 'the duration for after care services, must be determined by the level of support and services that the child and family require, and should not be less than six months. Thus, the role of the Social Worker includes furnishing quarterly progress reports providing feedback and evaluation once and/or after care services have been provided to the family.

Indicators of Child Neglect

When dealing with neglect cases, there may be difficulties faced in identifying genuine cases of neglect, both in theory and in practice. This is why it is important to present child neglect indicators, which serve relevance to practitioners' when having to deal with child neglect cases (DeBruin et al. 2015: 31). According to Munro (2008: 56), the detection of child neglect includes a thorough evaluation of childcare over a period of time. Child neglect is the most common type of abuse in the United States (Mennen et al. 2010: 2). Recent data, according to Mennen et al. (2010:2) indicate that, 59.0 percent of the more than 794,000 substantiated victims of child maltreatment in 2007, were indeed victims of neglect. The authors add that although neglect is the most common type of abuse, much less is known about it than other types of abuse.

The statements made by the researchers refer to a simplistic approach to the lack of understanding of the complex nature of child neglect (DeBruin et al., 2015). Therefore, child abuse in the past was correlated solely with deprivation (Olawale, 2009: 141; and Bray & Brandt, 2007: 13). However, the authors seem to agree with the position of have DeBruin et al., (2015: 30) who had established, that child neglect is a multifaceted phenomenon that cannot solely contribute to poverty. It is important to understand and differentiate between the terms omission and commission when attempting to identify and understand child neglect indicators (Miller-Perrin & Perrin, 2013; DeBruin et al., 2015). DeBruin, et al, had contended that identifying child neglect may be difficult or challenging (DeBruin et al., 2015). It can be said that, this is mostly evident for social service practitioners who are obliged to act in line with the law (Children Act No. 38 of 2005). In this regard, it is for Social Workers to identify children who are neglect prevalent in their nature.

This study, therefore, draws on the expertise of British child protection academics and practitioners from a wide range of disciplines in a study conducted by Powell (2003: 25), through the application of the Delphi technique. They tried to build a consensus opinion on possible early child abuse and neglect measures. The results presented were under three main headings, and they are classified as physical indicators, indicators of conduct and indicators of growth. What is considered helpful in recognizing child neglect in nature include parental causes and other – which can be deterministic in identifying the risk factors of child neglect and the challenges facing parents and/or caregivers. Powell (2003: 34) affirms that, in considering some of the items that seem novel in the sense of early indicators of abuse and neglect, there is clearly a certain correlation between early indicators and risk factors, particularly in the parental factor's items. It is the scholar's opinion, that when looking at the indicators and the identified relational overlap with parental factors, it is essential for social work practitioners to view the findings of the study by the author, with caution. This is because it is unclear whether or not, any of the early measures found by the participants predict, or even detect, more severe abuse and neglect (or not), (Powell, 2003: 34). Nonetheless, Kay (2003), cited in DeBruin et al., (2015: 31) offers the following measures for social work practitioners to identify abuse in children: poor physical growth, underweight and small height for the child's age; the child appearing overweight and generally looking unhealthy. The child may

have poor hygiene (dirty or smelly clothing, unwashed body and hair and/or persistent nappy rash); the child may be difficult to stimulate with a general lack of interest. The child may also have continuous minor illnesses such as colds, cough, and diarrhoea; the illnesses or injuries of the child will not be taken care of; the child will not have sufficient or adequate clothing.

In addition, the (Department of Social Development: Integrated Guide for the Management of Statutory Services, 2012:130) has provided the broad risk assessment framework which includes the following indicators that serve as a guide to confirm or substantiate a report that a child has been abused or deliberately neglected. Indicators of deliberate neglect include: failure to thrive; failure to meet milestones of physical and psychological development; underweight; shallow hair; sores around the mouth; slight retention of water on the hands or legs; prolonged or slightly hardened abdomen; thin and dry skin; dark skin pigmentation not linked to skin complexion, particularly on the extremities; abnormally hardened abdomen; Intellectual disability; irritability; lethargy – this includes a shortage of energy and enthusiasm or an abnormal state of sleepiness or deep disagreement. Included are, withdrawal; bedsores – These sores grow as a result of lying in one place in the bed for an extended period of time; contractures – this is a state of muscle, tendon or other tissue shortening.

In summary, it is relevant to note that DeBruin et al. (2015: 31-32) have suggested that there are multiple child neglect criteria that can be used to recognize and assess whether children are being overlooked. DeBruin have therefore proposed that there be some form of tests, and that the tests be carried out over a reasonable period of time. The tests should ensure that a child must consent to the assessment, either verbally or in writing. It is expected that the child is 12 years of age or older, of sufficient maturity and has the mental capacity to understand the reasons for the assessment, before being examined or assessed for the purpose of determining whether that child has been abused or neglected (DSD: IGMSS, 2012).

2.9 Perspectives of neglectful caregivers of the Interventions received from social workers

In this section, I present the general and/or specific perspectives of neglectful caregivers in terms of how they are handled by the law, by social worker interventions. This is also, inclusive of how such caregivers are perceived by the community to which they belong. The purpose of incorporating such perceptions, is to be able to have the voiceless speak and narrate their own lived

experiences, in accordance with their realities, from when they had been introduced to social work interventions. It is important to note that, this background encompasses caregivers' perspectives which serves as shedding some light to the under-researched phenomenon. Despite early, careful and often expensive intervention, child abuse and neglect continue (National Research Council, 1993). In spite of some limitations, there are some significant outcome evaluations of treatment interventions in child maltreatment research literature, which are made to focus on interventions aimed at parents and/or caregivers who have been neglectfully labeled. It is the opinion of the Council to ensure the salience of incorporating the legal mandate by examining how organizations translate policy into practice (Spratt & Callan, 2004: 199).

It is however important, to involve all of the parties dealing with child neglect cases, prevalent. The Children's Act No 38 of 2005, outlines an overview norms and standards, parties involved in assessments and interventions when ensuring that the children's best interests are paramount. However, it is salient to recognize the perceptions of neglectful caregivers of the interventions received from social workers. Research into child welfare enquiries has been rather limited (Spratt & Callan, 2004: 206-207). According to Spratt and Callan (2004: 207), this may be because the term child welfare is generic, taken to represent a variety of different activities in childcare, ranging from modes of intervention through aspects of evaluation to service delivery. Worthy of note is the process of determining how social work interventions are perceived by service users, for which this study believes, parents and/or caregivers are labelled neglectful by social workers.

In a study conducted and obtained in England by Spratt and Callan (2004), where several households were in touch with social workers about care issues, findings revealed that in most cases, relationships are marked by tension between families and local authority Social Workers. To this end, the authors argued that the reason for such an outcome was that these parents felt they could be placed in opposition, not only to Social Workers but to their own children as well (Spratt & Callan, 2004: 207). On the contrary, in the smaller number of cases in which successful relationships between Social Workers and families were established, these tended to reflect the families' appreciation of the sensitivities and skills of social workers (Spratt & Callan, 2004: 207). The findings of the study also focused on ascertaining the views of parents and/or caregivers who had previously received social work services, because of child protection issues. According to

Spratt and Callan (2004: 207), given parents' belief that interaction with social services is stigmatizing, more than half of the families in the study took the initiative to refer to themselves, with 86% of the parents [finding] supportive and helpful social services, (Tunstall & Aldgate, 2000 quoted in Spratt & Callan, 2004: 207).

In light of the view of the abovementioned findings of a study referenced, the parents' perceptions of services rendered by social workers consisted of conflicted feelings. Some parents' felt that they understood the Social Workers reasons for visitations. Other parents expressed their views, and felt that the Social Worker's primary focus was the welfare and well-being of children. Hence, while other parents went to the length of further explaining that in some cases it was a direct work with the child(ren), others were checking to see how the kids were (Spratt & Callan, 2004: 216). Subsequently, this meant that for some other parents, the Social Workers visitations were solely directed at determining the welfare of children. This then, indicates a lack of correspondence of shared agreements between parents and social workers. Thus, it is interesting to note that there had not been any mention of social work interventions directed at helping parents and/or caregivers.

Spratt and Callan (2004: 216) mention that some families felt very positive in the regard of social work interventions. The parents' perceptions of received social work interventions indicated positive reception of the social services. The parents admitted that, what they experienced was great, in view of what they needed, and that they had received the help they requested. However, there were contrasting feelings and/or emotions expressed by some families, who thought that continued social work action was neither necessary nor sufficient, but believed it was difficult to challenge the views of Social Workers (Spratt & Callan. 2004: 216). In the opinion of Spratt & Callan (2004), parents and/or caregivers seem to feel power-differentials emerging between themselves and the Social Workers. This is because the above observation or argument illustrates the problem of closure in such cases and describes the rationale for the termination of the work (Spratt & Callan, 2004: 217). Families who had undergone a termination of social work intervention, had sought continued support, but did not receive it. While in these situations, there was no proof of continuing long-term services. There also was no of official termination of services; but rather a number of experiences that left a minority of families feeling uncertain and abandoned or apprehensive (Spratt & Callan, 2004).

In sum, the results from various authors who conducted studies directed at understanding the perceptions of social work interventions, indicated that some parents felt that social work interventions were helpful, and worked in the favor of their families. On the contrary, other parents felt that they were ignored by their Social Workers, and therefore, felt that their interventions were solely focused on the well-being of their children, as opposed to them as parents. These conflicted feelings shed some light in the view that some parents felt disregarded in social work interventions. To this end, it can be said that social work interventions were perceived conflict.

2.10 Conclusion

In summary, it can be argued that the concept - neglect has been conceptualized by defining it both legally and academically. This is because, the Children's Act No 38 of 2005, refers to neglect as failure to care, whilst other authors classify neglect as the persistent parental or caregiver failure. These definitions encompass failure on the side of the parent to care for child(ren), which is an impairment of the health and development of children, negatively.

The study focused on explaining the typologies of neglect, by identifying two types of neglect. Neglect was categorized into willful neglect, and circumstantial neglect. In the opinion of the researcher, whether willful or circumstantial, it can be argued that the occurrence of neglect in nature, shapes the future functioning of a child. Going by the various authors' opinions as reviewed in this chapter, physical, psychological and developmental and emotional neglect are normal neglect typologies.

In addition, the findings of different authors showed that relationships between families and local authority Social Workers are characterized by 'conflict' in most cases (Spratt & Callan, 2004). Many parents felt they were opposed to by their Social Workers, and particularly their children (Spratt & Callan, 2004). On the contrary, there are other cases which found established successful relationships between Workers and families. This is whilst other parents felt that the Social Worker's primary focus on interventions received, was the welfare and well-being of children (Spratt & Callan, 2004). Other parents felt ignored by their social workers, felt less of a priority during interventions. Others, felt misunderstood and also did not understand the interventions such as visitations. Also, workers did not terminate interventions rendered. In addition, some parents felt that social work interventions were helpful, successfully worked for them and understood the

social worker visitations. However, it must be noted that parents and/or caregivers had conflicted feelings of the received social work interventions.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, I discussed the research methodology used in conducting this study. This research was implemented by utilizing the constructivist paradigm. It is relevant to point out that during data collection for this study, a reflexive diary was kept, and also during the writing of the dissertation, these entries were used in order to reflect on the role of a designated Social Worker when conducting this research. It will be recalled that the study was aimed at exploring how the Umlazi community, who had previously received social work services, and labelled as neglectful caregivers, experienced the interventions offered. The chapter explores the qualitative data collection from in-depth individual interviews conducted, using semi-structured interview guides. This was achieved following set criteria in individually interviewing respondents to obtain the anticipated rich, thick and detailed data.

The motivation behind the chosen research method, was as a result of the purposive nature of the data collectable and the availability of the target participants. Consequently, a group of respondents was targeted in order to ascertain their views and an understanding of the label of neglect. This chapter outlines the study's choices made methodologically, and they are discussed in the following order: research paradigm, study design, and also the sampling and data collection processes, with the intention of explaining the rationale behind the chosen group of respondents. A discussion follows focusing on ethical issues, including trustworthiness and the limitations of the study. The study was conducted in Umlazi location, KwaZulu-Natal, South Africa. This was selected because, according to the Socio-Economic Impact Study (2013:51), the Umlazi Magisterial District was found to have higher rates of tavern approvals. Therefore, the poverty and alcohol statistics are prevalent in this area and are always linked to child neglect and was suitable for the study.

3.2 Research paradigm

As indicated earlier above, the research methodology employed for this study is based on the constructivist paradigm. According to Terre Blanche, Durrheim and Painter (2006:40), paradigms act as perspectives that provide a rationale for research, and commit the researcher to specific methods of collecting, observing and interpreting data. Qualitative research examines individuals ' subjective perspectives through an intersubjective process in which the researcher empathically interacts with study participants (Terre Blanche & Durrheim, 2006). According to Terre Blanche and Durrheim (2006:6), paradigms are all-encompassing frameworks of interrelated practice and reasoning that characterize the essence of their inquiry in three dimensions for researchers: ontology, epistemology and methodology. Terre Blanche and Durrheim (2006:6) note that the term ontology refers to the ' nature of reality ' being studied; epistemology explains the difference between the researcher and the reality being studied; and methodology sets out how a specific researcher should examine a particular reality.

In addition, the qualitative research model has an ontology that focuses on the truth being examined, as being made up of the perceptions and narratives subjected to, by the participants. In this study, the subjective experiences caregivers, parents or guardians labelled as neglectful were explored. This approach is used to analyze the subjective experiences of the people because, it is based on the relational relationship between the student and the researcher (Terre Blanche & Durrheim, 2006). The purpose of qualitative research, as stated by Bricki and Green (2007), is to understand the experiences, opinions and attitudes of individuals. I concur with these authors' suggestion, and since in this study's case, gaining an understanding of the perspectives and feelings of those caregivers labelled as neglectful, was the motive behind the research undertaken, the approach is considered appropriate. As Rubin and Babbie (2011) put it, qualitative research paradigms are more likely than quantitative paradigms, to tap into the deeper meanings underlying specific human experiences and generate theoretically richer observations.

It is a widely accepted view that data is collected in a qualitative study in the form of written or spoken language or recorded observations (Terre Blanche, Durrheim and Painter, 2006). Therefore, according to Terre Blanche, Durrheim and Painter (2006), qualitative research is naturalistic, systematic and inductive. Qualitative research seeks to answer questions like "what," "how" or "why" about the phenomenon being examined, rather than addressing quantitative questions like "how many" or "how much" (Bricki & Green, 2007). Specifically, this type of

paradigm allows the researcher to study specific issues in depth and with openness to understand the results of the data collected (Terre Blanche, Durrheim and Painter, 2006).

Therefore, in qualitative research, the emphasis is on interpreting the questions from the point of view of the respondents. This approach does not consider respondents as subjects to prevent assigning them an inferior position in the research process (Struwing & Stead, 2001). Unlike other methods, qualitative research allows for the respondents to state their minds, perceptions, ideas and feelings. Qualitative research paradigms are subjective, and convey open mindedness to the responses and realities painted by the study's target group concerning a specific phenomenon. In other words, this means taking into account the beliefs, thoughts, ideas and perspectives of people, captured and understood from their own subjective points of reference. The aim of an interview, according to Flick (2011), is to obtain individual views on an issue under investigation. Interviews permit as much information as possible to be given by respondents, using their own words, and using language with which they are comfortable. This research was centred on a given set of open-ended questions formulated to receive uninhibited responses, and thereby avoiding any single-word replies. This chapter also addressed the variables associated with research, and these include sampling, data collection process; ethics; trustworthiness and limitations of research. The chapter also discussed, the semi-structured individual interviews as the means of data collection, and how it was applied to the current study.

3.3 Research design

For this analysis, an exploratory-descriptive research model has been used. As stated by Sellitz, Jahota, Deutsch and Cook (cited in Terre Blanche, Durrheim & Painter 2006:34), research designs are plans that direct the arrangement of conditions for data collection and analysis in a way, which aims to combine relevance for the purpose of study with economy in procedure. According to Durrheim (2006), a research design ought to be driven by four key components: the research purpose; the context in which the research is conducted; the research paradigm and the data collection and analysis techniques; and the theoretical framework that guides the study. Design forms part of the qualitative methodology used.

An exploratory design, according to Babbie and Mouton (2001), looks at new topics, areas and themes with the goal of knowledge and understanding of participants' experiences in new fields of study. Rubin and Babbie (2010), contend that exploratory research designs are normally used when a particular topic is little understood. According to Babbie and Mouton (2001) and Rubin and Babbie (2010), an exploratory design requires a researcher to examine a relatively new phenomenon, new topic area and subjects designed to give understanding and insight of the experiences of the participants' interactions in new fields of study. This applies to this study because, as already stated, the voices and perspectives of caregivers labelled as neglectful are currently underrepresented in the literature. In addition, Rubin and Babbie (2010:41) affirm that an exploratory study allows the researchers to conduct an open, flexible investigation which adopts inductive reasoning. Rubin and Babbie (2010:42), claim that description is likely to refer to a thick examination of phenomena and their deeper meanings in qualitative studies. Holliday (2007) took a similar view when he claimed that, a thick description would go deeper into analyzing the cultural meaning of an act; providing the context for an experience; setting out the intentions and meanings that organized the experience and revealing the experience as a process. The exploratory-descriptive model is suitable for the research because, based on the experience of social work professionals, the experiences of caregivers labeled as neglectful were under-represented in that, they tend to be insufficiently guiding the practice of social work. Thus, in Chapter 4, I present and provide the narratives of the study participants' lived experiences. To meet the requirements of an exploratory-descriptive research design, the following data sampling, collection and analysis methods were employed and utilised.

3.4 Sampling strategies: purposive, availability and theoretical sampling

Participants were selected for this study using purposeful sampling, alongside availability and snowball sampling. Sampling is the choice of study subjects from their representative population, according to Durrheim and Painter (2006). The purpose of the study and the knowledge of the population being studied by the researcher (Babbie and Mouton 2001) are guided by purposeful sampling. To add, Rubin and Babbie (2011) state that purposive sampling occurs based on the researcher's judgment in relation to the purpose of their study. Availability sampling, according to Rubin and Babbie (2011), means relying on available subjects. The study was conducted within a

purposively selected local community in KwaZulu-Natal, South Africa, from which respondents were chosen based on their availability. This approach was appropriate as it involved making use of the cases at hand; that is, those related to the subject under research as they were available to the researcher and easy to reach. According to Durrheim and Painter (2006), snowball sampling is a sampling strategy built on referrals, whereby participants are asked to recommend individuals who might be willing to take part in the study, with similar characteristics to achieve the sample size. Therefore, choosing to combine purposive and availability sampling and snowball sampling strategies allowed me to collect data which were appropriate to its purpose, which was to learn about certain facets of the social world and generate new ideas that can then be used (Rossman & Rallis, 2012:5).

Criteria are created, justified and implemented in order to identify these participants (Babbie & Mouton, 2001; Leedy & Ormrod, 2005). The participants were identified using the criteria created and justified by the researcher, and such were developed to ensure maximum diversity within the sample. Firstly, the participant had to have previously received social work services from the Department of Social Development, or from a Child and Family Welfare Society. Secondly, the participant should no longer be in receipt of social work services, and interventions. Lastly, the participant's case should have been settled no more than five years prior to the study being conducted. With these criteria having been confirmed, the participants agreed to take part in the analysis/study.

Moreover, the participants chosen for the study had indicated one or more of the following: they recall having been labelled as neglectful; they recollect the kinds of criticisms that I, as a researcher, was able to link with the label of willful neglect (Miller-Perrin & Perrin, 2013); they were warned on account of alleged neglect, that their children might be removed in terms of the Children's Act (No.38 of 2005); they had their children removed on account of alleged neglect in terms of the Children's Act (No. 38 of 2005). In addition, in terms of interventions, it became evident that there was a cross-section of respondents who received services at the levels of: early intervention (non-statutory); statutory intervention/ residential/ alternative care; and reconstruction and aftercare, because the experiences of being labelled neglectful were found to have varied, depending on the type of intervention experienced. To a large extent, all of the respondents had

been serviced by Social Workers at all intervention phases, whether their children were removed from their care or not, depending their social workers' judgement. From the perspective of those children who were subject to the alleged neglect by the participants, a wide age-range was encountered – i.e. new-born to seventeen, along with a wide range of types of neglect, as identified in Chapter 2: Defining Neglect. In terms of the caregivers who were alleged to have been neglectful, the following criteria were applied. With regard to gender, this study focused on identifying predominantly female caregivers. This was for reasons of feasibility, since most caregivers were found to be female. However, one male participant gave consent and became part of the study as he also wanted his views to be heard, irrespective of gender, as he too was a primary caregiver at home and in his family. The justification for this gender addition to the study was deemed feasible and necessary by the researcher. With regard to respondent's age, the researcher decided that - as wide a range as possible for the respective respondent, to be included for participation in this study, given the years of ages between 18 and 50, as the points where they had received their interventions.

This was significant, because the experience of being labelled neglectful, the Social Worker involved, and their interventions were assumed to differ for members of different age groups, and this was explored during data collection. The study's ground-breaking approach was in giving a chance to be heard to the voices of those unheard in the community in which I originated and grew up, although I had never worked or delivered social services there before.

A preparatory interview was held with the first five respondents who had indicated willingness to take part in this research. The intention was to clearly explain to prospective research respondents the purpose of the study, the reasons why they had been approached, and also, what their participation entailed. The participants' rights, and the risks and potential benefits of participating in the study were likewise thoroughly explained to them. Informed consent forms were handed out at the end of this preparatory interview. The respondents were provided with clear explanation on what the study was about, and why their responses will be required at the end of this session. They were subsequently issued with a sample of the letters of information aligned with the informed consent forms. Thereafter, telephonic follow-up was performed with each of the respondents to set dates, times and suitable venues for the interviews. Dates were set for a second interview with each

of the respondents based on the signed consent forms received. The first six available respondents made up the sample of the study.

One male respondent, who was categorised as having willfully neglected his children and wife, was included in this number. The sixth male respondent provided interest to the study's purposive recruitment criteria, as a representative sample of gendered willful neglect. It is for this reason that the male participants understanding of what the research entailed, fit the criteria as he too was a respondent who had been labelled neglectful as classified by his social worker.

To recruit the participants, I made connections through a total of five people who referred me to friends, community members, and clients from local hair salons, and other local acquaintances they had. I then explained my sampling criteria to all of these adjoined acquaintances and provided them with my contact details. The participants were cooperative, and they demonstrated this by their willingness to ensure that the study's inquiries were addressed. I also made myself available to the local churches in the community of interest, where I presented what my research entailed and my sampling criteria for referrals of people who would possibly act as potential interest to participating in my study. I also explained the purpose of the study to the potential participants by phone calls in situations where others preferred direct individual explanations, and these were made either at their places of work by appointment or at their homes. I continued with this process until the required sample size was reached. From there, to recruit the male participant was by referral of one of the study respondents. This was made possible by the application the availability sampling approach. I followed the same sequence of explaining the study and sample criteria after the referral was made.

Section 4.1, as well as, Table 4.1 highlight the relevant information taken from the first data analysis (see Chapter 4.1). Thus, to ensure anonymity of participants, they were advised not to reveal or disclose their true identities to me. This is better presented below further in the chapter (3.6 Ethics).

3.5 Process of data collection: semi-structured individual interviews

Semi-structured individual interviews were used to collect the data for this study. According to Moser and Korstjens (2018:10) qualitative data collection methods, including observation, individual interviews and focus groups, allow researchers to develop a rich and detailed understanding of phenomena as they emerge within a specific context. This type of interview, according to Moser & Korstjens (2018), fits into the framework of qualitative research. I chose this type of interview due to the sensitivity of the research topic, and also because, this approach allows for more privacy for discussion purposes and makes it easier to maintain confidentiality for participants. Furthermore, assurance of confidentiality was important due to the sensitive nature of the topic that was researched. As suggested by Newcomer, Hatry and Wholly (2015), interviews are guided by a semi-structured interview guide with specific themes and topics prepared prior to interviews (see Appendix 3). The intention emphasized was to emphasize to the respondents that they were expected to answer the questions posed to them spontaneously and in their own words (Flick, 2011). The first contact sessions entailed speaking directly to those respondents who were willing to be part of the study. The respondents thereafter returned with signed consent forms.

In addition, one of the respondents referred the researcher to the final two participants who were willing to be part of the study. One of these was a female, whose child had not been removed by the Social Worker, and the other a male who wanted his voice to be heard when narrating his side of the story. It is worth mentioning that the researcher collected the data by means of in-depth individual interviews using semi-structured interview guides, because they are a construction site of knowledge (Marshall & Rossman, 2011). This approach to interviewing exemplifies the assumption in qualitative research that the experiences of the respondents on the phenomenon of concern will unfold as perceived by the respondent and not as interpreted by the researcher (Rossman & Marshall, 2012:177). The reason for my choice of individual interviews rather than focus group discussions was that the label neglectful is stigmatising, and it was anticipated by the researcher that, there may have been an element of shame associated with it, and those respondents who had been affected may not be comfortable, hence the one-on-one interview approach. This was however, addressed as the researcher used her background experience as a designated Social Worker to be able to identify signs of secondary victimization. This can also be reinforced by the provision of Psychologist in the local Hospitals for counselling free of charge (see Chapter 3.6:

Ethics). For this reason, one of the most important aspects of the approach taken by the interviewer was to express the perspective that the opinions of the respondents are valuable and useful (Marshall & Rossman, 2011).

My experience with this service user group is that, the privacy and confidentiality which individual interviews allow for makes it easier for respondents to open up about their experiences, perceptions, thoughts, and feelings than would be the case in a group context. My reason for utilising the semi-structured interview format was that, it allowed me to keep the interviews focused on the required topics while at the same time leaving room to discover the unexpected and uncover the unknown (May, 2002:204). Olsen (2012) affirms that the semi-structured interview schedule is centred around the concept of a prompt, open-ended and reassure the respondents that you are listening. Rossman and Rallis (2012:177) concur that the purpose of guided interviews is to elicit the participants' worldview. As initially intended, I was able to hold more than one interview with each of the respondents, primarily using the approach of open-ended questions (Seidman, 1998). The first meeting was an unrecorded session. In addition, the main aim of these interviews, as outlined above (Section 3.3), was to establish the level of trust and comfort necessary for data collection, in order to achieve the detailed and rich data required for this learning process (Rossman & Rallis, 2012:5). Following this, I identified those respondents willing to remain a part of the study, and they were requested to return for interviewing with their signed consent forms. The first interview sessions were recorded and served to explore the topics listed in Appendix 3: Semi-structured Interview Guide. More especially, going through this set of topics gave rise to a need to provide clarity to questions where respondents may have required this, prior to digging more deeply into their life stories.

All interviews are carried out in a natural, rather than controlled settings (Rossman & Rallis, 2012:139), that is a venue convenient to each respondent. Neuman (2006) asserts that interviews to gather information occur in many settings, with a view to obtaining accurate information from respondents. Allowing for the varying of these locations, ensures the comfort of respondents, although all of them ultimately preferred the interviews to be performed in their respective homes. All of the interviews were conducted in isiZulu. Since consent had been given by study respondents for interviews to be audiotaped, a digital phone recorder was used. Since data may accumulate

slowly and in a less focused inquiry, there must be provision for recording them so that their features can be retained and highlighted. Tape-recordings offer additional benefits, in that by preserving the words of respondents, researchers retain access to their original data. Audio recordings were uploaded to a computer and securely stored (Vanclay, Baines, & Taylor, 2013).

The primary method of creating text from interviews, according to Seidman (1998), is to tape-record and transcribe interviews. Each word a respondent speaks reflects his or her consciousness. By these, the respondents' thoughts become embodied in their words. The interviews were then transcribed and translated into English. As I am fluent in isiZulu, I was able to perform these translations myself. I also took notes during the interviews (Appendix 5). Where I encountered difficulties, I requested help from colleagues with expertise in interpretation and translation.

3.6 Data Analysis: Thematic Analysis

Data collection includes the creation of ideas and theories on the phenomenon being investigated in empirical data analysis (Terre Blanche & Durrheim, 2006). These scholars expect that you should already have a preliminary understanding of the meaning of your data when you come to data analysis. The selected method of data analysis was the thematic content analysis in this study, meaning that some steps had to be followed in the process of explanation (Terre Blanche, Durrheim & Kelly, 2006). Alholjailan (2012: 10) notes that thematic analysis is a form of qualitative analysis, used to evaluate classifications and present information-related themes. It explains the data in great detail and, through interpretations, deals with various subjects. The data collected from the interviews was then categorised into themes.

Themes, according to Maquire and Delahunt (2017), refer to recurring ideas or lines of thought that are found in the content being analyzed and usually appear in a specific set of data on more than one occasion. Themes were classified as per the information provided by the participants, as well as their commonalities. Major headings and subheadings were relevant to the main heading. According to Maguire and Delahunt (2017:3354), thematic content analysis comprises five steps, which were followed in this study and they were - familiarisation and immersion, coding, elaboration, inducing themes, and interpreting and checking discussed below.

3.6.1 Familiarisation and Immersion

Data analysis starts with **familiarisation and immersion** in thematic content analysis. According to Maguire and Delahunt (2017) the first step in analysis is for the researcher to become familiar with the data collected. Additionally, researchers should be able to gather in as much data as possible, and be capable of finding the information and understanding what conclusions can be drawn from it. For instance, it is in the process of data collection where I **familiarised and immersed** myself in the data collected, each time focusing on individual elements, this time working on texts (field notes, transcripts of interviews), rather than on the reality of life (lived experiences), as suggested by these authors. In this study, I also commenced with immersion through the transcription of interviews and translation, from which themes were then identified. Thus, the study has provoked certain thoughts and ideas of future topics and a good sense of which some of the participants spoke about, particularly of issues and where I would look for quotes that might be suitable.

3.6.2 Inducing themes

In the second stage of data analysis, the researcher was required to induce themes. When **inducing or searching for themes**, the researcher groups data into different or various classes and categories. In the opinion of Maguire and Delahunt, (2017:3355) **inducing themes** refers to making inferences regarding classes of data from specific instances. The scholars contend that it is important for the researcher to move beyond summarising material by categorising the language of respondents, identifying who is speaking and interrogating the language used. Considering the study's theoretical framework, this required the identification of themes by noting who is speaking, saying what, their expressions, phrasings and metaphors used by each respondent.

Maguire and Delahunt (2017) also emphasize that when developing themes, the researcher must take care, not to lose focus on the purpose of the study. Whilst following these guidelines in this study, I have always kept in mind the main objective of the analysis. It is for this reason that in keeping the main aim of the research in mind that the themes were organized in such a way, that there are neither too many, nor too few themes. I then used the words, phrases, expressions and experiences and perceptions of participants to induce themes. To better elaborate on this, I devised

a chart/table further as shown below, in which I then highlighted the themes and sub-themes (see Chapter 4, Table 4.1).

3.6.3 Coding

The third stage of data analysis is **coding** where data is analyzed theme by theme, by making difficult choices of how-to code, whether to code words or not, expressions to be used, and how to place certain paragraphs. The researcher used similar colours for phrases that were the same, sentences and paragraphs over and over again. Terre Blanche, Durrheim and Painter (2006:324) describe **coding** as the breaking up of the data analytically. This move included the coding of the data in accordance with each of the themes defined in specific ways, and the labeling of different sections of the data as instances of one or more (researcher's) themes or similar to them. The authors emphasise that researchers should never regard this process as complete, but to ensure that coding was continued until the end of the data analysis.

Again, my focus was on who is speaking, about what, and the kinds of language respondents being used to make particular points. During coding, themes were integrated and four themes were identified as shown in Table 4.1. This was done in order to generate principal themes and sub-themes relevant as presentation of the study's findings. I opted to code on printed out versions of all of the six interviews, tables, thereby highlighting interesting quotes, paragraphs and phrases. I then grouped them according to themes and separated them on different color papers. This enabled me to figure out which quotes best fit, as some were discovered more fit than one theme. These were highlighted in similar colours, labelled and codenames used to keep discreet and confidential, the real names of the respondents during the individual interviews.

3.6.4 Elaboration

The fifth stage in data analysis is **elaboration**. The purpose of elaboration is to determine if your original (possibly quite crude) coding system captures the finer nuances of meaning not captured (Terre Blanche, Durrheim and Painter, 2006). Terre Blanche et al. (2006), contend that until no further significant new insights appear, a researcher must continue coding, elaborating, and recoding. Terre Blanche, Durrheim and Painter (2006: 326) further stress that, going back to

previous steps of data analysis is not a sign of failure, but of a thorough analysis. The aim here was to take a close look at the coded topics and examine how they fit together, how they differ, and what types of sub-themes can or should be built from them (Terre Blanche et al. 2006). The outcome of this process is outlined in Table 4.3, and provided the structure for.

3.6.5 Interpretation and checking

This stage of **interpretation and checking** entails formulating interpretations, drawing on both the literature review and the study's theoretical framework. This resulted in thick descriptions of the interpreted data in context and ultimately, the data analysis required. This step also entailed checking for repetition, the making of summaries, the seeking out of contradictions, and the making of final corrections to interpretations. Terre Blanche, Durrheim and Painter (2006) emphasize that this is also a good opportunity for the researcher to think about their own role in data collection and analysis. The chapters writing shaped what Terre Blanche et al, (2006) calls the stage of perception and command. When writing these Chapters, what transpired in this process was when I gathered, compared and contrasted the many contributions made the six study participants. During this course I looked for similarities, contradictions and statements in language, placing these in context, and this I did light of answering the research questions. Member checks were also done where participants were given the first of my data analysis chapter (Appendix 6).

3.7 Ethics

The research was guided by the University of KwaZulu-Natal ethical rules and regulations. Many ethical issues required were addressed during this research. Hugman (2010:149) notes that, with reference to the ethics of Social Work research studies are not conducted simply for the sake of developing theories as an end in itself, but for the manner in which they might inform changes in practice, institutions, policies and law, however directly or indirectly. It is against this background that this study focuses the interests of the target respondents as being of central concern. In this study, ethical considerations were grounded in the moral principles of autonomy, respect for the dignity of persons, non-maleficence, beneficence and justice (Wassenaar 2006).

3.7.1 Autonomy and Respect for the dignity of persons

It was important that the **dignity of the people** involved in this research was respected throughout the study. According to Hugman (2010:152), this respect is accorded to research respondents by respecting “their capacity to be autonomous moral agents”. This principle has three main dimensions: finding expression in practices of voluntary and informed consent; the right to withdraw from a study, and the protection of both individual and institutional confidentiality (Wassenaar, 2006). As mentioned earlier, an informed consent form was drafted for study participants (see Appendix 1). The aim is to formally secure their willingness to participate in the analysis. I closely followed these instructions, the informed consent method, during the data collection process, which were readily translated into IsiZulu & English languages. Challenges arose from the power differential between myself as a professional social worker and study participants who were community members. In particular, a power differential emerged due to the age difference between myself and older study respondents, who may have felt stigmatised or ashamed.

Hugman (2010:157) states that the power differential between a researcher and prospective respondents, can create an *implicit compulsion* for prospective respondents to agree to participate, even when it is explained that they do not have to; feel scared to withdraw from the study, even when it is explained that they may do so at any time; and feel required to disclose more than they feel comfortable with, even when it is explained to them that they do not need to. In order to address this challenge, Hugman (2010:161) proposes the strategy of *iterative consent*, which he defines as “an ongoing...process of informed consent through negotiation involving all parties in the research”. This is the reason why I obtained consent from respondents which covered the interview sessions (see Section 3.3 on Sampling Strategies and Section 3.4: Process of data collection). In addition, Hugman (2010:157) stresses the importance of *reflexive checking*. To this end, I kept a reflexive diary and also made use of regular supervision in order to remain attentive to all verbal and nonverbal signs which may have communicated a respondent’s discomfort, desire to withdraw from the study, and so forth, as well as to my own responses.

The power differential between myself and prospective research participants meant that, the dimension of confidentiality also needed to be carefully considered, because breaches in

confidentiality can cause severe harm. Autonomy and respect for dignity also concern confidentiality (Wassenaar 2006), which, as per Babbie & Mouton (2001), involves safeguarding research participants' identities. Autonomy and respect for integrity is also about confidentiality (Wassenaar 2006); and which also involves preserving the identity of study participants, according to Babbie and Mouton (2001). For this reason, the challenge of confidentiality is discussed in the following section, which is concerned with the principle of non-maleficence, amongst other things.

3.7.2 Other Ethical Considerations: Non-maleficence, Beneficence, and Justice

Wassenaar (2006) contends that no harm should befall research respondents as a direct or indirect consequence of research conducted. This principle is called **non-maleficence**, and this is guaranteed to both ensuring that the researcher does no wrong, and that they cause no harm to study participants (Wassenaar, 2006). I ensured respondents confidentiality by keeping transcripts safe in a locked cabinet, and in password-protected files, to which only my supervisor and I had access. When reporting the study's findings, I used codenames for respondents, and their other significant personal and private information including their Social Workers, with regard to significant places in the community of Umlazi, and with respect to the organisations which provided the social services described. Participants are referred by numerical order of participation in the chapter of data analysis, e.g. participant 1, 2, 3 etc. In light of the participants' unheard-of perspectives and perceptions of their lived experiences in Umlazi, their demographic information was presented (Miller, 2000).

The researcher notes that the circumstances leading to being labelled as neglectful, the experience of being labelled itself, and experiencing social work interventions, including sometimes the removal of a child from one's care, are often traumatic. Therefore, participating in this study could have evoked memories of trauma and stress in respondents, potentially causing them re-traumatisation. As a Social Worker, I was trained to detect signs of such re-trauma, including re-experiencing; avoidance behaviour; numbing; distressing emotions; daily functioning impairment and physiological excitement (Staines, 2000). I arranged with a psychologist at Prince Mshiyeni Memorial Hospital (which is the public hospital servicing Umlazi) to provide further counselling support, free of charge, for those research respondents who may have required this.

With regard to the principle of **beneficence**, Wassenaar (2006:67) states that, in carrying out any research, the researcher should try to maximize the benefits that the research will bring to the respondents. Wassenaar (2006:67) maintains that, benefit finds expression in risk/benefit determinations in research ethics, where researchers and ethics committees have to weigh the relative risks of a proposed study against any benefits that the study might offer directly to the respondents or to society through acquired information. Potential risks for respondents in the study stemmed from possible breaches in confidentiality, and from the possibility of re-traumatisation in the course of the research interviews. These risks were balanced by the possibility of benefits which respondents may have experienced when they found that their perceptions were validated by being given an opportunity to explain their perspectives on being labelled neglectful.

Finally, the "justice" principle generally requires people to receive what is due to them. Justice in research requires researchers to view respondents during all stages of their analysis, with justice and equality (Wassenaar, 2006). This includes fair selection of respondents, which was assured through the strategy of purposive sampling (See Chapter 3). The language used during data collection is also relevant to the question of fairness. To this end, I consulted with prospective respondents to permit them to speak in a language they are comfortable with, which in this case, is isiZulu (see Appendix 2). Where the study's findings are validated, and were proved to have had a positive effect on respondents, leading to improved Social Worker/service user relationships, the principle of justice employed in the study became strengthened. Upon completion of the study, individual feedback was given to respondents, and a copy of the research report made available to those who were interested.

3.8 Trustworthiness

In the highly influential work of Lincoln and Guba (cited in Babbie and Mouton 2001), qualitative researchers have established another approach to clarifying the notion of objectivity, as it is manifested in qualitative research. They assert that the key criterion ...of good qualitative research is found on the notion of trustworthiness. Flick (2009:392) refers to trustworthiness as an important criterion for good qualitative research. According to Babbie and Mouton (2001:276), there are four

dimensions that are interlinked, and were applied in this study as follows: credible, transferable, reliable and confirmable.

Credibility is accomplished by ensuring compatibility between the established facts that occur in respondents' minds, and those attributed to them by a researcher (Babbie & Mouton, 2001:277). Babbie and Mouton (2001) list the following procedures to achieve credibility: prolonged engagement; persistent observation; referential adequacy; triangulation; peer review; and member checks. For this study, there was prolonged engagement with both the community of Umlazi, and at least some of the respondents. The first set of interviews were considered to be prolonged engagements. The second set of interviews simultaneously constituted what Babbie and Mouton (2001) refer to as member checks (see Appendix 6). Hence, in this was the credibility of the study enhanced. Additionally, Babbie and Mouton (2001) refer to the extent to which the results of a study can be replicated in other contexts or with other participants. As a researcher, I collected sufficiently detailed descriptions of data in context (thick descriptions), which allowed judgements to be made about the study's transferability. This judgement was also aided by the utilization of purposive sampling as expounded by Babbie and Mouton (2001). The purposeful sampling and thick explanations given in the chapter on data analysis were used in this report.

According to Babbie and Mouton (2001:278), dependability means that an investigation must provide evidence to its audience, that its results would be identical if it were to be replicated with the same or similar respondents in the same (or similar) sense. Furthermore, thick descriptions as outlined above and mentioned in the discussion of transferability, also aid in ensuring dependability. In keeping with this, researchers can also be assisted in an adequate audit trail being kept, in order to enable the auditor to determine if the conclusions, interpretations and recommendations can be traced to their sources, and if they are supported by the inquiry (Babbie and Mouton, 2001). For this study, this audit trail is appended to this dissertation and comprises the following: informed consent forms in English and IsiZulu; Semi-structured interview guide; notes taken during the interviews; and reflexive diary entries.

Lastly, confidence can be achieved by ensuring that the researcher's biases do not affect the study and that the information reflected is only from the participants (Babbie and Mouton 2001; Marshall

and Rossman 2011). According to Marshall and Rossman (2011), this is done through explications of the researcher's clearly stated decisions at the design stage. Babbie and Mouton (2001) further argued that confirmability can be guaranteed by member checks, as indicated and explained above in the credibility section. This contributed to the conformability and dependability of the study results, because together with selected interview transcripts and evidence of the data analysis process, a range of these diary entries is appended to this dissertation (see Appendix 6).

Finally, I ensured **conformability** by keeping field notes in the form of reflexive diary entries from the beginning of the study's sampling to the end of the data analysis phases. Keeping a reflexive diary (see Appendix 6 for example), and the use of regular supervision helped me reflect on my position as a student, and the role of a social worker, both of which also had its methodological impact.

3.9 Limitations of the study

According to Rossman and Rallis (2012:135), limitations set certain conditions that recognize any research's partial and tentative nature. According to Rossman and Rallis, it is salient to provide relevant solutions to emerging problems which could occur when conducting a study. Two Limitations were identified in this study. The fundamental limitation of every qualitative research is that, the findings are not easily generalizable since samples are normally purposive and not representative. The findings for this study, however, provide a clear picture of the day-to-day challenges faced by Social Workers, who are particularly involved in the issues of child neglect. Future research can seek to explore issues of child neglect with a larger population in a difference province.

The second and final limitation was that, there were times when it was difficult to manage the study's participants when they were most available, and had to accommodate them in finding times best suited to them. To address this concern, I ended up conducting the interviews during office hours at venue's/locations convenient to respondents, which meant that I had to take vacation and leave days and re-work my leave plan at work. Expenses were also incurred; for example, refreshments and other unforeseen costs, were paid for from my personal funds.

3.10 Conclusion

In concluding this chapter, it is relevant to recall the aim of the study, which was to explore how residents of a local Umlazi community who had previously received social work services and been labelled neglectful caregivers, experienced the interventions offered. The research methodology employed was the qualitative paradigm, to generate data using open-ended questions, and the use of in-depth individual interviews with six target respondents to explore and understand their perspectives after having been labelled neglectful. The context of the study, ethical considerations, and the limitations of the study were also discussed. The design of the study was intended and applied to contribute to existing research, as well as, return results which will help to inform the public, social work practitioners and other caregivers of what was felt to be salient by service users, who have voiced their lived experiences.

CHAPTER 4: PRESENTATION AND DISCUSSION OF FINDINGS CONCERNING PARTICIPANTS' UNDERSTANDING OF THE NATURE AND CAUSES OF NEGLECT IN THEIR LIVES AND INTERVENTIONS

4.1 Introduction

The purpose of this study was to get participants' understanding of the nature and causes of neglect in their lives and interventions. The themes identified from the participants' responses were guided by the interview questions. The interviews were based on four research questions. This chapter presents the findings of the study based on the response of the research participants. Data was gathered by conducting interview sessions with six participants. In this study, I have used qualitative research approach to uncover the participants understanding on the nature and causes of neglect.

Data collected in qualitative research are usually in the form of verbal records, like interview transcripts and written reports, and then evaluated, interpreted and recorded as descriptions of participants' experiences, understandings or explanations of an event. In their opinion on the role of applying interview as a means of generating required information, Dowling & Brown (2010) claim that an interview enables researchers to deeply discover complex issues as they facilitate personal engagement between researchers and participants during data generation exercise. Interviews further provide researchers an opportunity to give clarification, probe and to prompt during the process. Hence this gives an in-depth conversation on the topic concerned (Nieuwenhuis, 2007).

The analysis of data brought four interrelated themes to the fore. This chapter begins with a presentation of the demographic and basic psychosocial information provided by the six participants about themselves. Thereafter, thematic areas identified from the study are discussed in detail. As stated in Chapter 3, data for this study was collected using the semi-structured interview guide in engaging with the target research participants. The overall aim of the study was to explore how residents in the community of Umlazi, who have previously received social work services and labelled as neglectful caregivers experience the interventions offered. The following is a recap of the research questions described in section 1.4.

- How do caregivers perceive themselves and the care they been providing to the children in their home?
- What do caregivers think and feel about having been labelled as neglectful?
- How did caregivers experience their relationships with their social workers?
- How did caregivers perceive the social work interventions received?

The first section discusses the findings relating to the secondary research questions which focus on how caregivers perceive themselves, and the care they have been providing to children in their home. The second research question focuses on the caregivers' thoughts and feelings about having been labelled as neglectful. The third question focuses on how caregivers experienced their relationships with their social worker and the last research question sought to explore how caregivers perceived the social work interventions received.

4.2 Profiles of study participants

As discussed in Chapter 3, six participants participated in this study, and were selected using a combination of purposive and theoretical sampling technique. The criteria for their inclusion are set out in Chapter 3.4. Table 4.1 provides an overview of the participants and their socio-demographic information. This is inclusive of gender, educational levels reached, status of employment amongst other various criteria drawn during the interviews. This section reveals the study participants' descriptions about themselves and information given, even for a small sample size felt was worth mentioning during the individual interviews.

Table 4.1: Characteristics of the sample

Participant	Gender	Age at time of the interviews	Age at initial social work interventions	No. of children in participants care at the time of the interview	No. of children removed during social work intervention	Highest level of education	Employment status
1 Dumisile *	Female	34 years	30 years	3	1	Grade 11	Unemployed
2 Thami *	Male	40 years	39 years	3	3	Grade 12	Employed
3 Regina *	Female	28 years	26 years	2	1	Grade 12	Employed
4 Zama *	Female	21 years	19 years	2	0	Grade 10	Unemployed
5 Sizeni *	Female	39 years	35 years	4	3	Grade 11	Unemployed
6 Thobile *	Female	24 years	17 years	1	0	Grade 11	Unemployed

** Names of participants changed to protect their identity*

As shown in Table 4.1, the overall level of education of the participant's range from grade 10 to grade 12. Four of the six participants dropped out of high school, for a variety of reasons. One participant assumed the role of a mother in a child-headed household, which entailed having to look for temporary jobs and stay at home to look after the children. 50% (3) of the participants reported that they had dropped out of school because they were pregnant and had to take care of their children, without any support from their parents. Two participants, who completed matric are the only two of the six participants who were employed at the time of the interview. One of the participants worked as a Police official and the other, as a traditional doctor, reported raising his children with his spouse, under the same household, whereas the other five participants all reported to be single mothers.

For the purpose of this study, to better understand the perspectives of caregivers labelled as neglectful, it was also important to consider how the participants described themselves as persons, and what aspects of their life stories and current circumstances, they considered worth mentioning

in the interview. This in line with Andrews (2012), who observed that in social-constructionist study, participants' social positioning, and how they perceive and interpret this role, is key to understanding their view of their interactions and the acts that followed, (see Chapter 1: Theoretical Framework). Five, out of the six participants described themselves as alcoholics to an extent that, it had caused major problems in their lives necessitating social work intervention. One participant, spoke about mental health that is depression, as a contributing factor to the neglect of her child.

Of the five female participants, four reported to have been suffering some kind of abuse in their interpersonal relationships. Five of the six participants admitted to being poor and helpless. For example, one of the participants explained that, *'I feel that we are impoverished, and I have a huge responsibility to take care of these children'* and one another's description of having grown up in a home where *'there were family conflicts; even food was not shared amongst us and our children'* are typical of what participants meant, when they spoke of poverty. In this way, this study replicates what Olawale, (2009:141) observed in a study conducted in Nigeria that in the eighty percent of the neglect cases reported, poverty was a common theme (see Chapter 2: Literature Review).

An overview of the issues raised is provided in Table 4.2. Next, the themes identified are discussed.

Table 4.2 Psychosocial Issues raised by participants about themselves

Participants:	Gender:	Psychosocial information considered important by the study participants
1 – Dumisile	Female	Substance abuse, stress, poverty, unemployment
2 – Thami	Male	Substance abuse, stress, domestic violence
3 – Regina	Female	Single-parenting, depression
4 – Zama	Female	Substance abuse, single-parenting
5 – Sizeni	Female	Substance abuse, stress, unemployment, family conflicts, poverty
6 – Thobile	Female	Substance abuse, stress, single-parenting

4.3 Discussion of Themes

Four themes were identified from the perspective of the participants, and their contribution to the issue of neglect of their children. The first theme identified was *Participants' Understanding of Neglect* which was derived from what the study participants considered as neglect. The second theme is *Labels and reasons given for why participants were labelled as neglectful*. This theme comprises three sub-themes, namely *Poverty and Unemployment; Substance Abuse; Conflict between parents and Domestic Violence*. The third theme relates to the *Evaluation of social worker/client relationship*. The fourth theme is about *Social Work Interventions*. This theme comprises of the following sub-themes, *Themselves; Evaluation of process*. These themes are summarized in table 4.3 and subsequently discussed in detail thereafter.

Table 4.3 Overview of themes

Objectives:	Themes:	Sub-themes:
Objective 1	1. Participants' Understanding of Neglect	-
Objective 2	2. Labels and reasons given for why participants were labelled as neglectful	1. Poverty and Unemployment 2. Substance Abuse 3. Conflict between parents and Domestic Violence
Objective 3	3. Evaluation of social worker/client relationship	-
Objective 4	4. Evaluation of Social Work Interventions	1. Social Work Intervention and Introspection 2. Evaluation of process

With reference to the study's literature review and the theoretical framework, all four the themes identified are discussed in detail. While all the participants received interventions from Social Workers, I refer, where appropriate, to the various types of services given. and also explicated in detail, the applicable discussion, in relation to the interventions experienced by study participants. At the end of this chapter, it should be clear that there are several factors that contribute to neglect as narrated by the study participants. This was however, explained in detail, what the perceptions and experiences of caregivers labelled neglectful were, in Umlazi, whether their children were

removed or not removed from parental care. The themes are discussed in detail in following subsections.

4.4. Question 1: How do caregivers perceive themselves and the care they have been providing to the children in their home?

4.4.1 Participants' Understanding of neglect

In the preceding section, I presented socio-demographic information, including some of the key points that participants made about themselves. Some of these were linked to their understanding of the nature of neglect. Caregivers' own understanding of neglect impacts the way they are being labelled as neglectful. To this end, all participants in this study were asked to explain what they understood as neglect. In this section, I begin with the participants' understanding of the realms of neglect; followed by a discussion of the extent to which they considered their own apparent neglect as either willful, circumstantial or both. The researcher notes that while all of the six participants agreed to having acted neglectfully towards their children, this also sheds some light on some of the ways in which participants took ownership of having neglected their children.

Based on their experiences as parents and their encounters with social workers, all participants highlighted a number of areas in which neglect can occur. These ranged from specifics, like educational neglect, over more comprehensive understandings like provision for basic needs, provision of care, and being physically, emotionally and psychologically present, to understand that neglect, as Regina suggested, could amount to complete abandonment. This broad and varied understanding correlates with the literature, which defines neglect as encompassing diverse aspects of life, including provision for a child's health, schooling, emotional, developmental, nutrition, clothing, shelter, safety and safe living conditions, and also the exclusion of the child from the home and abandonment, Working Together to Safeguard Children (DCSF 2010; Children's Act No 38 of 2005; Tanner et al. 2002). More complex is the ways in which participants understood the relationship between willful and circumstantial neglect. All participants focused on this. According to one respondent, neglect is when that caregiver *does not always take care* of the child's needs, which leaves it open whether or not this is willful, circumstantial or both. Thobile also left this open when she said,

Uhhh...well I think that neglect is where you don't give full attention to anything or anyone but yourself. It turns into neglect due to the way you handle things, for me that's neglect.

Both Dumisile and Thobile, described neglect by simply stating what does or does not happen in cases of neglect, without specifying any reasons why this might be the case. Additionally, Sizeni started off by explaining the idea of neglect similarly to Dumisile and Thobile, saying that,

Neglect is when one is not present in the child physically, emotionally and psychologically. They are just there for the sake of being there. They don't take care of their children.

However, she proceeded to define neglect in a way that attributes some blame to the caregiver:

"They don't worry about how their children feel. They just don't care about them. So, most of the time the result of that is when you see your child not communicating well with you, then there is no strong bond between the child and parent (highlights added)".

While linking what she perceived as a lack of concern, with the absence of a bond between caregiver and child, she left it open as to why a bond might not have developed in the first place. Thami blamed caregivers in even stronger terms by describing neglect as a failure to take responsibility for a dependant, that is,

"The failure to care, the failure to give full support and failure to take care of the people that you are supposed to take care of".

A more in-depth explanation is provided by Regina, who also presented a strong sense of blame, linking the concept of neglect with how she abandoned her child:

"From the way that I left her at her father's doorstep and just abandoned her like that. Ok, I would say that this word neglect means the way that I acted, it showed that I did not care about my child then. That I did not care much about her. From the way that I left her at her father's doorstep

and just abandoned her like that. It really was not supposed to happen, in that I act that way. The way that I acted explains that in a way I placed her in harm. She would have been further maltreated or abused by strangers”.

Noteworthy is that, the participant presents a sense of ownership of her actions when defining neglect in a more personal way, by giving her explanation in the first person. In this respect, she differed from the other participants, who presented their definitions in the second or third person. However, in taking this ownership, Regina turned into self-blame: for example, she said that in neglecting her child, ‘I did not care’, when Thobile said that neglect is when ‘you don’t give full attention’. Similarly, Regina said that, ‘I just abandoned her like that’, while Sizeni said that, ‘They just don’t care’. Unlike the other participants, Regina’s definition reveals a sense of remorse. She furthermore mentions how her actions could have placed her child in greater danger, inclusive of secondary victimization. However, given that the other participants, too, based their understandings of neglect on their personal experience, it may well be that they also blamed themselves.

In personalizing her definition of neglect, Regina added considerable depth to the question of the kinds of reasons caregivers may have to engage in neglectful behaviour. She explained that,

“I couldn’t take care of my child and that was neglect. I saw my mistake and I couldn’t give her love, I was at fault. And in the way that I was angry, I put myself first instead of putting my child first”.

Regina used the phrases ‘I couldn’t take care’, ‘It was my mistake’, and ‘I was at fault’ in one sentence making it appear as though, she regards neglect as a combination of circumstances, which left her with little choice and the exercise of some free will, in terms of the choice which she eventually made. It appears that if she distinguishes between inability and failure, which appear, however, to be linked. She also indicated that the context of her abandoning her child was one of anger. This appears to be the emotion that made her *feel* like she had no choice, even if in hindsight, she changed her mind about this. Significantly, however, Regina does not say what the

circumstances were, that made her so angry that she could not act in any other way, then to abandon her child. In the absence of this, it still appears as though the theme of self-blame is continued. In this way, Regina's statement is similar to that of Sizeni's who noted an absence of a bond at the root of what she considers to be child neglect, but does not say what the reasons for such a lacking bond might be. As discussed in Chapter 2.1, the literature explains neglect as inclusive of both willful and circumstantial neglect. Willful neglect is referred to as to intent or deliberate acts of harm on another person, whereas circumstantial neglect can be linked to unforeseen or uncontrollable social adversities faced with (Swift, 1995; Miller-Perrin & Perrin, 2013). Both Regina and Sizeni's quote suggests that, the distinction that is found in the literature might be much less clear when considered from a caregiver's point of view.

Therefore, as per the first research question which interrogated how caregivers perceive themselves and the care they have been providing to the children in their home, participants discussed a number of realms, ranging from specific areas of neglect, to more comprehensive views, which correlate well with the literature. As far as the relationship between circumstantial and willful neglect is concerned, there was a tendency to define neglect as willful in that, all participants tended to interpret it as a blameworthy act. Nonetheless, two of the six participants indicated that, there is a relationship between circumstance and willfulness, and even if they did not elaborate on it, this relationship seems to be a complex one.

4.5 Question 2: What do caregivers think and feel about having been labelled as neglectful?

The second research question sought to get insight on what caregivers thought and felt on being labelled as neglectful. Therefore, this section explores what participants perceived as some of the underlying factors of neglect. The theme that correlated with this research question was the underlying causes of neglect, specifically in the lives of caregivers, and are presented under the labels and reasons given for why participants were labelled as neglectful. Thus, the sub-themes comprise poverty and unemployment; substance abuse; as well as conflict between parents and domestic violence.

4.5.1. Labels and reasons given for why participants were labelled as neglectful

In this section, the researcher highlighted what situations the study participants saw fit, as causes for neglect in their lived experiences during the social work interventions. For the purpose of this study, it is an illustration of participants' feelings and thoughts about the label of neglect after that had been labelled as neglectful caregivers by, their social workers. The purpose was to understand how they perceived this label and what the reasons for this label were. A national prevalence study published in 2016 estimated 12% of children as having reported neglect (Jamieson et al., 2017). All the study participants reported that their Social Workers labelled them as neglectful parents and/or caregivers. All of the six participants were reported to have felt angry, upset, and hurt when their Social Workers labelled them as neglectful caregivers and/or parents. For instance, neglect has been immensely defined at great length, where in most cases, caregivers found themselves labelled as neglectful parents when their children are concerned. According to Dumisile:

“They said that since her behaviour has changed, she was acting differently, they suspected that she was neglected”.

Regina worded this more strongly by stating:

“I was told that the act that I had committed by abandoning my daughter at her father’s house was wrongful. They also told me that it was actually an act of a case of negligence and that I could get arrested by order of the Court for acting that way”.

These accounts reveal at a great length that, the study participants had been labelled as neglectful caregivers, for similar reasons including abandonment; educational neglect; deliberate neglect; substance abuse, leading to the lack of adult supervision (DeBruin et al. 2015; Barnes et al. 2008). It is interesting to note that in a national prevalence study conducted by Jamieson et al. (2017:17), it was asserted that most of the cases reported to social services are neglect cases where the parent or caregiver is the perpetrator.

4.4.1.1 Poverty and unemployment

Poverty has been the most reported risk factor related to neglect (Slack et al., 2004). It is important to note, that five of the six participants described their living conditions as poor. This is important because as indicated earlier in this chapter, and particularly in Section 4.1, the study participants initially described themselves as poor. Here, I begin with these presentations which shed some light of the strong connection that has been formed between poverty and child neglect (Powell, 2003; Slack et al., 2004; Olawale; 2009; Makoe, Roberts & Ward, 2012; Shaughnessy, 2014), given its relevance. Based on her lived experiences, Dumisile initially reveals her living conditions were such that:

“We live on the rental payments made by the tenants. If the tenants leave, nobody eats. All of these children no longer receive social grants, and at the time my brother was the only person who was employed at home, before he was imprisoned. I too, am unemployed, the girls are now young adults and they are also unemployed”.

Drawing from this quote, Dumisile described her family’s socioeconomic circumstances as poor, and only survived on rent from tenants. She mentioned that the children no longer receive social grants, leaving out further explanation of the impact of the grants when she had been in receipt before termination. Unfortunately, since her brother’s imprisonment, they no longer had a breadwinner, beside the fact that she and the girls are unemployed. It is for this reason that such conditions were leading factors of neglect, in the case of Dumisile. She thereafter attributed her explanation about living in impoverished conditions, to unemployment with poverty and neglect by saying that:

“I feel that we are impoverished and I have a huge responsibility to take care of these children. With the stress I’m going through, I sometimes resort to alcohol and drink”.

Furthermore, she expressed the responsibility she still has, which is to ensure that basic needs are met for the family. Thus, expressed consumption of alcohol as stress relief. Like Dumisile, Sizeni presents her recollection by stating that:

“Even food was not shared equally amongst us and our children. None of us were employed. We survived on our mother’s old age pension grant”.

This quote allows for a few interpretations. Noteworthy, is Sizeni’s presentation of the conflict in her family. This is insightful, because of its similarity to the conditions presented by Dumisile. Sizeni revealed that she was from a family where no one was employed.

The study conducted by Slack et al., (2004), focused on determining the characteristics of the established strong association between poverty and child neglect. The findings revealed that, poverty indicators (like perceived material distress and unusual employment and parental attributes, such as low parental warmth, physical discipline, and a child's ability to watch television regularly) indicate child neglect. Both Dumisile and Sizeni’s quotes suggest what is found in the literature, exemplary of their socioeconomic conditions in parenthood.

Poverty coincides with circumstantial and willful neglect. They coincide in many cases, and there are reasons why they do. The narratives given by the study participants illustrate an association between poverty, unemployment and child neglect, as predictors of neglect in their life experiences in parenthood (Powell, 2003; Makoae, Roberts & Ward, 2012; Shaughnessy, 2014). There seems to be a number of factors linked to neglect, which for the purpose of this paper, must be known. Below, I discuss the impact and influence of substance abuse in the study participants’ accounts of parenthood as a predictor of child neglect.

4.4.1.2 Substance abuse

The impact of substance abuse on children was found to be devastating. This path is considered a destructive one for those parents and caregivers who take it, because of its impact on the family system and parent-child relationship (Widom & Hiller-Sturmhofel, 2001; Dawe, 2008). For the purpose of this study, substance abuse is presented through study participants’ accounts of their parenthood. This is important because it will shed some light of how the influence of substance abuse in parenting, impacts the parent-child relationship, as well as, how it is a risk factor of neglect. I begin by presenting substance abuse as one of the factors of child neglect with the

increased likelihood of this occurrence, emphasized by Thami, who presented his substance abuse engagement by stating that:

“Alcohol is the main thing that causes neglect. Because when you are intoxicated or under the influence of alcohol, you tend to listen to your alcoholic state of mind which tells you that everything you do is correct. Yet you are not in your full senses when drunk”.

It is apparent that in his quote, Thami did not mention himself as being responsible for such action. However, he distinctly states that alcohol is the main causal factor of neglect. On the contrary, Thami recollected, that:

“However, when my friends and I got together, we consumed alcohol occasionally. To an extent where you couldn’t tell that I was drinking alcohol, people around me were not aware that I occasionally drank. Until this time where my alcohol abuse grew each time”.

Thami highlights how his drinking became excessive and noticeable by those surrounding him. His statement illustrates owning his actions. During the interviews, Thami mentioned how he lost out on his duties, as a father to his children, as he failed to academically support them. It is imperative to note that indeed, ‘the cycle of trauma that accompanies substance abuse affects children’s daily lives, especially when parents’ behaviours are interfered with’ (Shoncoff and Meisels; 2009:61; Matthews 2010; Mulder et al. 2018). This usually occurred when he consumed alcohol, thus resulting in absentmindedness, with the implication that his parenting duties and parenting capacities became impaired. Studies have proven that ‘capacity to provide sufficient care and protection for young children is impaired when a parent is intoxicated’ (Dawe et al., 2008:2).

Sizeni gives a background story highlighting what problems she had been faced with at home and her surroundings at the time thus:

“Because at home my mother is elderly and really old to be able to help me. And I have two sisters who don’t care about me. I then saw

my life, coming to an end! At that time, the father of my children, was no longer in my life, we had so many problems”.

In this account Sizeni’s family conflicts compounded her problems. Sizeni disclosed that drinking, was a way of lowering her stress levels. Widom and Hiller-Sturmhofel (2001: 54) reveal that this condition accounts serves as ‘a mechanism to cope with’ the amount of issues to deal with. In this respect, she stated that:

“So, to me the solution was to consume alcohol and it helped my stress levels to go down. I felt much better and forgot my troubles and the pain I was feeling”.

Interesting to note, is how Sizeni felt when she consumed alcohol, stating that the pain she felt went away and forgot her problems for that said time when intoxicated. Scholars contend that these accounts may be seen as ‘self-medication, in an attempt to gain control over the experience’ she had been undergoing (Widom & Hiller-Sturmhofel, 2001: 54).

While linking what she observed, Zama expressed herself by saying that:

“But then it progressed from light drug usage, where I went from weed to cocaine. And then the parties became more frequent. I used to leave my child and go to the boyfriend who had the weed or the boyfriend who had the drinks and cocaine. So, I used to leave my child in attendance with the neighbours, for days and/or weeks”.

In this respect, she differed from the other participants, because, she managed to report that she indeed left her child unsupervised (DeBruin et al., 2015). Zama’s inability to provide for her child illustrates ‘a form of self-destructive behaviour’, induced by substance abuse thus resulting in her relapsing (Widom & Hiller-Sturmhofel, 2001: 54). Established in a study titled; a qualitative study exploring mothers’ perceptions of child neglect, conducted by Bundy-Fazioli and De Long-Hamilton (2013), is the fact that substance abuse is one of other risk factors associated with neglect (Newmann & Sallmann, 2004; Bundy-Fazioli & De Long-Hamilton, 2013). It is therefore imperative to note that parental intoxication affects the sensitivity and responsiveness of the emotional needs of a child, and this relates to the case with Thami, Sizeni and Zama (Dawe, Harnet

& Frye, 2008:2). Subsequently, what is interesting is that, for five of the six participants, alcohol seems to be the main factor which links them to the issue of neglect in their lives. This finding as presented, reinforces the position of Pinson-Millburn et al., (1996:550), who argue that the inability of parents to provide care, is because of their serious drug and/or alcohol abuse problems.

Studies have also indicated that substance and alcohol abuse impair(s) parenting abilities, (Pinson-Millburn et al., 1996; Dawe et al., 2008; Shoncoff & Meisels, 2009). In addition, the results of the study conducted by Mulder et al, 2018, offers a meta-analytical review of risk factors associated with child neglect. Studies have also revealed that parental characteristics were the strongest risk factors of child neglect (Mulder et al., 2018; Dawe et al., 2008). This finding from a South African context, is illustrative of the fact that, for the most, young people abuse substances. The next paragraph below discusses conflict between parents and domestic violence.

4.4.1.3 Conflict between parents and Domestic violence

Another sub-theme identified as a cause of neglect from the participants' point of view was conflict between parents and domestic violence. These conflicts manifest in many forms' (Digman & Soan, 2008:16). Four, out of the six participants, reported that conflict between parents, is a causal factor of neglect in their parenthood experiences. Thami explained his perceptual narrative of how conflict between parents and domestic violence are a risk factor of neglect, by stating that:

"I think that neglect is sometimes caused firstly by fighting in relationships, because it starts with two people. And then the one neglects the other with or without a purpose. Sometimes you do it directly or indirectly".

Here, Thami further disclosed and maintained that fighting in relationships is a cause of neglect. And that this may be witnessed in conflict in interpersonal relationships. Such disputes are enough to break good communication. Thami recollects that:

"Another thing that causes neglect is not working together and not co-operating with one another. You may feel alone, and that when you do things, you also automatically withdraw yourself from the next person. Then they are neglected unknowingly".

This quote by Thami, opines that conflict between parents is effective because, it may hinder children's development. It is for this reason, that this lack of communication between parents provokes stress and further conflict, if not resolved. Regina provides a more in-depth explanation by stating that:

“I think, for instance, like in my case, it was due to or caused by the lack of communication between my child's father and I. Since, there was a lack of communication between us as parents”.

Noteworthy in the conflict between parents and domestic violence, is that Regina personalizes her explanation by presenting herself in the first person, and places emphasis on the lack of communication that occurred between her and the father of the child, prior to social work interventions. Regina presents her explanation as a reflection from the conflict experienced, as a reason enough to neglect her child. This account expressed by Regina reveals a common understanding for both Thami and Regina. On the other hand, Thami reveals his encounter involving domestic violence in his home by saying:

“I even ended up beating up my wife, especially on days where I felt dissatisfied and unanswered by my wife. It would be in the mornings where I would be told that I had beaten up my wife the previous night (s) out of arguments and fights”.

In many cases, domestic violence is overwhelmingly directed at mothers (Sternberg et al., 1993; Digman & Soan, 2008; Ogbonnaya, 2015). This situation is fitting of the findings from the studies conducted, as Thami directed spouse abuse at his wife, even in the presence of their children. The occurrence of domestic violence and child maltreatment, may lead to the involvement of Child Protective Services (Sternberg et al., 1993; Ogbonnaya, 2015). More importantly, literature reveals Ogbannaya's (2015), emphasis to the effect that children exposed to domestic violence, are at risk of child maltreatment.

This was while Zama expressed herself in an alarming tone, thus:

“The guy gets angry and starts slapping me and I slapped him back. And then he starts beating me up to a point where he says if I don't come out of here, I will drag you out by your hair, put you in a taxi and make you go

home now, because everyone is looking for you at home. And then he carries on beating me and once he was done beating me up, he told me to get dressed and that we were leaving”.

To this end, Zama started telling her story of how she was physically beaten by one of her boyfriends at the time she was consumed by stress, abusing substances when out with friends. In her quote Zama, did not elaborate how she felt at this moment and what went on in her mind.

In regard to the second research question, I tried to get insight into what caregivers thought and felt, on being labelled neglectful. The label, neglectful caregivers awarded by Social Workers to their clients, suggests a sense of control used by social work practitioners. In other words, this means that the study participants felt that their Social Workers only cared about the implementation of social work interventions. In addition, power differentials were identified when explicating the study's findings. Thus, the psycho-social causes of neglect were an addition, which highlighted that poverty and unemployment, coincided with circumstantial and willful neglect, whereas, parental intoxication on drugs negatively affected children's emotional needs and development. To this end, four out of the six participants reported conflict between parents and domestic violence, as risk factors predictive of neglect, in their lives. Thami strongly, expressed his involvement in conflict between parents, which he felt was evident by two parties, who no longer see-eye-to eye. Interestingly, Regina also personalized her descriptive explanation of her experience, as the lack of communication between two parents, which does not work in the favor of a child. Nonetheless, Zama and Thami shared their experiences of domestic violence in their interpersonal relationships. This illustrates a notion that conflict between parents and domestic violence is associated with child neglect (Sternberg et al., 1993; Newmann & Sallmann, 2004; Digman and Soan 2008; Bundy-Fazioli & Hamilton, 2013). The next paragraph presents how the participants responded to the third research question.

4.6 Question 3: How did caregivers experience their relationships with their social workers?

More often, Social Workers are expected to intervene when cases are reported at a non-statutory level. The relationship with Social Workers starts, when cases are reported at a non-statutory level. Non-statutory levels refer to initial investigation of home circumstances in families. Social work

interventions are guided by mandatory laws, approaches, and legislature which clearly illustrate how designated social work practitioners must act, when reports of any form of abuse and neglect are received in respect of children found needing of care and protection (Jennisen, 2018). Social Workers are appointed to act as designated Social Workers, obliged to follow guidelines and interventions, especially in instances when dealing with child protection and statutory interventions (Jennisen et al., 2017; Jennisen, 2018). According to the Department of Social Development: IGMSS (2012:40), certain tasks in the Children's Act No 38 of 2005 can only be fulfilled by authorized Social Workers, that is, child protection and statutory services. Sewpaul, (2001:573) 'asserted that there were elements pinpointed by the National Committee on Child Abuse and Neglect (NCCAN), as integral to the National Strategy on Child Abuse and Neglect which were: research, clarify duties of government and non-government structures; resources and co-ordination of all components of the child protection approaches; reporting and data collection; standardized management protocols; advocacy, policy development and legal reform; and monitoring (September & Loffell, 1998).

Nevertheless, the best interests of the child are taken into account, and remain paramount (Children's Act, 2005). This study entails one of two instances; namely threatening to remove a child(ren) in cases of alleged neglect and two, removal of a child(ren) in accordance with child neglect allegations and/or abuse made against the parent or caregiver. These interventions were discussed in detail, in Chapter 2 of this project. However, study parents and caregivers were given the opportunity to share their lived experiences, after being labelled by their previous Social Workers as neglectful caregivers towards their children. In some cases, participants were notified, either in the early stages of their children's removal to alternative care (with relatives) or, when children were already placed in temporary safe care at child and youth care centres (DSD: IGMSS, 2012; Children's Act No 38 of 2005).

4.6.1 Evaluation of social worker/client relationship

During the interviews, the participants evaluated their relationships with their Social Workers. This was identified as the third theme that emanated from the interview with the participants. The participants reported various views in relation to their relationship with their Social Workers. Subsequently, each of their responses consists of how they described the relationship that they had

with the Social Worker during the process and/or duration of implemented social work interventions. According to Thami:

“There was nothing about me. So, I felt that because I caused this whole situation and problems that had emerged; I guessed that I needed to get myself help. But there was nothing that involved helping me, in fact I was formally told”.

Thami reported that, he observed the Social Worker to have failed to pinpoint the root causes of the emerging family problems they had. Jamieson et al., (2017:43) contend that the approaches utilized were not effective, and therefore suggested that Social Workers are not keeping up to date with developments in theory and practice. The participants stated that the only good thing about their non-existent relationship was how he was able to pick himself up, and get self-help in order to restore his family back together. The participants further mentioned that their relationship was based on dictatorship, by the Social Worker. He explained that he was just told and nothing further was discussed with him. This can be viewed as the use of control and power-differentials by the Social Worker. This suggests that Thami may have felt controlled by the Social Worker, who as he explained, was dictatorial in the service delivery approach.

As indicated at the beginning of this subsection, the third research question aimed at discovering caregivers' experience in their relationships with their Social Workers during the process, and the study noted that the study participants had varying thoughts of their social worker-client relationships. Regina felt that their relationship with the Social Worker was based on procedures the social worker had to follow or abide by, which the participant mentioned, she didn't understand. Moreover, Dumisile, Sizeni and Thobile reported that their relationship with their Social Worker was a relationship based on respect. Whilst Zama disclosed that their relationship with her Social Worker resembled that of a mother and daughter relationship. Thus, built on trust, she respected the manner of approach used by the Social Worker.

The next subsection addresses the research question four.

4.7 Question 4: How did caregivers perceive the social work interventions received?

The fourth and final research question sought to get insight on how caregivers perceived the social work interventions received. Social work evaluations came across as misunderstood by the participants, especially after their children were in receipt of these interventions at most, under statutory services. The sub-themes identified here included how the participants perceive the interventions individually and also the evaluation process.

4.7.1 Social Work Intervention and Introspection

This sub-section looks at how the study participants perceived and evaluated social work interventions in relation to themselves. Each of the participants had a variety of experiences that emerged in the end which they discussed. Dumisile mentioned that the social work interventions were ineffective for the child, and also for her as an individual. Jamieson et al., (2017:43) suggest that ‘limited availability of the therapeutic services in South Africa and findings from previous research indicate that very few children access therapeutic services’. This suggests that there may have not been any records, nor any paper trail, depicting that the child received therapeutic services aside of counselling rendered by Social Workers. Thami reported that he used the situation to his advantage. He reported that although the Social Worker dictated to him what the interventions she would apply, he used that manner of approach he disapproved to his advantage and changed his life around (Richter & Morrell, 2006).

Thamie stated that:

“I quit alcohol since I was irritated about the way the matter was handled. I had to assist myself for the sake of my kids returning back to me. Sometimes being in difficult situations work in your favor, like it did in my case”.

Sizeni expressed herself by stating that:

“Being guided and helped to get my life back in order. My attitude changed I was more positive and decided to detox and attend the support group meetings/sessions”.

In concluding this subsection, Regina expressed herself by reporting that because of the social work interventions, as an outcome, she has learnt how to problem-solve, and that she and the father

of her child communicate better, in remembering to place their child first. With such ineffective social services, Dumisile seemed to have been left with a child with behaviour problems who doesn't listen to her, and who does not know how to deal with the matter since the social worker has left. The effectiveness of the child's mental state was clearly not followed upon, resulting in the description given by the participant as a caregiver remaining with the child. Interestingly, the participant stated that the stress becomes too much, and in order to deal with it she consumes alcohol. During the interviews, Zama highlighted that as an outcome from the social work interviews, she learned how to love once again. She reported that through everything that transpired, she is more willing to turn her life around and was on the road to rehabilitation. Whereas Thobile mentioned that she has learnt how to deal better with situations faced with in life, and that she no longer drinks. The evaluation of the process is discussed below.

4.7.2 Evaluation of process

This section discusses the evaluation of the process, and highlights how the study participants evaluated the holistic process, from the social work interventions implemented by the social worker(s). This entails that the participant's assessments were of the developments of the cases, and their feelings of how effective or ineffective the services rendered. During the interviews one of the participants, Dumisile, revealed that the process in relation to counselling and therapy in respect of the child, was not properly rendered and was ineffective. A study conducted by Jamieson et al., (2017:43) asserts that when services are provided, the focus is mainly on debriefing, as a form of trauma counselling, with limited effect. Dumisile had the following comments to say on the evaluation:

"I feel that the child did not receive proper counselling and therapy, because if she had it would have made an impact in her life and to her behaviour".

Thami stated that she was:

"Very angry, honestly because I will assume that the responsibility of the social worker is to firstly, calm the situation. It is to make sure the two parties come together and resolve their issues. Well, I think that the only thing the social worker did was

she told me what she was about to do. She didn't tell me that we had to meet".

Four, out of the six participants reported that they felt that the process helped them. They mentioned that the process had assisted them in resolving family conflicts. Whilst the two participants reported that the social work interventions, as a process, helped her deal with her emotions. On the contrary, one of the six participants, Thami reported that the process was dictated to him. He also reported that the process was biased, as it was directed towards assisting his children and wife. The participant further mentioned that the interventions did not calm down the situation nor resolve the root causes.

4.8 Conclusion

September (2006:69) asserts that, it is mandatory to provide child protection services to children, individuals and families identified as child abuse, neglect and exploitation of children. In terms of the descriptions of social work interventions by the study's participants, a basket of services was revealed at the levels of interventions, and interventions rendered by their social workers at the time of their cases were active. To name a few, counselling, family reunification and aftercare services were received by participants. As asserted by the Department of Social Development: IGMSS (2012:22) 'the intervention's stages discussed were inclusive of prevention and early intervention services, pre-statutory services, court preparations, statutory services and aftercare services.'

The study conducted by Jamieson et al., (2017) revealed that one in five cases was reported by the child. Whereas, 34 cases (16%), were reported by professionals who have a legal obligation in terms of the Children's Act. Nevertheless, in the majority of cases were reported by individuals (84%) of which most were close family members, (Jamieson et al., 2017:21). If the findings of the study conducted by Jamieson, et al, is applied the current study, the following claims can be made. Findings from this study revealed that for two, out of the six participants, Dumisile and Thami, neglect was reported to the Social Worker, by the children's school teachers and principal. This happened, after noticing that the children's behaviours and school performances had been

deteriorating. Noticeably, with two out of the six participant's cases of reported neglect, Zama and Thobile, were reported by the alleged perpetrator-mothers (children's grandmothers) and concerned community members. In one case of one of the participants, Regina, the child's biological father, reported a case of abandonment by the child's biological mother to the Social Worker. Consequently, it is relevant to state that according to the prevalence study by Jamieson et al. (2017:21), fathers and grandmothers were more likely to report cases of neglect. Nevertheless, one participant's case of deliberate neglect, Sizeni, was reported by her family members and concerned community members after having left the children unsupervised to consume alcohol in the local taverns.

In relation to the study's findings regarding the participants' evaluations of the social work interventions, it was found out that, the views of two participants, Dumisile and Thami, presented conflicted feelings of the success of the process. The conflicted feelings determined by the study's participants suggests that, there was a use of control by the Social Workers, as well as, power-differentials in their cases. This is contrary to the position of the other four participants whose overall evaluations noted that the interventions were helpful. This shows that the interventions by social workers should improve to accommodate all family members.

CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The findings presented in chapter four, are discussed in this chapter together with conclusions and recommendations for the study. It will be recalled that the main objective of this research *was* to explore how residents in the community of Umlazi, who have previously received social work services and labelled as neglectful caregivers experience the interventions offered. In addition, the findings were discussed in relation to the four research objectives. In Section 5.2 *Discussion of the study's findings in relation to the research questions is done*. In Section 5.3 *conclusion of the study is discussed*, in regards to the perspectives of caregivers who have been labelled as neglectful, which have been underrepresented in that they seem to insufficiently inform social work practice. In addition, the extent to which the research was able to fill the gaps that existed hitherto, in social work literature and caregivers' perceptions of the neglectful label, and how they were introduced to the social work interventions for which they had prior received is discussed. This last section of this chapter lays out a summary of the study findings; the conclusive remarks in respect of the study findings; research recommendations regarding the study, the practice and suggestion for further research.

A recap of the research objectives is as outlined below:

1. To explore how caregivers perceive themselves and the care they have been providing to children in their home;
2. To explore the caregivers' thoughts and feelings about having been labelled as neglectful;
3. To explore how caregivers experienced their relationships with their social worker; and
4. To explore how caregivers perceived the social work interventions received.

5.2 Discussion

To correlate the findings to the literature and conceptual framework, one can deduce that social workers experience challenges when dealing with caregivers.

In the implementation of child maltreatment prevention services, especially at primary prevention level, the findings showed that the participants felt that the few available social workers cared

about implementing social work interventions, rather than how the label felt for themselves. This correlates with the position of Amukwele (2017) where the study found out that the Social Workers had high caseloads yet they were few in number.

The study also found out that only two of the respondents were gainfully employed, managing to provide for their children's basic needs. However, this seemed to not be enough sustenance for themselves nor adequate provision for their children and families. This correlates with Yamin and Knight's (2015) study on caregivers and community members' views about the impacts of maternal mortality on families in KwaZulu-Natal, South Africa. The study found that children were mainly taken care of by women in the family. The financial burden on care and basic necessities of children was met by government grants and sometimes family support. Therefore, it is necessary to ensure social protection and community support for remaining children and families (Knight & Yamin, 2015).

A study by Sesane and Geyer (2017) suggested that Social Workers need to be involved in developing policies and legislation that respond to the needs and rights of people living with HIV, among others. This correlates to the findings of this study, where social work processes were misunderstood by the participants, especially after their children were in receipt of these interventions at most, under statutory services. In addition, one of the legislations which necessitates social workers input, is the specific definition for child neglect and implementation through the Department of Social Development. (Sesane & Geyer, 2017).

5.2.1 Summary of findings

As discussed in Chapter 3, in-depth individual interviews were conducted using semi-structured interview guides, with a sample of six respondents, five females and 1 male, from a selected local community, in Umlazi, KwaZulu-Natal. This group of respondents was targeted in order to ascertain their views and an understanding of the label of neglect. The data was analysed using thematic content analysis, and the findings were presented in Chapter 4. Identified were four themes and five sub-themes, in alignment with four research questions.

1. The first research objective was to explore how caregivers perceive themselves, and the care they have been providing to children in their homes. The findings in this section showed that only two of the respondents were gainfully employed, managing to provide for their children's basic needs, however this seemed not be enough sustenance for themselves and nor adequate provision for their children and families. The findings also showed that, in contrast, four of the six respondents were high school drop outs, hence, could not secure financial stability for themselves. Thus, this contributed to the evaluation made by their Social Workers' lack thereof, and the care for their children, as insufficient, thereby permitting introduction to social work interventions.
2. The second objective of this study was to explore the caregivers' thoughts and feelings about having been labelled as neglectful. Participants' responses to this notion were discussed in Section 4.4. All the study participants reported that their Social Workers labelled them as neglectful parents and/or caregivers. Furthermore, it was revealed that all of the six participants reported to have felt angry, upset, and hurt when their Social Workers labelled them as neglectful caregivers and/or parents. The findings also showed that the participants felt that their Social Workers cared about implementing social work interventions, rather than how the labelled neglectful parents/caregivers felt for themselves. As revealed in Section 4.5.1, findings from the study showed that one of the study participants felt that their Social Worker was inconsiderate, and dictated what the social work interventions entailed. The control element was noticed when three participants felt that their Social Workers were doing what they were prescribed to do when having dealt with their cases.
3. The study's third objective was to explore how caregivers experienced their relationships with their Social Worker. In Section 4.5.1 it was found that the participants had various views in relation to their relationship with their Social Workers. The study noted that each of the participants' responses consist of how they described the relationship that they had with their Social Worker during the process and/or duration of implemented social work interventions. Importantly, one of the participants reported that the relationship between her and her Social Worker was simply fine, the participant however faulted the therapeutic services rendered and approaches utilized and classified them as ineffective. However, one other participant strongly

felt that their relationship with his social worker was dictatorial. The participant further expressed that this was as a result of the Social Worker failing to pinpoint the root causes of the emerged family problems they had. Following this, the findings revealed that the three participants described their Social Workers' relationships as based on respect and further expressed that their Social Worker relationships were based on procedure. The researcher notes that given the findings in respect to Objective 2, caregivers' thoughts and feelings about having been labelled as neglectful caregivers, suggest that, because they had different views, Social Workers were presented as controlling.

4. The fourth and final objective was to explore how caregivers perceived the social work interventions was received. In Section 4.6, it was revealed from the findings that the social work processed, were misunderstood by the participants, especially after their children were in receipt of these interventions under statutory services. It was also revealed that the participants did not understand the interventions implemented by their Social Workers. Furthermore, what was gathered from the findings were power-differentials between Social Workers and participants (as service users during social work interventions). Interestingly, one of the participants reported that the social work interventions as ineffective. Findings also showed that one other participant felt that social work interventions were based on dictatorship, and control method used by their social worker. Altogether, four of the participants felt that the social work interventions positively impacted the lives of their children, that is, regarding their children development, and this also positively impacted their lives as caregivers towards self-empowerment and the betterment of child-rearing as part of child neglect prevalence. Findings revealed that all of the six participants felt that their Social Workers used some form of dictatorial power over them especially, by their emphasizing that such interventions were in the best interest of their children to grow up in conducive environments.

5.2.2 Question 1: How do caregivers perceive themselves and the care they been providing to the children in their home?

Theme 1, illustrated that caregivers' own understanding of neglect, impacts the way they are being labelled as neglectful. As shown in the findings, and based on their experiences as parents and their encounters with Social Workers, all participants highlighted a number of areas in which neglect can occur. These ranged *from* responses such as educational neglect, *to* more

comprehensive understandings like provision for basic needs, provision of care, and being physically, emotionally and psychologically present, as raised by to the understanding that neglect could amount to complete abandonment. Thus, when asked to define neglect, participants discussed a number of realms, ranging from specific areas of neglect to more comprehensive views, which correlates well with the literature. Nonetheless, two of the six participants indicated that there is a relationship between circumstance and willfulness, and even if they did not elaborate on it, this relationship appeared to be a complex one.

5.2.3 Question 2: What do caregivers think and feel about having been labelled as neglectful?

Section 4.4.1, uncovered participants' feelings and thoughts about the label of neglect, after they had been labelled as neglectful caregivers by their Social Workers. The findings from the study revealed that, all of the six participants reported to have felt angry, upset, and hurt when their Social Workers labelled them as neglectful caregivers and/or parents. As was shown in Section 4.6.2, it will be recalled that the participants felt controlled by their Social Workers. Here, again it will be mentioned that participants were powerless during the implemented interventions in that they could not advocate for themselves. They had to adhere to the Social Worker interventions and processes, at the time of service delivery with their Social Workers.

The findings in Section 4.4.1.1, theme 2, showed that poverty and unemployment are the most noted risk factors associated with neglect. What was revealed here, was that five of the six participants described their living conditions as poor. More importantly, because this was in reference with what was discussed in Section 4.4.1.1, the study participants had initially admitted to being poor. Here, it was discovered that poverty coincided with the conditions of circumstantial and willful neglect (see Chapter 2). The study's findings also revealed that in Section 4.4.1.1, only two of the study participants were gainfully employed, while one was a Police Officer, the other was a Traditional Healer. The findings also showed that four of the six participants were unemployed, and all of them had incidences that described them as poor. Such reasons included, dropping out of school, child-headed households, unexpected deaths in the family, amongst other reasons, that were reported by the participants as having led to neglect in their life stories.

The findings in Section 4.4.1.3, revealed that four out of the six participants reported that conflict between parents was a causal factor of neglect in their parenthood experiences. The findings revealed further that the study participants emphasized that conflict between parents hindered children's development. The findings illustrated that in the lives of the study participants', a lack of communication between parents was enough to create conflict between parents, and misunderstandings. Findings revealed that there was also a lack of communication between parents, of one out of the six participants which caused or led to domestic violence, whilst under the influence of alcohol. It will be noted that, as was discussed in this sub-section that, only the male participant was involved in a case of domestic abuse (spouse abuse). Furthermore, findings showed that one of the six participant's was involved in domestic violence, that had brewed in her interpersonal relationship.

5.2.4 Question 3: How did caregivers experience their relationships with their social workers?

The findings in section 4.5 revealed that all of the six study participants mentioned that their situations or encounters for meeting their Social Workers differed. The study findings revealed that some of the participants were introduced to the Social Worker under unfavorable events and circumstances. For instance, findings revealed that target respondents met their Social Workers at work, at home, and sometimes, at the school's attended by the participants' children, and even at the Social Workers offices. It was discovered from the study's findings that two out of the six participants, met their Social Workers through community referrals (referred by concerned community members to engage with their Social Workers regarding their children's well-being. Also revealed from the findings were the causes of neglect, which the participants enlisted, and these include alcohol abuse, lack of supervision, abandonment, poverty and unemployment, stress in their lives.

In Section 4.5.1, the participants evaluated their Social Worker /client relationships, as based on procedure for one participant. While three participants based their Social Worker /client relationship on respect, one participant based it dictatorship, and the other based it on a mother and daughter relationship. As highlighted above, social work interventions were misunderstood by caregivers. Therefore, the label itself inflicted conflicted feelings for participants.

5.2.5 Question 4: How did caregivers perceive the social work interventions received?

The findings in this section revealed that Social Workers were appointed to act and designated so, and are obliged to follow guidelines and interventions especially in instances when dealing with child protection and statutory interventions. The findings also showed that social work interventions were misunderstood by all six study participants. This meant that, the study participants saw their social workers as controlling, and not providing their services with human face.

The fourth theme which revealed study participants' evaluations of the social work interventions, is discussed in detail in 4.6.2. As was presented in Section 4.6.1, social work services received by the study participants were also misunderstood. The study's findings illustrated, that some children were referred for counselling and therapeutic services but, there were no records of attendance, or progress reports on the child's progress. Discovered from the findings was that, two participants evaluated the social work interventions as ineffective. Furthermore, findings revealed that four, out of the six participants, rated the interventions as beneficial to their children's development.

Section 4.6.1, looked at how the study participants perceived and evaluated social work interventions in relation to themselves. Findings revealed that one participant felt that the social work interventions, had no psychological benefit. The study's findings revealed that, one participant used the interventions to his advantage, and therefore reported admitted that the interventions were rendered by his Social Worker specifically for his needs. The findings from the study also revealed that four of the participants, benefitted from the social work interventions, as the services for them, were helpful individually. For instance, two participants attended parenting programmes, which for them, was a form of self-empowerment, and the other learnt how to problem-solve. In Section 4.6.2, while two participants responded that the process was ineffective, four participants agreed that the process as helpful.

Given the experience gathered by this study, it is arguable that Social Workers and social work practice in South Africa still has a long way to go. Consequently, whereas the research revealed the problems and main causes of neglect are in practice and as experienced by the participants

themselves, it can be concluded that their social workers did not hear the perspectives of caregivers. The following section provides recommendations against the background of these conclusions.

5.3 Conclusions

This researcher concludes the study by returning to the study's problem statement which stated that, based on the practitioner's experience in the field of social work, the perspectives of caregivers who have been labelled as neglectful, have been underrepresented, in that they seem to insufficiently inform social work practice. Furthermore, the problem of child neglect seems complex in terms of causes, forms, and required interventions, as well as, in the social work field. However, there have been few cases where preventive and ameliorative interventions with caregivers labelled as neglectful, may have been successful. This situation can be considered to be a problem. Therefore, it is suggested that there is a need to explore existing interventions in local practice with a view to making recommendations, towards social work practice. Against the background already given, this exploration was guided by the perspective of the caregivers towards whom social work interventions were directed.

As discussed in Sections 5.1 and 5.2, the study managed to bring out the caregivers' perspectives after being labelled neglectful caregivers by their Social Workers. In all of the sections in Chapter 4, I managed to illustrate a profile of the study participants' socio-demographic information. The importance of caregivers understanding social work interventions, without feeling over-powered or controlled, could be facilitated in awareness campaigns and family preservation services, as well as, empowering programmes to reach the community at large. Following this, was a discussion of the themes revealed from the in-depth individual interviews conducted through, a semi-structured individual interview guide, with a sample of six study participants carefully selected. Although social work interventions are implemented by designated Social Workers, the profession rendered itself questionable to caregivers and/or parents labelled neglectful, by their social workers.

In this regard, it will be recalled that the study had revealed the following: Section 4.2 illustrated a profile of the study participants, which highlighted and provided an overview of the participants, and their socio-demographic information. This was inclusive of gender; educational levels

reached; status of employment amongst other various criteria drawn during the interviews. This section revealed the study participants' descriptions about themselves and information given, and even for a small sample size, worth mentioning during the individual interviews. Five out of the six participants described themselves as drinking alcohol to an extent that, it caused major problems in their lives, thereby making the need for social work intervention inevitable. Whilst, one of the study participants revealed a disposition to depression and stress, of the five female participants, four reported to have suffered some kind of abuse in their interpersonal relationships. Five of the six participants admitted to being poor.

5.4 Recommendations

The following suggestions are b made on the basis of the results and conclusions of the study:

Recommendations for the study

- A national response is needed to address the issue of child neglect and the impact of neglect in South Africa. This is because child neglect has been on the rise as a result of family psychological and social challenges.
- The South African government, through the Department of Social Development needs to develop definitions specifically for child neglect. This is to assist social service practitioners (as stated in Section 110 of the Children's Act No. 38 of 2005), to be able to better understand the phenomenon at hand, clearly and accurately.

Recommendations for practice

- More Social Workers should be deployed in communities to reach individuals, children and families to address child neglect in society at large. This is to increase awareness campaigns on child neglect, so that society can better understand this phenomenon from a legal and social welfare perspective.
- Social Workers should increase the facilitation of parenting skills programmes in society, in order to equip parents, caregivers and/or guardians with parenting skills, self-empowerment, and problem-solving skills when parenting.

Recommendations for further research

- Further research can be done in other Provinces and with a larger sample, to get an overview of child neglect amongst the provinces.

- Further research can also focus on Social Workers. Social Workers have first-hand information on social work field and child welfare in South Africa. To improve the existing resources, in terms of skilled personnel, would need factoring in their first-hand experiences in the field in dealing with parents and children.

6.0 REFERENCES

- Ammerson, R. (1990). *Children at Risk: An Evaluation of factors Contributing to Child Abuse and Neglect*. New York: Plenum Publishing Corporation.
- Andrews, T. (2012). 'What is Social Constructionism', *Grounded Theory Review*, 11(1): 39-46.
- Arnaldo, C. (2001). *Child Abuse and the Internet: Ending the Silence*. 1st ed. Paris: Barghahn Books.
- Babbie, E. & Mouton, J. (2001). 'Objectivity and Trustworthiness in Qualitative Research', in *The Practice of Social Research*. Oxford and New York: Oxford University Press, pp.274-278.
- Berk, L.E. (1998). *Development Through the Lifespan*. Boston: Allyn and Bacon.
- Bornstein, M.H. (2002). Preface. Pp x-xii, in: Bornstien, M.H. *Handbook of Parenting Volume 1. Children and Parenting* (2nd ed). New Jersey: Lawrence Erlbraum Associates, Publishers.
- Bornstien, M.H., & Bradley, R.H. (2003). *Socioeconomic Status, Parenting, and Child Development*. New York: Routlegde.
- Bose, A. (1992). 'Social Work in India: Development Roles for a Helping Profession in Hoeknstad, M, Khinduka, S. and Midgley, J. (eds) *Profiles in International Social Work*, 71-84. Washington D.C: NASW Press.
- Bricki, N. & Green, J. (2007). *A guide to using qualitative methodology*.
- Children's Act 38 of 2005. Pretoria: Government Printer.
- Christophersen, E. R, Vanscoyoc, S.M, & Mortweet, S.L. (2003). *Parenting that works: Building Skills that last a lifetime*. 1st ed. USA: American Psychology Association life tools.
- Coon, D. & Mitterer, J. (2010). *Introduction to Psychology: Gateways to Mind & Behavior*. 12th ed. Wadsworth: Brock University.
- Creswell, J. (2009). *Research Design: Qualitative, Quantitative & Mixed Method Approaches*. 3rd ed. Los Angeles: SAGE Publications.
- Crosson-Tower, C. (2001). *Exploring Child Welfare: A practice perspective*. Boston: Allyn & Bacon.

Crosson-Tower, C. (2002). *When Children are abused: An Educator's guide to intervention*. Boston: Allyn and Bacon.

Department of Social Development (2012). Information Guide on the Management of Statutory Services: In terms of the Children's Act No 38 of 2005.

Dubowitz, H. (1999). *Neglected Children: Research, Practice and Policy*. USA: SAGE Publications.

Dubowitz, H. and DePanfilis, D. (2000). *Handbook for Child Protection Practice*. London: SAGE Publications.

Durrheim, K. (2006). Research Design. Pp 33-59. In: Terre Blanche, M.; Durrheim, K. and Painter, D. (eds). *Research in practice. Applied methods for Social Sciences, (2nd ed)*. Cape Town: University of Cape Town Press.

Durrheim, K. & Painter, D. (2006). Collecting quantitative data: sampling and measuring. In: Terre Blanche, M.; Durrheim, K. & Painter, D. (eds). *Research in practice. Applied methods for Social Sciences, (2nd ed)*. Cape Town: University of Cape Town Press:131-159

Engle, P.L., & Black, M.M. (2008). The effect on poverty on child development and educational outcomes. USA: California Polytechnic State University.

Flick, U. (2006). *An Introduction to Qualitative Research*. 3rd ed. London: SAGE Publications.

Flick, U. (2009). *An Introduction to Qualitative Research*. 4th ed. London: SAGE Publications.

Flick, U. (2011). *Introducing Research Methodology*. A beginner's guide to doing a research project. 1st ed. London: SAGE Publications.

Fowler, J. (2005). *A Practitioner's Tool for child protection and the assessment of parents*. London: Jessica Kingsley Publisher.

Fryer, G. (1993). *Child Abuse and the social environment*. 1st ed. Westview Press.

Gergen, K.J. (1985). *The Social Constructionist movement in modern psychology*. *PsycArticles EBSOhost*, 40(3), pp. 266-275.

Gergen, K.J. (1999). *An Invitation to Social Construction*. London: Sage publications.

Gergen, K.J. (2003). *Social construction: A reader*. London: SAGE Publications.

- Gomm, R. (2008). *Social research methodology*. A critical introduction to qualitative research. 2nd ed. Los Angeles: SAGE publications.
- Hancock, B., Ockleford, E. & Windridge, K. (2009). *An Introduction to qualitative research*. Nottingham: Trent Focus group. National Institute for Health Research Yorkshire & the Humber Department of Health Sciences. University of Leicester Press.
- Healy, K. (2005). *Social Work Theories in Context: Creating Frameworks for Practice*. 1st ed. Singapore: Palgrave Macmillan.
- Holliday, A. (2002). *Doing and writing qualitative research*. London: SAGE Publications.
- Holliday, A. (2007). *Doing and writing qualitative research*. 2nd ed. London: SAGE Publications.
- Holloway, W. & Jefferson, T. (2000). *Doing qualitative research differently free association, narrative and the interview method*. London: SAGE Publications.
- Hölscher, D., and Sewpaul, V. (2006). *Ethics as a Site of Resistance: The Tension between Social Control and Critical Reflection*. School of Social Work and Community Development.
- Hölscher, D. (2008). *The Emperor's New Clothes: South Africa's Attempted Transition to Developmental Social Welfare and Social Work*. International Journal of Social Welfare, 17 (1): 114-123.
- Hölscher, D. (2014). *Considering Nancy's Fraser's Notion of Social Justice for Social Work: Reflections on Misframing and the Lives of Refugees in South Africa*. Ethics and Social Welfare, 8 (1): 20-38.
- Hölscher, D.; Bozalek, V. G. and Zembylas, M. (2014). 'Assuming Responsibility for Justice in the Context of South Africa's Refugee Receiving Regime'. Ethics and Social Welfare, 8 (2): 187-204.
- Hölscher, D. (2016a). *Subjectivities of Survival: Conceptualising Just Responses to Displacement, Cross-border Migration and Structural Violence in South Africa*. Social Work/Maatskaplike Werk, 52 (1):54-72.
- Howe, D. (2005). *Child Abuse and Neglect: Attachment, Development and Intervention*. 1st ed. China: Palgrave Macmillan.

- Hugman, R. (2010). *Understanding International Social Work. A Critical Analysis*. New York: Palgrave Macmillan.
- Ife, J. (2000). 'Localized Needs and a Globalized Economy: Bridging the Gap with Social Work Practice' *Canadian Social Work*, Special Issue: Social Work and Globalization, 2(1): 50-64.
- Jamieson, L. (2013). *Children's Act Guide for Child & Youth Care Workers*. 2nd ed. Children's Institute, University of Cape Town.
- Jansen, J. and Vithal, R. (2008). *Designing Your First Research Proposal. A Manual for Researchers in Education and the Social Sciences*. South Africa: Juta & CO. LTD.
- Kadir, A., Marais, F., and Desmond, N. (2013). *Community Perceptions of the Social determinants of Child Health in Western Cape, South Africa: Neglect as a major*.
- Kirton, D. (2009). *Child Social Work Policy & Practice*. 1st ed. Los Angeles: SAGE Publications.
- Lacey, A. & Luff, D. (2009). *Qualitative Data Analysis*. Sheffield: Trent Focus.
- Leonard, P. (1997). *Postmodern Welfare: Reconstructing an Emancipatory Project*. London, Thousand Oaks, New Delhi: Sage Publications.
- Louw, A. (2005). 'Foster Parents for Baby H were suitable'. In: *The Star*, 17 September 2017.
- Marshall, C. & Rossman, G.B. (2011). *Designing Qualitative Research*. 5th ed. Los Angeles: SAGE Publications.
- May, T. (2002). *Qualitative Research in Action*. 1st ed. Thousand Oaks, California: SAGE Publications.
- Miller, R.L. (2000). *Researching Life Stories and Family Histories*, London, Thousand Oaks and New Delhi: Sage.
- Miller-Perrin, C.L. & Perrin, R.P. (2013). *Child Maltreatment: An Introduction*. 3rd ed. New Delhi: SAGE Publications.
- Neuman, W.L. (2006). *Social research methods: Qualitative and quantitative approaches*. 6th ed. USA: Pearson Education Inc.
- Norman, A., Chalmers, M., Bütünwieser, E. & Williams, D. (1981). *Damaged Parents*. USA: The University of Chicago Press.

- O'Hagan, K. (2006). *Identifying Emotional and Psychological Abuse: A guide for Child Care Professionals*. Poland: Open University Press.
- Olsen, W. (2012). *Data collection*. Key debates and methods in social science research. London: SAGE Publications.
- Republic of South Africa (RSA). (2005). Children's Act, Act No 38 of 2005, Pretoria: Government Gazette.
- Republic of South Africa (RSA). (1996). *Constitution of the Republic of South Africa, Act No 108 of 1996*, Pretoria: Government Gazette.
- Richter, L.M., & Morrell, R. (2006). *Baba: Men and Fatherhood in South Africa*. Cape Town, HSRC Press.
- Rodwell, M.K. (1998). *Social work constructivist research*. USA.
- Rossman, G.B & Rallis, S.F. (2012). *Learning in the field. An introduction to qualitative research*. 3rd ed. Los Angeles: Sage Publications.
- Rubin, A., & Babbie, E. (2010). *Research Methods for Social Work*. 2nd ed. Canada: Brooks/Cole Cengage Learning.
- Rubin, A., & Babbie, E. (2011). *Research Methods for Social Work*. 7th ed. Canada: Brooks/Cole Cengage Learning.
- Rubin, H.K., & Chung, O.B. (2006). *Parenting Beliefs, behaviors, and parent-child relations. A cross-cultural perspective*. New York: Psychology Press.
- Schostak, J. (2006). *Interviewing and representation in qualitative research*. New York: Open University Press.
- Schatz, M. & Walker, R. (1995). *Research as social change: New opportunities for qualitative research*. New York: Routledge.
- Seidman, I. (1998). *Interviewing as qualitative research*. 2nd ed. New York: Teacher's College Press.
- Seal, C., Gobo G., Gubrium, J.F., & Silverman, D. (2007). *Qualitative research practice*. London: Sage Publications.

- Sewpaul, V. (1997) 'The Reconstruction and Development Program (RDP): Implications for Social Work Practice and Social Policy Development in South Africa', *Social Work/Maatskaplike Werk* 33(1): 1–9.
- Sewpaul, V. and Holscher, D. (2004). *Social Work in the Times of Neoliberalism: A Postmodern Discourse*. Pretoria: Van Schaik.
- Shaw, I., Briar-Lawson, K., Orme, J., & Ruckdeschel, R. (2010). *The Sage Handbook: Social Work Research*. 1st ed. New Dehli: SAGE Publications.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects: Education for information. Impacting the world of Science Press.
- Sherman, E. & Reid, W.J. (1994). Qualitative research in social work. New York: Columbia University Press.
- Shoncoff, J.P., & Meisels, S.J. (2009). Handbook of Early Childhood Intervention. 2nd Ed. USA: Cambridge University Press. Chapter 3 Osofsky, J.D., & Thompson, M.D. (2009). Adaptive and maladaptive parenting: Perspectives on risk and protective factors.
- Silverman, D. (2010). *Doing Qualitative Research: A Practical Handbook*. 3rd ed. London: SAGE Publications.
- Staines, M.M. (2000). *Factors Mediating The Level of Vicarious Traumatization and Compassion Satisfaction*. South Africa School of Psychology, University of Natal.
- Struwig, M., Struwig, F.W., & Stead, G.B. (2001). *Planning, Reporting & Designing Research*. Pearson, South Africa.
- Swift, K. (1995). *Manufacturing 'Bad Mothers': A Critical Perspective on Child Neglect*. 1st ed. Canada: University of Toronto Press.
- Teater, B. (2010). *Introduction to Applying Social Work Theories and Methods*. 1st ed. USA: Open University Press.
- Terre Blanche, M. and Durrheim, K. (2006). Histories of the present: social science research in context. Pp 1-17. In: Terre Blanche, M.; Durrheim, K. and Painter D. (eds). *Research in practice. Applied methods for social sciences, (2nd ed)*. Cape Town: University of Cape Town Press.

Terre Blanche, M.; Durrheim, K. and Kelly, K. (2006). First steps in qualitative data analysis. Pp 320-344. In: Terre Blanche, M.; Durrheim, K. and Painter, D. (eds). *Research in practice. Applied methods for Social Sciences, (2nd ed)*. Cape Town: University of Cape Town Press.

Tongo, M.D.C. (2007). Purposive sampling as a tool for informant selection. University of Manoa.

Wassenaar, D. R. (2006). *Ethical Issues in social research*. Pp 60-79. In: Terre Blanche, M.; Durrheim, K. and Painter, D. (eds). *Research in practice. Applied methods for Social Sciences, (2nd ed)*. Cape Town: University of Cape Town Press.

Weinberger, M. (2016). *Paradoxes in Social Work Practice: Mitigating Ethical Trespass*. 1st Ed. Routledge: London.

WEBSITES

Amukwelele, D. (2017). Views of social workers on implementation of child maltreatment prevention services in Namibia. *Doctoral dissertation*. Stellenbosch: Stellenbosch University. 1-167, [Accessed: 19 November 2019] from; <https://scholar.sun.ac.za>

Artz, L., Burton, P., Ward, C.L., Leoschut, L., Phyfer, J., Lloyd, S., Kassanje, R. & Le Mottee, C. (2016). Sexual Victimization of Children in South Africa. *Final Report of the Optimus Foundation Study: South Africa*. UBS Optimus Foundation. [Accessed: 16 August 2017] from; http://www.cjcp.org.za/uploads/2/7/8/4/27845461/08_cjcp_report_2016_d.pdf

Belsky, J. (1993). Etiology of Child Maltreatment: A Developmental Ecological Analysis. *Psychological Bulletin*, 114(3): 413-434

Bennet, D.S., Sullivan, M.W., and Lewis, M. (2005). *Young Children's Adjustment as a Function of Maltreatment, Shame, and Anger*. Accessed 06 May 2017 from; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1828211/pdf/nihms18904.pdf>

Bornstein, M. H. (2001). Parenting: Science and Practice. *Parenting Science and Practice*, 1 (1&2): 1-4

Bray, R., & Brandt, R. (2007). Child Care and Poverty in South Africa. *Journal of Children and Poverty*. 13, (1): 1-19.

Brody, G.H. (2002). Unique and Protective Contributions of Parenting and Classroom processes to the adjustment of African American Children living in single-parent families. *Child development*. 73, (1): 274-286.

Bundy-Fazioli, K. & De Long-Hamilton, T.A. (2013). A Qualitative Study Exploring Mothers' Perceptions of Child Neglect. *Child & Youth Services*, 34(3): 250-266.

Childline South Africa 2015/2016 Annual Report [Accessed: 17 August 2017], from www.childlinesa.org.za

Cohen, D. & Crabtree, B. (2006). Qualitative Research Guidelines Project. [Accessed: 19 September 2018], from <http://www.org/HomeTheo-3806.html>

Collings, S. (2004). The State of Child Protection Services: Some Reflections on the 15th International Congress on Child Abuse and Neglect. *South African Society on the Abuse of Children (SAPSAC)*, 5(2): 1-2.

Coohey, C. (2003). Defining and Classifying Supervisory Neglect. *Child Maltreatment*. 8: 145-156. [Accessed: 11 April 2019] from; <https://doi.org/10.1177/1077559502250786>

Damoyi, M. & Ntiwane, B. (2013). Socio-Economic Impact Study of Taverns in Residential Areas of eThekweni Municipality Area (EMA). *Development Planning Environment and Management Unit: Municipal Institute of Learning*. [Accessed 22 August 2017] from; http://www.durban.gov.za/Resource_Centre/Development_Site/Documents/Socio-Economic%20Study%20of%20Taverns%20in%20EMA%20March%202013.pdf

Daniel, B.M. & Taylor, J. (2006). Gender and Child Neglect: Theory, Research and Policy. *Critical Social Policy*, 26(2): 462-439. Sage publications: London. [Accessed: 17 August 2017] from; <https://doi.org/10.1177/02610018306062593>

Dass-Brailsford, P. (2005). Exploring Resiliency: Academic Achievement among Disadvantaged Black Youth in South Africa. *South African Journal of Psychology*. 35(30): 574-591. [Accessed: 26 July 2018] from; <https://doi.org/10.1177/008124630503500311>

Dawe, S., Harnet, P.H., & Frye, S. (2008). Improving Outcomes for children living in families with parental substance misuse: What do we know and what should we do. *Child Abuse Prevention Issues*, 29: 1-14. [Accessed: 13 July 2018] from; <http://www.aifs.gov.au/nch/pubs/issues/issues29/issues29.html>

Dawson, K.; & Berry, M. (2002). Engaging Families in Child Welfare Services: An Evidence-Based Approach to Best Practice. *Welfare League of America*, LXXXI (2): 293-317. [Accessed: 25 May 2019] from;

https://www.researchgate.net/profile/Marianne_Berry/publication/11358090_Engaging_Families_in_ChildWelfare_Services_An_EvidenceBased_Approach_to_Best_Practice/links/56f35bc80ae7c1fda284ab4/Engaging-Families-in-Child-Welfare-Services-An-Evidence-Based-Approach-to-Best-Practice.pdf

DeBruin, M. (2015). Social Workers' Understanding of the nature of Child Neglect. *Mini-dissertation, Social Work and Criminology*. [Accessed: 09 March 2019] from; https://repository.up.ac.za/bitstream/handle/2263/53397/DeBruin_Social_2016.pdf?sequence=1

Department for Children, School and Families (2010). Working Together to Safeguard Children: Government response to public consultation, Chapter 8, *Serious case reviews*. London: DCSF. [Accessed: 21 July 2018] from; www.dcsf.gov.uk/consultations/downloadableDocs/Serious%20Case%20Reviews%20consultation%20results.pdf

Dubowitz, H., Black, M., Starr, R.H.Jr & Zuravin, S. (1993). A Conceptual Definition of Child Neglect. *Criminal Justice and Behaviour*. 20(1): 8-26. [Accessed: 30 March 2019] from: <https://F:/ARTICLES%2009%2003%202019/HowardDubowitzMaureenBlac.pdf>

Dubowitz, H., Pitts, S.C., Litrownik, A.J., Cox, C.E., Runyan, D., & Black, M.M. (2005). Defining Child Neglect based on child protective services data. *Child Abuse & Neglect*. 29: 493-511. [Accessed: 11 April 2019] from; <https://doi:10.1016/j.chiabu.2003.09.024>

Eshel, N. et al. (2006). Responsive Parenting: Interventions and outcomes. 84(12): 991-998. [Accessed: 26 July 2018] from; <https://www.scielo.org/pdf>

Garbarino, J. (1977). The Human Ecology of Child Maltreatment: A Conceptual model for Research. *Journal of Marriage and the Family*. JSTOR- National Council on Family relations. 39(4): 325-337. [Accessed: 13 July 2018] from; <https://www.jstor.org/stable/350477>

Geldenhuys, K. (2016). Child-headed households - An African Reality. *Servamus Community – Based Safety Magazine*. 109(8): 25-28. [Accessed: 11 November 2018] from: https://journals.co.za/docserver/fulltext/servamus_v109_n8_a7.pdf

Gelles, R.J. (1989). Child Abuse and Violence in Single-Parent Families: Parent Absence and Economic Deprivation. *The American Journal of Orthopsychiatry*, 59(4): 492-501. [Accessed: 11 August 2017] from; <https://www.ncbi.nlm.nih.gov/pubmed/2817087>

Gilbert, R., Widom, C.S., Brown, K., Ferguson, D., Webb, E. & Janson, S. (2009). *Burden and Consequences of Child Maltreatment in High-Income Countries*. [Accessed: 06 May 2017] from; www.sciencedirect.com/science/article/pii/S01406360817067

Glaser, D. (2002). Emotional Abuse and Neglect (Psychological maltreatment): A *Conceptual Framework*. 26(6-7): 697-714 [Accessed: 06 May 2017]; from [https://doi.org/10.1016/S0145-2134\(902\)00342-3](https://doi.org/10.1016/S0145-2134(902)00342-3)

Glaser, D. (2011). How to deal with emotional abuse and neglect- Further development of a conceptual framework (FRAMEA). *Child Abuse & Neglect*. 35, Pp866-875. [Accessed: 25 May 2019] from; <https://www.clinicalkey.com/service/content/pdf/watermarked/1-s2.0-S014521341102110.pdf>

Hall, K. & Sambu, W. (2014). Children Count: Statistics on Children in South Africa. *The Children's Institute*. [Accessed: 17 August 2017]; from www.servingyourworld.org

Hare, I. (2004). Defining Social Work for the 21st Century. The International Federation of Social Worker's Revised definition of social work. *International Social Work*. 47(3): 407-424. Sage Publications: London. [Accessed: 12 August 2017]; from <https://doi:10.1177/0020872804043973>

Hildyard and Wolfe (2002). Child Neglect: Developmental Issues and Outcomes. (*National Research Council, 1993 cited in Hildyard and Wolfe, 2002*). [Accessed: 06 May 2017]; from [https://doi.org/10.1037/S0145-2134\(02\)00341-1](https://doi.org/10.1037/S0145-2134(02)00341-1)

International Federation of Social Workers/International Association of Schools of Social Work (IFSW/IASSW). (2004). *Ethics in Social Work, Statement of Principles*. [Accessed, 17 August, 2017] from: <https://www.iassw-aiets.org/wp-content/uploads/2015/10/Ethics-in-Social-Work-Statement-IFSW-IASSW-2004.pdf>

Indicator of Child Health and Wellness. Volume 3: 310-321. *Paediatrics and International Child Health*. W.S Maney and Son Ltd., South Africa. [Accessed 10 August 2017] from; www.tandfonline.com/doi/10.1179/20469055139.00000000

Integrated Service Delivery Model

http://www.dsd.gov.za/index2.php?option=com_docman&task=doc_view&gid=187&Itemid=3

Jamieson, L. (2014). Children's Rights to appropriate alternative care when removed from the family environment: A review of South Africa's child and youth care centres. [Accessed: 16 July 2016]; from www.ci.uct.ac.za

Jamieson, L., Sambu, W. & Mathews, S. (2017). Out of harm's way? Tracking child abuse cases through the child protection system in five selected sites in South Africa. Cape Town: *Children's Institute*, University of Cape Town. [Accessed: 08 2018] from; <https://open.uct.ac.za/bitstream/handle/1142725155/Child%20Abuse%20Tracking%20Study%20Report.pdf?sequence=1>

Jennissen, C.A., Evans, E., Oral, R. & Denning, G. (2018). Child Abuse and Neglect Experts Determination of When a Child Being Left Home Alone Constitutes Child neglect. *Inquiry Epidemiology*. 5(1): 55-62. [Accessed: 30 July 2018] from; <https://link-spring-com.ukzn.idm.oclc.org>

Kadir, A., Marais, F. & Desmond, N. (2013). Community Perceptions of the Social Determinants of Child Health in Western Cape, South Africa: Neglect as a Major Indicator of Child Health and Wellness. *Paediatrics and International Child Health*, 33(4): 310-321. [Accessed: 10 August 2017]; from <https://10.1179/204905513Y.00000000096>.

Kessler, R.C., McLaughlin, K.A., Green, J., Gruber, M.J. & Sampson, N.A., (2010). *Childhood Adversities and Adult Psychopathology in the WHO World Health Surveys*. 197(5): 378-385. [Accessed: 06 May 2017]; from <https://www.ncbi.nlm.nih.gov/pubmed/21037215>

Knight, L., & Yamin, A. E. (2015). "Without a mother": caregivers and community members' views about the impacts of maternal mortality on families in KwaZulu-Natal, South Africa. *Reproductive health*, 1-11. [Accessed: 19 November 2019] from; <http://www.reproductive-health-journal.com/content/12/S1/S5>

Lemmer, E.M. (2007). Parent Involvement in Teacher Education in South Africa. *International Journal About Parents in Education*. 1: 218-229. [Accessed: 26 July 2018] from; <https://pdfs.semanticscholar.org>

Loffell, J. (2008). Developmental Social Welfare and the Child Protection Challenge in South Africa. 20, (2), Pp 83-91. Taylor & Franas Publication. [Accessed: 30 July 2018] from; <https://doi.org/10.1080/09503150802058889>

Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *The All Ireland*, 9(3). [Accessed: 19 November 2019] from; <http://ojs.aishe.org/index.php/aishe-j/article/view/335>

Mahery, P. & Proudlock, P. (2011). Legal Guide to age thresholds for children and young people. *Children's Institute, University of Cape Town*. [Accessed: 30 July 2018] from; www.ci.uct.ac.za

Mahoney, G. & Wiggers, B. (2007). The Role of Parents in Early Intervention: Implications for Social Work. *National Association of Social Workers. Children and Schools*. 29(1): 7-15. [Accessed: 25 May 2019] from; https://www.researchgate.net/profile/Gerald_Mahoney/publication/270559004_The_Role_Of_Parents_in_Early_Intervention_Implications_for_Social_Work/links/569e93be08aee4d26ad02f0e.pdf

Makoe, M., Roberts, H., and Ward, C.L. (2012). Child Maltreatment Prevention Readiness Assessment: South Africa. *Human Sciences Research Council, Cape Town, South Africa*. Pp 1-78. [Accessed: 09 March 2019] from; www.hsrc.ac.za or www.hsrc.ac.za/uploads/pageContext/3320/Child%20Maltreatment%20Prevention%20Readiness%20Assessment%20in%20South%20Africa_Final_report.pdf

Maluleke, R. (2018). Men, Women and Children. Findings of the Living Conditions Survey 2014/15. Statistics South Africa. South Africa, Pretoria. 03 (02), Pp 1-65. [Accessed: 24 November 2019] from; <http://www.statssa.gov.za/publications/Report-03-10-02%20Report-03-10-02%202015.pdf>

Mavise, A. (2011). Child-headed households as contested spaces: Challenges and opportunities in children's decision making. *Vulnerable Children & Youth Studies*, 6(4): 321-329. [Accessed: 07 November 2018]; from <https://doi.org/10.1080/17450128.2011.630429>

Mennen, F.E., Kim, K., Sang, J., & Trickett, P.K. (2010). Child Neglect: Definition and identification of youth's experiences in official reports of maltreatment. *Child Abuse & Neglect*,

34(9): 647-658. [Accessed: 07 November 2018] from;
<https://doi.org/10.1016/j.chiabu.2010.02.007>

Mkhwanazi, N. (2010). Understanding Teenage Pregnancy in a Post-Apartheid South African township. *Culture, Health & Sexuality*, 12(4): 347-358. [Accessed: 22 July 2018] from;
<https://www.tandfonline.com/doi/abs/10>

Mogotloane, S.M., Chauke, M.E., Van Rensburg, G.H., Human, S.P. & Kganakga, C.M. (2010). A Situational Analysis of Child-headed households in South Africa. 33(3): 24-30. [Accessed: 07 November 2018] from;
www.web.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=e9017e6d-b58f-4644-852d-e937a196b6ec%40sessionmgr103

Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice*, 24(1), 9-18. [Access: 19 November 2019] from; <https://doi.org/10.1080/13814788.2017.1375091>

Moynihan, Smeeding & Rainwater; (2002). The Future of the Family. [Accessed: 05 September 2018] from; https://doi.org/10.1111/j.1741-3737.2005.00221_4.x

Mthembu, N. (2007). The scourge of post-apartheid housing in Umlazi. Durban, University of KwaZulu-Natal: 1-4. [Accessed: 27 April 2019] from;
<https://uir.unisa.ac.za/bitstream/handle/10500/23361/UMLAZIpdf?sequence=1&isAllowed=y> or
www.durban.kzn.org.za/Durban//about/40.html

Mulder, T.M., Kuiper, K.C., Van Der Put, C.E., Stams, G.J.M. & Assink, M. (2018). Risk Factors for Child Neglect: A meta-analytic review. *Child Abuse & Neglect*, 77(1), Pp 198-210. [Accessed: 09 November 2018]; from <https://www.elsevier.com/locate/chiabuneg>

National Analysis of Official Child Neglect and Abuse Reporting (1979).

Ndhezi, F. & Makofane, M. (2015). The Experiences of Social Workers in the Provision of Family Preservation Services. *Social Work/Maatskaplike*, 5(3): 354-378. [Accessed: 12 August 2017]; from <https://socialwork.journals.ac.za/pub>

Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (2015). Conducting semi-structured interviews. In *Handbook of practical program evaluation*, (pp. 492-505). [Accessed: 19 November 2019] from; <https://www.researchgate.net/publication/301738442>

Newmann, J. & Sallmann, J. (2004). Women, trauma histories and co-occurring disorders: Assessing the scope of the problem. *Social Service Review*, 78(3): 466–499. [Accessed: 08 December 2018]; from <https://www.journals.uchicago.edu/doi/full/10.1086/421922>

Norman, R.E. (2012). *The Long-term Health Consequences of Child Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis*. [Accessed: 06 May 2017]; from <https://doi.org/10.1371/journal.pmed.1001349>

Olawale, S.G. (2009). Parental Socio-economic status as correlate of child abuse and neglect in Ibadan, Oyo State of Nigeria. *Department of Rehabilitation Education*. 17(2): 140-148. [Accessed: 09 August 2018] from; <https://dx.doi.org/10.4314/ifep.v17i2.45307>

Pinson-Millburn et al. (1996). Grandparents raising grandchildren. *Journal of Counselling & Development*. 74(91): 548-554. [Accessed: 13 July 2018] from; <https://onlinelibrary.wiley.com/doi/pdf/10.1002/j.1556-6676.1996.tb02291.x>

Porter, E. (2005). ‘What About the Children?’. In: *Student Village*. [Accessed: 06 July 2017]; from www.studentvillage.co.za/article/articleview/3342/1/156

Powell, C. (2003). Early Indicators of child abuse and neglect: A multi-professional Delphi study. *Child Abuse Review*. 12(1): 25-40. [Accessed: 25 May 2019] from; <https://doi:10.1002/car.778>

Proudlock, P., Matthews, S. & Jamieson, L. (2014). Children’s Right to be protected from violence: A review of South Africa’s laws and policies: 66-212. [Accessed: 07 November 2018] from; www.ci.uct.ac.za

Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation (2014). [Accessed: 09 August 2018] from; https://www.doj.gov.ph/files/transparency_seal/2016-Jan/CPN-CSPC%20Protocol%2026Nov2014.pdf

Republic of South Africa (2008). Towards an anti-poverty strategy for South Africa. *A discussion document*. [Accessed: 22 July 2018] from; <https://www.info.gov.za/view/DownloadfileAction?id=92543>

Review of the Child Care Act (2002). *Department of Justice - Chapter 10*: 1-105. [Accessed: 25 May 2019] from; www.justice.gov.za/salrc/dpapers/dp103_exesum_2002.pdf

Rodriguez, C.M., & Richardson, M.J. (2007). Stress and Anger as Contextual Factors and preexisting cognitive schemas: Predicting parental child maltreatment risk. University of Utah: Sage Publications, 39(4): 721-735. [Accessed:13 July 2018] from; <https://doi:10.1177/1077559507305993>

Runyan, D.K., Hassan, F. & May-Chahal, C. (2002). Child Abuse and Neglect by parents and other caregivers. [Accessed: 09 March 2019] from; <https://www.researchgate.net/publication/28451356>

Sawriker, P. (2014). Inadequate Supervision or Inadequate Sensitivity to Cultural Differences in Parenting? Exploring Cross-Cultural Rates of Neglect in an Australian Sample. 13(5): 619-635. [Accessed: 17 August 2017]; from <https://doi:10.1177/1473.3325013512359qsw.sagepub.com>

Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of child abuse and neglect. [Accessed: 02 April 2016] from; www.irp.wisedu/publications/pdfs/dp138510.pdf

Sedlak, A.J. (1997). Risk factors for the occurrence of Child Abuse and Neglect. *Journal of Aggression, Maltreatment & Trauma*, 1(1): 149-186. [Accessed: 30 March 2019] from; https://doi.org/10.1300/J146v01n01_09

September, R.L. (2006). The Progress of Child Protection in South Africa. *International Journal of Social Welfare*, 15 (1): 65-72. [Accessed: 29 July 2018] from; <https://10.1111/j.1468-2397.2006.00446.x>

Sesane, M., & Geyer, S. (2017). The perceptions of community members regarding the role of social workers in enhancing social capital in metropolitan areas to manage HIV and AIDS. *Social Work*, 53(1), 1-25. [Accessed: 19 November 2019] from; <http://dx.doi.org/10.15270/52-2-543>

Sewpaul, V. (2001). Models of Intervention for Children in Difficult Circumstances in South Africa. *Child Welfare*, 80(5): 571-586. [Accessed: 29 July 2018] from; <https://web.a.ebscohost.com.ukzn.idm.oclc.org>

Shaughnessy, J.M. (2014). An Essay on Poverty and Child Neglect: New Interventions. 21(1),5: 5-16[Accessed: 09 March 2019] from; <https://scholarlycommons.law.wlu.edu/crsj/vol21/iss1/5>

Shenton, A. K. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, 22: 63-75. [Accessed, August 10, 2018] from:

<http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=a8c083e1-2582-4c7d-8fdb-da35842c6b7a%40pdc-v-sessmgr01>

Shipman, K., Edwards, A., Brown, A., Swisher, L. & Jennings, E. (2005). Managing Emotion in a Maltreating Context: A pilot study examining child neglect. *Child Abuse and Neglect*, 29(9): 1015-1029. [Accessed: 25 May 2017]; from

www.sciencedirect.com/science/article/pii/S0145213405001894

Slack, K.S., Holl, J.L., McDaniel, M., Yoo, J. & Bolger, K. (2004). Understanding the Risks of Child Neglect: An Exploration of Poverty and Parenting Characteristics. *Child Maltreatment*, 9(4): 305-408. [Accessed: 17 August 2017]; from <https://doi.org/10.1177/1077559504269193>

South African Council for Social Service Professions. (no date). *Policy Guidelines for Course of Code of Ethics and the Rules for Social Workers*. Pretoria: Government Printer. [Accessed: November 11, 2017] from:

<https://www.sacssp.co.za/Content/documents/EthicsCode.pdf>

Spratt, T., & Callan, J. (2004). Parents' Views on Social Work Interventions in Child Welfare Cases. *The British Journal of Social Work*. 34(2): 199-224. [Accessed: 27 May 2019] from:

<https://doi.org/10.1093/bjsw/bch022>

Sternberg, K.J., Lamb, M.E., Greenbaum, C., Cicchetti, D., Dawud, S., Cortes, R.M., Krispin, O. & Lorey, F. (1993). Effects of Domestic Violence on Children's Behavior problems and depression. *Developmental Psychology*, 29(1): 44-52. [Accessed: 22 July 2018] from;

<https://www.researchgate.net/publication/232585258>

Stokes, J. & Taylor, J. (2014). Does Type of Harm Matter? A Factorial Survey Examining the influence of Child Neglect on Child Protection Decision-making. *Child Care in Practice*, 20(4): 383-398. [Accessed: 30 March 2019] from; <http://dx.doi.org/10.1080/13575279.2014.905456>

Straus, M.A. & Kaufman, K.G. (2005). Definition and Measurement of Neglectful behavior: Some general principles and guidelines. *Child Abuse & Neglect*, 29: 19-29. [Accessed: 05 April 2019] from; <https://doi.org/10.1016/j.chiabu.2004.08.005>

Tanner, K. & Turney, D. (2003). What Do We Know About Child Neglect? A Critical Review of the Literature and Its Application to Social Work Practice. *Child and Family Social Work*, 8(1): 25-34.

Turner, H.A., Vanderminden, J., Finkelhor, D., & Hamby, S. (2019). Child Neglect and the Broader Context of Victimization. *Child Maltreatment*. [Accessed: 30 March 2019] from; <https://doi.org/10.1177/1077559518825312>

UNICEF (2017). African Charter on the Rights and Welfare of the Child [Accessed: 16 August 2017], from;

https://www.unicef.org/esaro/African_Charter_articles_in_full.pdf

United Nations Conventions on the Rights of the Child

<http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

UN Convention on the Rights of the Child. In a child friendly language. UNICEF [Accessed: 28 July 2018] from; <https://www.unicef.org/rightsite/files/uncrchildfriendly/language.pdf>

Vanclay, F., Baines, J. T., & Taylor, C. N. (2013). Principles for ethical research involving humans: ethical professional practice in impact assessment Part I. *Impact Assessment and Project Appraisal*, 31(4), 243-253. [Accessed: 19 November 2019] from; <https://doi.org/10.1080/14615517.2013.850307>

Van Niekerk, A. & Ismail, G. (2013). Barriers to Caregiver Involvement in a Child Safety Intervention South Africa. *South African Journal of Psychology*. [Accessed: 26 July 2018] from; https://www.researchgate.net/profile/Ghouwa_Ismail/publication/26450547

Van Niekerk, J. (2014). The Statutes of Child Abuse and Neglect Policy and Child Protection Practice in South Africa. *Childline South Africa, ISPCAN Paper*. [Accessed: 30 March 2016]; from www.cpcj.org.za

Ward, C. & Wessels, I. (2013). Rising to the challenge: Towards Effective Parenting Programmes. South African Child Gauge. *Department of Psychology & Violence Initiative*: 62-65. [Accessed: 27 May 2019] from; www.E:/ARTICLES%20INTERVENTIONS/Rising%20to%20the%20challenge%20towards%200effective%20parenting%20programme%2026%2005%2019.pdf

Widom, C.S. & Hiller-Sturmhofel, S. (2001). Alcohol Abuse as a Risk factor and consequence of child abuse. *Alcohol Research and Health*, 25(1): 52-57. [Accessed: 17 July 2018] from; <https://pubs.niaaa.nih.gov/publications/arh25-1/52-57.htm>

Writer, S. (2016). South African Alcohol Consumption vs the World. [Accessed: 27 May 2016]; from <https://businesstech.co.za>

World Health Organization, (2016). *Child Maltreatment*. [Accessed: 30 July 2018] from; www.who.int/en/news-room/fact-sheets/detail/child-maltreatment

APPENDIX 1: INFORMATION LETTER

TO WHOM IT MAY CONCERN

My name is : Zinhle Tracey Mqadi

Contact details : 079 604 0040

Occupation : Designated Social Worker

My Supervisor : Dr. Dorothee Holscher

Occupation : Social Work Lecturer

Contact details : 031 260 3165

Institution : University of KwaZulu-Natal, College of Humanities, Research Ethics Office

Contact details : Mr Prem Mohun, College Of Humanities, Tel. 031 260 4557.

My name is Zinhle Tracey Mqadi. I am a designated Social Worker who has been employed by the Department of Social Development, under Vulindlela Service Office for a period of 5 years to date. I am currently enrolled at the University of KwaZulu-Natal, as a Social Work Masters student.

The aim of my proposed research is to explore how service users who have been labelled as neglectful caregivers experience the interventions previously offered by social workers in the Umlazi location, eThekweni Metropolitan Municipality, KwaZulu-Natal. To this effect, I would like to conduct a set of two to three interviews with five previously service users. I therefore kindly request your permission to participate in this study. The interviews will be recorded with your full consent and through confidentiality you will be protected, as your real names will not be used for the proposed research. Should you agree to participate, you are allowed to withdraw from the study at any time. Debriefing after the interviews will be given to you, should you feel the need for this. The information gathered from the interviews will be stored for the study securely, and destroyed after five years.

At the end of the study, I would provide feedback to you and allow you to ensure what we discussed transpires. I would also like to make the findings available to the Department of Social Development at large, and to other social workers by means of a publication. However, insofar as this draws on information derived from individual interviews, I would only do so with your permission.

I am passionate about working on this topic as I feel this research will benefit caregivers, whose experience is often underrepresented. In this way, I would like to validate your experiences as service users. Your consent would be highly appreciated. Should you have any further questions, you are welcome to contact me, my supervisor or the University of KwaZulu-Natal's Research Ethics Office using the phone numbers provided above.

Sincerely,

Zinhle Tracey Mqadi
Masters Candidate

APPENDIX 1: INCWADI YOLWAZI

KULOWO EQONDENE NAYE

Igama Lami : Zinhle Tracey Mqadi
Imininingwane Yocingo : 079 604 0040
Umsebenzi Wami : Sonhlalakahle
Umphathi : Dr. Dorothee Holscher
Imininingwane Yocingo : Snumpa Ofundisayo
Iskhungo : Enyunivesi yakwaZulu-Natali
Imininingwane Yokuxhumana : Mn. Prem Mohun, College Of Humanities, Tel. 031 260 4557.

Igama lami uZinhle Tracey Mqadi. Ngingusonhlalakahle oqashwe ngumnyango weZokuthuthukiswa komphakathi, ngisebenza ngaphansi kwehovisi ilibizwa ngokuthi Vulindlela Service Office; kanti sengisebenze khona iminyaka eyisihlanu kanye nezinyanga ezintathu. Njengamanje ngifunda e-Nyuvesi YakwaZulu-Natali, njengomfundi ofundela izifundo zeMaster's kwezenhlalakahle.

Inhloso yocwaningo noma isicelo lwazi ukuphenya ngohlolisise laba asebeke batholakala benganaki ukubhekeleka ngendlela abantwana babo, betholwa osonhlalakahle esikhathini esesadlula ngaphambilini endaweni yaseMlazi ngaphansi kaMasipala wetheku. Kulokhu ngifisa ukuba nebuzo eqondene noma ebhekene nalowo nalowo oyozi bandakanya, abuzwe lemibuzo kwi-inthayvu/inkulumoluhlolo. Ngizimisele ukuba lemibuzo ibuzwe kwuma-inthayvu akalelwe kumabili kuya kwamathathu, umuntu emunye. Ngakhoke ngicela imvume yakho uhlanganyele kulolucwaningo? Imbuzo lena eqondene nawe iyobe iqokwe kulokha okutheyshiwe okuqoqa ingxoxo, ngemvume yakho. Ebese ukuze igama lakho livikeleke angeke lize livele igama lakho mhla iqoshwa ngokulotshwa kwakhokonke kulolucwaningo. Uma uvumelana nokuzibandakanya, uvumelekile ukuyeka noma ingasiphi isikhathi. Uma ubona ukuthi uyadinga kukhona umeluleki wezempilo nezengqondo oyobe etholakala mahala. Ulwazi lonke ngokuma kwalo liyoqokwa libekwe endaweni ephephile ebese iyahlalwa ngokuphelel emva kweminyaka eyisihlanu.

Emva kokuphuthula loluphenyo lwazi phecelezi ucwaningo, ngizobuyisela konke okuvele nokuqoqwe kuzozonke izinkulumoluhlolo (intanyvu) ngendlela oyobe uphendule ngayo. Ngifisa ukuba lolulwazi oluyobe seluqoqiwe ludlulele kwiminyando yezenhlalakahle efanele emphakathini lona. Kepha-ke, lokhu ngizokwenza ngemvumo yakho.

Nginogqozu nofuqufuqu ngalokhu engisebenza ngakho nengikwenza ezifundweni zami, kanti ke ngiyazi lokhu engikucwaningayo kuyosiza labo abangaba bhekeleli babantwana. Lokhu ngikusho ngoba kuzoveza asebedlule kukho nokuphathwa kwabi okungaveli njalo. Ngkaho-ke ngifisa ukuveza esnidlule kukho. Ukuvuma kwakho kuyobongeka. Uma ngabe uneminye imibuzo wamukelekile ukungixhuma mina, noma Umphathi wami kanye nayo i-Nyuvesi YakwaZulu-Natali; usebenzise izinombolo zokuxhumana ezilotshwe ngaphezulu.

Ozithobayo

Zinhle Tracey Mqadi
Umfundi We-Master's

APPENDIX 2: INFORMED CONSENT FORM

I _____ the undersigned, hereby agree and consent to participate in the research study conducted by Ms Zinhle Tracey Mqadi; entitled “Experiencing Social Work Interventions: Understanding the perspectives of caregivers labelled as neglectful in a selected local community, KwaZulu-Natal”.

- I understand the purpose and procedure of the study and have been given an opportunity to answer questions about the study and have had answers to my satisfaction.
- I understand that I will be required to participate in two to three individual interviews of about one hour each.
- I declare that my participation in this study is entirely voluntary and that I may withdraw at any given time.
- I understand that all the information that I may share during the individual interviews will be kept confidential and not be divulged to anyone else, will be stored in secure storage and destroyed after five years.
- I have been informed about the debriefing and counselling available to me should I require this.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher, her supervisor, or the University of KwaZulu-Natal's Research Ethics Office. I have been provided with their telephone numbers.

I am willing to participate in this study (please tick):

Willing	Not willing
<input type="checkbox"/>	<input type="checkbox"/>

I am willing to allow the interview to be recorded by the following equipment (please tick):

	Willing	Not willing
Audio equipment		

Participant Signature:

Date:.....

APPENDIX 2: ISIVUMELWANO SALABO ABAZIBANDAKANYAYO

Mina_____ olotshiwe, ngiyavuma ukuzibandakanya kuloluCwaningo olwenizwa nguNkosazane Zinhle Tracey Mqadi olulotshwe ngaloluhlobo “Experiencing Social Work Interventions: Understanding the perspectives of caregivers labelled as neglectful in a selected local community, KwaZulu-Natal”.

-Ngiyaqonda inhloso kanye nenqubo yalolucwaningo, kanti futhi nginikiwe ithuba lokuphendula imibuzo eqondene nalolucwaningo sengiphendula ngokwanelisekile.

-Ngiyaqonda ukuthi kudingeka ukuba ngiphendule imibuzo eqondene nami kuma-inthayvu amabili kuya kumathathu, okulinganiseke ngesikhathi esingangehora elilodwa.

-Ngiyaqonda ukuthi ukuzihlanganisa kwami, kusuka kimina angiphoqiwe kanti ngingashiya noma inini lolucwaningo.

-Ngiyaqonda ukuthi lonke ulwazi oluzoqoqwa kulolucwaningo kuzogcinwa angeke kuphume sekutholakala noma ikuphi noma kanjani, futhi angeke kudluliswe komunye umuntu. Kanti futhi lolulwazi oluyobe seluqoqiwe ngiyaqonda ukuthi luzobhuqa lushabalale emva kweminyaka eyisihlanu.

-Ngazisiwe ngocwaningo ukuthi ngingathola ukwalulekwa uma ngidinga.

Uma ngineminye imibuzo maqondana nalolucwaningo ngiyaqondisisa ukuthi ngingaxhumana nalowo ohola ucwaningo, noma Umphathi wakhe noma i-Nyuvesi YakwaZulu-Natali. Nginikeziwe izinombolo zokuxhumana nabo.

Ngiyavuma ukuzibandankanya kuloluCwaningo mayelana nokuqoqa ulwazi nemibono yababhekeleli abaqokwe kwathiwa abananakanga kahlehle ngaphambilini. Ngiyavolontiya ukuba yingxenye yalolucwaningo, angidutshwanga futhi angiphoqwanga muntu ukuba yingxenye ngenkani, kodwa kusuka kimina. Ngiyavumelana nokuba kuqokwe lokhu kuqoqwe ngomshini, phecelezi isidlalimakhasethi, ngakho ke lokhu engizobuzwa khona ngizokuphendula ngokusemandleni ami.

Inhloso mgomo yaloluCwaningo luchazwe kabanzi kimina, kanti futhi ngiyaqonda lokhu okulindelekile kimina ekuzibandankanyeni kwami.

Ngiyavumelana nokukuzibandakanya kuloluCwaningo (khetha ufake u-tick):

Ngiyavuma	Angivumi

Ngiyavumelana ukuba le-inthayvu iqokwe ngesidlalimakhasethi (khetha ufake u-tick):

	Ngiyavuma	Angivumi
Isidlalimakhasethi		

.....
Ovume ukubayingxenywe asayinde:

.....
Usuku:

APPENDIX 3: SEMI-STRUCTURED INDIVIDUAL INTERVIEW GUIDE

Personal Details

Gender:

Age:

Children in participant's care (including gender, age, and relationship to participant):

Children removed from participant's care prior (including gender, age, relationship to participant, and current place of care):

Significant others living in participants' household:

Label of closed case file (Code for neglect):

Types of neglect identified in the non-active case file:

Causes of neglect identified in previous case:

Social work interventions:

Ice-breaker

Summary of the case as known by the participant.

- Do you want to tell me your side of the story - how did you get here?

Interview guide Questions

- How would you describe yourself as a mother/parent?
- How would you describe your relationship with your child before the social worker got involved?
- How is the relationship now?
- How did you come to meet your social worker?
- Please describe the things that the social worker had done since you had met?
 - How did you feel when the social worker did these things?
 - How do you feel about it now?
- How did you like your social worker?
 - Has this changed over time?
 - If so, how?
- If none of this had happened and you were to meet your social worker again, would you like things to be different between you and her/him?
- If you had been the social worker, and the tables were turned around what would you have done?

APPENDIX 3: SEMI-STRUCTURED INDIVIDUAL INTERVIEW GUIDE - INHLOLOKHONO EBHEKISWE ABAZIBANDAKANYAYO KUCWANINGO [ISIZULU]

Imininingwane Eqondene nawe

Ubulili:

Iminyaka:

Abantwana abangaphansi kwesandla sakho (kanye nobulili, iminyaka nokuthi nihlobene kanjani):

Abantwana abasuswa phansi kwesandla sakho ngaphambilini (kanye nobulili, iminyaka, nobuthi nihlobene kanjani):

Amalunga omndeni akhona ekhaya:

Inhlobo yokunganakekeli:

Inhlobo yokunganakekeli okwavela embikweni :

Izimo/izinto ezidala ukunganakekeli ngendlela:

Imisebenzi eyenziwa ngusonhlalakahle ngalokho okwavelayo:

Siqhekeza iqhwa ukuze singene odhabeni

- ☐ Sifinqa udaba lonke mayelana nalowo esixoxisana naye.
- ☐ Awusho, ungangichazela ukuthi empeleni kwenzekalani ngokwakho ukubona?
- Ngicela uzichaze ukuba ungumzali/noma ungumama onjani?
- Ngicela uchaze kabanzi ukuthi ubudlelwane bakho nomntwana wakho, bebunjani ngaphambi kokuthi usonhlalakahle angenelele kulolu dhaba?
- Kawungazise ngokwakho ukuthi lobobudlelwane sebunjani manje/noma bunjani manje?
- Ngabe nahlangana kanjani noma naqala ukwanzana kanjani ninoSonhlalakahle wakho?
- Bengicela ungazise ebese uyachaza zonke izigaba kanye nezinto azenza uSonhlalakahle kusukela ngesikhathi niqala ukhlangana/ noma kusukela isikhathi lapho niqala ukwazana?
- Wazizwa kanjani ngesikhathi uSonhlalakahle ezenza zonke lezizinto ngezigaba zazo? Chaza bandla kabanzi?
- Ngicela unabe nje mayelana nendlela ozizwa ngayo ngakho konke akwenza, manje ngalesikhathi?
 - ★ Ngicela uchaze kabanzi ukuthi wawumthanda uSonhlalakahle, nakuba uma kunjalo, kuyinto

ekanjani?

- ★ Uma ngabe konke lokhu kwakungenzekanga, kwase kwaba ukuba niyaqala ukubonana noSonhlalakahle; ubungafisa ukuba izinto zihlukile phakathi kwakho naye? Naba lapha.
- Uma ngabe bekunguwe uSonhlalakahle, yini obungayenza ehlukile? Chaza wenabe lapha.
 - ★ Ngabe lokhu kwashintshwa yini nah emva kokuhamba kwesikhathi?
 - ★ Uma ngabe kunjalo, yenaba uchaze kabanzi?

APPENDIX 4: SEMI-STRUCTURED INDIVIDUAL INTERVIEW

This interview was selected as an example as an example of a semi-structured individual interview. The underlined parts are quoted in the data analysis chapter.

Interviewer: What can you say are the causes of neglect?

Participant 1: I think that neglect is sometimes caused firstly by fighting in relationships, because it starts with two people. And then the one neglects the other with a purpose or without a purpose. Sometimes you do it directly or indirectly. So, then you realise late that in fact there's neglect. Secondly, alcohol is the main thing that causes neglect. Because when you are intoxicated or under the influence of alcohol, you tend to listen to your alcoholic state of mind which tells you that everything you do is correct. Yet you are not in your full senses when drunk. Another thing that causes neglect is not working together and not co-operating with one another. You may feel alone, and that when you do things, you also automatically withdraw yourself from the next person. Then they are neglected unknowingly.

Interviewer: From your own understanding does your family background or history play a role in child caring in your family?

Participant 1: Well, to be honest, I can say yes family background and history does play a role in child rearing. Firstly, because my father was not there for me. My father was an alcoholic, he spent his money mostly on alcohol and would buy other people alcohol. Then when it came to taking care of us, he never had the time to spend with us. Back then fathers didn't bother spending time with their children.

Interviewer: Is there anything else you want to share with me or emphasize perhaps before I stop recording?

Participant 1: ...It very critical to me, I will say this once again in this way...if I was the social worker the first thing I would have done was I would ask for both sides of the story. By finding out from the wife or other party as to what made the husband to be this way? And then try to go to the husband and try to find out what lead him to be the way that he is or what was the problem? Why, were you a good father and suddenly started drinking excessively turning into an abusive husband to your wife?

From both of the responses and from what the father will respond and say what caused the problems; I will then try to move towards resolving the first problem and thereafter the other presenting problems. In this case it means that the first problem is not resolved and still remains a problem, not dealt with. So if I was the social worker I would make sure that the victim addresses her issues and is given tasks to complete. And at the same time work on the father's issues and knowing that the family would have been left with the ability to problem solve, united as well equipped and able to tackle problems in future.

APPENDIX 5: NOTES TAKEN DURING AN INTERVIEW

The notes below were extracted from two pages of notes taken during interviews

February 2018: Participant 4 (mother)

- I am surprised that the mother was eager to have the interview done.
- The mother seems to speak more about her difficulties when she had been consuming drugs and alcohol.
- She speaks about her son and how she was trying to mend their relationship.
- There was a very huge dog that they kept, which couldn't stay out of the house and was a disturbance throughout the interviews.
- The mother
- More experiences of family relations were shared and she was confused from a young age. She mentioned that she believed that the father who raised her was her father until, after she discovered that her father was someone else.
- ❖ The mother spoke about her experience of physical abuse and classified it as something that merely happened, but didn't get out of hand.

03 March 2018: Participant 2 (father)

- Participant seems at ease and like others eager to share his experiences.
- He was smiling, his tone was very sharp and adamant to respond and share his narrative.
- Wrong place to conduct an interview these knocks keep on disturbing the flow of conversation between the participant and I. But because he is a Traditional Healer, I was patient and had to remain calm.
- What a refreshing interview, with lots of information and interviewee was open even when asked additional questions as follow-up.

APPENDIX 6: MEMBER CHECKS

I gave all the participants the first draft of my data analysis chapter. Only three of the six participants commented and provided input, which appear on my analysis. Here is what they had to say.

Participant 1

Zinhle I think that you captured the information all, you expressed the views accordingly. It was written. I would like to place emphasis on the programmes and plans that would benefit us as parents and caregivers to perhaps be highlighted in view of helping us become better parents. Either than that, I have nothing else to add.

Participant 2

For the first time my views will be heard but the world. I want you to know that you presented everything very well. You know having been through so much and being part of this study gave me the allowance to tell my side of the story.

Participant 5

Well I for one must say that you seemed to have recalled most of everything that I had spoken about during the interviews. I would like to say that you have presented the information I gave you very well. I hope that from this, other parents will also learn from our experiences. This is a lot to be heard and a lot to be learnt.

APPENDIX 7: REFLEXIVE DIARY ENTRY

Below is a sample of notes extracted from a 16-page, reflexive diary.

2018-02-16: As this was my initial interview as a Researcher, as opposed to a social worker. At first, I had to assure and give clarity to the respondent of my role during the individual interview. I explained that again the information and consent forms were for their knowledge. It was humbling that the respondent ensured no disturbances, hence the recorder was set before we commenced. I informed respondent 1 that a Psychologist was available if she felt that she may need counselling, post the interview, looking at the nature of sensitivity.

2018-03-02: Looking back at this interview, respondent 3 gave her background and how she was raised by a single-mother a tender age. Through analysis and reflection that could be one of the themes to be discussed at the data analysis stage. During this interview, I tried by all means to separate myself from my data because of the limitations that could emerge. At this stage, my point of view or relations matter less, because the perspectives of these respondents matter the most.

2018-03-16: During the interview the respondent referred to me as a social worker, directing some of the things she said about her social worker towards me. I remember that every time she spoke about how she loved her children, she sounded as wanting to be convincing. There were moments where the respondent indicated that her daughter got along better with her father. In a way one could say that she was comparing both relations by each parent. Especially after the experience with her daughter.

2018-04-28: In other studies, not all parents, caregivers and guardians were able to admit to actually neglecting their children because of their own mistakes. But for this interview the respondent took ownership of making certain mistakes leading to neglectful acts against her child. It can be said that this would make a good finding for the study. It seems that the participant went through some pain of almost losing her child. And she then mentioned during the interview that no child should be separated from their parents because all children need to be loved and cared for.

APPENDIX 8: Ethical Clearance



4 December 2017

Miss Zinhle Tracey Mqadi 208512589
School of Applied Human Sciences
Howard College Campus

Dear Miss Mqadi

Protocol reference number: HSS/1226/017M

Project Title: Experiencing social work interventions: Understanding the perspectives of caregivers labelled as neglectful in a selected local community, KwaZulu-Natal

Full Approval – Expedited Application

In response to your application received 27 July 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisors: Dr D Holscher
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)



Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X64001, Durban 4000

Telephone: +27 (0) 31 260 3567/6350/4557 Facsimile: +27 (0) 31 260 4606 Email: ximbap@ukzn.ac.za / snymarm@ukzn.ac.za / mohungu@ukzn.ac.za

Website: www.ukzn.ac.za

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APPENDIX 9 EDITING LETTER



Daniel Taye Medoye, Ph.D

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32, Hutchinson Road,
Scottsville, 3201
Pietermaritzburg, SA
+27718246416, +27619343635
tayemedoye@gmail.com
daniel.medoye@gmail.com
tayemedoye@yahoo.co.uk

27th November 2019

To Whom It May Concern

RE: Attestation of Editing/Proof-reading Service

This serves to confirm that I, Daniel Taye Medoye, PhD, edited/proof-read the Master's thesis of Ms Zinhle Tracy Mqadi, with the title - *Experiencing Social Work Interventions: Understanding the perspectives of caregivers labelled neglectful in a selected local community, KwaZulu-Natal*".

I trust that the service has been of some benefit in improving the quality of the thesis in terms of syntactic (grammatical) construction intervention.

I take this opportunity to wish Ms Zinhle Mqadi well, as she proceeds in her research.

Kind regards,

Dan. Taye Medoye, PhD.

