RELATIONSHIP BUILDING DURING THE INITIAL PHASE OF SOCIAL WORK INTERVENTION WITH CHILD CLIENTS IN A RURAL AREA

Cecilia Marais, Mariette van der Merwe

Establishing a helping relationship between child clients and social workers is essential to the successful outcome of social work intervention. This research qualitatively explored, with a case study design through semi-structured interviewing, the experiences of social workers and child clients regarding their initial contact-making in a rural Boland area. The themes that emerged concerned the rationale for relationship building, contextual factors, barriers to relationship building and the importance of the social worker's professional attributes. Lastly, a pattern emerged regarding engagement of a child client during the initial session.

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INTRODUCTION

Relationship-based social work is not new to social work practice and there is a call for social workers to return to interventions based on effective engagement with clients within a therapeutic relationship (Ruch, 2010:22). Social workers typically work with families and children during extremely stressful times in their lives (Seden, 2011:60; Spray & Jowett, 2012: 49) and are expected to offer support, promote change, help with problem-solving, empower people and improve wellbeing while assessing the situation (Aldgate, 2011:134; Glicken, 2011:12; Maritz & Coughlan, 2004:32-33; Monnickendam, Katz & Monnickendam, 2010:918; Schenck, 2004:166; Spray & Jowett, 2012:21,56). Social workers often need to work directly with children as children from rural settings are typically exposed to alcoholism, domestic violence, marital problems and poor parenting practices (Schenck, 2004:164). Children in such families need specialised intervention to help them deal with their life difficulties and improve their wellbeing. However, service provision in rural areas is hampered by lack of resources (Schenck, 2004:163,165; Strydom & Thlojane, 2008:34). In addition to challenges in terms of accessibility and limited resources, Schenck (2004:166) states that social workers in rural areas are expected to do everything and to be "a jack of all trades", resulting in social workers being overwhelmed with the spectrum of services they need to deliver. Social workers might not feel skilled enough to engage children in need of individual therapeutic interventions and might prefer to refer these cases to other professionals (Spray & Jowett, 2012:114). However, referral options are limited in rural areas and social workers in such communities are expected to deliver specialised direct intervention to children (Alpaslan & Schenck, 2012:413; Schenck, 2004:166). Because of their workload and lack of specific skills in direct intervention with children, such specialised therapeutic intervention seldom gets attended to (Alpaslan & Schenck, 2012:409,413).

Children constitute 37% of the total population of South Africa and 10% of these children live in the Western Cape (Hall & Lake, 2012:84). During 2010, 6% of children in the Western Cape lived in rural areas (Hall & Lake, 2012:100). South Africa has a large rural population (35%) and services should ideally be well distributed. However, service provision in rural areas is lagging behind those of urban areas (Hall & Lake, 2012:100; Strydom & Thlojane, 2008:34). If social workers in rural areas work directly with children to deliver specialised therapeutic intervention, then the social workers need to assist children in engaging in the helping process (Aldgate, 2011:135). The quality of this relationship is fundamental to whether child clients will disclose difficulties (Aldgate, 2011:137; Spray & Jowett, 2012:38), resolve problems and/or

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change (Glicken, 2011:45,52). As far back as 1990, Crompton (1990:41) described "beginning contact" with children and stated that "making contact and developing a relationship can be difficult, particularly if the worker feels pressure to obtain information quickly, not least in order to protect the child". Hence, if social workers are expected to work with children, their initial intervention focus should be on establishing a relationship with the child.

The argument is that when children in rural areas are exposed to life difficulties and need specialised therapeutic interventions social workers in such areas should deliver these interventions successfully via establishing a good quality helping relationship and often with few resources. No literature could be found on the experiences of social workers and their child clients in the particular research area, prompting the research question: *What are the experiences of social workers and their child clients with regard to relationship building during the initial phase of social work intervention in a rural Boland district?* The research aim is linked to the research question, namely: *To explore relationship building during the initial phase of social work intervention with child clients and social workers in a rural Boland district by using qualitative research with a case study design.*

THEORETICAL FRAMEWORK

Certain theories have a direct beating on social work relationships. The essence of the *bio-ecological systems theory* is the belief that human development and change cannot be separated from the context of the person's relationship with the environment (Friedman & Allen, 2011:9; Lopez Levers, 2012:6). Social workers who developed an understanding of clients in the context of their social environments and life histories could relate to clients while recognising their strengths and accomplishments in coping (De Boer & Coady, 2007:38).

Recognising the strength of a child client is paramount in the *strengths-based perspective* (Jones-Smith, 2014:2; Kondrat, 2010:38). This approach presupposes that every individual has strengths; problems can be viewed as sources of opportunity; people can change and grow; every environment has assets; and social workers serve clients best by collaboration (Kondrat, 2010:40; Saleebey, 2000:128). Strengths-based work causes child clients to feel positive about the helping environment and the approach then becomes a tool to establish the helping relationship via engaging the child (Kondrat, 2010:38). An important factor for engaging the child client in relationship building is dialogue, which is a core element in Gestalt theory.

Gestalt theory is based on phenomenological, dialogical existentialism and field theory (Joyce & Sills, 2010:28; Yontef, 1993:200). The goal of phenomenology is awareness that creates insight into one's reality (Yontef, 1993:124). Existentialism builds on phenomenology because with awareness comes responsibility for one's existence (Yontef, 1993:126). The client's experience is communicated through dialogue that is more than words and encompasses the "between" in the therapeutic relationship (Hycner & Jacobs, 1995:3,7). The dialogical aspect implies that the helping relationship between

the client and the social worker is the most important component of the intervention (Yontef, 1993:126).

IMPORTANCE OF THE HELPING RELATIONSHIP

It is "only through a certain kind of person-to-person engagement that healing can take place" (Buber cited by Yontef, 1993:31). This implies that the helping relationship is therapeutic because the child client feels supported enough to approach issues, find alternatives to problematic behaviours and to experience a non-exploitive relationship (Egan, 2010:38). The change that happens inside the child client is related to the quality of relating between the child client and social worker (Miller, 2012:10). The helping relationship therefore becomes the vehicle for change in the child client (Ackerman & Hilsenroth, 2003:1; Goldfried & Davila, 2005:422; Joyce & Sills, 2010:43). Therefore, building a strong relationship with a child client should become an end in itself (De Boer & Coady, 2007:33; Oaklander, 2007:21). It is evident that developing a good quality helping relationship between the child and social worker is significant in influencing the effectiveness of interventions (Ackerman & Hilsenroth, 2003:30; De Boer & Coady, 2007:33; Geldard, Geldard & Yin Foo, 2013:7; Seden, 2005:17; Sweeney & Landreth, 2011:132; Timberlake & Cutler, 2001:28). The helping relationship should be established during the initial phase of the social work process.

The helping process consists of three major phases, namely the initial phase, the implementation phase and the termination phase. During the initial phase the social worker explores the client's struggles by obtaining information about the person, the problem and environmental influences. This is paralleled with the focus on relationship building (Hepworth, Rooney, Dewberry-Rooney & Strom-Gottfried, 2013:37). This study focuses specifically on the relationship-building facet during the initial phase of the helping process, as this phase builds the foundation on which future interventions rest (Hepworth *et al.*, 2013:37).

SKILLS

The social worker needs skills to engage the client in the helping process. Among these skills are the values inherent to approaching the child client, communication skills used when engaging the client, and attentive listening skills when the child client engages in dialogue. The above-mentioned skills are necessary in all social work processes. However, particular skills are needed to engage a child in an individual therapeutic intervention (Seden, 2005:34) and Barrows (2004:176) suggests making the initial contact through play therapy. Play helps the social worker to enter the world of the child and increases the willingness of the child to engage in therapeutic activities (Olivier, De Lange & Reyneke, 2004:85). Skills embedded in a theoretical foundation are necessary to engage the child clients in a helping relationship in order for individual therapeutic intervention to commence. Social workers in rural communities are challenged to deliver individual therapeutic interventions with children regardless of the difficulties inherent in rural communities.

RESEARCH METHODOLOGY

This study is based on the philosophical movement of postmodernism. Within the postmodern framework, local knowledge, wisdom and personal experiences are accepted as valid (Du Preez & Eskell-Blokland, 2012:42). Meaning is socially created (Creswell, 2007:21) and forms the basis for exploring the meaning that the participants brought to their relationship-building experience. This is applied research, working towards finding answers to a particular issue (Fox & Bayat, 2007:10), namely the social work relationship.

Research methods

Research methods refer to the techniques used for data collection and analysis, aimed at answering the research question.

Research design

A multiple case study design was used to explore (Creswell, 2007:40) the meaning that the social workers and child participants attach to their relationship-building experience during the initial phase of social work intervention. In this case study two units of analysis were studied, namely a group of social workers, all working for one welfare organisation, and their child clients. The case was demarcated geographically within the parameters of the welfare organisation. Another area of demarcation which formed a bounded system was the requirement that the adult participants should be qualified social workers and the child participants their registered clients.

Sampling and participants

A non-probability sampling method was used, which means that participants were selected "purposefully" to inform the issue being studied (Bless, Higson-Smith & Kagee, 2006:106; Creswell, 2007:126; Rubin & Babbie, 2013:171) and to answer the research question (Nieuwenhuis, 2007:79). The adult population consisted of six social workers employed at different offices of a non-government organisation (NGO) in the Witzenberg Boland district, as well as their manager. The child client population consisted of seven children. Each adult participant selected one child from their caseloads. The child participants were from both genders, between the ages of 6 and 11 years, who could speak Afrikaans or English. Social work participants will be referred to in numbers 1-7 and child participants in letters A-G.

Data collection

A focus group was conducted with six participant social workers and their manager. For the purpose of gathering data and for crystallisation, the themes established in the focus group were further explored in semi-structured interviews as suggested by Nieuwenhuis (2007:87). Semi-structured interviews were also conducted with the seven child participants identified by the social workers. The focus group and semi-structured interviews with the social work participants explored their experiences in dealing with child clients in the initial phase of the helping process, while the child participants' semi-structured interviews focused on their initial contact with the social workers.

Data analysis

The data collected were analysed with thematic analysis as outlined by Wagner, Kawulich and Garner (2012:234). Data were transcribed, read and then coded. The names of categories flowed from the data. The data revealed a pattern that became the themes. Relevant literature was linked to the themes. The themes were verified with the social work participants to ensure accurate reflection of their experiences.

Ethics

To counteract emotional harm the participants were informed about the goal of the study, what participation entailed, their right to withdraw and confidentiality (Brinkmann & Kvale, 2008:265-267; Strydom, 2011:115,120). To prevent the reactivation of trauma in children, the interview schedule focused on the relationship experience of the child and not on the referral issue (Creswell, 2007:44). If necessary, the social worker assigned to the case at the NGO in the rural Boland district was prepared to contract a colleague to debrief the child client after the one-on-one interview to ensure minimum harm to the client.

Trustworthiness

This qualitative research was planned and implemented to ensure core criteria of trustworthiness as outlined by Lincoln and Guba as far back as 1985. To ensure credibility, interviews and focus groups were audio taped and social work participants checked the themes. The aim of the research was not to generalise findings; however, the descriptions of themes could be transferred by other social workers to their specific situations as suggested by Bertram and Christiansen (2014:191), thus ensuring a degree of transferability. To maintain dependability, the research process was clearly described and can be audited. This transparency also enhanced confirmability. The so-called crystallised reality (Wagner *et al.,* 2012:138) emerged from contact with two participant groups and two methods of data collection which enhanced the trustworthiness of the study.

FINDINGS

The data gathered from the social work and child participants through the focus group and semi-structured interviews were integrated and analysed until certain themes emerged as listed in Table 1.

TABLE 1
THEMES AND SUB-THEMES

THEMES	SUB-THEMES
Rationale for relationship building with a child	
Pertinent contextual factors that influence relationship building	Child's field Parents as partners in the process
Barriers to relationship base practice	Time and resources Work milieu and play materials Stigmatisation and role confusion Social workers feel inept

THEMES	SUB-THEMES
	Reluctant child clients
Professional attributes	Values in approaching the clients
	Personality of the social worker
	Skills of the social worker
Considerations for the initial contact sessions with a child client	Pre-meeting stage
	First impressions
	Joining with the client
	Positioning
	Warm-up period
	Reason for referral
	Confidentiality
	The role of the social worker
	Importance of play
	Choices and control
	Ending the initial session

Rationale for relationship building with a child client

According to social work participants, the key reasons for relationship building are to build trust and to create a platform from which support can be offered. Spray and Jowett (2012:41,56), Aldgate (2011:133) and Seden (2011:55,60) confirm that the helping relationship is established for supporting the client. Trust is important (Seabury, Seabury & Garvin, 2011:144) for exploring a situation in depth with a child client (Seabury *et al*., 2011:149) and enabling the child client to disclose difficult information (Spray & Jowett, 2012:83). As participant 3 explained: "*You want to provide them with the security to trust you as a person because of the type of information that you should get from them later*." Aldgate (2011:137) and Spray and Jowett (2012:83,113) expand on trust as creating a support network for the child client to access in future challenging situations, a view echoed by the social work participants.

According to the social work participants, the trusting helping relationship is present when child clients voluntarily attend sessions, show emotions and express inner thoughts. Participant 5 said the reason she wants to establish a relationship with the child is "*because I want to have an influence on the child*." The literature adds that a primary reason for establishing the relationship is to promote and notice changes in the child client (Seden, 2011:57; Spray & Jowett, 2012:83). Participant 1 stated that establishing a safe relationship with someone "*is a primary human need*" and can become a model for healthy relationships from which the child can operate in future relationships (Seabury *et al*., 2011:126,134). Seabury *et al*. (2011:144) point out that "the deliberate efforts of one human being to engage and relate to others can be a most healing and affirming experience". One social work participant stated that "*experiencing this type of connection with a child is a wonderful experience and highly motivating*" and participant 6 says it gives her "*satisfaction*" in a difficult profession.

Pertinent contextual factors that influence relationship building

The safety of the child client is paramount and requires gathering information

The nature of social work in an NGO sometimes requires that immediate attention is given to the safety of child clients rather than focusing on establishing a helping relationship (Glicken, 2011:151). Designated social workers are expected to establish within 24-48 hours after referral whether a child client is a child in need of care and protection. In order to make this decision, social workers must gather information during the initial contact with children (Spray & Jowett, 2012:43). However, only after rapport is established will the child client engage in the social work intervention and lower his or her defences (Ruch, 2010:16). Gathering information while the relationship is still tenuous might cause defensiveness or withdrawal from the client, who might not be ready to share difficult information (Geldard *et al*., 2013:54). Social worker participant 2 in this study reflected that once the relationship is established, information flows naturally. This created a dilemma for the social work participants. Participant 4 explained "*I think the problem on the table requires you to give immediate attention to the problem while you have less chance to first build relationship, but we carry on because we need certain information from the child, while there is no relationship present causing you to gain no information and making no progress with the child.*"

The child's field

According to psychodynamic approaches, behaviour is determined by subconscious forces and expectations formed through early experiences (Glicken, 2011:71; Seabury *et al*., 2011:126). Therefore one should understand the background of the child participants. Participant 2 asserts the importance of knowing the child's field. This is mirrored by Kroll's (2010:70) statement that a social worker has to see the world from the child client's viewpoint. By starting where the child client is, the social worker respects the social work value of the client's sense of self-determination (Seabury *et al*., 2011:132). Participant 2 remarked on this phenomenon: "*You want to tell them that smoking is wrong, that drinking is wrong. You want to tell it to them the whole time, but that is the way they grow up.*"

Falletisch (2008:4,8) states that some farm workers often abandon ownership of their problems that coincide with habitual drinking and apathy to self-development, which directly influences the children in their care. Participants 5 and 6 described the children of this study as being used to threats rather than praise. Child participant A also implied that aggression, eviction and drunkenness are part of her frame of reference. Child participants D and F described being loved as "*she loves me because she gives me food*" and not as physical touch, words of affirmation or quality time. Kroll (2010:80) anticipates that children coming from substance-abusing families might view adults as "unreliable, inconsistent, impatient, and inattentive". Solomons (2013:4) commented in a recent newspaper article that the area where the research study took place is plagued with crimes against children, mainly due to substance abuse and parents who do not pay enough attention to children. This was echoed in another article by Jackman, (2013:4), who interviewed a social worker, Kleijn. Kleijn specifically mentioned children being

victims of crimes as a result of insufficient parental supervision. She explained that the experiences of children shape their perspectives and behaviours. The problematic family relationships of a child cause insecure attachment styles that incapacitate the child's ability to develop healthy relationships (Kroll, 2010:80). Participant 1 explained that this causes individual intervention to be time consuming, because relationship building with the children is strained as a result of their insecure attachment styles.

Parents as partners in the process

Participant 4 noted that "*The way in which the parent accepts the social worker also gives the child confidence. If the mother is negative, the children are also negative and scared.*" The role of the parent during individual intervention with the child should not be underestimated. Parents can be a vital source of information (Turney, 2012:149) and have a big influence on their child. Social work participants mentioned that parents or caregivers prescribe to children what to say to the social worker, which was highlighted in child participant C's comment "*Then my grandmother says to me: If they ask what your name is or where you live, like that, then I must say I live with my grandmother, because I stay with her*". Aldgate (2011:134) comments that partnership with parents starts with treating parents with respect and encouraging participation in the intervention, as social work participant 4 stated "*we should get them on our side.*"

Social work participants identified problematic expectations that parents have. Parents might place the responsibility for change on the social worker. Participant 4 stated: "*We often think we have to do the stuff, but it is actually they who must do the work. But they come with the expectation that we must do it.*" Some parents pressure social work participants to solve the referral problem immediately. Other parents bring their children to the social worker as an authority figure who should scold the child for being naughty. By informing parents, such unrealistic expectations can be addressed (Kroll, 2010:70).

Barriers to relationship-based practice

Time and resources

Individual intervention is not required for every child referred to the social worker. Social workers can address developmental areas through a family perspective. Yet certain cases require the social work participants to intervene intensively with a child on individual level, for instance, removed, abused, molested, addicted, pregnant and foster children, as well as children who refuse to attend school. It is these cases that are often neglected by social workers because they are time consuming, and continuity and commitment are required from the social worker in order to build and maintain the relationship. The social work participants often struggle to find time for such interventions, even if it is only a few cases. In this regard participant 3 stated that "*I don't have the time to build relationship with a child. If the child* [in crisis] *comes to my office then I have to do something immediately.*" Participant 2 also acknowledged this phenomenon by agreeing that "*we would want to help the child therapeutically, but in actual fact we don't have the time, we only extinguish fires*". Social workers are overwhelmed with the high caseloads they are expected to attend to (Van der Merwe & Kassan-Newton, 2007:350; Yürür & Sarikaya, 2012:458). This might prevent the social

worker from engaging fully in the helping relationship (Ruch, 2010:16) because they have to commit their time to administration or crisis management (Monnickendam *et al.*, 2010:918). Demands on time can influence the social worker's connection with child clients and jeopardise the relationship (Ruch, 2010:26).

High caseloads negatively affect the quality of service delivery, and can lead to stress and/or burnout in social workers (Astvik & Melin, 2013:346; Yürür & Sarikaya, 2012:458). High caseloads force social workers to manage their time skilfully between the needed administrational duties and direct contact with clients. All the participants agreed with participant 4 in saying, "*We are so pressured for time. Now you have to do something quickly and you don't really have time. And that is the other thing, because it makes me feel guilty, because you don't work as you should.*" This causes them to be unable to commit to regular appointments with child clients. Spray and Jowett (2012:50) highlight the significance of reliability in commitments when working with children. Participants 1 and 4 reflected that commitment and continuity are necessary in building a helping relationship, but difficult to acquire in social work practice.

Social work participant 4 said "*I have loads of work. It causes me to lie awake at night.*" Participants 3 and 4 mention that the caseloads of social workers in rural communities are staggering because they are expected to "do everything". In addition to these difficulties, social work participants 1 and 6 consider travelling distances in rural communities as hampering regular contact with child clients. In contrast, Ruch (2010:17) argues that when resources such as time are limited, the relationship becomes a key resource between the social worker and child client to deal with difficult or emotionally charged circumstances.

Work milieu and play material

The physical setting of the counselling session contributes to a client's feeling of comfort (Bedi, 2006:32) and should be child-friendly as "play is children's language and play material is their words" (Landreth, 2012:156). Three social work participants agreed that play material is important in establishing a relationship with children, but also admit to not having sufficient play material available during initial contact with a child. As participant 3 said, "*How do you build a relationship with a child if you don't even have a toy in your office*" and participant 7 said that "*just you behind your table is not good enough.*"

Working from a child-centred approach Landreth (2012:160-169) outlined categories of toys to acquire, i.e. toys that can facilitate emotional expression, engage the child and develop self-esteem by means of accomplishment and not frustration or competition. The children in the study outlined play materials and games they would prefer in the social worker's office. A few applicable toys identified by the participants were puppets, clay and colouring utensils. The child participants are not used to the idea of play as a therapeutic tool and thus suggested toys that do not fall within the categories mentioned by Landreth (2012:160-169), like swimming, hide and seek, running-around games like kicking the ball, and even playing with dolphins, Christmas utensils and remote-controlled cars as preferred play material. A few children mentioned food as an effective

ice breaker. It is evident from these suggestions that the child clients are not used to play as intervention technique.

The participant social workers delineated two impediments to the play setting. Participants 1 and 6 experienced that the children in their work area do not know how to play or engage with structured toys or play material because they had not been exposed to play material. The other impediment was the fact that social workers travel to external locations to meet children and these external settings are often not child- and or intervention-friendly. A typical example would be the school environment where aspects such as intercom notifications, small working spaces or interventions in tea rooms interrupt sessions and impact on privacy.

Stigmatisation and role confusion

It seems as if children are uninformed about the roles of the social worker. Child participants in the study thought correctly that a social worker is someone to talk to, who asks questions, someone to play with, monitor parental responsibilities and remove children. However, child participant A thought social workers are there to teach children mathematics, while participants B and C did not know what social workers do. People have different ideas of social work that are based on their personal experience or experiences from people they know (Spray & Jowett, 2011:78). This links with the social work participants' notion that preconceptions based on stories about social workers raise anxiety during initial contact. Preconceptions are normally based on two elements: the statutory element and the authority element (Turney, 2012:155). Participant 1 noted that if the child client remains anxious during the social work session, she explores his conception of social workers to arrive at the conclusion that she is there to help the child client. Child participant B reported that they do not talk about visits to the social worker because "*then they* [the other people who came to the social worker with their children] *tell us that it isn't fun.*" Social workers are also perceived as authority figures in the community. Participant 1 experienced this to be beneficial in encouraging compliance, whilst participant 2 experienced the power inherent to social work to be detrimental because children can be scared of admonishment by the social worker.

Social work participants assumed that children hear dreadful stories about social workers and those children feel ashamed to be associated with welfare agencies. In contrast, the child participants described social workers as helpful, bragging to their friends about the visit, looking forward to proposed meetings and feeling important if the social worker wants to see them. However, child participants are aware of the statutory element in social work as clearly demonstrated by participant A saying "*She* [her friend] *doesn't have to be scared. Then I tell her they* [the social worker] *won't send her away.*" Kroll (2010:79) and Ward (2010:49) mention that the child's fear of statutory removal and the expectations he brings to social work encounters might impede relationship building.

Social workers feel inept

Seabury *et al.* (2011:155) acknowledge that social workers will be presented with problems which they lack the competence to deal with. Social workers sometimes work

with sensitive issues and traumatic events that have serious ramifications for children. The social workers in this study expressed fear that they "*might do more damage than good*" as a result of their lack of knowledge and skills in working directly with children in distress. The participating social workers mentioned that they felt so out of depth in these difficult circumstances that they would rather refer the client (if possible), or only address the practical issues involved rather than the emotional impact the difficult life circumstances have on the child. Participants 2 and 3 admitted to feeling despondent because of their experience of inadequacy. Previous cases that did not have positive outcomes confirm to participants 2 and 3 the notion that "*I don't know what I am doing*." Schaufeli and Greenglass (2001:502) cautioned that a decline in feelings of competence is a key contributor to burnout in social service professionals.

Reluctant child clients

Engle and Holiman (2002:177) explain resistance from a Gestalt perspective as "a struggle between a part of the self that desires change and a part of the self that is seeking to maintain psychological stability" and reflect a loss of choice within the client. Children rarely refer themselves to the social worker and thus are probably involuntary participants in any form of intervention (Hepworth *et al.,* 2013:50; Spray & Jowett, 2012:42). The social work participants experience the resistance of child clients to manifest as running away, missed appointments, being lethargic or non-talkative within the session, an aggressive attitude and refusal to take part in activities. The first author had a similar experience with child participant E, who did not speak even after an hour of ice-breaking activities. Social work participants describe frustration, despondence, anger, impatience, powerlessness and anxiety about occurrences of resistance. They speculate that resistance is caused by many factors including influence from parents, pre-session occurrences, mistrust in people, shyness, stigmatisation of the profession, reason for referral and the social worker's personality type. Ruch (2010:16) is of the opinion that resistance in clients is mostly the result of a poor relationship.

All seven social work participants agreed that they do not know how to handle resistance in child clients. The literature focuses either on resistant parents whose children are thought to be at risk (Pope & Kang, 2011; Turney, 2012), or psychotherapy studies situated in private practice (Newman, 2002; Van Denburg & Kiesler, 2002).

Professional attributes

Values in approaching the client

The quality of the social work relationship is influenced by aspects such as the attitude, qualities and social work values (Seden, 2005:14). Social work participants 1 and 5 commented on how their opinion of the importance of the case and natural appeal to the child client influence their ability to establish a positive relationship with a child. Simultaneously, social work participants acknowledge that hope and respect are inherent in approaching a child client. Respect is the foundation on which all helping relationships and consequent interventions are built (Egan, 2010:42). According to a study done by Russell (in Holland, 2011:76), the clients of Family Preservation Services appreciated the fact that social workers made them feel respected; this empowered them

to address their own problems more than any other service the social workers delivered. While respect is inherent in approaching the client, hope contributes to initial relationship building with a client (Seabury *et al*., 2011:143). A hopeful social worker increases the child client's sense of security and provides the basis for trust (Timberlake & Cutler, 2001:32). In order to instil hope in a client, the social worker needs to believe in the value of self-determination and the ability of people to grow and change (Reyneke, 2010:239).

Social workers also respect the intrinsic dignity and worth of their clients, being attentive to the differences in personalities (Hepworth *et al*., 2013:7; Reamer, 2011:26). Clients' characteristics and behaviours influence the quality of the helping relationship (De Boer & Coady, 2007:41). Social work participants listed shyness, the child's age, concentration span and spontaneity as influencing the helping relationship. In a study done by Bedi (2006:32) non-verbal gestures contributed to the client's feeling of comfort (Bedi, 2006:32). Participant 6 made the point that as a child she looked towards positive body language before opening up to an adult. Non-verbal messages should convey warmth towards the client (Egan, 2010:39; Seden, 2005:15) because clients value warmth in the social worker (Holland, 2011:77).

Social work participants sensed that child clients might prefer a social worker whom they perceive as present, available, accessible and who carries their best interests at heart. Egan (2010:131) and Hycner and Jacobs (1995:15) explain presence as a "turning of my whole person" to another, noticing the person's uniqueness and just being with the person. Presence conveys to clients that the social worker is with them and it enables the social worker to listen carefully (Egan, 2010:131). Being available to the child client can simply entail making time for the child and not being hasty. Participant 5 mentioned the detrimental effect haste has on relationship building by stating that "*sometimes I am in such a hurry that nobody would want to talk to me, I need to be calmer, beaming warmth, friendliness and interest.*" In a study done by Carroll (2002:184), children showed appreciation when a social worker made time for them. The underlying principle in the Children's Act (38 of 2005) is the child's best interest. Social work participant 1 touched on this phenomenon by saying that if she was a child client, she would prefer a social worker who was on her side.

The above-mentioned values of non-judgement, openness, presence, hope, respect and warmth will create the atmosphere for a calm, safe, relaxed and comfortable setting, as described by social work participants, where individual intervention with a child can take place.

Personality of the social worker

Ackerman and Hilsenroth (2003:30) concluded in their study that certain personal attributes of the helper have a positive impact on the helping relationship. On the other hand, Holland (2011:77) writes that, specifically in social work cases, neither the social worker's personality attributes nor the type of case influenced the quality of the helping relationship because the dynamics in a social work relationship are complex. In line with Ackerman and Hilsenroth's findings (2003:30), social work participant 3 stated that her

own discomfort and reserved personality makes it difficult for her to connect with a child client, explaining that "*when a child is quiet I don't know what to say. It is part of my personality … it makes me nervous yet I know I need to be more comfortable within myself when I go to a child client.*" Geldard *et al*. (2013:24) suggest that the social worker needs to be in touch with her inner child, which allows her to feel comfortable in a child's world. Ward (2010:49) recognises that the social worker's attributes are interwoven with personal life experiences, motives and weaknesses. He views these as strengths, because they enable the social worker to better understand the difficulties of clients. This links to Seabury *et al.* (2011:42), who state that the self of the social worker is a tool that can be adjusted to the need of the client. Social workers thus enhance the intervention by bringing their own personality to their work (Geldard *et al*., 2013:23). A child can identify a person who is not authentic, as participant 7 elucidated: "*children read you and can see when you are false.*" If the social worker is genuine and consistent, it creates trust because the child perceives the social worker as trustworthy (Geldard *et al*., 2013:11).

Skills of the social worker

It is important to learn how to engage the client fully during the helping process (Goldfried & Davila, 2005:426; Seden, 2005:34). The skills of the social worker should be embedded in a strong therapeutic alliance, because the relationship can influence the effectiveness of the skill employed (Goldfried & Davila, 2005:424).

Appropriate self-disclosure is used by participant 1 and 6 to demonstrate the social worker's humanness. Participant 1 illustrated this by saying that "*I search for something communal between me and the child, in order for the child to see me as a human being, not only as a social worker.*" Self-disclosure facilitates personal connection, helps to normalise difficulties and reveals that the worker is also "human" and can relate to the client (De Boer & Coady, 2007:38; Seabury *et al.*, 2011:152). Another skill that increases the "humanness" of the social worker is empathy (Glicken, 2011:53). Participants 1 and 2 mentioned the importance of soft, empathic responses in establishing a helping relationship. Empathic listening is important to building a strong helping relationship (Bedi, 2006:32), because it communicates "I am with you" (Hepworth *et al*., 2013:49).

Participant 1 uses humour to put the child at ease and to establish the initial connection, while participant 5 uses positive reinforcement. There is a fine line between complimenting the child and reinforcing strengths. This means that positive reinforcement should not be founded on approving or disapproving of the client's behaviour, because the client might change behaviour to please the social worker and cover other behaviour to avoid the disapproval of the social worker (Geldard *et al.*, 2013:25). However, confirming the child's self-worth will cause the child to feel safe in the individual intervention and to be receptive for change techniques (Goldfried & Davila, 2005:424; Miller, 2012:88).

Social work participants concurred that questioning a child is not beneficial towards engaging the child in dialogue. As participant 4 stated that "*you cannot just ask children*

direct questions the whole time, because they clamp up. They don't want to talk." Social workers learned through experience that even open-ended questions did not provide the hoped for participation from a child. In this regard participant 4 said: "*You start off with 'tell me' and then they say nothing and then you start to ask closed questions.*" Ruch (2010:50) and Ward (2010:53) offer the point that "experience" aids maturation in practice. Participant 2 stated: "*You know, something that I have experienced myself ... when people with similar problems come to me, I understand it better.*" One can then assume that the experiences and personal history of the social workers can aid their insight and ability to relate to the life stories of child clients.

Considerations for initial contact sessions with a child client

It is advisable for social workers to establish their own pattern for introductory sessions with children. A well-established but adjustable pattern for introductory sessions allows the worker to focus on the child rather than the next activity. According to participant 5, this "*makes the process easier*" and more fluent. Yet one should guard against becoming rigid in a specific pattern, as participant 6 stated "*what works with the one, does not work for the next child.*" Consequently sensitivity to the specific child and situation is necessary. In the next section a few patterns are discussed that emerged from the data regarding initial individual sessions with child clients.

Pre-meeting stage

Kroll (2010:70) refers to the stage before actual contact with the client as the "tuning" in period. During this stage Geldard *et al.* (2013:49) attempt to gather complete information about the child. Geldard *et al.* (2013:51) also suggest meeting the parents before meeting with the child to explain the process to them, to decrease parental anxieties and to gather further information. Child participant F contributed to the pre-meeting stage by requesting that social workers should notify him of an intended visit. This is an important procedure, as Spray and Jowett (2012:79) reported that apprehension increased when a social worker makes impromptu visits.

First impressions

Establishing rapport typically begins with greeting the client warmly and asking the client how he prefers to be addressed (Hepworth *et al.*, 2013:47). The child participants appreciated that social workers greeted them with a handshake, made eye contact and introduced themselves. Rapport is the initial assessment of a person based on first impressions, on the basis of which clients decide whether they will return to the sessions, how much information they will divulge (De Boer & Coady, 2007:33; Hepworth *et al.*, 2013:38; Holland, 2011:77) and whether they will allow change to be facilitated (Ackerman & Hilsenroth, 2003:7; Black-Hughes & Strunk, 2010:105; Hepworth *et al.*, 2013:47). First impressions are thus important (Spray & Jowett, 2012:46). Courtesy helps to establish rapport with the client. The social worker must be on time, attend to the client's comfort, listen carefully and remember the client's name (Spray & Jowett, 2012:46). These aspects convey to the client the value of dignity and worth (Hepworth *et al.*, 2013:48). Two child participants mentioned that the social worker forgot their names and one participant appreciated the effort made by the social

worker to write down her name correctly. However, in line with Kroll (2010:70), social work participant 6 and child participants D and F mention that note taking during the initial session might break contact with the client.

Joining with the child

The participant social workers suggested that the child clients be given a quiet calm time during the first session, when they can orientate themselves towards the setting and the social worker and so adjust to the new situation. Furthermore, the social worker should not initially engage in talking, but rather enjoy calm moments together while, for instance, working with clay or drawing. Kroll (2010:70) is of the opinion that it is best to "be" rather than to "do" during this stage of the meeting. This is in line with the suggestion by Geldard *et al*. (2013:52) that the practitioner meets the client, along with the parents, in the waiting room. This allows the child a time where he can observe the social worker in the safety of his parents' presence. Children witness how their parents engage with the social worker and consequently gain permission to engage with the social worker. Some children enjoy a routine to help them enter a playroom (Carroll, 2002:182). The social worker can then show children the counselling environment and let them know where the parents will be waiting (Geldard *et al*., 2013:53).

Positioning

Miller (2012:85) suggested that the intervention should start with the social worker alongside the child. The social workers and children agreed that it is best if the social worker moves from behind her table to greet and talk to the child client. The child participants also prefer a social worker next to them rather than sitting behind a table.

Warm-up period

Small talk helps to establish rapport with the client (De Boer & Coady, 2007:38). Most clients come to the social worker with a degree of apprehension, viewing the need for help as a failure on their part and feeling embarrassed about opening up about their personal lives (Hepworth *et al*., 2013:47). Hepworth *et al*. (2013:48) suggest starting the conversation with light chatter to "warm up" instead of plunging in with serious problems. Social work participant 4 stated in this regard: "*we are so focused on the problem that we forget we can talk about the weather as well.*" Children appreciate a little problem-free talking and interest in their world, for example, their friends or games. Yet child participant F preferred not to talk about school-related topics. Sensitivity is important, because some clients want to talk about their problems immediately and their anxiety level may grow if the social worker delays with a warm-up period (Hepworth *et al*., 2013:48).

Reason for referral

Some social work participants do not address the reason for referral immediately, especially if it is a sensitive case, for example, sexual abuse, while other social work participants prefer to address the reason for referral immediately. Social work participants could not decide which is best and decided that it depends on the context of the case. Social work participant 4 suggested starting with the child client's perception of the reason for the referral, clarifying if necessary. The child's perception of the reason

for referral can raise obstacles in establishing the helping relationship (Spray & Jowett, 2012:46) and thus needs to be addressed. Child participant D noted that if he was the social worker *"he would have explained what he was doing there* [when visiting a child client]*"*. Carroll (2002:180) interviewed play therapists who described their initial process, which included a discussion on the purpose of the intervention.

Confidentiality

The helping relationship with the practitioner should be confidential, because it promotes trust (Geldard *et al*., 2013:11) as portrayed by the statement of child participant C: *"if she tells my grandma, I'm not going to tell her anything again."* Therefore confidentiality and the limits to confidentiality are discussed during the initial phase (Spray & Jowett, 2012:51). Social work participants 1 and 6 explain confidentiality as well as how feedback to the parents will commence. A significant other is usually present during initial contact between the child and social worker (Spray & Jowett, 2012:43). However, according to social work participants 4 and 6, the presence of the significant other can intimidate the child, causing the child to not engage. On the other hand, they said that it can enhance feelings of safety in the child, which then causes the child to engage fully in the session. Sensitivity to the non-verbal cues from the child will direct the social worker; however, Landreth (2012:182) suggests seeing the child alone.

Unfortunately other role players can disclose information on a case. Some child clients may then wrongly assume that it was the social worker who broke confidentiality and this assumption affects the relationship detrimentally. Social work participants 2 and 6 reported this experience and consequently addressed this with their clients beforehand, compelling them to discuss wrong assumptions in order for misconceptions to be clarified. When social workers manage a fluctuation in trust, they become a model for the client and convey the commitment to improve the helping relationship (De Boer & Coady, 2007:39; Joyce & Sills, 2010:44).

The role of the social worker

When child participant B was asked about her perception of the role of the social worker, she replied: *"I haven't found out yet."* Considering that the relationship is built through a mutual working towards the same goals (Joyce & Sills, 2010:43), it is obvious that the relationship will be jeopardised if the child client is not aware of the social worker's goals or purpose. Children get to know adults in different roles such as teachers, uncles and parents. They form expectations towards how adults react and how they should relate to them. The helping relationship is different and thus it should be explained to children so they can know what to expect of the social worker (Geldard *et al*., 2013:13). The client needs to realise that the social worker is trying to be helpful, has similar goals and is committed to remain engaged in the process even when it becomes difficult (Joyce & Sills, 2010:44).

Importance of play

Skills are needed to involve (Seden, 2005:34) and to communicate with children on their developmental level (Timberlake & Cutler, 2001:21). A child's play forms a "narrative

metaphor" or communication between the practitioner and the child client (Carroll, 2002:108; Timberlake & Cutler, 2001:39). The social work participants reflected that a "*questions and answer*" style does not engage the child in conversation. Participant 4 and 6 suggested rather engaging the child while he or she is busy playing. Participant 2 reflected that: "*a large amount of information already emerges by* [focused] *playing with a child.*" By playing with the child the social worker tries to get the child's attention. Participant 6 noted that when a child enjoys the intervention session, he feels noticed by the social worker, which adds to his internal motivation to attend the next session. Participant 6 reported that these feelings thus generate continuity, which in turns aids relationship building.

Choices and control

Spray and Jowett (2012:50) acknowledge that children often feel powerless in their relationship with adults. Providing children with non-threatening choices during the session can aid them to regain their sense of control (Landreth, 2012:186). Children are empowered by choices and having their requests respected (Carroll, 2002:182). Allowing choices relates to the social work value of self-determination, where clients can exercise control over their own lives (Black-Hughes & Strunk, 2010:106; Reyneke, 2010:235). The child and social worker should be equals in the helping relationship (Blom, 2006:56). Social work participant 1 stated that the child is the expert in the intervention session, whereas social work participant 2 recommended that social workers should allow the child client to lead the pace of the intervention. Allowing the child to lead the intervention session communicates the value of respect towards the child client (Landreth, 2012:188).

Ending the initial session

The child should be warned of the approaching ending of the session (Landreth, 2012:206). Participant 1 feels it is very important for her to end a session on a good note. Child participant C preferred that the social worker walk her out at the end of the session.

RECOMMENDATIONS

- It was found that children in the rural context are not familiar with play material. Further research is needed to evaluate the uses of play therapy skills and material with rural children, who are not generally exposed to direct social work intervention.

- Research is needed on how to engage the involuntary child, anxious of removal, in a trusting relationship with a social worker.

- The social work participants indicated that they lacked skills regarding individual work with distressed children. In rural areas social workers do not have many referral resources and are expected to deliver these services to children. It is recommended that the NGOs in rural areas build the knowledge and skill base of the social workers, especially on handling trauma and resistance in children.

CONCLUSION

At times it becomes necessary for rural social workers to intervene directly with children. Direct intervention requires a helping relationship to be established during the initial social work phase, because "it is the quality of the engagement" that allows the child client and social worker to "move beyond surface or mundane conversations" (Ruch, 2010:22). Consequently, the initial relationship-building experiences of rural social workers and child clients were explored through an ethically sound qualitative case study research design. During data collection the rationale for building a relationship with a child client was discussed as well as the factors that influence the relationship experience. The social workers' professional attributes were highlighted as vital in approaching the client. Furthermore, a pattern that the participants favoured during initial sessions emerged from the data and was mentioned for further contemplation. The study enhanced understanding of the challenges of relationship-building experiences of both the social worker and child client in the rural Boland district. The study contributes to the literature by raising renewed awareness of the importance of relationship building with child clients, adding the participants' experience in approaching a child client successfully and making recommendations for further research. Of special value was hearing the voices of child clients on their initial contact with social workers.

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