

# **Relationship building during the initial phase of social work intervention with child clients in farm communities in the Boland district**

**CJ Marais**  
**13016792**  
**B.A Social Work**

Dissertation (article format) submitted in fulfillment of the requirements for the degree *Magister* in Social Work at the Potchefstroom Campus of the North-West University

Supervisor: Dr M van der Merwe  
May 2014



## DECLARATION

I, the undersigned, hereby declare that this research, **Relationship building during the initial phase of social work intervention with child clients in farm communities in the Boland district**, is my own original work and that I have not previously in its entirety or in part submitted it at any other university in order to obtain a degree.

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Cecilia Johanna Marais

Date:

## LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor. I, the supervisor, declare that the input and effort of Cecilia Johanna Marais in writing this article reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree *Magister in Social Work*.

M. van der Merwe .

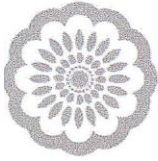
Dr. Mariette van der Merwe

Supervisor

## **MAGISTER IN SOCIAL WORK IN ARTICLE FORMAT**

This thesis is presented in an article format as indicated in rule A.5.4.2.7 of the North-West University, Potchefstroom Campus Yearbook. The article comprising this thesis is intended for submission to the journal *Social Work/Maatskaplike Werk*. Please note that the references provided in the article in Section B are according to the author guidelines of the journal (provided in Appendix I), while the rest of the thesis is referenced according to the Harvard method, as provided by the 2012 NWU Referencing Guide.

**VERKLARING DEUR TAALVERSORGER**



Liezl Potgieter

E-mail: [liezlp@vodamail.co.za](mailto:liezlp@vodamail.co.za), Tel: 084 683 3702, Fax: 086 694 3442

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26 September 2013

**To whom it may concern**

I, Liezl Potgieter, hereby declare that I have done the language editing of the thesis by Cecilia Johanna Marais (student number 13016792) titled: "Relationship building during the initial phase of social work intervention with child clients in farm communities in the Boland district" to be submitted in partial fulfilment of the requirements for the degree Magister in Social Work at the Potchefstroom Campus of the North-West University.

Yours sincerely



Dr. Liezl Potgieter

B.A. (Language and Culture) (Stb, 2002)  
Postgraduate Diploma in Translation (Stb, 2003)  
M.Phil. (Translation) (Stb, 2006)  
PhD (Lexicography) (Stb, 2011)

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- My Heavenly Father for being the “lamp on my foot” that guided my way

*And if by chance we find each other,*

*It's beautiful.*

*~a part of a poem by Fritz Perls~*

*“The human heart yearns for contact – above all it yearns for genuine dialogue... Each of us secretly and desperately yearns to be “met” – to be recognized in our uniqueness, our fullness and our vulnerability” (Hycner and Jacobs, 1995:9)*

## PREFACE

For clarification purposes the researcher would like to mention the following points:

- ❖ In the text the researcher referred to children collectively as “he” instead of writing out “he/she” each time.
- ❖ When the researcher referred to social workers she used the personal pronoun “she”.
- ❖ Literature has a few beautiful descriptive names for “relationship”, like the “working alliance”, “connection”, etc. For the purpose of uniformity the researcher referred to it in the text as the “helping relationship”.
- ❖ All the literature available regarding relationship was not written in the context of social work. The text thus referred to “counsellor”, “therapist”, “helper”, etc. For the purpose of this study, the researcher refers to the “social worker”.
- ❖ The researcher uses Cole *et al.*, 2005. There is a more recent edition released in 2013 but not yet available in the library or on the internet. For the purpose of this study the researcher used the previous edition.
- ❖ Due to the scope of practice of social work the study does not refer to therapy with children but to the individual intervention with children.
- ❖ In the section regarding the findings and themes that surfaced from the data, the social worker does not repeatedly refer to the social workers “that took part in the study” but only the social workers and children, accepting that the reader would understand that she is referring to the participant social workers and/or children.
- ❖ A literature source with publication date 2014 was used, namely Jones-Smith, E. 2014. *Strengths-based therapy: connecting theory, practice, and skills*. Los Angeles: Sage. Although the copyright date is 2014, this publication is already available in book form and was sourced at the North-West University library in Potchefstroom.
- ❖ In portraying the findings from the empirical data it was recommended that the researcher first name the finding, then the empirical data and then the literature relevant to the finding. This proves difficult because when the data is

portrayed in this way it loses its thread, and makes it difficult to read. Qualitative data is difficult to portray in this structured manner.



## SUMMARY

Children constitute a large part of the client group that social workers deal with on a daily basis. Establishing a helping relationship between the child client and the social worker is crucial for accurate assessments and successful interventions. In the rural areas there are limited resources for social workers and that impedes referrals for therapeutic interventions with children. The social worker is then expected to be able to intervene in order for children to deal with their problems and improve their well-being. If the social worker is unable to establish a relationship with the child client, then his/her assessments and interventions would be affected detrimentally. The literature is clear that an established helping relationship is necessary in order for social workers to be able to intervene successfully. This study endeavoured to qualitatively explore the relationship building experiences in the initial phase of social work intervention between social workers and child clients in their middle childhood years.

The findings of the study showed that it is indeed a wonderful and motivating experience to be able to establish a helping relationship with a child and to be allowed to influence the child's life. But social work is practical and sometimes has to focus on immediate needs and crisis decisions instead of solely focusing on building a helping relationship. First impressions are lasting and the helping relationship often has to be built swiftly and in difficult circumstance. There are a few major constraints to establishing the helping relationship in the initial phase of social work. Limited time and resources prevent social workers from committing to individual intervention with a child. Children are wary of social workers due to the stigma of statutory work, and building rapport is thus difficult as a result of the resistance the social worker experiences from the child client and/or his parents. Rural social workers often have to travel to the child client as the child does not have the means to come to the social worker, and these guest locations are usually not child- and/or intervention-friendly. The participants observed that the children are not familiar with play material which limits the initial relationship building activities that one can employ. An interesting experience that the social workers had, was that they withdrew from certain individual interventions with children for fear that they might worsen the child's experience due to their lack of skills in working with children on sensitive matters.

Certain professional attributes of the social workers aid the initial relationship building experience with children. It was observed that the natural appeal between the social worker and child plays a significant role in establishing the relationship and that it cannot be forced.

Based on the findings of the study certain recommendations could be made towards further research in the future. Apart from discussing their experiences and constraints in relationship building during the initial phase, the children and social workers also made suggestions for practice. These suggestions were captured in guidelines for the readers of this report. Propositions are made to non-government organisations for training opportunities for social workers in the field. A few recommendations are also made to researchers who propose to do research with children as participants.

*Key terms:* helping relationship, middle childhood, play therapy, social work, social work intervention

## OPSOMMING

Kinders vorm 'n groot deel van die groep kliënte wat maatskaplike werkers op 'n daaglikse basis hanteer. Die vestiging van 'n helpende verhouding tussen die kind-kliënt en die maatskaplike werker is van kardinale belang vir die akkurate evaluering en suksesvolle ingrypings. In die landelike gebiede is daar beperkte hulpbronne vir maatskaplike werkers wat moontlike verwysings van terapeutiese intervensies met kinders belemmer. Daar word dan van die maatskaplike werker verwag om in staat te wees om in te gryp ten einde vir die kinders te help om hulle probleme aan te spreek en hulle welsyn te verbeter. Indien die maatskaplike werker nie in staat is om 'n verhouding met die kind-kliënt te vestig nie, word haar assesserings en intervensies nadelig geraak. Die literatuur maak dit duidelik dat 'n gevestigde helpende verhouding nodig is vir maatskaplike werkers om suksesvol te kan ingryp. Hierdie studie het die verhoudingbou-ervarings gedurende die eerste fase van maatskaplike-werk-intervensie tussen maatskaplike werkers en kind-kliënte in hulle middelkinderjare kwalitatief verken.

Die bevindings van die studie het getoon dat dit inderdaad 'n wonderlike en motiverende ervaring is om 'n helpende verhouding met 'n kind te vestig en om toegelaat te word om die kind se lewe te beïnvloed. Maatskaplike werk is egter prakties van aard en soms moet maatskaplike werkers fokus op onmiddellike behoeftes en krisisbesluite in plaas van om net te fokus op die bou van 'n helpende verhouding. Eerste indrukke is blywend en die helpende verhouding moet dikwels vinnig en in moeilike omstandighede gebou word. Daar is 'n paar belangrike beperkings tot die vestiging van die helpende verhouding in die eerste fase van maatskaplike werk. 'n Tekort aan tyd en hulpbronne verhoed dat maatskaplike werkers hulle kan verbind tot individuele intervensie met 'n kind. Kinders is versigtig vir maatskaplike werkers as gevolg van die stigma van statutêre werk. Dus word die bou van 'n helpende verhouding bemoeilik as gevolg van die weerstand van die kind-kliënt en/of hulle ouers. Landelike maatskaplike werkers moet dikwels 'n afstand aflê na die kind-kliënt indien die kind nie die middele het om te kom tot by die maatskaplike werker nie. Die ontmoetingsplek is gewoonlik nie kind- en/of intervensie vriendelik nie. Die deelnemers het opgemerk dat die kinders nie vertrouwd is met speltherapie materiaal nie, wat die aanvanklike verhoudingbou-aktiwiteite

beperk wat 'n maatskaplike werker kan gebruik. 'n Interessante ervaring van die maatskaplike werkers wat uitgekóm het in die studie was dat die maatskaplike werkers hulle onttrek aan individuele intervensie met 'n kind uit vrees dat hulle dalk die kind se ervaring vererger as gevolg van hulle gebrek aan vaardighede rakende die intervensie met kinders in sensitiewe sake. Sekere professionele eienskappe van die maatskaplike werkers dra by tot verhoudingbou met kinders. Daar is waargeneem dat die natuurlike aantrekkingskrag tussen die maatskaplike werker en kind 'n belangrike rol speel in die vestiging van die verhouding en dat dit nie geforseer kan word nie.

Gebaseer op die bevindinge van die studie, kan sekere aanbevelings gemaak word vir toekomstige navorsing. Afgesien van die bespreking van hulle ervarings en beperkings in verhoudingbou tydens die aanvanklike fase van die maatskaplike-werkproses het die deelnemers ook voorstelle gemaak vir die praktyk. Hierdie voorstelle is vervat in riglyne vir die lesers van hierdie verslag. Voorstelle word gemaak aan nie-regeringsorganisasies vir opleidingsgeleenthede vir maatskaplike werkers in die veld. 'n Paar aanbevelings word ook gemaak aan navorsers wat hulle navorsing wil doen met kinders as deelnemers.

Sleuteltermes: hulpverleningsverhouding, middelkinderjare, speltherapie, maatskaplike werker, maatskaplike werk intervensie

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## **SECTION A**

### **PART 1: ORIENTATION TO THE RESEARCH**

#### **1.1. ORIENTATION AND STATEMENT OF THE PROBLEM**

According to Creswell (2007:102) the best rationale for a research study is to fill a gap in literature or to give a voice for individuals not heard in the literature. This study endeavours to qualitatively explore case studies regarding the relationship building experiences in the initial phase of social work intervention between social workers and child clients in their middle childhood years in the farming and rural Boland district by studying existing cases. This study will explore the experiences of both social workers and child clients. The study will help the researcher to also learn how the rural child in his middle childhood years would prefer a social worker to approach him in order to establish a meaningful helping relationship. This study is situated in the larger research focus of the Centre for Child, Youth and Family Studies, namely; "Support for professionals working with children, youth and families who experience trauma and life stress". Children constitute thirty seven percent 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 far behind those of urban areas (Hall & Lake, 2012:100; Strydom & Thlojane, 2008:34). Poverty is also more associated with rural areas than urban areas (Department of Welfare, 1997; Maritz & Coughlan, 2004:31; Statistics South Africa, 2011:29). The literature distinguishes between rural areas and farming communities in that farming communities are even smaller and situated far apart with even less resources (Schenck, 2004:163-165). The Boland district has large areas that are comprised of farming communities. According to Schenck (2004:164) the quality of life in farming communities is generally low, and service delivery to farm workers is even less accessible than in rural communities.

For the past five years the researcher has been working as a generalist social worker intervening with social and emotional problems at a welfare organisation

situated in a farming community in the Witzenberg District. The resources in this particular farming community are situated far apart and are consequently not easily accessible. The welfare organisation where the researcher is employed renders statutory and supportive services to children and their families who experience a range of psychosocial problems including inadequate parenting practices, deviant minors, neglected, abandoned and abused children, domestic violence, rape, and the treatment of substance abuse. This research will be conducted in the rural Boland district at offices of specific NGO, including Rawsonville and Wolseley, as well as the Witzenberg District mentioned above. In the Annual Report of the NGO (2011/2012) the major problems listed are the occurrence of substance abuse and the ensuing family disintegration. The organisation reached 3582 clients during the 2011/2012 financial year of which 1454 were children. In urban areas with more resources, many of these children would have been referred for further intervention. In the rural area where the researcher works, social workers have to work directly with children without the option to refer. Although these activities can fall within their scope of practice, it is also possible that such social workers may feel ill-equipped for the direct contact with children without the support of referral systems.

Added to the challenges in terms of accessibility and limited resources, Schenck (2004:166) states that it is expected of social workers in rural areas to do everything and to be “a jack of all trades”. Social workers will 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 well-being while assessing the situation (Aldgate, 2011:134; Glicker, 2011:12; Maritz & Coughlan, 2004:32-33; Monnickendam *et al.*, 2010:918; Schenck, 2004:166; Spray & Jowett, 2012:21, 56). At the heart of social work service is counselling, communication and relationship skills (Seden, 2011:55). In the past, social workers were taught to uphold a fairly detached relationship stance with their clients, but recently the social workers’ warmth and concern have been identified as factors contributing to the success of interventions (Seabury *et al.*, 2011:142). Social workers approach their task with a certain value base. Social work values include human dignity and respect for people,

integrity and competence (Seabury *et al.*, 2011:136; Spray & Jowett, 2012:22) and the importance of human relationships (Glicken, 2011:11, 53; Seden, 2011:57).

During initial contact with child clients it is important that the social worker conveys the mentioned values. First impressions are lasting and the helping relationship often has to be built swiftly and in difficult circumstances (Spray & Jowett, 2012:46). 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”. The initial phase of intervention will include the first few sessions where the client and social worker are adjusting to the newness of the situation and starting to build the foundation of a relationship, for instance getting to know each other and establishing the details of the case. This usually comprises the first two or three sessions. Research has suggested that sensitivity and respect in the initial phase of intervention can result in positive working relationships at a later stage (Jones & Ramchandani in Aldgate, 2011:137), enhance the likelihood of accurate assessments, the client’s engagement and opportunity for change (Spray & Jowett, 2012:50).

A respectful helping relationship regarding children should also be maintained. This helping relationship must be based on openness, honesty and fairness (Aldgate, 2011:136; Spray & Jowett 2012:51) and allow the client the right to participation (Aldgate, 2011:134). From a social work perspective, the child’s opinion is of the utmost importance (Aldgate, 2011:133-134), and the social worker must be able to assist the child in engaging in the helping process (Aldgate, 2011:135). Children are often powerless in their relationship with adults (Spray & Jowett, 2012:50) and thus the social worker dealing with a child client has to build a horizontal relationship with the child client (Oaklander, 2007:20). To accomplish this, the social worker should be able to establish a helping relationship with the child (Spray & Jowett, 2012:47) as the quality of this relationship is fundamental to whether child clients will resolve their problems (Glicken, 2011:52) and/or change (Glicken, 2011:45). Having a relationship with the child client will make it easier to notice any changes in the child’s conduct or appearance and enable the child to disclose difficulties (Aldgate, 2011:137; Spray & Jowett, 2012:83). No therapeutic intervention can progress without a helping

relationship (Hycner & Jacobs, 1995:4-5; Oaklander, 2007:20). Researchers and practitioners agree that the helping relationship that develops between the social worker and the child client is essential to the process and outcome of the intervention (Glicken, 2011:52, Powell, 2004:8; Seabury *et al.*, 2011:141). Hence, if social workers are expected to work with children, their initial intervention focus should be on establishing a relationship with the child. Combining the challenges rural social workers face regarding accessibility, limited resources and the lack of skills in relationship building with children, colleagues confirmed to the researcher that building a relationship with a child proves to be difficult.

The helping relationship begins by making initial contact with the child (Oaklander, 2007:22) and Barrows (2004:176) suggests making this initial emotional contact through play therapy. Intervention with children helps them to make sense of their emotional experiences. Children need to relive, express and understand their emotions, beliefs and experiences and children often need to do this through play (Bratton *et al.*, 2005:376; Jackson, 2004:53). Apart from their differences, theorists generally trust play to help children resolve emotional problems (Bratton *et al.*, 2005:377). Play helps social workers to enter the world of the child and increases the willingness of the child to engage in therapeutic activities (Olivier *et al.*, 2004:85). Play therapy training provides the social worker with the necessary skills to make contact with the child client and build a helping relationship (Blom, 2006:19) but unfortunately play therapy is a scarce skill. In a study done by Schenck (2004:162) a few social workers indicated that they use play therapy. Others said that they would like to use play therapy skills as there is a great need for it.

Social workers need appropriate training and supervision when working directly with children (Aldgate & Seden cited by Spray & Jowett, 2012:114). However, when a social worker does not feel skilled enough to work with children that need specialised therapeutic intervention it is best to refer the child to other professionals (Spray & Jowett, 2012:114). Specialised therapeutic intervention is needed because the child growing up in the rural setting is often exposed to alcoholism, domestic violence, marital problems and poor parenting practices (Schenck, 2004:164). This reiterates the challenges social workers in rural areas encounter, for there are not many other professionals to refer children to for specialised therapeutic intervention (Alpaslan &

Schenck, 2012:413). The social worker is therefore also expected to deal with the therapeutic intervention regarding the child (Schenck, 2004:166) but in a study done by Alpaslan and Schenck (2012:409) rural social workers reported that things like “therapy” seldom or never get attended to. This means the child is left within his difficult circumstances while the social worker failed in her main purpose of improving the child’s emotional well-being.

The social worker needs skills to build a relationship with children across a range of ages (Spray & Jowett, 2012:113). For the purpose of this study the researcher will focus on the middle childhood years, ages six to eleven. A child in his middle childhood years is preoccupied with developing his self-concept and bad experiences can have detrimental effects on the development of the real and ideal self (Louw *et al.*, 1998:344). Children in their middle childhood years will understand metaphors, irony and humour that will dramatically expedite relationship building attempts (Louw *et al.*, 1998:340). From the researcher’s personal experience, she finds it difficult to establish a relationship with this specific age group because it is difficult for her to establish common ground and children are often shy during this age. This study is aimed at just one part of the intervention process with children in middle childhood, namely relationship building in the initial phase of intervention. By hearing the opinions of social workers and children on this important aspect, guidelines can be formulated regarding what has been helpful and outlining what has been problematic in relationship building in the initial phase of the helping process for participants of this study.

In summary it can be said that establishing a helping relationship between the child client and the social worker is essential to the successful outcome of the intervention. Children constitute a large part of the cases social workers deal with (Aldgate, 2011:132). Consequently it is important for social workers to be able to quickly build a respectful helping relationship with child clients in their middle childhood years, so that accurate assessments and interventions are possible. In the rural areas there are limited resources and that impedes referrals for therapeutic interventions with children. The social worker is then expected to be able to intervene in order for children to deal with their problems and improve their well-being. If the social worker is unable to establish a relationship with the child client,

then her assessments and interventions would be affected detrimentally. The literature is clear that an established helping relationship is necessary, as well as on what a helping relationship include, on how social workers are supposed to establish this helping relationship, for instance approaching the client from a certain value base of human dignity and respect, and using active listening skills, but little research has been done on *how* the social workers in practice create a helping relationship with children from a low socio-economic rural community. Little research has been found on how social workers and children experience relationship building during the initial phase of intervention. For this reason the study focuses on relationship building during the initial phase of social work intervention with child clients in their middle childhood years in farm communities in the Boland district.

From the above problem formulation the following research question emerged: What are the experiences of social workers and their child clients with regard to relationship building during the initial phase of social work intervention?

## **1.2. AIM**

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.

## **1.3. CENTRAL THEORETICAL STATEMENT**

Rural communities do not have adequate resources to provide a full range of supportive services to children; consequently the social service office becomes responsible for the improvement of well-being and facilitation of change in children's lives (Glicken, 2011:12; Maritz & Coughlan, 2004:32-33; Monnickendam *et al.*, 2010:918; Spray & Jowett, 2012:21) by delivering statutory and supportive services to families. Social workers approach this service delivery by valuing the importance of respectful relationships towards clients (Glicken, 2011:11; Seabury *et al.*, 2011:136; Spray & Jowett, 2012:22). Children constitute a large part of the client

system that the social worker typically deals with on a daily basis. Therefore it is important for social workers to have skills enabling them to establish relationships with children because the quality of this relationship is fundamental to whether the child client will resolve his problems and eventually change (Glicker, 2011:52; Hollis in Seabury *et al.*, 2011:125). Thus establishing a relationship with the child client becomes paramount (Hycner & Jacobs, 1995:4-5; Oaklander, 2007:20). If a social worker in a rural area does not feel comfortable in establishing a helping relationship with a child client and has few referral resources, then the child client may be harmed by inefficient interventions. Schenck (2004:158) has proven that social workers in rural areas need skills to establish a helping relationship with a child in order to deliver effective therapeutic interventions to children which leads to the following central theoretical statement: If social workers have skills in relationship building with children they will be able to assist children in addressing their problems and needs.

## **1.4. RESEARCH METHODOLOGY**

### **1.4.1 Literature study**

The general purpose of the literature study is to bring the researcher up to date with previous research on the topic, pointing to general agreements and disagreements on the topic of the helping relationship between a social worker and the child client (Babbie, 2005:457). According to Babbie (2005:457) the literature review should show the value of the study and how it fits into the “larger scheme of things”. The literature review have identified the gap between what has already been written on the topic, and what still needs exploration (Maree & Van der Westhuizen, 2007:26). Literature was gathered from search engines like EPSCO Host, Google Scholar, South African electronic publications, Sabinet Online and E-Journals as well as books from the NWU library service.

The literature review focused on:

- Broader theoretical frameworks such as underlying philosophy of research, various approaches to intervention such as strength-based approaches, Gestalt theory and ecosystemic approaches
- The importance of a helping relationship in social work
- Initial relationship building in social work
- Any studies that focussed on the relationship between children and social workers
- The context and culture of the child growing up in South Africa, the Boland, and rural areas as well as the conditions of farm workers in South Africa
- Literature on children in distress
- The different approaches, modes of intervention and techniques social workers use to make contact with their child clients

## **1.4.2 Empirical investigation**

### ***1.4.2.1 Research approach***

A study can be executed either from a quantitative or qualitative perspective. Creswell (2007:35) compares qualitative research to a complicated fabric, made up of different colours and textures. According to Creswell (2007:37) qualitative research begins with an assumption, a worldview and a theoretical lens and studies the meaning people bring to an experience. This study was executed from a qualitative perspective, as it attempted to determine the meaning that both the social workers and the child clients attach to their experiences of relationship building during the initial phase of social work intervention. Qualitative research brings a multifaceted, thorough understanding of the issue (Creswell, 2007:40).

The underlying assumption of this study is ontological. The researcher realises that by exploring the experiences of the children and social workers, she had to embrace multiple realities (Creswell, 2007:16). The intent of the research is to report these multiple realities of both the children and social workers.



The basic belief that guides this study is twofold. On the one hand the researcher wants to understand the meaning that the social worker and child client bring to their relationship building experience, thus a social constructivist worldview applies (Creswell, 2007:20). At the same time, by understanding the experiences of both the child and the social worker, the researcher wanted to make recommendations for practice, which fell into the pragmatic worldview.

#### **1.4.2.2 Research design**

According to Bless *et al.* (2006:71), a research design is a specification of the most adequate operations to be performed in order to implement the study effectively and to gain the necessary insight into the phenomena studied. They suggest that the researcher should have a precise plan and strategy on how to execute the study. One must also mention that often in qualitative studies the researcher cannot rigidly prescribe the research strategy, and all phases may shift after the researcher enters the field due to unforeseen circumstances (Creswell, 2007:39).

The researcher used the case study design to study the initial relationship building experiences of participating social workers and child clients and sought to provide an in-depth understanding of the issue (Babbie, 2005:306; Creswell, 2007:74). A case study is an investigation into an event and aims to describe, explain or better understand the issue at hand (Babbie, 2005:306; Nieuwenhuis, 2007b:75). Nieuwenhuis (2007b:75) mentions that the case study aims to establish a comprehensive understanding of how participants relate and interact, and the meaning they attach to the event being studied, which is the exact nature of this inquiry. The bounded system here was social workers working for a specific welfare organisation in the Boland area and a specific child identified by each social worker with particular focus on relationship building in the initial phase of social work intervention.

### **1.4.3 Research method**

#### ***1.4.3.1 Context for research***

Data gathering starts with choosing the site for the study and gaining access and rapport (Creswell, 2007:117). This study was conducted in the rural Boland District social work offices, within the Boland area of the Western Cape. The researcher is currently employed at one such an office, and hopefully this made gaining access easier because the researcher is already acquainted with the named offices. The procedures of the study and how the ethical issues were handled were submitted to the board of the selected organisation to gain access and rapport.

#### ***1.4.3.2 Participants and sampling***

##### *Population*

The population is the group of people that wants to draw conclusions on, but it is not possible to study the whole group and make every possible observation about them (Babbie, 2005:113). The populations for this study were social workers employed in a rural setting in the Boland and child clients in middle childhood that the social workers work with.

##### *Sampling*

Sampling refers to the method used to select a segment of the population for study (Nieuwenhuis, 2007b:79). Purposeful sampling is a non-probability method of sampling which means the researcher selects the site and cases because they can “purposefully” inform the understanding of the issue being studied (Babbie, 2005:189; Bless *et al.*, 2006:106; Creswell, 2007:126) and has certain characteristics that can answer the research question (Nieuwenhuis, 2007b:79). Thus the cases that the researcher used, was identified by participating social workers on the grounds that they are typical samples and can inform the researcher on the issue being studied.

Creswell (2007:75) suggests that purposeful maximal sampling should be used in a qualitative case study design because the cases that are selected can provide different perspectives on the issue being studied. He suggests not including more than four or five participants (Creswell, 2007:128) whereas Nieuwenhuis (2007b:79) suggests that the sampling should be flexible and continue until the data becomes saturated. The cases in this research were chosen on the grounds that they could provide rich data with recurring themes and the researcher continued with data collection until the data became saturated (Fouché & Schurink, 2011:321).

Social workers in the rural Boland district were asked to identify one child client with whom they have had to build a trusting relationship during the course of their work. The child clients were also asked to give their experiences of the relationship that existed between the social worker and themselves.

*Criteria for inclusion for social workers:*

- Social workers employed at a specific non-government institution, working in the rural Boland District.
- Social workers must have at least three months of work experience as social workers because this would have allowed the social worker to experience relationship building practices with children.
- Both genders were included in this study.
- The researcher can speak Afrikaans and English and thus participants of these two language groups were included in the study.

*Criteria for inclusion for child clients:*

- The child clients must be registered clients of the organisation.
- The child clients must be between six and eleven years of age.
- Both genders were included in the study.
- The researcher can speak both Afrikaans and English and thus participants of these two language groups were included in the study.

#### **1.4.4 Data collection**

Qualitative researchers collect data in the field where the participants experience the phenomena. The data is collected by the researcher in an “up-close” style (Creswell, 2007:37). The researcher’s subjectivity cannot be eliminated in the research process, because the researcher becomes the “research instrument” (Nieuwenhuis, 2007b:79). The data was collected in multiple forms with the focus on finding the meaning that the participant attaches to events (Creswell, 2007:39; Nieuwenhuis, 2007b:75).

##### ***1.4.4.1 Method of data collection***

Qualitative designs typically make use of multiple sources of data collection (Creswell, 2007:75). The four basic types of information collection methods are interviews, observations, document analysis and audio-visual materials (Creswell, 2007:43). In this study, semi-structured interviews were used for data collection as it brings stories to the fore and helps people to create meaning (Greeff, 2011:342). Focus groups are used as interviewing method when one wants to explore feelings and thoughts and not just behaviour (Greeff, 2011:341). The focus groups bring information to the fore that would not have surfaced in one-to-one interviewing (Greeff, 2011:341; Nieuwenhuis, 2007b:90). In this study a focus group were conducted with social work participants, followed by individual semi-structured interviews with the social workers and semi-structured interviews with the child participants.

##### *Focus group*

The researcher plans to approach her colleagues in the rural Boland District to gather information regarding their experiences with relationship building with children in their middle childhood years from the Boland rural area by using a focus group. The interviewee’s were the researcher’s colleagues in the rural Boland district and thus rapport and a relationship as foundation for conversations are already

established. The focus group is a group interview and is carefully planned to obtain perceptions on a defined issue in a relaxed non-threatening environment (Greeff, 2011:361). Nieuwenhuis (2007b:90) distinguishes between a group interview and a focus group stating that in a focus group one can debate about the responses given because it stimulates group dynamics. The focus group were planned to coincide with a group supervision session that is held quarterly. The researcher plans to have one focus group with the social work participants that are part of the work group in the rural Boland district. Each participant was contacted before the planned date and asked permission as well as receive information on their participation in the focus group.

#### *Follow-up interviews with social workers after focus group discussion*

For the purpose of gathering more data and for crystallisation the focus group participants were also involved in individual semi-structured one-on-one interviews after the focus group, as suggested by Nieuwenhuis (2007b:87). After their participation in the study the researcher verified her understanding of what the participants said via e-mail for the purpose of trustworthiness (Schurink *et al.*, 2011:420). This member checking aided the process of identification and correctness of themes (Nieuwenhuis, 2007b:86) and the interpretation thereof.

#### *Interviews with children*

The children between the ages of six to eleven years that were identified through the interviewed social workers were contacted by each social worker to ascertain willingness and obtain preliminary consent from them and their parents. The researcher arranged the times for interviews and conducted a semi-structured one-on-one interview with each child participant. The aim of a one-on-one interview is to see the world through the eyes of the participant (Nieuwenhuis, 2007b:87). The semi-structured interviews with the child participants included art-based data collection (Mitchell *et al.*, 2011:19-20) where children were asked to portray their experiences of the first contact with the social worker in drawing or to play it out with

dolls. This were not projection, but were used to enhance verbal discussion. The semi-structured interviews were based on tentative themes from the focus group transcription (included as Addendum B).

The interview questions may change slightly over the course of the study, reflecting a deeper understanding of the issue (Creswell, 2007:43; Babbie, 2005:313). Semi-structured interviews were used because it is flexible, but gives enough guidance for the purpose of comparing the data (Greeff, 2011:352). The researcher had a preliminary interview schedule that might be adjusted during the interview process to acquire more in-depth data on the cases being studied.

#### **1.4.4.2 Procedures**

- The research protocol will, after approval by the university board, be forwarded to the management of the specific organisation, a non-government organisation in the rural Boland district. The manager of Social Services of the rural Boland district gave written permission to the researcher in order for the researcher to approach her area's social workers. The researcher is known to the manager of Social Services and after reading the protocol and a discussion to answer uncertainties, gaining trust and getting permission to enter the field should not prove too difficult. There have been preliminary discussions on the proposed research and the topic and the organisation's management has approved the concept.
- The participant social workers were approached by the researcher and all the necessary ethical aspects were discussed with them, giving them the reassurance that they can withdraw at any time.
- A focus group were conducted with the social work participants to establish their experiences with regard to relationship building with children in their middle childhood years. Permission was obtained from the non-government organisation to make use of their offices for the focus group with the social workers, or alternatively the social workers can have their focus group on the date of their quarterly group supervision.

- After the focus group with the social workers, the researcher conducted a semi-structured one-on-one interview with each social worker to verify their experiences and obtain more data.
- The researcher's understanding of what the participant social workers said during the focus group and one-on-one interviews and the themes extracted during data analysis were verified with the specific participants through e-mails (Nieuwenhuis, 2007b:87).
- The researcher plans to ask each social work participant to identify a child in his middle childhood years from her case load.
- After parental consent was received, these children were contacted by the social worker and asked whether the researcher can contact them to be part of her study. If they gave their permission the social worker asked for their contact details and made and confirmed each appointment. On the first meeting with the child and his parents or caregivers, the ethical aspects as well as the details of the study were discussed. The participants were able to provide or withhold informed consent, and the participants were allowed to withdraw at any time.
- The details and ethical aspects of the study were also discussed with the children, and the researcher got their permission to record the conversations for data-analysis purposes.
- After the necessary consent was established, the children were contacted for appointments to conduct the one-on-one interviews with each child. The researcher asked the child client and parents whether she could come to their home, or otherwise asked them to suggest an alternative venue.
- All the recorded interviews were put on DVD's. Back-ups were made and after completion of the study they were stored in safe storage at the Centre of Child, Youth and Family Studies in Wellington. The data were recorded on a video camera and all the participants' permission was gained beforehand, setting the video camera in a way to make them feel comfortable. The reason for recording the data (accurate data analysis) was explained to the participants.
- All the interviews were facilitated by the researcher herself and thus it was not necessary to train field workers.

### 1.4.5 Data analysis

Analysis begins by going back to the purpose of the study (Greeff, 2011:373) to extract some understanding or interpretation from the participants on the relationship building experience they had in the initial phase of social work intervention. Qualitative data analysis endeavours to establish how people make meaning by analysing their perceptions, attitudes, feelings and experiences (Nieuwenhuis, 2007a:99). Conventional content analysis is used in a study design where the aim is to describe a phenomenon where the existing theory on the named phenomenon is limited. The goal of content analysis is to provide knowledge and understanding to the phenomenon studied by looking at the data from different angles with a view to identify categories that helped with interpretation of the raw data (Nieuwenhuis, 2007a:101). The researcher did not use preconceived categories taken from existing literature, but rather allow the categories and names of categories to flow from the data (Hsieh & Shannon, 2005:1279). The idea is not to reduce the interview themes to code, but rather to capture the richness in the interview (Greeff, 2011:360). Thus an inductive analysis was used where findings emerged from frequent, dominant or significant themes inherent in the raw data (Nieuwenhuis, 2007a:99).

- The data review and analysis were done in conjunction with data collection (Creswell, 2007:150; Nieuwenhuis, 2007b:79).
- The researcher made notes directly after the focus group and individual interviews, reflecting on the interview and the information gathered, the group dynamics and non-verbal aspects (Greeff, 2011:373; Nieuwenhuis, 2007a:100), as well as record the focus group on camera.
- Field notes were made directly after the interviews and interviews were transcribed as soon as possible after data collection. It is important to note that field notes were not an additional form of data collection. It was used to record non-verbal actions and served more to enhance trustworthiness. In this regard it differs from participant observation field notes which according to Schurink *et al.*, (2011:399) would be seen as a method of data collection.

Data analysis does not follow a linear process or steps but are flexible and circular phases, as proposed by Braun and Clarke (2006:87):



- Step one: Data analysis starts with reading and re-reading all data repeatedly to achieve immersion, to become familiar with the text (Schurink *et al.*, 2011:402) and to start seeing patterns.
- Step two: Data is then read word for word in order to derive codes and the researcher makes notes of her first impressions, thoughts and initial analysis (Braun & Clarke, 2006:87; Hsieh & Shannon, 2005:1279; Whittaker, 2012:92-108).
- Step three: During this phase the researcher searches for themes in the data.
- Step four: All the themes are reviewed to ensure accurate reflection of the data.
- Step five: The themes are named and definitions are linked to specific themes. Added to the data analysis, the researcher also proposes to verify the findings with participants to increase the trustworthiness of the study.
- Step 6: The researcher produces her findings in a report.

The necessary actions were taken to ensure that the study were credible, transferable, dependable and confirmable as discussed in 1.5.7 below.

#### **1.4.6 Ethical aspects**

This research has been designed to fall under the Centre for Child, Youth and Family Studies project: Developing sustainable support to enhance quality of life and well-being for children, youth and families in South Africa: a trans-disciplinary approach. The ethics number of this project is NWU-00060-12-A1. The researcher closely adhered to the SACSSP Code of Ethics regulating professional conduct.

The fact that human beings are the objects of study brings ethical issues to the fore (Strydom, 2011:113) because the complexities of private life is accounted in the public arena (Brinkmann & Kvale, 2008:263). Ethical guidelines are put in place to ensure that information will never be attained at the cost of the individual (Strydom, 2011:113). Strydom (2011:114) defines ethics as a set of moral principles that are widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards every individual that is involved in the study. Brinkmann and

Kvale (2008:273) warn against seeing ethics as common sense, because then the researcher did not anticipate the consequences of the study. Ethics guidelines basically fall into two categories:

- a) responsibility to the participants in the study, and
- b) responsibility to the discipline of science (Strydom, 2011:114).

### *Responsibility to the participants of the study*

Ethics ensure that the proposed study brought no physical or emotional harm to the individual (Strydom, 2011:115) but rather benefit the participant by improving the circumstances or increasing knowledge about the phenomenon (Brinkmann & Kvale, 2008:265). Emotional harm is difficult to predict, and to counteract this the participants were informed about the potential impact of the investigation and given the opportunity to withdraw. The study were designed to induce minimum harm to the participants by gathering the necessary consent, explaining the purpose of the study to the participants, debriefing the participants after the interviews, answering questions and allowing participants to withdraw at any stage they feel the need to and by respecting confidentiality issues (Strydom, 2011:115). Beneficence is a responsibility to maximise possible benefits and to minimise possible harm (Strydom, 2011:116; Mack *et al.*, 2005:9).

Informed consent implies that accurate and complete information is given to the participant on the goal of the study, the expected duration of their involvement, the procedures followed during the study and the possible advantages and disadvantages that they might be exposed to so that participants can choose whether they want to be part of the study or want to withdraw (Strydom, 2011:117; Brinkmann & Kvale, 2008:265-266; Mack *et al.*, 2005:9). The parents or guardian of the child were asked permission for the researcher to contact the child. If permission is granted, the researcher also explained everything to the child participants in child-friendly language, and obtained their permission and informed consent before proceeding with the interviews. From the onset participants were informed of every aspect of the study and no part or intention were withheld from them. Strydom

(2011:118) states that participants should not at all be deceived to ensure their participation by deliberately offering incorrect information or deliberately withholding some information from them (Strydom, 2011:118). Participation in the study was at all times voluntary (Brinkmann & Kvale, 2008:266; Strydom, 2011:116). Sensitive information were kept confidential and anonymous (Brinkmann & Kvale, 2008:265-267; Strydom, 2011:115,120) by separating real names from data, and by referring to them as “Participant 1”, etc. instead of their names. For the duration of this study all data were locked away when the researcher is not using it. Children are a vulnerable population and thus the researcher should be sensitive to the potential the research might reactivate the trauma that the children experienced and caused them to initially go to the social work offices (Creswell, 2007:44). In order to prevent this, the interview schedule only focused on the relationship building experience of the child, and not on the issues why the child had to attend social work services. The researcher is of the opinion that the study poses minimum harm to the participants, by being honest with participants regarding the purpose of the study and explaining that the researcher tried to gain greater insight and understanding of the dynamics of their situation. When necessary, the social worker assigned to the case at the non-government organisation in the rural Boland district contracted a colleague to debrief the client she identified for the study after the researcher conducted the one-on-one interview to ensure the minimum harm to the client.

### *Responsibility to the discipline of science*

Due to the fact that the researcher is the main instrument to obtain knowledge in qualitative studies (Brinkmann & Kvale, 2008:268, 276) the researcher must be certain that she is competent and adequately skilled to undertake the study and be honest and objective about the outcomes she finds (Strydom, 2011:123). The researcher contextualised the information portrayed in the findings and provided “thick narrative descriptions” of situations rather than “snap-shot” views on circumstances (Brinkmann & Kvale, 2008:277).

The researcher did not directly copy the ideas of another person and pass it off as her own (Strydom, 2011:123; Van der Walt, 2006:13). The outcome of the research

was correctly and clearly published in a written form to the reading public and the findings were not manoeuvred to reflect the researcher's theoretical statement (Strydom, 2011:126). The outcome of the study will also be communicated, most likely in less scholarly language, to the participants of the study (Strydom, 2011:126).

#### **1.4.7 Trustworthiness**

Creswell (2007:206) considers trustworthiness in qualitative research to be an attempt to assess the accuracy of the findings as described by the researcher and participants. Therefore trustworthiness is a crucial aspect of a study (Nieuwenhuis, 2007b:80). Lincoln and Guba (in Schurink *et al.* 2011:419-420) propose four constructs that reflects the assumptions in qualitative data more accurately.

- *Credibility* ensures that the subject has been accurately described. The researcher ensured that there is a match between the participant's views and the researcher's representation of these views. This was done by emailing the conclusions and summarised interview data to the social work participants. Greeff (2011:360) and Creswell (2007:208) are of the opinion that it raises the credibility of the study to give a summary of the interview to the participants in order for them to approve that it accurately reflects their views.
- *Transferability* is about whether the findings of the research can be transferred from a specific case to another. The use of multiple sources and techniques in the data-gathering process increases the transferability of the study, but in a case study research the aim is to provide insight of the dynamics of the relationship between a child client and the social worker, and not to make a generalising statement (Nieuwenhuis, 2007b:76). Multiple methods of data gathering are usually considered to lead to generalisability. In this specific study only interviewing (one-on-one interviews and focus groups) were used for data gathering because observation and document analysis would have increased the difficulty to gain access to the organisation.
- *Dependability* confirms that the research process is logical, well-documented and audited. The proposed study was under the direct involvement of a

supervisor from North-West University with the purpose to ensure that the proposed methods are sound.

- *Confirmability* refers to whether the research findings could be confirmed by another and that the researcher corroborates the findings and interpretations by means of auditing. The researcher sought literature from several sources about the study that might contradict or support the data and have other researchers and supervisors review the data procedures (Creswell, 2007:45).

The study findings were authenticated because the different voices were heard, from the child clients to the social workers. The limitations of the study were determined before the study commences, and the researcher made use of critical reflections to ensure the integrity of the study (Creswell, 2007:206).

In a qualitative study the aim is to gain a deeper understanding of the phenomena studied and the unique reality and experiences of the participants, thus the research does not measure an exact finding, but rather an emerging reality (Nieuwenhuis, 2007b:81). Crystallisation is therefore suggested as an alternative method to increase the credibility of the study. Crystallisation implies that the information is like a crystal with many different perspectives and has a countless assortment of shapes because the crystal grows and changes, just like the data selected. The reality emerges from the data gathered, the analysis and the researcher's own interpretation and understanding of the phenomena (Nieuwenhuis, 2007b:81). This crystallised reality that emerges is credible as long as those reading the data were able to see the same emerging pattern, adding to the trustworthiness of the study (Nieuwenhuis, 2007b:81). Both Nieuwenhuis (2007b:81) and Ellingson (2009:4-10) refer to the seminal work of Richardson (2000) in outlining the importance of using multiple ways of data collection and analysis in order to obtain thick descriptions and "make" sense of data through more than one way of knowing" (Ellingson, 2009:11).

### **1.4.8 Format of research report**

#### *Section A: Orientation to the research*

- This part of the report gives an orientation to the study including a problem statement, the aims and objectives of the study and the research methodology that the researcher plans to use during the study.

#### *Section B: Journal Article*

- This section is made up of a journal article that was based on the findings of the study. The article will be submitted for publication in the *Maatskaplike Werk /Social Work Journal*. The following typical format was used: Introduction, Literature overview, Methodology, Findings and Conclusions

#### *Section C*

- This section consists of the summary, evaluation and recommendations of the study.

#### *Section D*

- All the addenda are included in this section. This includes author guidelines for the proposed journal.

#### *Section E*

- This section contains a consolidated list of references that were used throughout this research study.

## REFERENCE LIST

- Aldgate, J. 2011. Child and family focussed work in children's services. (*In* Seden, J., Matthews, S., McCormick, M., & Morgan, A., eds. Professional development in social work: complex issues in practice. New York: Routledge. p. 132-138).
- Alpaslan, N. & Schenck, R. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social work/Maatskaplike werk*, 48(4):400-419.
- Babbie, E. 2005. The basics of social research. 3<sup>rd</sup> ed. Belmont: Thomson.
- Barrows, P. 2004. "Playful" therapy: working with autism and trauma. *International Forum of Psychoanalysis*, 13(3):175-186.
- Bless, C., Higson-Smith, C. & Kagee, A. 2006. Fundamentals of social research methods: an African perspective. Cape Town: Juta.
- Blom, R. 2006. The handbook of gestalt play therapy: practical guidelines for child therapists. London: Jessica Kingsley.
- Bratton, S., Ray, D., Rhine, T. & Jones, L. 2005. The efficacy of play therapy with children: ameta-analytic review of treatment outcomes. *Professional psychology: research and practice*, 36(4):376-390.
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3:77-101.
- Brinkmann, S. & Kvale, S. 2008. Ethics in qualitative psychological research. (*In* Willig, C. & Stainton-Rogers, W., eds. Qualitative research in Psychology. London: Sage. p. 263-279).
- Creswell, J.W. 2007. Qualitative inquiry and research design: choosing among five approaches. 2<sup>nd</sup> ed. Thousand Oaks: Sage.
- Crompton, M. 1990. Attending to children: direct work in social and health care. London: Edward Arnold
- Department of Welfare **see** South Africa. Department of Welfare.

- Ellingson, L.L. 2009. Engaging crystallization in qualitative research: an introduction. Thousand Oaks: Sage.
- Fouché, C.B. & Schurink, W. 2011. Qualitative research design. (*In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots. 4<sup>th</sup> ed. Pretoria: Van Schaik. p. 307-327*).
- Glicken, M.D. 2011. Social work in the 21<sup>st</sup> century: an introduction to social welfare, social issues and the profession. London: Sage.
- Greeff, M. 2011. Information collection: interviewing. (*In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots. 4<sup>th</sup> ed. Pretoria: Van Schaik. p. 397-423*).
- Hall, K. & Lake, L. 2012. Demography of South African children. (*In Hall, K., Woolard, I., Lake, L. & Smith, C., eds. South African child gauge 2012. Cape Town: Children's Institute, University of Cape Town. p. 80-102*).
- Hsieh, H. & Shannon, F.E. 2005. Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9):1277-1288.
- Hycner, R. & Jacobs, L. 1995. The healing relationship in gestalt therapy: a dialogical/self psychology approach. Santa Cruz: Gestalt journal press.
- Jackson, E. 2004. Trauma revisited: a 5-year-old's journey from experiences, to thoughts, to words, towards hope. *Journal of child psychotherapy*, 30(1):53-70.
- Louw, D.A., Van Ede, D.M. & Louw, A.E. 1998. Human Development. 2<sup>nd</sup> ed. Cape Town: Kagiso Tertiary.
- Mack, N., Woodsong, C., Macqueen, K.M., Guest, G. & Namey, E. 2005. Qualitative research methods: a data collector's field guide. Triangle Park: Family Health International.
- Maree, K. & Van der Westhuizen, C. 2007. Planning a research proposal. (*In Maree, K., ed. First steps in research. Pretoria: Van Schaik. p. 24-45*).
- Maritz, A. & Coughlan, F. 2004. Exploring the attitudes and experiences of South African social work students. *Community development journal*, 39(1):28-37.



- Mitchell, C., Theron, L., Stuart, J., Smith, A. & Campbell, Z. 2011. Drawing as research method. (In Theron, L., Mitchell, C. & Smith, A., eds. *Picturing research. Drawing as visual methodology*. Rotterdam: Sense. p. 19-36).
- Monnickendam, M., Katz, C.H., & Monnickendam, M.S. 2010. Social workers serving poor clients: Perceptions of poverty and service policy. *British journal of social work*, 40:911-927.
- Nieuwenhuis, J. 2007a. Analysing qualitative data. (In Maree, K., ed. *First steps in research*. Pretoria: Van Schaik. p. 99-122).
- Nieuwenhuis, J. 2007b. Qualitative research designs and data gathering techniques. (In Maree, K., ed. *First steps in research*. Pretoria: Van Schaik. p. 70-97).
- Oaklander, V. 2007. *Hidden treasures: a map to the child's inner self*. London: Karnac Books.
- Olivier, Y., De Lange, R., & Reyneke, J. 2004. Product development for play therapy: stimulating children with learning disabilities through the use of their own senses. *Interim: interdisciplinary journal*, 7(1): 82-99.
- Powell, N.J. 2004. The potential of the therapeutic relationship in dealing with learning disabled children. Pretoria: UP. (Thesis – PhD).
- Schenck, C.J. 2004. Problems rural social workers experience. *Social work/Maatskaplike werk*, 40(2):158-171.
- Schurink, W., Fouché, C.B., & De Vos, A.S. 2011. Qualitative data analysis and interpretation. (In De Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L., eds. *Research at grass roots*. 4th ed. Pretoria: Van Schaik. p. 397-423).
- Seabury, B.A., Seabury, B.H., & Garvin, C.D. 2011. *Foundations of interpersonal practice in social work: promoting competence in generalist practice*. 3<sup>rd</sup> ed. London: Sage.
- Seden, J. 2011. The use of self and relationship: swimming against the tide? (In Seden, J., Matthews, S., McCormick, M., & Morgan, A., eds. *Professional*

development in social work: complex issues in practice. New York: Routledge. p. 55-61).

South Africa. Department of Welfare. 1997. White Paper of Social Welfare. Pretoria: Government Printers.

Spray, C. & Jowett, B. 2012. Social work practice with children and families. London: Sage.

Statistics South Africa. 2011. Social Profile of South Africa, 2002-2010. <http://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002002.pdf>. Date of Access: 06 Apr. 2012.

Strydom, C. & Tlhojane, M.E. 2008. Poverty in a rural area: the role of the social worker. *Social work/Maatskaplike Werk*, 44(1):34-51.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. (In De Vos, A.S., Strydom, H., Fouché, C.B., & Delport, C.S.L., eds. Research at grass roots. 4th ed. Pretoria: Van Schaik. p. 113-130).

Van Der Walt, E.J. 2006. Quoting sources. Potchefstroom: North-West University.

Whittaker, A. 2012. Research skills for social work. Glasgow: Learning Matters.

## **SECTION A**

### **PART 2: LITERATURE OVERVIEW**

#### **2.1 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 that brings with it an in-depth relationship (Ruch, 2010:22). The problem statement in Section A, Part 1 affirmed that an effective helping relationship is needed for successful outcomes in social work intervention (Sweeney & Landreth; 2011:132). It is then also true that the foundation of the helping relationship is laid during the initial contact sessions with the child as a result of the influential nature of first impressions (Spray & Jowett, 2012:46). The problem statement in Section A, Part 1 also made reference to the realisation that individual intervention with children is necessary, and that certain skills are needed to engage children effectively (Seden, 2005:34). However social workers might not feel skilled enough to engage children in need of individual therapeutic interventions and might prefer to refer these types of cases to other professionals (Spray & Jowett, 2012:114). This brings to the attention the lack of referral resources in rural and farming areas (Alpaslan & Schenck, 2012:413). Because of the significance of the helping relationship established during the initial phase of social work with children in their middle childhood, there is a need for research into the experience of rural social workers and their child clients with regard to relationship building during the initial phase of social work.

The aim of this research study was to explore and describe the experiences of social workers and their child clients with regard to the helping relationship during the initial phase of social work. This section provides an overview of existing literature on relationship-based social work, the theories that influence social work relationships and a discussion on the developmental tasks of the client in middle childhood.

## **2.2 KEY CONCEPTS**

### **2.2.1 *Helping relationship***

The helping relationship is a safe sanctuary where two individuals come together as equals and remain open to what the encounter may bring (Mortola, 2006:9). The helping relationship is the medium which is offered to clients through which they are given an opportunity to make choices and eventual changes and information can be gathered (Ackerman & Hilsenroth, 2003:1; De Boer & Coady, 2007:33; Glicken, 2011:53; Goldfried & Davila, 2005:422; Joyce & Sills, 2010:43). The bond towards positive outcome is established by collaboration between the client and social worker and as a result; trust develops between them (Ackerman & Hilsenroth, 2003:7; De Boer & Coady, 2007:32; Egan, 2010:38; Glicken 2011:53). There is a binding belief in the importance of relationship as it is essential that the relationship must be established before intervention is underway in order to reach successful outcomes (Ackerman & Hilsenroth, 2003:30; De Boer & Coady, 2007:33; Geldard & Geldard, 2008:9; Landreth, 2012:82; Mortola, 2006:9; Seden, 2005:17; Timberlake & Cutler, 2001:28). Based on the above the working definition for the helping relationship for this study refers to the bond that is created within a safe space between two equal individuals who trust each other. The helping relationship then becomes the medium through which the client can make choices, adjustments and gather relevant information.

### **2.2.2 *Middle childhood***

Middle childhood is defined by Berk (2013:6) as the ages ranging from six to eleven years. During middle childhood, children learn about the real world and master skills that gradually resemble the tasks they will execute as adults (Berk, 2013:6). They develop a sense of education, self-control and competence while establishing their status among peers (Davies, 2011:380). According to Erikson the child in this stage of development struggles with the conflict between achievement when he mastered something and inferiority when he cannot achieve the task (Weiten, 2001:446). In summary then the definition for middle childhood is a child between the age of 6 to

eleven years that is focussed on mastering skills that will be required in adult life while developing a sense of self as either competent or inferior. ....

### **2.2.3 Play therapy**

Play therapy is a mode of intervention where play becomes a medium for communicating the child's needs. This entails that the dynamics of play is used to help children either to overcome their life difficulties, or to aid optimal development (Nash & Schaefer, 2011:4). Landreth (2012:11) adds to this definition by including the important relational dimension of play therapy that allows the children to feel safe within the space of a therapeutic relationship and enable them to fully express and explore the child's self. Children express themselves more naturally through play and activities than through talking (Bratton *et al.*, 2005:377). Play becomes the vehicle for communication between the social worker and the child where the child will directly or symbolically play out his experiences (Bratton *et al.*, 2005:376, Landreth, 2012:14). Playing out the experiences then helps the child to develop insight (Bratton *et al.*, 2005:377), express emotions related to the experience as well as learn to enter into a helping relationship of trust with another person (Blom, 2006:19). Play therapy starts with the building of a therapeutic helping relationship as a prerequisite, and then follows the therapeutic process of making contact, confirming the child's sense of self, creating awareness, emotional expression, self-nurturing and termination (Blom, 2006:20). For this study play therapy is defined as a technique where play, rather than dialogue, is used as a vehicle of communication between the child client and therapist with whom the child has a good quality helping relationship. A child's play symbolise their experiences, and during the play therapy process the child's play is used to aid the child to develop insight into their experiences, to express emotion, to overcome life difficulties and to optimise their development.

### **2.2.4 Social worker**

The social worker is a person who is registered and authorised in accordance with the Social Work Act, No. 110 of 1978 to practise social work (Sibula, 2005:38).

According to the *Social Work Dictionary* (1995:358) the social worker is someone who graduated from a school of social work and who uses knowledge and skills to provide social services to clients. The International Federation of Social Workers and the International Association of Schools of Social Work endeavour to establish a global definition of social work. After revision the current global definition reads as follows: “*The social work profession facilitates social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversity are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge’s, social work engages people and structures to address life challenges and enhance well-being*” (Sewpaul, 2013:x). For this study the social worker would be regarded as a person who graduated to practice social work in accordance with the Social Work Act, no 110 of 1978. Social workers then use their skills and knowledge to enhance the client’s well-being by empowering people, assisting them through change and addressing difficulties.

### **2.2.5 Social work intervention**

Social workers can engage in casework, group work, community work, social work administration and social work research as part of their scope of practice (SACSSP, 2012). According to the SACSSP, social work casework is a “method of direct practice” within social work which involves direct contact with the client that is primarily therapeutic. Social work intervention is the process whereby a social worker, within a helping relationship, uses methods and techniques, performs tasks and utilises assets to avert, reduce or eliminate social problems with the purpose of encouraging the social functioning of the client system (Sibula, 2005:38). Social workers utilise theories of human behaviour and social systems to intervene at the point where individuals interact with their environments (Flexner, 2001:160; NASW, 2008; Rautenbach & Chiba, 2010:5). Social work practice consists of the professional application of social work values, principles and techniques to one or more of the following ends: helping people obtain tangible services and/or providing counselling and psychotherapy with individuals, families and groups (NASW, 2008).

It seems as if the following aspects are pertinent when defining social work intervention. All interventions are nested within a scope of practice. Furthermore, social work interventions are value driven and applied within relationship with the client system. The interventions aim to use methods, techniques and resources to decrease social problems and increase social functioning.

## **2.3 THEORETICAL FRAMEWORK**

The theories underlying any study form the lenses through which the study is approached. This study focuses on the initial relational experiences of social workers and children. Thus the theory that frames our way of relating to our world should be considered. In the researcher's opinion, the gestalt theory and strength-based theory influence her way of approaching this study and relating to the participants. Furthermore the attachment theory and ecosystemic theory is also necessary to consider due to the fact that it directly impacts a client's relational capacity. These four theories impacted the study and create the backdrop through which the study was undertaken.

### **2.3.1 Strengths-based approach**

The strengths-based approach emerged in the 1980's when the social work profession was criticised for being problem-focussed and labelling (Kondrat, 2010:39; Ruch, 2010:20; Jones-Smith, 2014:1). This placed the social worker in the power position of determining what is wrong with the client and then determining what needs to be done to fix the problem (Kondrat, 2010:39; Ruch, 2010:20). The narrative approach refers to this focus on the problems and deficits as the "problem saturated story" and calls for a different systemic perspective on the circumstances (Epston & Marsten, 2010:31; Peers, 2008:20; Jones-Smith, 2014:8). This problem-focussed method was incongruent to the social work value of respecting the dignity and worth of the person as well as the value of self-determination where the clients have control over their lives and know what is best for them as well as have the capacity to grow (Kondrat 2010:39; Saleebey, 2000:128). The strengths-based approach rather presupposes that people have strengths that they develop through

their struggles in life (Saleebey, 2000:127; Jones-Smith, 2014:12). Problems can thus be viewed as sources of opportunity that help people develop capacities to change and grow, while simultaneously utilising the assets in the environment (Kondrat, 2010:40; Ruch, 2010:21; Saleebey, 2000:127).

The strengths-based approach shifts the social worker's interaction and intervention away from the problem, deficit or label towards the client's strengths, abilities, assets and accomplishments (Gleason, 2007:51; Kondrat, 2010:38; Jones-Smith, 2014:12). The strengths-based approach attempts to aid not only the social worker but also the clients to focus on their own strengths rather than problems and help them comprehend that from their strengths solutions can emerge, based on successful strategy they already apply to their daily lives to deal with life issues (Kondrat, 2010:43; Jones-Smith, 2014:12). The clients are allowed to talk about their problems (Kondrat, 2010:38), but during the process clients typically drop hints to how they have survived in the past (Kondrat, 2010:43; Jones-Smith, 2014:6). Epston and Marsten (2010:32) help the family to personify the problem and then address the problem with the legacy of attributes in the child's history that will help the family to overcome the "Problem". This refers to the alternative story of coping (Mullet *et al.*, 2013:75). The social worker then turns the client's focus to these survival and coping strategies with admiration and respect, restoring a sense of hope, personal agency and self-determination (Kondrat, 2010:41). The client in turn can see himself as a person with resources and capabilities (Kondrat, 2010:44). According to De Boer and Coady (2007:41) the clients of social workers reported appreciation when social workers took time to recognise strengths and set realistic goals (De Boer & Coady, 2007:41). Strengths-based practice does not deny the problem or its inherent possibilities because it does not believe that every traumatised person becomes "damaged goods" but rather a person within a context of multiple environmental and personal resources (Saleebey, 2000:129). Based on the above the researcher is of the opinion that the strength-based approach helps clients not to become preoccupied with difficulties but to become aware of their own capacities and resources to find solutions for difficulties, therefore empowering clients and restoring hope.



The strengths-based approach works through empowering clients (Jones-Smith, 2014:8) by utilising their capacities, surfacing their hopes and dreams, and aligning their inner and outer resources in order to work towards mutual goals of a better life (Saleebey, 2000:128). Falletisch (2008:193) recommends in her study that any social work intervention on farms should be empowerment-focussed which forms part of the strengths perspective. Strengths-based practice leans towards collaboration between the social worker and client (Kondrat, 2010:40; Saleebey, 2000:128). The strengths-based approach and the helping relationship are directly related to each other as the social worker, through a healthy relationship, becomes a witness to the client's strength, reflecting the strengths of the client so that the client can become aware of them (Jones-Smith, 2014:2). A healthy relationship between the social worker and client is necessary to employ the strengths-based perspective (Saleebey, 2000:128), while on the other hand Kondrat (2010:41) mentions that the strengths-based approach can be used as a tool to establish the helping relationship necessary for successful therapeutic intervention. Inherent in the strengths-based helping relationship is the goal of instilling hope within the client of the possibility and the firm expectation of improvement and an attitude of "we can make it" (Saleebey, 2000:133; Jones-Smith, 2014:10). Thus the strength-based approach encourages a strong helping relationship. When a strong bond is established the client will more easily internalise the strengths the social worker reflect back to the client, again instilling hope and empowering the client.

### **2.3.2 Ecosystemic theory**

The essence of the ecological 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) and calls for social workers to look at human development in context as well as the individual and all events involved (Friedman & Allen, 2011:10). According to Bronfenbrenner and Morris (2006:795) there are four primary elements involved in the ecosystemic theory. The core element is the proximal processes that refer to the interaction between the person and his environment (Bronfenbrenner & Morris, 2006:795). These proximal processes are influenced by the other three elements of the theory, namely the

characteristics of the person, the environmental context and the time period that the processes are exposed to. These elements can also be referred to as habitat and niche. Habitat refers to the physical and social settings with the particular cultural context that people live in (Hepworth *et al.*, 2013:16). If these settings are rich in assets, people usually flourish because such assets diminish the harmful effect of life stresses (Hepworth *et al.*, 2013:16). Niche refers to the individual's role in the community – allowing the person a sense of self-respect and identity (Hepworth *et al.*, 2013:16).

The interactions between the elements are circular, where each system affects the other during interaction (Friedman & Allen, 2011:10). These elements can then further be dissected into the micro, meso, macro and chronosystem levels (Bronfenbrenner & Morris: 2006:796; O'Connor, 2011:253). The person's disposition, resources and demand characteristics can influence the processes between the person and his environment (Bronfenbrenner & Morris: 2006:796). The micro level refers to the individual characteristics of the person; at a meso level it refers to the characteristics of the family; on a macro level it looks at the characteristics of the people in the greater community and the chronosystem level refers to the changes that develop over time (Bronfenbrenner & Morris: 2006:796; O'Connor, 2011:253). Even more broadly, criteria can be introduced that elaborate on whether the system interferes with or aids the person in the environment (Bronfenbrenner & Morris: 2006:796).

Two theories are closely related to the ecological model, namely the field theory and the systemic theory. The field theory presupposes that the person's behaviour is caused by the interaction between the person and their environment (Friedman & Allen, 2011:10). According to Friedman and Allen (2011:10), field theory focuses on either the person or the environment and not necessarily on the complex interaction between the two. The systems theory and ecological theory are similar in their basic premises and supposition, but each with their own terminology (Teater, 2010:24). A system is a set of items that are related to make a whole. Systems theory and ecological theory emphasise the interactions between these items (Hepworth *et al.*, 2013:16).

Ecological systems theory maintains that people constantly interact with other systems and humans in their environment, and that they reciprocally influence each other (Hepworth *et al.*, 2013:17; Teater, 2010:24). Thus people can be seen as having an effect on their own situations because they can influence the larger system through interactions with the system (Friedman & Allen, 2011:11). The focus of the ecological perspective is on the development and potential of clients as well as on the elements in their environment that support or fail to support the expression of human potential (Teater, 2010:24). Thus the social worker begins by looking at the strengths of clients and their environment (Friedman & Allen, 2011:11), linking strongly to the strengths-based approach because of the underlying presumption that “well-being” is the natural state of the organism (Friedman & Allen, 2011:11). The social worker considers the relationships and exchanges between the person and the environment (Teater, 2010:25). It is important to notice how the clients and their environment influence one another, not merely how clients react but also take action towards the environment (Hepworth *et al.*, 2013:17). These interactions are non-linear, meaning that the person might act in on the environment and the environment in turn adjust and respond to the person (Teater, 2010:25).

A holistic approach in dealing with a client is seen as a guiding principle in social work, where all aspects of the clients’ world are taken into account (Reyneke, 2010:235). Adequate assessment then requires social workers to have sufficient knowledge of all the systems involved in interaction between people and their environment (Hepworth *et al.*, 2013:17). Paramount to these assessments is the relationship and attachments of the person in his environment, since healthy relationships influence the system’s ability to cope with life stressors (Friedman & Allen, 2011:14). The interventions will then focus on improving the transactions between the person and their environment (Teater, 2010:25). From this perspective the fulfilment of human needs and mastery of development demand enough assets in the environment and constructive relationships between people and their environment (Hepworth *et al.*, 2013:17).

Social workers who developed an understanding of clients in the context of their social environment and life history (or chronosystem) can relate to clients as ordinary people with comprehensible problems and recognise their strengths and

accomplishments in coping (De Boer & Coady, 2007:38). This is important because it underlines the reason why the ecological model is important in relationship-based social work. Consequently the social worker and client can be realistic about goals and patient about growth (De Boer & Coady, 2007:38). According to De Boer and Coady (2007:41) the clients of social workers reported appreciation when social workers took time to know the holistic picture as well as the person's context.

### **2.3.3 Gestalt theory**

The three principles of phenomenology, dialogical existentialism and the field theory define Gestalt theory (Yontef, 1993:200).

**Phenomenology:** It is a philosophy based on the idea that there is no absolute answer but that knowledge is shaped through context and experiences and therefore is relative (O'Connor, 2011:254). According to Yontef (1993:124) Gestalt therapy is a phenomenological therapy which means that the focus is more on what is directly perceived and felt than explanations or interpretations. Gestalt therapy is a process-driven intervention that looks at the "why" of behaviour rather than the "how" and "what" (Yontef, 1993:124). One of the main goals of therapy is awareness in the "here and now" that brings about insight and acceptance of the self (Yontef, 1993:124). The aim of the therapy is to help clients to take responsibility for themselves and not necessarily to change themselves, but rather to accept and value themselves as they really are, because then natural change occurs (Yontef, 1993:124).

**Dialogical existentialism:** Existentialism focuses on people's existence and relations with each other (Yontef, 1993:126). A Gestalt approach in therapy helps the clients to become aware of their true selves and then become responsible for the existence they choose (Yontef, 1993:126). The dialogical aspect implies that the helping relationship between the client and the social worker is the most important part of the intervention. This means the social worker engages the client in dialogue rather than pushing the client towards some therapeutic goal (Yontef, 1993:126). The dialogical position implies a "response of my whole being to the otherness of the

other” and it is from this that the internal healing in therapy arise (Hycner, 1993:48, 57). The underlying philosophy of the dialogical stance is that the basis of our existence is relational (Hycner, 1993:53). The dialogical stance cannot be equated to speech because it encompasses the “ground between” the client and social worker and not just the words (Hycner, 1993:53). In working with clients, the social worker needs to make real connections with the clients. The atmosphere for these real connections can be prepared by being fully present to “experience the meeting of the other and profoundly valuing being in a relationship with this person” (Hycner, 1993:68). The social worker turns her “whole being towards the client”, thus turning away from being occupied with herself and her “opinion of the situation” (Hycner, 1993:43). This theory speaks directly to the values of the importance of the relationship and non-judgemental listening in social work practice.

**Field:** Field theory maintains that the individual is “more than the sum of its parts” (Blom, 2006:25) which implies the person is more than just the systems involved in the person’s life, but also the interaction between these systems (Friedman & Allen, 2011:9). During intervention the whole field of the client has to be explored and no part can be excluded (Yontef, 1993:125). This is because the person’s field is a whole where no part is uninfluenced by another (Yontef, 1993:125). Thus no behaviour can be seen in isolation, and everything must be understood within the bigger context of each client because the behaviour of a person is caused by the interplay between the person and the environment (Friedman & Allen, 2011:10). The theory explains that behaviour is driven by the individual who tries to reach equilibrium in the self by a process of identifying a need, making contact and then satisfying the need through behaviour (Blom, 2006:25-27). The client grows by establishing nourishing contact with the environment or withdrawing the self from the environment when it becomes contaminated.

Gestalt theory is relevant to relationship-based social work because it addresses the importance of real in-depth relationships where the social worker believes in the client’s perspective and reality (linking to a fundamental in strengths-based approach) and aiding the client to feel accepted and lastly to understand the person in the context of the environment enabling the social worker to relate and engage more effectively with the client.

### **2.3.4 Attachment theory**

Bowlby's (cited by Cole *et al.*, 2005:224) theory of attachment rose from his study of children who were separated from their parents during World War II. He found that attachment developed during four stages from birth to two years (Cole *et al.*, 2005:225). His findings that an attachment develops to the person who nurtures and cares for a baby is very similar to Erikson's stage of trust vs. mistrust which maintains that a baby develops the ability to trust (attach to) the person who nurtures and cares for him and is reliable in attending to his needs (Cole *et al.*, 2005:224). Bowlby exerted that once the child is securely attached to his caregiver the child feels secure during separation from the caregiver (Cole *et al.*, 2005:225). The child's attachment can be determined by the child's reaction on the return of his caregiver and can be categorised into three groups, namely secure, avoidant and resistant attachment (Cole *et al.*, 2005:230). Later on a fourth category was added namely, disorganised attachment (Cole *et al.*, 2005:230).

Attachment theory has an impact on relationship studies because of the fact that a client's attachment style has a direct impact on the client's ability to establish a trusting helping relationship with the social worker. The rhythmic experiences of early care giving is internalised and acts as the interpretive means through which people later make sense of the world (Miller, 2012:63). It also acts as a template for how other relationships will be experienced later on in life (Miller, 2012:65). Bowlby said that the interaction between the child and caregiver forms an internal working model for the child, that the child creates as a result of his experiences and that this model guides relationships with others later on in life (Cole *et al.*, 2005:225).

The internal model can significantly impact the ability of a client and social worker to engage in a helping relationship (Miller, 2012:67). The development of a secure attachment relationship is crucial to the quality of the child's future relationships (Cole *et al.*, 2005:246). Attachment theory describes the mother-infant relationship as the holding relationship, allowing the child to express anxiety and distress and offering comfort in return (Miller, 2012:65). The child internalises the example the mother sets and learns to soothe and comfort himself and sends cues to the mother if the distress is overwhelming (Miller, 2012:65). In later relationships the child is able

to self-manage distress and recruit help from significant others in challenging circumstances (Miller, 2012:66). This child will also expect containment from future relationships (Miller, 2012:66). The opposite is true of a child who had not experienced a contained relationship. The person cannot soothe himself and resorts to extreme behaviour to show distress (Miller, 2012:66). Their relationships also do not have the capacity to absorb distress and they have highly developed defences (Miller, 2012:66) causing engagement with such child clients to be difficult.

It was also found that children carry the same attachment style they had during infancy through to their adult relations (Waters cited by Cole *et al.*, 2005:246). This only proves that the impact of the environmental context on the child should never be left out of the equation. Social workers forming relationships with clients should understand the profound impact of their own internal working models on the quality of the relationship (Miller, 2012:65) since the internal model can significantly impact the ability of a client and social worker to engage in a helping relationship (Miller, 2012:67).

## **2.4 STAGE OF DEVELOPMENT: MIDDLE CHILDHOOD (SIX TO ELEVEN YEARS)**

Seden (2005:34) points out the responsibility of social workers to work directly with children to gather the children's observations on situations. This requires the social worker to understand the children's developmental capacity, to elicit their thoughts and feelings, and to talk to children in ways that are age-appropriate.

In presenting developmental stages one must take into account that development might differ for specific children on individual level (Ray, 2011:17). These stages are based statistically on the "average" child. External factors like trauma, neglect and malnutrition can also impact development, thus the child should always be seen within the social context (Miller, 2012:85). The social worker should be open to the child's stage of development at that specific time and place, but realistic expectations can help to create a developmentally friendly workspace for the child (Miller, 2012:88). Furthermore culture should always be taken into account when working

with children. Vygotsky (1896-1934) contributed to the influence of culture on development with his view that cognitive development is influenced by the “socially mediated processes” where younger children acquire skills from more experienced cultural members (Berk, 2013:25). These skills, carried over from one generation to the next and differ greatly between different cultures (Berk, 2013:25). Culture influences the type of circumstances a child is exposed to and that in turn influences the child’s knowledge base and opportunities to practise certain skills (Miller, 2012:88).

#### **2.4.1 Biological development**

During middle childhood the children’s physical abilities thrive, as they can show more skill in their motor development skills such as running (Cole *et al.*, 2005:452). There is a difference in gender as boys tend to be better with gross motor skills such as ball games and girls better with fine motor activities such as drawing (Cole *et al.*, 2005:456; Wild, 2012:165). This might influence the type of activities that the social worker plans for individual intervention with a middle childhood client.

#### **2.4.2 Cognitive development**

Piaget (cited by Cole *et al.*, 2005:459) theorised that children in their middle childhood mentally establish concrete operational thinking. This means that the world becomes more predictable for them because they understand that certain physical aspects do not change when the appearance of the object changes (Timberlake & Cutler, 2001:12). The emotional consequence of concrete operational thinking is seen in their concern for others and reduction in egocentric behaviour (Timberlake & Cutler, 2001:12). Since middle childhood children can grasp predictability, they can also grasp a joke if it implies incongruence (Cole *et al.*, 2005:462). This is significant for therapeutic settings as children in Carroll’s (2002:182) study enjoyed humour during sessions and it can significantly aid the social worker in applying humour during the initial phase of relationship building with the child client in middle childhood. Maybe the most important part of Piaget’s theory on cognitive



development is that, during this stage, children can communicate more effectively about objects the listener cannot see (Cole *et al.*, 2005:459; Ray, 2011:31). For instance, they can think about how the listener perceives them which implies the importance of positive non-verbal cues from the social worker. They can understand that a person can feel one way and act another, and they can take intentions into account when they judge behaviour and believe the punishment must fit the crime (Cole *et al.*, 2005:459; Ray, 2011:31). The above mentioned ability of children to communicate about the unseen aspects of life can aid them to develop insight into their referral circumstances and develop ensuing coping mechanisms. Children in this phase believe that logic is paramount and generalisable to all situations (Ray, 2011:31; Timberlake & Cutler, 2001:12). Children of six years of age can understand approximately 10000 words which more than double to 40000 by the time they are eleven years old. This enables children to think about complex events and communicate more effectively (Cole *et al.*, 2005:474) which aids children in providing information in statutory cases and emotional expression during individual intervention.

### **2.4.3 Educational development**

This is generally the age when children start to attend educational settings in South Africa where they are taught to read, do mathematics and adjust to the social expectations of a classroom (Cole *et al.*, 2005:495). Children are able to attend to items for longer periods and can plan their activities to achieve goals (Cole *et al.*, 2005:471; Wild, 2012:173). This impacts the intervention session because the social worker can plan sessions for longer times and work with the child focusing on certain aspects. Again the cultural influence comes into play, because in a community where alcohol abuse during pregnancy is “normalised”, some of the children might suffer from the concentration span and attention deficit limitations of Fetal Alcohol Syndrome. (Olivier *et al.*, 2013:402; Warren & Murray, 2013:309) and this will influence the type of session that the social worker plans. Between six and eight years, children exchange the fun and magic of former years for the more reality-

orientated demands of education and socialisation (Timberlake & Cutler, 2001:10). This will influence the use of fantasy-type games with children during sessions.

#### **2.4.4 Social development**

Erikson (cited by Cole *et al.*, 2005:567) said that children in this stage need to resolve the crisis of industry vs. inferiority. This means that they want to prove themselves capable of meeting the standards of behaviour and assignments given to them by adults, resulting in them feeling inferior if they fail at these tasks (Cole *et al.*, 2005:567). They tend to attune to activities that they can master and the psychological strength that emerges is a sense of competence (Ray, 2011:24). The social worker who sees a child client during the initial phase of relationship building must ensure that the activities during the session are easily achievable in order to result in a positive feeling in the client rather than frustration. If the child's expectations of himself are set too high, the child feels inadequate, and if the goals are set too low the child has nothing to strive for and might feel hopeless (Timberlake & Cutler, 2001:3). Children in this age group are typically critical of themselves, not satisfied with their achievements, and often destroy their work with the need to try it for a second time (Timberlake & Cutler, 2001:35). The phenomenon of setting goals too high and being overly critical of the self is something that the social worker must be attentive to and she must empower the child to set appropriate goals during the individual intervention sessions if necessary. Children in this age group typically enjoy activities where they can experience mastery and social workers can be guided to support children in this stage by not concentrating on things they cannot do but instead on activities they are good at (Ray, 2011:25).

The literature provides information applicable to parenting practices that is very important to convey to parents, since this can influence the child's adaptability into the wider social context (Ray 2011; Cole et al, 2005; Wild, 2012) but which is not directly relevant to the relationship building stage between child clients and the social worker and therefore not the purpose of this study. The social worker needs to take cognisance of the fact that the middle childhood client is able to listen attentively, convey compassion and empathy in peer relationships. Furthermore, they are also

aware of socially appropriate levels of aggression and use their relationship with their parents as a model to apply in peer relationships (Cole *et al.*, 2005:450,563; Timberlake & Cutler, 2001:12).

Children in middle childhood enjoy rule-based and competitive games (Cole *et al.*, 2005:459, 536; Ray, 2011:31). Landreth (2012:156) suggests not including these games in play-therapy sessions because it can cause children to evaluate themselves negatively if they lose. Middle childhood is a time when the self-concept develops and the way in which children evaluate themselves has a direct impact on their status in the hierarchy of peer relationship (Wild, 2012:190) as well as their mental health later on in life (Cole *et al.*, 2005:567). Landreth (2012:188) describes a situation in his therapeutic session with a young child where the child took the lead and shot his toy soldiers with a play gun. Afterwards he offered the toy gun to the social worker giving him a chance to shoot. Landreth understood from developmental theory that the child in middle childhood views his toys as an extension of himself (Timberlake & Cutler, 2001:35). Thus if the social worker shoots the child's toys he might experience it as the social worker harming him, indirectly harming their relationship. This is a clear example of how the developmental theory will influence the individual intervention of a social worker and why it is pertinent that the social worker has knowledge of the developmental theory of a child client's age group.

## **2.5 SOCIAL WORK VALUES RELATED TO RELATIONSHIP BUILDING**

Beckett and Maynard (2005:6) describe values as the principles or standard of behaviour that one person uses as a guide to what is important in life and is related to what a person thinks he is obliged to do. Egan (2010:40) describes the helping relationship as the vehicle through which values come alive. Values represent our beliefs about how the world should be, and how people should behave (Hepworth *et al.*, 2013:7). Values also refer to what is good and acceptable, right or wrong (Reyneke, 2010:233). The values that have a direct influence on the helping relationship will be discussed.

### **2.5.1 Worth and dignity of the person**

Social workers value and respect the innate worth and dignity of the person; therefore they employ assets that develop individuality, expand competence and boost coping abilities (Hepworth *et al.*, 2013:7). Social workers respect the intrinsic dignity and worth of their clients in a kind and polite manner being attentive to their differences (Reamer, 2011:26).

### **2.5.2 Importance of relationship**

Social workers execute their interventions while recognising the vital significance of human relationships (Hepworth *et al.*, 2013:7). Social workers also value the helping relationship between people as an important vehicle for change (Reamer, 2006:27).

### **2.5.3 Respect**

According to Egan (2010:42) respect is the foundation on which all helping relationships and consequent interventions are built. Empathy is a way of showing respect to the client, by trying to understand the client's point of view and to communicate this understanding (Egan, 2010:44). Adults as well as children are viewed as full participants in the process and as unique individuals to be treated with respect (Timberlake & Cutler, 2001:32). A good helping relationship is characterised by mutual respect (De Boer & Coady, 2007:32).

### **2.5.4 Self-determination**

Social work literature refers to self-determination and empowerment as a value in dealing with people. Self-determination is the ability of individuals to make choices that allow them to exercise control over their own lives, to achieve goals to which they aspire and to acquire the skills necessary to participate in society (Black-Hughes & Strunk, 2010:106; Reyneke, 2010:235). Underlying the value of self-determination is the belief in the ability of people to grow and change (Reyneke,

2010:239). Egan (2010:53-55) and Reyneke (2010:237) note that the client has inherent wisdom and the role of the social worker is to make clients aware of alternatives to their choices allowing them to choose the best option and to develop the resources and power within themselves to execute their own choices. This suggests that social workers engage clients as co-workers during the intervention with the main goal of restoring well-being and empowering the client by giving them back control over their own lives (Black-Hughes & Strunk, 2010:106; Hepworth *et al.*, 2013:7; Reyneke, 2010:235).

### **2.5.5 Non judgemental**

Biestek (cited by Timberlake & Cutler, 2001:29) explains that it is necessary for social workers to be non-judgemental in order to establish the helping relationship essential for client problem-solving, development and change. Being non-judgemental is viewed as a value in social work and it conveys acceptance to the client (Reyneke, 2010:238).

## **2.6 THE HELPING RELATIONSHIP**

### ***2.6.1 The phases of the helping process***

The helping process consists of three major phases (Hepworth *et al.*, 2013:37). Phase one is concerned with exploration, engagement, assessment and planning. In this particular study it is referred to as the initial phase. Phase two focuses on implementation and goal attainment whereas phase three deals with the termination of the process. This study focuses specifically on the relationship building facet during the first phase of the helping process. The first phase builds the foundation on which future interventions and strategies rest (Hepworth *et al.*, 2013:37). The tasks to be completed during phase one are as follows (Hepworth *et al.*, 2013:37):

- Exploring the client's struggles by obtaining complete data about the person, the problem and the environmental factors, including forces influencing the referral for contact;
- Establishing a helping relationship and enhancing motivation;
- Creating a multidimensional assessment of the problem, recognising systems that play an important part in the difficulties, and recognising relevant resources that can be utilised or must be developed;
- Jointly discussing goals to be accomplished in alleviating difficulties and formulating a contract;
- Making referrals.

### ***2.6.2 The importance of the helping relationship***

In terms of traditional social casework, the helping relationship was already identified as important in the 1930's (Petr in Holland, 2011:76). A good quality helping relationship is significant in influencing the effectiveness of intervention and is the most important factor in achieving successful therapeutic outcomes (Ackerman & Hilsenroth, 2003:30; De Boer & Coady, 2007:33; Geldard & Geldard, 2008:9; Seden, 2005:17; Sweeney & Landreth, 2011:132; Timberlake & Cutler, 2001:28). One study found that it was pivotal to establish a helping relationship with the child in order to address referral problems (Carroll, 2002:181). In line with this, Oaklander (2007:21) states that a therapeutic intervention cannot begin if there is not a helping relationship present and that is why Yontef (1993:126) states that the helping relationship is the most important aspect of the therapeutic intervention. Building a strong helping relationship with child clients should then become an end in itself during the initial intervention of treatment (De Boer & Coady, 2007:33; Oaklander, 2007:21). Clients value relational aspects above other service components of social work intervention (Holland, 2011:76), highlighting that the helping relationship in itself can be helpful to the clients.

Egan (2010:38) describes the helping relationship in itself as being therapeutic because it creates a safe space for the client to experiment with different behaviours, to experience a non-exploitive relationship and to be able to transfer learning to other

social settings. The idea that there is one type of helping relationship that fits every client is a myth. Some clients may need a business-like helping relationship and others may need a great deal of warmth (Egan, 2010:39). Hycner and Jacobs (1995:9) state that the social workers needs to ask herself: “What is it that I need to be or do in order to help this person establish a genuine relationship with their social world?”

The change that takes place inside the person is directly related to the quality of relating between the two individuals (Miller, 2012:10) because it creates the supportive climate that makes therapeutic change in the client possible (Ackerman & Hilsenroth, 2003:7). The helping relationship then becomes the medium through which help is offered and information is gathered (De Boer & Coady, 2007:33) and the context within which techniques may be used successfully (Goldfried & Davila, 2005:42). The helping relationship is the core vehicle for change in the child client (Ackerman & Hilsenroth, 2003:1; Goldfried & Davila, 2005:422; Joyce & Sills, 2010:43). The rationale behind establishing a relationship with child clients is to firstly assist them to be in healthy contact with themselves and their environment so that they can communicate and satisfy their needs through interaction with their environment ensuing healthy growth (Mortola, 2006:12). Children in their middle childhood are at the stage of dramatic development of their self-concept (Wild, 2012:195). Secondly the middle childhood client assembles knowledge about themselves through their relationships with others and in contact with their environment and thus a positive relationship experience can contribute dramatically to a positive self-concept (Mortola, 2006:12).

### ***2.6.3 Dimensions of the helping relationship***

The kind of relationship the social worker aims to establish with the child is referred to in Gestalt theory as a dialogical relationship. The helping relationship is important because each of us secretly yearns to be “met” (Hycner & Jacobs, 1995:9). The concept of really being met by another person is also referred to as an “I-thou moment”. Hycner and Jacobs (1995:8) refer to the “I-thou moment” as a moment where a person experiences the “uniqueness of the other person as being different

from yourself while at the same time valuing being in a relationship with that person". Buber (cited by Yontef, 1993:31) philosophised that it is "only through this kind of person-to-person engagement that healing can take place". In the past social workers were trained to be distant in their relationship with clients, but relationship-based practice calls for the social worker to open herself up to the client, and allow herself to be affected by the client (De Boer & Coady, 2007:40).

Saunders, Howard and Orlinsky (cited by Ackerman & Hilsenroth, 2003:13) conceptualised during 1989 that the helping relationship has three dimensions, namely investment, understanding and acceptance. This has similarities with the four fundamental elements listed by Yontef (1993:127) and Joyce and Sills (2010:45), namely inclusion, presence, commitment to dialogue and that dialogue is lived. Rogers stated (cited by Goldfried & Davila, 2005:422) that conditions for therapeutic change involve providing the client with unconditional positive regard and empathy, which are genuinely felt by the social worker. The researcher combined these dimensions and fundamentals into six key elements namely: *authenticity, presence, acceptance, inclusion, investment and a willingness for open communication*. Each of these elements will now be discussed in more detail.

*Authenticity*: Authenticity is when the social worker's inner experience, responses and behaviour match (Hepworth *et al.*, 2013:49). Authenticity is a quality that facilitates rapport because it means relating as a genuine person and not from a professional role. It also models openness which motivates clients to lower their defences and communicate more openly (Hepworth *et al.*, 2013:49). The helping relationship should be authentic, with interactions between two real people, not where the social worker pretends to be someone she is not (Geldard & Geldard, 2008:12; Joyce & Sills, 2010:46; Mortola, 2006:10). Being real creates a space for presence to occur, allowing the client to see the social worker as she is and not how she would like to be seen (Joyce & Sills, 2010:46).

*Presence*: The social worker tries to be in the here-and-now by bracketing her own processes. Bracketing means to let go of the social worker's personal concerns and allowing herself to be here, present to the relationship as well as the client (Hycner & Jacobs, 1995:16). Egan (2010:131) and Hycner and Jacobs (1995:15) explain



presence as a “turning of my whole person” to another; noticing the person in his uniqueness and just being with the person. This presence serves as a way to tell the client that the social worker is with him and it puts the social worker in the position to listen carefully to the client’s concerns (Egan, 2010:131). This is a very ideal situation to aspire to, but the intention of trying is very important (Joyce & Sills, 2010:45).

*Acceptance:* Acceptance establishes a feeling of connectedness that is essential for client problemsolving, development and change (Ackerman & Hilsenroth, 2003:6; Biestek cited by Timberlake & Cutler, 2001:29). Confirmation is the tool through which the social worker can convey the acceptance of the client. Confirmation does not mean that the social worker must condone everything the client tells her, but rather accept unconditionally and see the potential of what the client can become (Hycner & Jacobs, 1995:23-25). Being confirmed is to feel “seen, heard and experienced” in your fullness and it is only then that the client can realise the potential of who he can become (Merril, 2008:6). This dimension links to the strengths-based approach.

*Inclusion:* “Inclusion is putting oneself as fully as possible into the experience of the other, without judging or analyzing or interpreting, while simultaneously retaining a sense of one’s separate autonomous presence” (Yontef, 1993:127). Inclusion is vital in building a therapeutic alliance and entails the understanding and respecting of the client’s ideologies, beliefs and values, becoming attuned to our fellow man (Joyce & Sills; 2010:46; Kitron, 2011:23-25). If the social worker attunes herself to the client, her energy will match the energy of the client, making it natural to communicate understanding (Joyce & Sills, 2010:46). Inclusion is similar to empathy with only one difference: it allows the social worker to still be aware of her own frame of reference, and does not exchange her “centre” for the client’s but allows the other to affect her (Hycner & Jacobs, 1995:20; Joyce & Sills, 2010:48). Being inclusive can have a healing effect on the client, deepen the helping relationship, promote trust and validate the client’s experience (Joyce & Sills, 2010:48).

*Investment:* If the client believes the helping relationship is a collaborative effort the client will more likely invest more and experience greater therapeutic gains

(Ackerman & Hilsenroth, 2003:7; De Boer & Coady, 2007:32; Egan, 2010:38). Collaboration promotes the value of self-determination and human dignity in social work practice because it is like a dance that the client leads (Egan 2010:39; Hycner; 1993:19; Reyneke, 2010:237). The investment in the relationship from the social worker's side, endorses trust in the social worker and the intervention (Ackerman & Hilsenroth, 2003:14).

*A willingness for open communication:* The purpose of the above mentioned stances becomes irrelevant if they are not communicated to the client (Joyce & Sills, 2010:47). It is important for a client to feel that the social worker understands him, and this understanding must be communicated to the client. Establishing a helping relationship requires effective communication (Hepworth *et al.*, 2013:38). In Bedi's study (2006:32) he established that the client deems the communication skills of the social worker very important to building a strong helping relationship. Egan (2010:129) states that for true dialogue to take place the client and social worker must take turns in talking. Monologues on the part of client or social worker do not add value. Dialogue demands engagement and monologues promote isolation. The social worker listens and offers support (Timberlake & Cutler, 2001:32). Active listening is a very important skill in building a helping relationship. It is more than just listening to the person; it entails being with the person and attending to the person and it allows the social worker to understand the world of the person and communicate the understanding to them (Egan, 2012:138). Clients also value good listening skills in the social worker (Holland, 2011:77).

Once the abovementioned dimensions are a part of the internal frame work of a social worker, the result would inevitably be trust. Trust is very important in order for the relationship to be built during the initial phase of social work intervention. Engaging clients imply establishing trust with clients, so they'll recognise the social worker as helpful and consequently reduce the level of threat the clients experience (Hepworth *et al.*, 2013:38). The social worker does this through communicating understanding to the clients and being genuinely interested in their well-being (Hepworth *et al.*, 2013:38). According to Miller (2012:88) children need to feel that the social worker really understands a part of their world and validate their

perspective in order for them to engage in relationship building and participate in the social work intervention.

## **2.7 CONCLUSION**

The key concepts involved in the study were explained here for clarification purposes. The discussion in this literature overview illustrates that the social work relationship is influenced by underlying theory. Firstly, the ecological systems theory helps the social worker to develop a better understanding of the context of the person in his environment and aids the social worker to relate more effectively with the client. Secondly, attachment theory explains why certain child clients might find it difficult to engage in a helping relationship, shifting the focus of the therapeutic intervention to building a relationship first as an end in itself. Thirdly, the strengths-based approach helps the social worker to instil hope in the client and results in collaboration by the client which aids the client to feel positive about the helping relationship with the social worker. Lastly, the Gestalt theory underlines the importance of relationships in working with clients during therapeutic individual interventions with children. It is also clear from the discussion above that knowledge of the developmental level of the child client can influence the planning, activities and reactions of the social worker during the initial intervention phase of social work practice.

The discussion concludes that it is a certain type of helping relationship that builds the foundation for healing in the client, and it is this type of helping relationship that can be built by approaching the client from the above mentioned “dimensions”. Once these dimensions are present and communicated to the child client, the child client can develop trust in the social worker and the intervention can move from the initial phase to the implementation and goal attainment phase. The section thus offered a theoretical basis that will aid in understanding the findings from the empirical data.

## REFERENCE LIST

- Ackerman, S.J. & Hilsenroth, M.J. 2003. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical psychology review*, 23:1-33.
- Alpaslan, N. & Schenck, R. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social work/Maatskaplike werk*, 48(4):400-419.
- Beckett, C. & Maynard, A. 2005. Values & ethics in social work: an introduction. London: Sage.
- Bedi, R.P. 2006. Concept mapping the client 's perspective on counselling alliance formation. *Journal of counselling psychology*, 53(1):26-35.
- Berk, L.E. 2013. Child development. 9<sup>th</sup>ed. Boston: Pearson.
- Black-Hughes, C. & Strunk, L. 2010. Casework. (In Nicholas, L., Rautenbach, J. & Maistry, M., eds. Introduction to social work. Claremont: Juta. p. 105-118).
- Blom, R. 2006. The handbook of gestalt play therapy: practical guidelines for child therapists. London: Jessica Kingsley.
- Bratton, S., Ray, D., Rhine, T. & Jones, L. 2005. The efficacy of play therapy with children: a meta-analytic review of treatment outcomes. *Professional psychology: research and practice*, 36(4):376-390.
- Bronfenbrenner, U. & Morris, P.A. 2006. The bioecological model of human development. (In Lerner, R. M., ed. The handbook of child psychology: theoretical models of human development. 6<sup>th</sup> ed. New York: Wiley. p. 793-828).
- Carroll, J. 2002. Play therapy: the children's views. *Child and family social work*, 7:177-178.
- Cole, M., Cole, S.R. & Lightfoot, C. 2005. The development of children. 5<sup>th</sup> ed. New York: Worth.

- Davies, D. 2011. *Child development: a practitioner's guide*. 3<sup>rd</sup> ed. New York: Guilford.
- De Boer, C. & Coady, N. 2007. Good helping relationships in child welfare: learning from stories of success. *Child and family social work*, 12:32-42.
- Egan, G. 2010. *The skilled helper*. 9<sup>th</sup> ed. Belmont: Brooks/Cole.
- Epston, D. & Marsten, D. 2010. 'What doesn't the problem know about your son or daughter?' Providing the conditions for the restoration of a family's dignity. *International Journal of narrative therapy and community work*, 2:30-37.
- Falletisch, L. A. 2008. Understanding the legacy of dependency and powerlessness experienced by farm workers on wine farms in the Western Cape. Stellenbosch: SU. (Dissertation – M).
- Flexner, A. 2001. Is social work a profession? *Research on social work practice*, 11:152-165.
- Friedman, B.D. & Allen, K.N. 2011. Systems theory. (In Brandell, J.R., ed. *Theory and practice in clinical social work*. 2<sup>nd</sup> ed. Los Angeles: Sage. p. 3-21).
- Geldard, K. & Geldard, D. 2008. *Counselling children: a practical introduction*. 3<sup>rd</sup> ed. London: Sage.
- Gleason, E.T. 2007. A strengths-based approach to the social developmental study. *Children and schools*, 29(1):51-60.
- Glicken, M.D. 2011. *Social work in the 21<sup>st</sup> Century: an introduction to social welfare, social issues and the profession*. London: Sage.
- Goldfried, M. & Davila, J. 2005. The role of relationship and technique in therapeutic change. *Psychotherapy: theory, research, practice, training*, 42(4):421-430.
- Hepworth, D.H., Rooney, R.H., Dewberry-Rooney, G. & Strom-Gottfried, K. 2013. *Direct social work practice: theory and skills*. 9<sup>th</sup> ed. London: Brooks/Cole.

- Holland, S. 2011. *Child & family assessment in social work practice*. 2<sup>nd</sup> ed. London: Sage.
- Hycner, R. 1993. *Between person and person: toward a dialogical psychotherapy*. Gouldsboro: Gestalt journal press.
- Hycner, R. & Jacobs, L. 1995. *The healing relationship in gestalt therapy: a dialogical/self psychology approach*. Santa Cruz: Gestalt journal press.
- Jones-Smith, E. 2014. *Strengths-based therapy: connecting theory, practice, and skills*. Los Angeles: Sage.
- Joyce, P. & Sills, C. 2010. *Skills in gestalt: counselling & psychotherapy*. London: Sage.
- Kitron, D. 2011. Empathy - the indispensable ingredient in the impossible profession. *Psychoanalytic inquiry*,31:17-27.
- Kondrat, D.C. 2010. The strengths perspective (*In Teater, B., ed. An introduction to applying social work theories and methods*. McGraw Hill: Open University Press. p. 38-51).
- Landreth, G.L. 2012. *Play therapy: the art of the relationship*. 3<sup>rd</sup> ed. New York: Routledge.
- Merril, C. 2008. Carl Rogers and Martin Buber in dialogue: the meeting of divergent paths. *The person-centered journal*, 15(1-2):4-12.
- Miller, L. 2012. *Counselling skills for social work*. 2<sup>nd</sup> ed. London: Sage.
- Mortola, P. 2006. *Windowframes: learning the art of gestalt play therapy the Oaklander way*. Santa Cruz: Gestalt press.
- Mullet, J.H., Akerson, M.N.K. & Turman, A. 2013. Healing the past through story. *Adult Learning*, 24(2):72-78.
- Nash, J.B. & Schaefer, C.E. 2011. *Play therapy: basic concepts and practices*. (*In Schaefer, C.E., ed. Foundations of play therapy*. 2<sup>nd</sup> ed. New Jersey: Wiley. p. 3-14).

- NASW (National Association of Social Workers). 2008. Code of ethics. <http://www.naswdc.org/pubs/code/code.asp> Date of access: 18 Jan. 2013.
- Oaklander, V. 2007. *Hidden Treasures: a map to the child's inner self*. London: Karnac Books.
- O'Connor, K. 2011. Ecosystemic play therapy. (*In* Schaefer, C.E., ed. *Foundations of play therapy*. 2<sup>nd</sup> ed. New Jersey: Wiley. p. 253-272).
- Olivier, L., Urban, M., Chersich, M., Temmerman, M. & Viljoen, D. 2013. Burden of fetal alcohol syndrome in a rural West Coast area of South Africa. *South African medical journal*, 103(6):402-405.
- Peers, L. 2008. The problem trap: a narrative approach to escaping our limiting stories. *Congregations*, 34(1):19-22.
- Rautenbach, J.V. & Chiba, J. 2010. Introduction. (*In* Nicholas, L., Rautenbach, J. & Maistry, M., eds. *Introduction to social work*. Claremont: Juta. p. 3-38).
- Ray, D.C. 2011. *Advanced play therapy: essential conditions, knowledge, and skills for child practice*. New York: Routledge.
- Reamer, F.G. 2011. *Social work values and ethics*. 3<sup>rd</sup> ed. New York: Columbia University Press.
- Reyneke, R.P. 2010. Social work values and ethics. (*In* Nicholas, L., Rautenbach, J. & Maistry, M., eds. *Introduction to social work*. Claremont: Juta. p. 231-246).
- Ruch, G. 2010. The contemporary context of relationship-based practice. (*In* Ruch, G., Turney, D. & Ward, A., eds. *Relationship-based social work: getting to the heart of practice*. London: Jessica Kingsley. p. 13-45).
- SACSSP (South African Council for Social Service Professions). 2012. Social work: scope of practice. <http://www.sacssp.co.za/website/wp-content/uploads/2012/07/Social-Work-scope-of-Practice.pdf>. Date of Access: 27 Jul. 2013.

- Saleebey, D. 2000. Power in the people: strengths and hope. *Advances in Social Work*, 1(2):127-136.
- Seden, J. 2005. Counselling skills in social work practice. 2<sup>nd</sup> ed. New York: Open University Press.
- Sewpaul, V. 2013. Review of the international definition of social work. *Social work /Maatskaplike werk*, 49(2):X-XIV.
- Sibula, P. 2005. Social work terminology. Stellenbosch: SU Language centre.
- Social Work Dictionary. 1995. Washington: National Association of Social Workers Press.
- Spray, C. & Jowett, B. 2012. Social work practice with children and families. London: Sage.
- Sweeney, D.S. & Landreth, G.L. 2011. Child-centered play therapy. (*In Schaefer, C.E., ed. Foundations of play therapy. 2<sup>nd</sup> ed. New Jersey: Wiley. p. 129-152*).
- Teater, B. 2010. An Introduction to applying social work theories and methods. McGraw Hill: Open University Press.
- Timberlake, E.M. & Cutler, M.M. 2001. Developmental play therapy in clinical social work. Boston: Allyn and Bacon.
- Warren, K.R. & Murray, M.M. 2013. Alcohol and pregnancy: fetal alcohol spectrum disorders and the fetal alcohol syndrome. (*In Boyle, P., Bofetta, P., Lowenfels, A.B., Burns. H., Brawley, O., Zatonski, W. & Rehm, J., eds. Alcohol, science, policy and public health. Oxford: Oxford University Press. p. 308-314*).
- Weiten, W. 2001. Psychology: themes and variations. 5<sup>th</sup> ed. Belmont: Wadsworth.
- Wild, L. 2012. Middle childhood. (*In Hardman, J., ed. Child and adolescent development: a South African socio-cultural perspective. Southern Africa: Oxford University Press. p. 163-202*).
- Yontef, G.M. 1993. Awareness, dialogue and process: essays on gestalt therapy. Gouldsboro: Gestalt journal press.



## **SECTION A**

### **PART 3: APPLICATION OF RESEARCH METHODOLOGY**

In the protocol the researcher had a precise plan to execute the study. This section serves to explore the adherence to that plan and, where necessary, will explain diversions from the initial plan.

#### **3.1 RESEARCH APPROACH**

This study is grounded in the philosophical movement of postmodernism where local knowledge and wisdom, and personal experiences are accepted as valid (Du Preez & Eskell-Blokland, 2012:41-42). The study was administered in the qualitative approach because, as promised by Creswell, (2007:40) it supplied the researcher with a multifaceted and thorough understanding of the meaning social workers and children attach to their relationship building experiences during the initial phase of social work. This study's ontological perspective was constructivism because it refers to the understanding that participants have of their world and the numerous meanings they attach to their experiences (Creswell, 2007:20). While exploring the experiences of social workers and child participants the data gathered aided the researcher to create guidelines for practice, which falls into the pragmatic worldview. This study can thus be described as applied research that assists the research phenomenon in finding answers to a particular issue (Fox & Bayat, 2007:10) relevant to the social work profession, namely the social work relationship.

##### **3.1.1 Research design**

The researcher chose the case study design to study the initial relationship building experiences of participating social workers and child clients. The case study was chosen for the purpose of providing rich data (Babbie, 2005:306; Creswell, 2007:74). The case study design helped the researcher to understand the meanings (Nieuwenhuis, 2007a:75) the social workers and child client participants attached to their experiences of relationship building during the initial phase of social work. The bounded system involved in the case study design was social workers working for a

specific welfare organisation in the Boland area and a specific child identified by each social worker with particular focus on relationship building in the initial phase of social work intervention.

Creswell (2007:73) very specifically states that the case study should be used to better understand the culture of the bounded system, rather than studying a case as a specific “illustration” of the issue being studied. This would then serve to be a significant critique against the researcher’s choice to use case study design in exploring the experiences of social workers and child clients regarding relationship building in the initial phase of the social work process. In hindsight, the narrative approach as described by Creswell (2007:54) could also have been constructive as a research design for this specific study because it focuses on the “experiences as expressed in lived and told stories of individuals”. However, Creswell (2007:73) admits that the case study design could be used to explore a phenomenon in depth via interviewing. The case study design was successful in providing the researcher with the rich description of the experiences of the social workers regarding relationship building during the initial phase of social work. The child clients’ descriptions were not as rich, but this was due to other challenges, not the specific research design.

## **3.2 RESEARCH METHOD**

### **3.2.1 Context for research**

Data gathering started with choosing the site for the study and aiming to gain access and rapport at the chosen non-government organisation (Creswell, 2007:117). The researcher approached the non-government organisation (hereafter referred to as the NGO) to gain preliminary permission for the planned research study. The researcher is currently employed at the NGO, and this made gaining access easier because the researcher is already acquainted with the offices and the manager that she proposed to include in the study. The project rationale and plan was outlined in the protocol and after review by the NWU panel was also forwarded to the NGO’s manager of social services. The social services manager granted permission in

writing (Addendum A) after an overview of the procedures and ethical issues were submitted. The researcher reviewed relevant literature as planned in the protocol and a preliminary literature review was assembled.

## **3.2.2 Participants and sampling**

### **3.2.2.1 Population**

The populations for this study were social workers employed in a rural setting in the Boland and child clients in middle childhood that they work with. It was impossible for the purpose of this study to include all the social workers working in rural and farming Boland areas.

### **3.2.2.2 Sampling**

Sampling refers to the method used to select a segment of the population for study (Nieuwenhuis, 2007b:79). Purposeful sampling is a non-probability method of sampling which means the researcher selects the site and cases so they can “purposefully” inform the understanding of the issue being studied (Babbie, 2005:189; Bless *et al.*, 2006:106; Creswell, 2007:126) and has certain characteristics that can answer the research question (Nieuwenhuis, 2007b:79). The study was geometrically defined to include the NGO offices of a particular manager of social services, operating in the Boland; including the Witzenberg, Wolseley and Rawsonville NGO offices. The social workers employed in these offices meet every quarter for group supervision. On one of these occasions the researcher approached the group to gain access and preliminary consent for their involvement in the study. From previous joint group supervisions the researcher knew that relationship building during the initial phase of social work intervention was an area that the group of social workers discussed often. Thus, these social workers were approached because they are typical in that they are all rural, generalist social workers and could inform the researcher on the issue being studied. Creswell (2007:75) calls this purposeful maximal sampling because the cases that are selected can give different

perspectives on the issue being studied. There are six social workers employed at the different offices in the named geometrical area and their manager. All seven social workers were included in the study and data became repetitive, thus indicating saturation of data. The participant social workers were asked to identify one child from their case loads to involve in the study for a further elucidation of the issue. The child clients were involved to give their experiences of the relationship that existed between the social worker and themselves.

The participants involved in the study were included on the grounds that they are Afrikaans- or English-speaking, with no discrimination against gender. The social workers needed to be employed at the specific NGO for a period longer than three months and the child clients had to be between the ages of six and eleven years of age, and registered clients of the NGO. A demographic profile of the social workers and children involved in the study would have helped the reader to better understand the information gathered. However, the study was done in a small community and information regarding where the social worker studied, her years of experience of the age and/or gender of the child would make it possible for the reader to identify the participants. Due to ethical considerations towards the participants this type of information was precluded.

### **3.2.3 Data collection**

It is important to mention the subjectivity of the researcher as an element influencing the outcome of the study because the researcher “becomes the research instrument” (Nieuwenhuis, 2007b:79). The researcher consciously bracketed her experience as suggested by Heppner and Heppner (2004:170) who refer to Husserl’s work about the so-called *epoche*, implying that researchers should deliberately refrain from letting their own opinions, attitudes and life experience obstruct the true voices of participants from being heard.

### **3.2.3.1 Method of data collection**

As suggested by Creswell (2007:39) and Nieuwenhuis (2007b:75) data was gathered by more than one method of collection, i.e. a focus group as well as semi-structured interviews. For the purpose of accurate data analysis the focus group and semi-structured interviews were recorded after the necessary permission was granted by the participants. All the recorded interviews were written on DVD's and these will be stored in safe storage according to the policy of NWU. All the interviews were facilitated by the researcher herself and thus it was not necessary to train field workers.

#### *Focus group*

The researcher approached her colleagues in the rural Boland District to gather information regarding their experiences in relationship building with children in their middle childhood years from the Boland rural area by using a focus group. A discussion guide (Addendum B) was prepared for the purpose of the focus group and was based on literature already read by the researcher. The focus group coincided with a group supervision session during May 2013. The one social work participant was absent during the scheduled meeting. The group first finished their group supervision agenda, and then consent forms were distributed and the study explained at the hand of a consent form (Addendum C). Participation in the proposed research project was voluntary and thus social workers were allowed to leave if they did not want to take part. One auxiliary worker did prefer to leave the group meeting. Because it was a group supervision session, the manager of the NGO offices was present and thus involved in the focus group.

#### *Follow-up interviews with social workers after focus group discussion*

For the purpose of gathering more data and for crystallisation the focus group participants were also involved in individual semi-structured one-on-one interviews after the focus group came to a close, as suggested by Nieuwenhuis (2007b:87).

The focus group was transcribed and from the data a semi-structured interview schedule originated (Addendum D). The one participant that was absent the day of the focus group was also interviewed. The manager was not interviewed and was not asked to identify a child client as she does not work directly with children anymore. After the semi-structured interviews the researcher explained the inclusion criteria for the child participants and asked the social workers to identify one child client that could be involved in the study.

After the social workers' participation in the study the researcher formulated preliminary themes from the transcribed data and these were sent to the social workers via e-mail in order to verify themes. This contributed to trustworthiness (Schurink *et al.*, 2011:420). According to Nieuwenhuis (2007b:86) this member checking aided the process of identification and correctness of themes (Nieuwenhuis, 2007b:86) as well as the interpretation thereof. Not one social work participant replied with any query or critique, thus implying they accepted the preliminary themes as an accurate rendering of their opinions.

### *Interviews with children*

Each participating social worker was asked to identify a child in his middle childhood years from her case load. The social worker was asked to contact the family and ask permission for the researcher to contact the family to inform them about the research and give them an opportunity to decide whether they wanted to take part in the study. On meeting the guardian and potential child participant, the details and ethical aspects of the study were outlined, and they were duly informed regarding the nature of the study. If permission for the child's participation in the study was granted, the child and guardians signed an informed consent form (Addendum E). All the interviews were conducted at the offices of the NGO.

The researcher planned the semi-structured interviews to include a few ice breakers. After the researcher could see in the child's non-verbal cues that the child had relaxed, she started to ask the interview schedule. The interview schedule was structured to involve a few probes to stimulate their memory regarding their initial

session with the social worker, but early on in the interviews the researcher realised that this did not work, and changed the interview schedule accordingly. The interview schedule was also designed to involve art as basis for the questioning but not all of the participants wanted to draw.

The semi-structured interviews with the child participants included art-based data collection (Mitchell *et al.*, 2011:19-20) where children were asked to portray their experiences of the first contact with the social worker in drawing or acting it out with dolls. This was not a projection, but used to enhance verbal discussion. Most child participants were eager to be involved. The researcher asked the children questions that were not about their own reasons for referral but rather their evaluation and suggestions for the social worker for when she meets with children in their age group. The closer the children were to the age of eleven, the more they had the ability to evaluate, make suggestions and offer meaningful responses laden with their opinions and experiences. The one child client was just over six years and very shy during the interview. The social worker engaged in a few ice-breaking activities that she took part in, but as soon as the researcher asked her to draw she just sat with her head hanging and no reaction to any probes or questions about her social worker. The researcher came to the conclusion that the child might not have understood the questions and that it was above her developmental ability to evaluate the initial phase of social work. One of the other participants was highly distracted and hyperactive, which made it very difficult to have continuous conversations because she was constantly busy with something else or changing the subject. The other participants did not react to open questions, and efforts towards reflective statements did not elicit the desired response. The child participants mostly reacted with a “yes”, a “no” or an “I don’t know”. These behaviours by the children, coupled with the inexperience of the researcher and the specific young ages of the children, caused the data that was gathered from them to be superficial. Interestingly enough, the semi-structured interviews with the child participants reflected the same dynamics as indicated by the social work participants and as will be outlined in the article in Section B.

### 3.3 DATA ANALYSIS

The researcher wrote down the aim and goals of the study and made it visible during data analysis. This is in accordance with Greeff's (2011:373) suggestion that analysis begins by going back to the purpose of the study of extracting some understanding or interpretation from the participants on the relationship experience they had in the initial phase of social work intervention. The qualitative data analysis endeavoured to establish how people make meaning by analysing their perceptions, attitudes, feelings and experiences (Nieuwenhuis, 2007a:99). Although the researcher did a literature review before gathering the data, she did not use preconceived categories taken from existing literature, but rather allowed the categories and names of categories to flow from the data (Hsieh & Shannon, 2005:1279). The idea was to capture the richness in the interview (Greeff, 2011:360).

Data analysis does not follow a linear process or steps but are flexible and circular phases, as proposed by Braun and Clarke (2006:87). The process of Braun and Clarke (2006:87) was used as a blueprint to approach the raw data.

- Step one: The data was transcribed and after transcription the data was read and re-read, until the researcher felt that she was familiar with the text and started to see patterns as suggested by Schurink *et al.* (2011:402).
- Step two: Data was then read and sorted in a different Word document under certain headings to group the data that pertained to similar subjects as suggested by Braun and Clarke (2006:87), Hsieh and Shannon (2005:1279) and Whittaker (2012:92-108).
- Step three: Preliminary themes were chosen. The researcher was not satisfied that these themes reflected the research accurately. The researcher went back to step 2 and printed and cut out all the statements. The statements were then packed in heaps that pertained to the same subjects. (Addendum F). Six preliminary themes were established.



THEMES	SUBTHEMES
Rationale for relationship building with a child	
Pertinent contextual factors that influence relationship building	<ul style="list-style-type: none"> <li>-Child's field</li> <li>-Parents as partners in the process</li> </ul>
Barriers to relationship base practice	<ul style="list-style-type: none"> <li>-Time and resources</li> <li>-Work milieu and play materials</li> <li>-Stigmatisation</li> <li>-Social workers feel inept</li> <li>-Reluctant child clients</li> </ul>
Professional attributes	<ul style="list-style-type: none"> <li>-Values in approaching the clients</li> <li>-Personality of the social worker</li> <li>-Skills of the social worker</li> </ul>
Considerations for the initial contact sessions with a child client	<ul style="list-style-type: none"> <li>-Pre-meeting stage</li> <li>-First impressions</li> <li>-Joining with the client</li> <li>-Positioning</li> <li>-Warm-up period</li> <li>-Addressing the reason for referral</li> <li>-Discussing confidentiality</li> <li>-Discussing the role of the social worker</li> </ul>

	<ul style="list-style-type: none"> <li>-Importance of play</li> <li>-Choices and control during the session</li> <li>-Ending the initial session</li> </ul>
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The basis of these themes was written into a document that was sent to the social work participants for the purpose of “member checking” (Lincoln & Guba, 1985:314). None of the social work participants objected to the preliminary themes.

- Step four: All the themes were reviewed to ensure accurate reflection of the data.
- Step five: The themes were named and further literature was reviewed in accordance with the specific themes. If the social worker could establish data relevant to a theme she used a sticky note to write the reference on and added it to the preliminary themes. This aided the researcher in keeping together all her literature regarding one theme (Addendum G).
- Step 6: The researcher produced her findings in the article in Section B of this document.

The necessary actions were taken to ensure that the study was credible, transferable, dependable and confirmable as discussed in 3.4 below.

### **3.4. ETHICAL ASPECTS**

This research had been designed to fall under the Centre for Child, Youth and Family Studies project: Developing sustainable support to enhance quality of life and well-being for children, youth and families in South Africa: a trans-disciplinary approach. The ethics number of this project is NWU-00060-12-A1. The researcher closely adhered to the SACSSP Code of Ethics regulating professional conduct.

The fact that human beings were the objects of study brought ethical issues to the fore (Strydom, 2011:113). Ethical guidelines were put in place to ensure that information were never attained at the cost of the individual (Strydom, 2011:113).

### *Responsibility to the participants of the study*

The study was designed to induce minimum harm to the participants by consent being gathered beforehand, and through thorough explanation of the purpose of the study. Informed consent implies that accurate and complete information is given to the participant on the goal of the study, the expected duration of their involvement, the procedures followed during the study and the possible advantages and disadvantages that they might be exposed to so that participants can choose whether they want to be part of the study or want to withdraw (Strydom, 2011:117; Brinkmann & Kvale, 2008:265-266; Mack *et al.*, 2005:9). The parents or guardians of the child were asked permission for the researcher to contact the child. After permission was granted, the researcher then explained everything pertaining to the study to the child participants and their caregivers in a child-friendly language. The participants signed the informed consent before proceeding with the interview. Participants were debriefed after the study by allowing time for questions and reflection on their experience of the focus group and/or semi-structured interview. Participation in the study was voluntary at all times (Brinkmann & Kvale, 2008:266; Strydom, 2011:116). Sensitive information and identifying particulars were kept confidential and anonymous (Brinkmann & Kvale, 2008:265-267; Resnik, 2011; Strydom, 2011:115,120) by separating real names from data, and by referring to the participants as “Participant 1-7” or “Participant A-G”, instead of using their names.

The ethical design of the study ensured that the participants experienced no physical or emotional harm (Strydom, 2011:115). However, the social workers formulated anxiety towards this semi-structured individual interview and three participants (after the completion of the interview and a debriefing session) admitted that it was not as bad as they expected and one admitted to considering withdrawal. Emotional harm is difficult to predict, and to counteract this the participants were informed about the potential impact of the investigation and given the opportunity to withdraw as well as

debriefed after the session with a time for questions and reflection on their experiences of the interview. Children are a vulnerable population and thus the researcher was sensitive to the potential of the research to reactivate the trauma that the children experienced and caused them to initially go to the social work offices (Creswell, 2007:44). In order to prevent this, the interview schedule only focused on the relationship experience of the child, and not on the issue why the child had to attend social work services. The researcher is of the opinion that the study posed minimum harm to the participants, by being honest with participants regarding the purpose of the study and explaining that the researcher would try to gain greater insight and understanding of the dynamics of their situation. A colleague was ready to debrief the child client if necessary, but no child indicated that he needed to speak to someone as a result of the interference of the study.

#### *Responsibility to the discipline of science*

Because the researcher is the main instrument to obtain knowledge in qualitative studies (Brinkmann & Kvale, 2008:268 & 276) the researcher must be certain that she is competent and adequately skilled to undertake the study and be honest and objective about the outcomes she finds (Resnik, 2011; Strydom, 2011:123). The researcher did not realise it beforehand but found it very difficult to engage the child participants in meaningful discussions about the issue studied. The researcher tried to contextualise the information portrayed in the findings and provided “thick narrative descriptions” of situations where possible (Brinkmann & Kvale, 2008:277).

The researcher did not intend to copy the ideas of another person and pass it off as her own (Resnik, 2011; Strydom, 2011:123; Van der Walt, 2006:13). The outcome of the research was correctly and clearly published in a written form to the reading public and the findings were not adapted to reflect the researcher’s theoretical statement (Resnik, 2011; Strydom, 2011:126). Strydom (2011:126) suggests that the outcome of the study must be communicated to the participants. The social workers were provided with the article in Section B of this study. The social workers were also asked to contact the child participants and explain to them, in less scholarly

language, how their involvement aided the researcher to establish guidelines to consider when a social worker approach a client during the initial interview.

### 3.5 TRUSTWORTHINESS

Creswell (2007:206) considers trustworthiness in qualitative research to be an attempt to assess the accuracy of the findings as described by the researcher and participants. Therefore trustworthiness is a crucial aspect of a study (Nieuwenhuis, 2007b:80). Lincoln and Guba (in Schurink *et al.* 2011:419-420) propose four constructs that will reflect the assumptions in qualitative data more accurately.

- *Credibility* ensures that the subject has been accurately described. The researcher ensured that there was a match between the participant's views and the researcher's representation of them via member checking.
- *Transferability* is about whether the findings of the research can be transferred from a specific case to another. The use of multiple sources and techniques in the data-gathering process increases the transferability of the study, but in a case study research the aim is to provide insight of the dynamics of the relationship between a child client and the social worker, and not to make a generalising statement (Nieuwenhuis, 2007b:76). In this specific study one-on-one interviewing and focus groups were used for data gathering. The researcher does not think the findings are transferrable due to the small sample, and geographical context of the study.
- The study is *dependable* because the research process that was followed and described above was logical and well-documented but not audited. Instead of an auditor the proposed study was under the direct involvement of a supervisor from North-West University with the purpose to ensure that the proposed methods were sound.
- The study was not *confirmable* because the research findings were not audited to ensure that another researcher would corroborate the findings and interpretations of the data. However, the research findings were substantiated with literature and the supervisor reviewed the data procedure (Creswell, 2007:45).

### **3.6 CONCLUSION**

Often in qualitative studies the researcher cannot rigidly prescribe the research strategy, and all phases may shift after the researcher enters the field due to unforeseen circumstances (Creswell, 2007:39). This section proposed to give the reader an idea as to how the research progressed. This particular research study progressed closely to the planned procedure with a few needed changes that were discussed above.

## REFERENCE LIST

- Babbie, E. 2005. *The basics of social research*. 3<sup>rd</sup> ed. Belmont, CA: Thomson Wadsworth.
- Bless, C., Higson-Smith, C. & Kagee, A. 2006. *Fundamentals of social research methods: an African perspective*. Cape Town: Juta.
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3:77-101.
- Brinkmann, S. & Kvale, S. 2008. Ethics in qualitative psychological research. (*In* Willig, C. & Stainton-Rogers, W., eds. *Qualitative research in Psychology*. London: Sage-Publications. p. 263-279).
- Creswell, J. W. 2007. *Qualitative inquiry and research design: choosing among five approaches*. 2<sup>nd</sup> ed. Thousand Oaks, CA: Sage.
- Du Preez, E. & Eskell-Blokland, L. 2012. Social constructionism. (*In* Visser, M. & Moleko, A., eds. *Community psychology in South Africa*. 2<sup>nd</sup> ed. Pretoria: Van Schaik. p. 41-54).
- Ellingson, L.L. 2009. *Engaging crystallization in qualitative research: an introduction*. Thousand Oaks, CA, Sage Publications.
- Fox, W. & Bayat, M. S. 2007. *A guide to managing research*. Cape Town, Juta.
- Greeff, M. 2011. Information collection: interviewing. (*In* De Vos, A.S., Strydom, H., Fouché, C. B. & Delpont, C.S.L., eds. *Research at grass roots*. 4<sup>th</sup> ed. Hatfield, Pretoria: Van Schaik Publishers. p. 397-423).
- Heppner, P.P. & Heppner, M.J. 2004. *Writing and publishing your thesis, dissertation & research: a guide for students in the helping professions*. Brooks/Cole: Canada.
- Hsieh, H. & Shannon, F. E. 2005. Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9):1277-1288.
- Lincoln, Y. S. & Guba. E. G. 1985. *Naturalistic inquiry*. Sage: California.

- Mack, N., Woodsong, C., Macqueen, K. M., Guest, G. & Namey, E. 2005. Qualitative research methods: a data collector's field guide. Family Health International: Triangle Park, NC.
- Mitchell, C., Theron, L., Stuart, J., Smith, A. & Campbell, Z. 2011. Drawing as research method. (*In* Theron, L., Mitchell, C. & Smith, A. eds. Picturing research. Drawing as visual methodology. Rotterdam: Sense Publishers. p. 19-36).
- Nieuwenhuis, J. 2007a. Analysing qualitative data. (*In* Maree, K., ed. First steps in research. Hatfield, Pretoria: Van Schaik. p. 99-122).
- Nieuwenhuis, J. 2007b. Qualitative research designs and data gathering techniques. (*In* Maree, K., ed. First steps in research. Hatfield, Pretoria: Van Schaik. p. 70-97).
- Resnik, D. B. 2011. What is ethics in research & why is it important? <http://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm> Date of access: 16 Nov. 2011.
- Schurink, W., Fouché, C. B., & De Vos, A. S. 2011. Qualitative data analysis and interpretation. (*In* De Vos, A.S., Strydom, H., Fouché, C. B., & Delpport, C.S.L., eds. Research at grass roots. 4<sup>th</sup> ed. Hatfield, Pretoria: Van Schaik Publishers. p. 397-423).
- Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. (*In* De Vos, A.S., Strydom, H., Fouché, C. B., & Delpport, C.S.L., eds. Research at grass roots. 4<sup>th</sup> ed. Hatfield, Pretoria: Van Schaik Publishers. p. 113-130).
- Van Der Walt, E. J. 2006. Quoting sources. North-West University: Potchefstroom.
- Whittaker, A. 2012. Research skills for social work. Glasgow: Learning Matters.



SECTION B: ARTICLE

ARTICLE	
Title:	Relationship building during the initial phase of social work intervention with child clients in farm communities in the Boland district
Aim:	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
Journal:	Maatskaplike Werk / Social Work

# **RELATIONSHIP BUILDING DURING THE INITIAL PHASE OF SOCIAL WORK INTERVENTION WITH CHILD CLIENTS IN FARM COMMUNITIES IN THE BOLAND DISTRICT**

Mrs C Marais was enrolled for a Masters in Social Work, North-West University, at the time of the research and is working at a non-government organisation & Dr M Van der Merwe, Senior Lecturer, Centre for Child, Youth and Family Studies, Faculty of Health Sciences, North-West University

## **ABSTRACT**

Establishing a helping relationship between child clients and social workers is essential to the successful outcome of the social work intervention. This article qualitatively explores through semi-structured interviewing the experiences of social workers and child clients regarding their initial contact-making in rural farming communities through a case study design. Data were analysed by means of thematic analysis. 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.

## INTRODUCTION

Social workers will 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 well-being while assessing the situation (Aldgate, 2011:134; Glicken, 2011:12; Maritz & Coughlan, 2004:32-33; Monnickendam *et al.*, 2010:918; Schenck, 2004:166; Spray & Jowett, 2012:21, 56). Social workers often need to work directly with children because children from rural settings are often exposed to alcoholism, domestic violence, marital problems and poor parenting practices (Schenck, 2004:164). In the Annual Report of the NGO (2011/2012) the major problems listed are the occurrence of substance abuse and the ensuing family disintegration. These children need specialised intervention to help them deal with their life difficulties and improve their well-being. This creates a situation where rural children are exposed and needs specialised intervention, however service provision in rural areas is underprovided (Schenck, 2004:163, 165; Strydom & Thlojane, 2008:34) because of the difficulty to access services and the limited resources in rural communities. Added to the challenges in terms of accessibility and limited resources, Schenck (2004:166) states that it is expected of social workers in rural areas to do everything and to be “a jack of all trades” causing social workers to be overwhelmed with the spectrum of services they need to deliver,

with little resources. Social workers in rural communities are expected to deliver direct intervention with children that would have been referred in urban areas (Schenck, 2004:166), creating a situation in rural communities where specialised therapeutic intervention seldom gets attended to (Alpaslan & Schenck, 2012:409, 413).

If rural social workers need to work directly with children to deliver specialised therapeutic intervention, then the social worker needs to assist the child in engaging in the helping process (Aldgate, 2011:135). To accomplish this, the social worker should establish a helping relationship with the child (Spray & Jowett, 2012:47). 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 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”. Literature augment that the helping relationship that develops between the social worker and the child client is essential to the process and outcome of the intervention (Geldard & Geldard, 2008:8; Glicken, 2011:52; Powell, 2004:8; Seabury *et al.*, 2011:141). 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 the rural child is exposed to life difficulties and needs specialised therapeutic interventions while the rural social worker needs to deliver these interventions successfully via establishing a good quality helping relationship and with little resources. Consequently the research question developed: 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 the rural Boland district?

## **THEORETICAL FRAMEWORK**

There are certain theories that impact on social work relationships.

*The ecological systems theory* maintains that people interact with systems and humans in their environment, and that they influence each other (Hepworth *et al.*, 2013:17; Teater, 2010:24). 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* (Kondrat, 2010:38; Jones-Smith, 2014). 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

that social workers best serve clients by collaboration (Kondrat, 2010:40). 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.

*The 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). Existentialism relates to the client's existence and relations as he experiences it (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).

*The Attachment theory* impacts relationship studies because a client's attachment style has an impact on the establishment of a trusting relationship with the social worker. The experiences of early care giving is internalised to form an internal working model that acts as template for how relationships will

be experienced later on in life (Cole *et al.*, 2005:225; Miller, 2012:63-65). Children carry the same attachment style they had during infancy through to their adult relations (Waters cited by Cole *et al.*, 2005:246). When social workers form relationships with clients, their attachment style and that of the clients will mutually impact on the quality of the relationship (Miller, 2012:65) as the internal model can significantly impact on the ability of a client and social worker to engage in a helping relationship (Miller, 2012:67).

### **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, 2008:9; 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 of relationship building (Hepworth *et al.*, 2013:37). This study focuses specifically on the relationship building facet during the first 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 *et al.*, 2004:85). The social worker needs skills to build a relationship with children of all ages (Spray & Jowett, 2012:113). For the purpose of this study the researcher will focus on middle childhood. From the researcher's experience, she struggles to establish relationships with children in this age group as they are often shy during this stage of development.

Skills embedded in a theoretical foundation are necessary to engage the middle childhood client 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 to rural communities.

## **RESEARCH METHODOLOGY**

This study is based on the philosophical movement of postmodernism (Du Preez & Eskell-Blokland, 2012:41). Within the postmodern framework, local knowledge, wisdom, and personal experiences are accepted as valid (Du Preez & Eskell-Blokland, 2012:42). Moving away from a positivist framework with a quantitative cause and effect kind of a structure (Du Preez & Eskell-Blokland, 2012:42), this study was executed from a qualitative perspective to allow an understanding of the meaning social workers and children attach to their

relationship building experiences during the initial phase of social work intervention. According to Grix (2002:175-177) ontology is the foundation of research because it represents the social reality of the researcher and thus influences the epistemology and research methods. This study's ontological perspective is constructivism because it refers to participants' perspectives of their worlds and the meanings they attach to their experiences (Creswell, 2007:20). Meaning is socially created (Creswell, 2007:21) and formed 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 (Grix, 2002:179). This section offers the blueprint for the research study (Mouton, 2001:55).

### **Research design**

The multiple case study design was used to explore (Creswell, 2007:40) the meaning 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 as suggested by Welman *et al.*

(2005:193), 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 the researcher selected the participants “purposefully” to inform the issue being studied (Babbie, 2005:189; Bless *et al.*, 2006:106; Creswell, 2007:126) and to answer the research question (Nieuwenhuis, 2007:79). The adult population encompassed six social workers. 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 case loads. The child participants were from both genders, between the ages of six and eleven years, who could speak Afrikaans or English. In the research findings the researcher referred to social work participants 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.

## **Data analysis**

The data collected was analysed with thematic analysis as outlined by Braun and Clarke's process (2006:87). Data was transcribed, read and then coded. The researcher allowed the names of categories to flow from the data (Hsieh & Shannon, 2005:1279). 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 as conversed to the researcher.

## **Ethics**

To counteract emotional harm the participants were informed about the goal of the study, what participation entailed, the right to withdraw, confidentiality and sensitive issues (Brinkmann & Kvale, 2008:265-267; Strydom, 2011:115,120). No information was purposefully withheld (Strydom, 2011:118). In order 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 researcher conducted the one-on-one interview to ensure minimum harm to the client.

The researcher endeavoured to be honest and objective about the outcomes she found (Strydom, 2011:123). The researcher contextualised the findings with “thick narrative descriptions” rather than “snap-shot” views on circumstances (Brinkmann & Kvale, 2008:277). The findings of the study were made available to the reading public and the participants of the study (Strydom, 2011:126).

According to Lincoln and Guba (1985, 43) credibility, transferability, dependability and confirmability influence the trustworthiness of the study. The researcher ensured *credibility* by matching the participants’ views and the researcher’s representation thereof (Creswell, 2007:208; Lincoln & Guba, 1985:296) by emailing the participants the summary of the analysed data for confirmation that it accurately reflected their views. Crystallisation adds to the credibility of the study by acknowledging that the data collected is like a crystal with many different perspectives (Ellingson, 2009:4). The different methods of data collection contributed to this crystal-like view. *Transferability* entails whether the findings of the research can be transferred from a specific case to

another (Lincoln & Guba, 1985:297). In this case study research, the aim was to provide insight of the dynamics regarding the relationship between child clients and social workers in a particular rural area, and not to make a generalising statement (Nieuwenhuis, 2007:76). *Dependability* confirms that the research process is logical, well-documented and audited (Lincoln & Guba, 1985:299). The study took place under the direct involvement of a research supervisor with the purpose to ensure that the proposed methods were sound. The research findings were *confirmed* by the literature on relationship building. The reality emerged from the data gathering, analysis and the researcher's own interpretation and understanding of the phenomena (Nieuwenhuis, 2007:81).

## **DISCUSSION OF THE FINDINGS**

The data that was gathered from the social work and child participants through the focus group and semi-structured interviews was integrated and analysed until certain themes emerged. The themes are listed below.

<b>THEMES</b>	<b>SUBTHEMES</b>
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

	<ul style="list-style-type: none"> <li>-Work milieu and play materials</li> <li>-Stigmatisation</li> <li>-Social workers feel inept</li> <li>-Reluctant child clients</li> </ul>
Professional attributes	<ul style="list-style-type: none"> <li>-Values in approaching the clients</li> <li>-Personality of the social worker</li> <li>-Skills of the social worker</li> </ul>
Considerations for the initial contact sessions with a child client	<ul style="list-style-type: none"> <li>-Pre-meeting stage</li> <li>-First impressions</li> <li>-Joining with the client</li> <li>-Positioning</li> <li>-Warm-up period</li> <li>-Addressing the reason for referral</li> <li>-Discussing confidentiality</li> <li>-Discussing the role of the social worker</li> <li>-Importance of play</li> <li>-Choices and control during the session</li> <li>-Ending the initial session</li> </ul>

## **1. 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) substantiate that the helping relationship is established for supporting the client. Trust is important (Seabury *et al.*, 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) echoed by the social work participants expand on trust as creating a support network for the child client to access in future challenging situations.

According to social work participants the trusting helping relationship is present when the child client voluntarily comes to sessions, shows emotions and expresses inner thoughts with the worker as well as opens up to the influence of the social worker; trusting that the social worker carries his best interest at heart. Participant 5 said the only reason she wants to establish a relationship with the child is “*because I want to have an influence on the child*”. 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) points 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 “*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.

## **2. 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 focussing 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, one has to gather information during the initial contact with children (Spray & Jowett, 2012:43). However, only after rapport is established the child client will engage in the social work intervention and lower his 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 & Geldard, 2008:14). Social worker participant 2 in this study reflected that once the relationship is established, then 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. Social worker 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 influence the children in their care. Participant 5 and 6 described the children of this study as used to threats, rather than praise. Child participant A, also eluded that aggression, eviction and drunkenness is 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 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 (Jackman, 2013:4) who interviewed social worker, Kleijn. Kleijn specifically mentioned children being victims of crimes due to 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 due to 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) or have a big influence on their child. Social work participants mentioned that parents prescribe to their 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, these expectations can be addressed (Kroll, 2010:70).

### 3. 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 and others prefer working with children individually. 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 that 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 bliss fires”*. Social workers are overwhelmed with the high case loads they are expected to attend to (Van der Merwe & Kassin-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 case loads 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 case loads forces social workers to manage their time skilfully between the needed administrative 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*". Participant 3 and 4 mention that the case loads of social workers in rural communities are staggering because they are expected to "do everything". Schenck (2004:166) notes the expectation on generalist rural social workers to be a "jack of all trades". Adding to these difficulties; social work participants 1 and 6 consider travelling distances in rural communities to hamper 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, 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. Participant 1 and 6 experienced that the children in their area do not know how to play or engage with structured toys or play material due to not being exposed to any play material. The other impediment was the fact that social workers travel to external locations to meet children, and do not necessarily see children within the confines of their offices. 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 allow for interruptions and lack of privacy.

- *Stigmatisation*

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 math and participant 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 the social worker raises 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 stays 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 towards 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 for which they lack competence. 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*” due to 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. Participant 2 and 3 admitted to feeling despondent due to their experience of inadequacy. Previous cases that did not have positive outcomes confirm to participant 2 and 3 the notion of “*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. This feeling of

ineptness cannot be explained due to the fact that all the participants are well trained, experienced social workers. However, the aim of this study was to explore the experiences of the social workers, and thus this experience is captured as one of the recurring experiences of the participants and thus a finding in this study.

- *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, lethargic or non-talkative within the session, an aggressive attitude and refusal to take part in activities. The researcher 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 towards resistant occurrences. 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 type

of personality. Beutler *et al.* (2002:211) note that some of the reasons for resistance are: an avoidance of painful material and opposition to change, insight or the therapist. Ruch (2010:16) is of the opinion that resistance in clients is mostly the result of a poor relationship.

Research has shown that resistance negatively affect treatment outcomes (Beutler *et al.* 2002:215) and thus is an important factor to address successfully within social work practice. All seven social work participants agreed that they do not know how to handle resistance in a child client as participant three explained during the focus group that the child client sits in front of her and doesn't open his mouth, doesn't react and she internally thinks, "what should I do know?". The literature either focus on resistant parents whose children are thought to be at risk (Pope & Kang, 2011; Turney, 2012; Cingolani, 1984), or psychotherapy studies situated in private practice (Newman, 2002; Moyers & Rollnick, 2002; Van Denburg & Kiesler, 2002). The researcher found little literature regarding social workers that specifically engage with resistant child clients.

#### **4. Professional attributes**

##### *- Values in approaching the client*

The social work relationship has many factors influencing the quality of the helping relationship among which the attitude, qualities and social work values rank highest in contributing to a positive helping relationship (Seden, 2005:14).

Social work participant 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. Participant two explained that she knows from her own experience how difficult it is to talk to a therapist about your most inner thoughts and that is why she respects the clients who come to her to talk about their problems. 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, i.e. 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). At the same time it should not be omitted that 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. Social work participant 5 described working with a child client in positive terms, whereas the other social work participants described it as challenging, causing anxiety in the worker. Participant 6 stated that when she has a first contact session with a child she "*initially feels an anxiousness*" due to the fact that she wonders how she can connect with the child. These perceptions of working with children might influence the social worker's body language. In a study done by Bedi (2006:32) non-verbal gestures contributed to the client's feeling of comfort (Bedi, 2006:32). Participant 6 contributed that as a child she looked towards a positive body language before opening up towards 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 who 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 that 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*

“Good helping relationships are more about a way of being than about strategies and techniques” (De Boer & Coady, 2007:40). 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 worker’s personality attributes nor the type of case influenced the quality of the helping

relationship because the dynamics in a social work relationship is complex. In line with Ackerman and Hilsenroth's statement (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 and Geldard (2008:18) 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 it enables 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 & Geldard, 2008:17). A child can identify a person that plays a role, 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 and the environment as predictable (Geldard & Geldard, 2008:18).



- *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 humanity. Participant illustrated this by saying "*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 reveal 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 "humanity" of the social worker is empathy (Glick, 2011:53). Participant 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 the

client's behaviour because the client might change behaviour to please the social worker and cover other behaviour to forego the disapproval of the social worker (Geldard & Geldard, 2008:19). 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; Merrill, 2008:6; Miller, 2012:88).

Social work participants concurred that questioning a child is not beneficial towards engaging the child in dialogue. As participant 4 stated "*you cannot just ask children direct questions the whole time, because they clamp up. They don't want to talk*". Even open-ended questions did not provide the hoped for participation from a child "*You start off with 'tell me' and then they say nothing and then you start to asked closed questions*". Social workers learned this through experience. Ruch (2010:50) and Ward (2010:53) offer that "experience" aids maturation in practice. Participant 2 described "*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.

## **5. 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 it “*makes the process easier*” and more fluent. Yet, one should guard against growing 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. Perls (cited by Yontef, 1993:138) clearly describes “There is only one thing that should control: the *situation*. If you understand the situation you are in and let the situation you are in control your actions, then you learn to cope with life”. 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 and Geldard (2008:47) attempt to gather complete information about the child. Geldard and Geldard (2008:47) 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 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 is given a quiet calm time during the first session where he can orientate himself towards the setting and worker and to 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 “do” during this stage of the meeting. This is in line with the suggestion by Geldard and Geldard (2008:49) 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. The child witnesses how his parents engage with the social worker and consequently gain permission to engage with the worker. Some children enjoy a routine to help them enter a playroom (Carroll, 2002:182). The social worker can then show the child the counselling environment and let him know where the parents will be waiting (Geldard & Geldard, 2008:49).

- *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 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 focussed 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 participants 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).

- *Addressing the 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 (Geldard & Geldard, 2008:16; 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 therapy.

- *Discussing confidentiality*

The helping relationship with the practitioner should be confidential, because it promotes trust (Geldard & Geldard, 2008:10) 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 participant 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 endorse feelings of safety within 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 detrimentally affects the relationship. Social work participant 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. The social worker handles a fluctuation in trust, becomes a model for the client and conveys the commitment of the social worker to improve the helping relationship (De Boer & Coady, 2007:39; Joyce & Sills, 2010:44).

- *Discussing the role of social worker*

The researcher asked child participant B what her perception is on the role of the social worker; she replied with “*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 like teachers, uncles and parent, to name but a few. 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 & Geldard, 2008:50). The client needs to realise that the social worker is trying to be helpful, have similar goals and is committed to stay 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 busy playing. While participant 2 reflected that "*a large amount of information already emerges by [focussed] playing with a child*". By playing with the child the social worker tries to catch 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 during the session*

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 relate 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 are 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.

## 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 their child clients were explored via an ethically-sound qualitative case study research design. The capacity to relate is underscored by various theories. The theories relevant to the study and the researcher’s approach were considered. The participants were selected via a non-probability sampling method and the collected data were analysed. 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 were discussed. 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 helped the researcher to understand the relationship building experiences of both the social worker and child client in the rural Boland district. The study exposed that relationship building is necessary, but has its challenges when working in the rural setting, as well as shared the wisdom that social workers constructed from working directly with child clients and the wisdom that the child’s experience could add to their practice.

## REFERENCES

- ACKERMAN, S.J. & HILSENROTH, M.J. 2003. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23:1-33.
- ALDGATE, J. 2011. Child and family focussed work in children's services. In: SEDEN, J., MATTHEWS, S., MCCORMICK, M., & MORGAN, A. (eds) *Professional development in social work: Complex issues in practice*. New York: Routledge.
- ALPASLAN, N. & SCHENCK, R. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social Work/Maatskaplike Werk*, 48(4):400-419.
- ASTVIK, W. & MELIN, M. 2013. Coping with the imbalance between job demands and resources: A study of different coping patterns and implications for health and quality in human service work. *Journal of Social Work*, 13(4):337-360.
- BABBIE, E. 2005. *The basics of social research*. 3<sup>rd</sup> ed. Belmont: Thomson.
- BARROWS, P. 2004. "Playful" therapy: Working with autism and trauma. *International Forum of Psychoanalysis*, 13(3):175-186.

- BEDI, R.P. 2006. Concept mapping: The client's perspective on counselling alliance formation. *Journal of Counselling Psychology*, 53(1):26-35.
- BEUTLER, L.E., MOLEIRO, C. & TALEBI, H. 2002. Resistance in psychotherapy: What conclusions are supported by research. *Psychotherapy in Practice*, 58(2):207-217.
- BLACK-HUGHES, C. & STRUNK, L. 2010. Casework. In: NICHOLAS, L., RAUTENBACH, J. & MAISTRY, M. (eds) *Introduction to social work*. Claremont: Juta.
- BLESS, C., HIGSON-SMITH, C. & KAGEE, A. 2006. *Fundamentals of social research methods: An African perspective*. Cape Town: Juta.
- BLOM, R. 2006. *The handbook of gestalt play therapy: Practical guideline for child therapists*. London: Jessica Kingsley.
- BRAUN, V. & CLARKE, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:77-101.
- BRINKMANN, S. & KVALE, S. 2008. Ethics in qualitative psychological research. In: WILLIG, C. & STAINTON-ROGERS, W. (eds) *Qualitative research in psychology*. London: Sage.
- CARROLL, J. 2002. Play therapy: The children's views. *Child and Family Social Work*, 7:177-178.

CHILDREN'S ACT *see* South Africa.

CINGOLANI, J. 1984. Social conflict perspective on work with involuntary clients. *Social Work*, 29(5):442-446.

COLE, M., COLE, S.R. & LIGHTFOOT, C. 2005. The development of children. 5<sup>th</sup> ed. New York: Worth.

CRESWELL, J.W. 2007. Qualitative inquiry and research design: Choosing among five approaches. 2<sup>nd</sup> ed. Thousand Oaks: Sage.

DE BOER, C. & COADY, N. 2007. Good helping relationships in child welfare: Learning from stories of success. *Child and Family Social Work*, 12:32-42.

DU PREEZ, E. & ESKELL-BLOKLAND, L. 2012. Social constructionism. In: VISSER, M. & MOLEKO, A. (eds) *Community psychology in South Africa*. 2<sup>nd</sup> ed. Pretoria: Van Schaik.

EGAN, G. 2010. *The skilled helper*. 9<sup>th</sup> ed. Belmont: Brooks/Cole.

ELLINGSON, L.L. 2009. *Engaging crystallization in qualitative research*. Thousand Oaks: Sage.

ENGLE, D. & HOLIMAN, M. 2002. A gestalt-experiential perspective on resistance. *Psychotherapy in Practice*, 58(2):175-183.

- FALLETISCH, L.A. 2008. Understanding the legacy of dependency and powerlessness experienced by farm workers on wine farms in the Western Cape. Stellenbosch: Stellenbosch University. (M Dissertation).
- FOX, W. & BAYAT, M.S. 2007. A guide to managing research. Cape Town, Juta.
- GELDARD, K. & GELDARD, D. 2008. Counselling children: A practical introduction. 3<sup>rd</sup> ed. London: Sage.
- GLICKEN, M.D. 2011. Social work in the 21<sup>st</sup> Century: An introduction to social welfare, social issues and the profession. London: Sage.
- GOLDFRIED, M. & DAVILA, J. 2005. The role of relationship and technique in therapeutic change. *Psychotherapy: Theory, Research, Practice, Training*, 42(4):421-430.
- GRIX, J. 2002. Introducing students to the generic terminology of social research. *Politics*, 22(3):175-186.
- HEPWORTH, D.H., ROONEY, R.H., DEWBERRY-ROONEY, G. & STROM-GOTTFRIED, K. 2013. Direct social work practice: theory and skills. 9<sup>th</sup> ed. London: Brooks/Cole.
- HOLLAND, S. 2011. Child & family assessment in social work practice. 2<sup>nd</sup> ed. London: Sage.

- HSIEH, H. & SHANNON, F.E. 2005. Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9):1277-1288.
- HYCNER, R. & JACOBS, L. 1995. *The healing relationship in gestalt therapy: A dialogical/self psychology approach*. Santa Cruz: Gestalt journal press.
- JACKMAN, R. 2013. Why do some men rape babies? *Weekend Argus*, 24 August, 4.
- JONES-SMITH, E. 2014. *Strengths-based therapy. Connecting theory, practice, and skills*. Los Angeles: Sage.
- JOYCE, P. & SILLS, C. 2010. *Skills in gestalt: Counselling & psychotherapy*. London: Sage.
- KONDRAT, D.C. 2010. The strengths perspective. In: TEATER, B. (ed) *An introduction to applying social work theories and methods*. McGraw Hill: Open University Press.
- KROLL, B. 2010. Only connect ... building relationship with hard-to-reach people: Establishing rapport with drug-misusing parents and their children. In: RUCH, G., TURNEY, D. & WARD, A. (eds) *Relationship-based social work: Getting to the heart of practice*. Jessica Kingsley: London.
- LANDRETH, G.L. 2012. *Play therapy: The art of the relationship*. 3<sup>rd</sup> ed. Routledge: New York.



- LINCOLN, Y.S. & GUBA, E.G. 1985. *Naturalistic inquiry*. Sage: California.
- MERRIL, C. 2008. Carl Rogers and Martin Buber in dialogue: The meeting of divergent paths. *The Person-centered Journal*, 15(1-2):4-12.
- MILLER, L. 2012. *Counselling skills for social work*. 2<sup>nd</sup> ed. London: Sage.
- MONNICKENDAM, M., KATZ, C.H., & MONNICKENDAM, M.S. 2010. Social workers serving poor clients: Perceptions of poverty and service policy. *British Journal of Social Work*, 40:911-927.
- MOULTON, J. 2001. *How to succeed in your Masters and Doctoral studies*. RSA, Pretoria: Van Schaik.
- MOYERS, T.B. & ROLLNICK, S. 2002. A motivational interviewing perspective on resistance in psychotherapy. *Psychotherapy in Practice*, 58(2):185-193.
- NEWMAN, C.F. 2002. A cognitive perspective on resistance in psychotherapy. *Psychotherapy in Practice*, 58(2):165-174.
- NIEUWENHUIS, J. 2007. Qualitative research designs and data gathering techniques. In: MAREE, K. (ed) *First steps in research*. Pretoria: Van Schaik.
- OAKLANDER, V. 2007. *Hidden treasures: A map to the child's inner self*. London: Karnac Books.

- OLIVIER, Y., DE LANGE, R. & REYNEKE, J. 2004. Product development for play therapy: Stimulating children with learning disabilities through the use of their own senses. *Interim: Interdisciplinary Journal*, 7(1):82-99.
- POPE, N.D & KANG, B. 2011. Social work students' attitudes about working with involuntary clients. *Journal of Teaching in Social Work*, 31:442-456.
- POWELL, N.J. 2004. The potential of the therapeutic relationship in dealing with learning disabled children. Pretoria: University of Pretoria. (PhD Thesis).
- REAMER, F.G. 2011. *Social work values and ethics*. 3<sup>rd</sup> ed. New York: Columbia University Press.
- REYNEKE, R.P. 2010. Social work values and ethics. In: NICHOLAS, L., RAUTENBACH, J. & MAISTRY, M. (eds) *Introduction to social work*. Claremont: Juta.
- RUCH, G. 2010. The contemporary context of relationship-based practice. In: RUCH, G., TURNEY, D. & WARD, A. (eds). *Relationship-based social work: getting to the heart of practice*. Jessica Kingsley: London.
- SCHAUFELI, W.B. & GREENGLASS, E.R. 2001. Introduction on special issue on burnout and health. *Psychology and Health*, 16:501-510.

- SCHENCK, C.J. 2004. Problems rural social workers experience. *Social Work / Maatskaplike Werk*, 40(2):158-171.
- SEABURY, B.A., SEABURY, B H., & GARVIN, C.D. 2011. *Foundations of interpersonal practice in social work: Promoting competence in generalist practice*. 3<sup>rd</sup> ed. London: Sage.
- SEDEN, J. 2005. *Counselling skills in social work practice*. 2<sup>nd</sup> ed. Berkshire: Open University Press.
- SEDEN, J. 2011. The use of self and relationship: Swimming against the tide?  
In: SEDEN, J., MATTHEWS, S., MCCORMICK, M., & MORGAN, A. (eds) *Professional development in social work: Complex issues in practice*. New York: Routledge.
- SOLOMONS, K. 2013. Countryside where children fear to tread: Horror of abuse in heart of Winelands. 24 August, 4.
- SOUTH AFRICA. 2005. Children's Act 38 of 2005.
- SPRAY, C. & JOWETT, B. 2012. *Social work practice with children and families*. London: Sage.
- STRYDOM, C. & TLHOJANE, M.E. 2008. Poverty in a rural area: The role of the social worker. *Social work / Maatskaplike Werk*, 44(1):34-51.

- STRYDOM, H. 2011. Ethical aspects of research in the social sciences and human service professions. In: DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B., & DELPORT, C.S.L. (eds) Research at grass roots. 4th ed. Pretoria: Van Schaik.
- SWEENEY, D.S. & LANDRETH, G.L. 2011. Child-centered play therapy. In: SCHAAEFER, C.E. (ed) Foundations of play therapy. 2<sup>nd</sup> ed. New Jersey: Wiley.
- TEATER, B. 2010. An Introduction to applying social work theories and methods. McGraw Hill: Open University Press.
- TIMBERLAKE, E.M. & CUTLER, M.M. 2001. Developmental play therapy in clinical social work. Boston: Allyn and Bacon.
- TURNEY, D. 2012. A relationship-based approach to engaging involuntary clients: The contribution of recognition theory. Child and Family Social Work, 17:149-159.
- VAN DENBURG, T.F. & KIESLER, D.J. 2002. An interpersonal communication perspective on resistance in psychotherapy. Psychotherapy in Practice, 58(2):195-205.

- VAN DER MERWE, M. & KASSAN-NEWTON, K. 2007. Conservation of resources: A primary intervention for continues traumatic stress in South Africa: A case study. *Social Work / Maatskaplike Werk*,43(4):350-365.
- WARD, A. 2010. The use of self in relationship-based practice. In: RUCH, G., TURNEY. D. & WARD. A. (eds) *Relationship-based social work: Getting to the heart of practice*. Jessica Kingsley: London.
- WELMAN, C., KRUGER, F & MITCHELL, B. 2005. *Research Methodology*. 3<sup>rd</sup> ed. South Africa: Oxford University Press.
- YONTEF, G.M. 1993. *Awareness, dialogue and process: Essays on gestalt therapy*. Gouldsboro: Gestalt Journal Press.
- YÜRÜR, S. & SARIKAYA, M. 2012. The effects of workload, role ambiguity, and social support on burnout among social workers in Turkey. *Administration in Social Work*, 36:457-478.

## **SECTION C**

### **SUMMARY, EVALUATION, CONCLUSION AND RECOMMENDATIONS**

#### **4.1 INTRODUCTION**

This section of the report contains a summary of the research. A brief discussion follows on the study's research aim and question, as well as if the design and data-collection methods were appropriate to answer the research question. The findings that flowed from the data analysis were discussed in Section B. However certain recommendations were linked to relevant themes. In the remainder of this section the limitations of the study will be considered and recommendations will be made towards future research where after the section will be concluded.

#### **4.2 SUMMARY OF THE RESEARCH**

The literature regarding relationship-based social work practice mentions that a relationship is paramount before an intervention can commence and that pushing for information before the relationship is safe enough for the child to disclose can be more harmful than helpful (Miller, 2012:80). The researcher initiated this study as a result of her interest in the dilemma generalist social workers in rural areas face to build relationships quickly and under difficult circumstances, "particularly if the worker feels pressure to obtain information quickly, in order to protect the child" (Crompton, 1990:41). The research idea developed from the notion to hear from child clients their opinions on how the social worker can approach them, especially as the child's opinion is of utmost importance to the social work profession (Aldgate, 2011:133-134). The social work participants were also interviewed to establish their current relationship experiences with children in middle childhood. The study was situated in the greater context of a rural farming area, with the particular challenges and strengths it produces. One particular challenge mentioned in the literature is that

rural social workers are expected to deliver all kinds of services due to the lack of other resources, and the result is that individual therapeutic intervention with children is neglected (Alpaslan & Schenck, 2012:409). The literature also mentioned that social workers need specific skills to engage children in the therapeutic individual intervention (Spray & Jowett, 2012:113) but often do not feel skilled enough to intervene individually with children (Spray & Jowett, 2012:114). Hence, if social workers are expected to work with children, their initial intervention focus should be on establishing a relationship with the child. Combining the challenges rural social workers face regarding accessibility, limited resources and the lack of skills in relationship building with children, it seems that building a relationship with a child can prove to be difficult.

The following research question was developed: 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 order to answer the research question the following aim had been reached: The relationship building experiences during the initial phase of social work intervention of both social workers and their child clients in a rural Boland district were explored by using qualitative research with a case study design. The researcher planned to interview social workers and their child clients from a specific NGO. The focus group and semi-structured interviews provided five themes. From the data analysis the research could provide the reason why the participant social workers felt a relationship with a child client is important. The discussions with social workers and child participants illuminated the child's frame of reference in the specific rural context that they work in, as well as the expectations with which parents approach social workers. Social workers experienced a dilemma during initial interviews with children at risk. These interviews are ordinarily focussed on retrieving information at the cost of the relationship, resulting in resistance or withdrawal from child clients. Social workers experience challenges regarding relationship building during the initial phase of the social work, namely limited time to address high case loads, inadequate work milieu and play material, stigmatisation of the social worker and reluctant child clients. The social workers also mentioned that necessary individual intervention with child clients are neglected due to social workers feeling inept to work directly with children in distress.

During the discussions the social work participants and child clients mentioned certain important professional attributes of a social worker that is necessary to establish a relationship with a child. Lastly, combining the responses of the participants and relevant literature, a proposed pattern towards approaching a child client emerged. Furthermore the research could contribute certain guidelines to consider during the initial contact sessions with a child client that will be discussed later on.

Overall, the research identified that social workers value the helping relationship with the child and that they realise that parents play an important role in establishing this relationship. The life history and resulting frame of reference of the child is also considered to impact the helping relationship. It is inevitable in social work practice that the social worker needs information, sometimes sooner than the relationship can be cultivated, and this creates a dilemma for social workers. Apart from this, certain elements influence the relationship detrimentally, including the lack of time and resources, inadequate work milieu and play material, stigmatisation and the reluctance of child clients, to name but a few. Probably one of the most important constraints to relationship building with a child is the social worker's sense of a lack of knowledge to engage a child in an individual therapeutic intervention. On the other hand, the values with which the social worker approaches the child, the strengths and personality attributes of the social worker and the skills the social worker employs can aid the relationship building. The social work participants and child clients could, by becoming aware of the importance of the relationship, start to generate a wealth of knowledge and offer solutions to most of their own dilemmas. These proposed solutions were synthesised into guidelines to consider when a social worker engages a child client during the initial phase of social work intervention.

Findings indicate that social workers struggle to establish the very important relationship with children. The data gathered from the child participants did not render the hoped for rich and in-depth data, and might indicate a need for further research on the children's opinions of how to engage them in the social work intervention. However the social workers could provide rich information and



brainstorm guidelines for their own dilemmas. Thus the aim of exploring the relationship building experiences during the initial phase of social work intervention with child clients and social workers in the rural Boland district by using qualitative case study design was reached. The experiences of both the children and social workers were explored via a focus group and semi-structured interviews and the data that emerged was used to compile the themes of the study. The themes that emerge also contributed to the literature as it affirm literature, as well as add to literature the personal experiences of both rural social workers and their child clients on relationship building in the social work context.

### **4.3 EVALUATION OF THE RESEARCH**

According to Bless *et al.* (2006:71) a research design is a specification of the most adequate operations to be performed to implement a study effectively and to gain the necessary insight into the phenomena studied. This section is aimed at establishing whether the design was the most appropriate plan to implement the study effectively and to answer the research question. However, it is also pertinent to understand that often in qualitative studies the researcher cannot rigidly prescribe the research strategy, and all phases may shift after the researcher enters the field due to unforeseen circumstances (Creswell, 2007:39).

#### **4.3.1 Research approach**

The qualitative approach that this study adopted helped the researcher to gather “in-depth” data (Babbie, 2005:306; Creswell, 2007:74) of the meaning that the social workers and the child clients attach to their experiences of relationship building during the initial phase of social work intervention. Qualitative research could provide a multifaceted, thorough understanding of the issue (Creswell, 2007:40). This study focused on the meaning that the participants attached to their experience; implying an ontological constructivist approach towards the research (Grix, 2002:175-177). The researcher embraced the multiple realities of the participants (Creswell, 2007:16) as was reported in Section B of this study. Apart from reporting the experiences of the participants, the data was so rich that it also provided the

opportunity to create guidelines from the suggestions of the participants and relevant literature which resorted under the pragmatic worldview (Creswell, 2007:20).

#### **4.3.1.1 Research design**

The researcher had a proposed plan that is recorded in Section A, Part 1 of this document. The researcher used the case study design to explore the research topic, because a case study is an investigation into an event which aims to describe, explain or better understand the issue at hand (Babbie, 2005:306; Nieuwenhuis, 2007b:75). The bounded system involved in the case study design was the social workers who work at a specific welfare organisation in the Boland area and a specific child identified by each social worker. In the whole it is concluded that the research design was adequate to implement the study effectively.

#### **4.3.2 Research method**

##### **4.3.2.1 Context for research**

Data gathering started with gaining access to the rural Boland District Social work offices, within the Boland area of the Western Cape by submitting the protocol to the organisation. The researcher is currently employed at an office of this specific welfare organisation and this made gaining access easier. The proposal and acquaintance with the particular organisation successfully aided the researcher to gain permission to implement the study at the named organisation.

##### **4.3.2.2 Participants and sampling**

###### *Population*

It was not possible to interview every social worker employed at the welfare organisation, and thus the area was geographically demarcated to include the offices of Wolseley, Witzenberg and Rawsonville which all resort under a particular

manager. The populations for this study were thus social workers employed in a rural setting in the Boland and child clients in middle childhood with whom they work.

### *Sampling*

Purposeful sampling worked well in this study. The cases the researcher involved in the study were identified on the grounds that they were typical and could inform the researcher on the issue studied. Nieuwenhuis (2007b:79) suggests that the sampling should continue until the data becomes saturated. The cases in this research included all the social workers in the specific area who were willing to participate and the willing child participants they identified. After a focus group and individual semi-structured interviews with the six social workers and semi-structured interviews with six child clients, it was deemed that data saturation had been reached.

After a focus group and semi-structured interview with each social worker, the participant social workers each identified one child client with whom they had to build a trusting relationship during the course of their work. The child clients they identified were interviewed to gain insight into their experiences of the relationship that existed between the social worker and themselves. One of the children who were identified as a participant, did not want to talk during the interview and thus no verbal information was gathered. It seemed as if this child took the option of withdrawing from the study and another child was identified by the social worker. The purposeful sampling method was successful to identify participants that could inform the particular issue being studied.

#### **4.3.2.3 Data collection**

The researcher was the research instrument and thus she had to bracket her own experiences during the data collection and analysis phases of the research.

#### **4.3.2.4 Method of data collection**

Qualitative designs typically make use of multiple sources of data collection (Creswell, 2007:75). In this study a focus group was conducted with social work

participants. The focus group was followed by individual semi-structured interviews with social workers and semi-structured interviews with the child participants they identified.

### *Focus group*

The focus group helped the participants to think and talk about different topics. They could respond to each other's comments and think broader about the topic than would have happened in an individual interview. This is in line with Greeff (2011:341) and Nieuwenhuis (2007b:90) who point out that focus groups bring information to the fore that would not have surfaced in one-on-one interviewing. The researcher approached her colleagues, with whom she have already established a relationship base which formed the foundation for conversations. The rapport and the fact that the group had already loosened up during the group supervision's discussion of difficult cases just before the focus group caused the conversation to flow and thus provided relevant data.

### *Semi-structured interviews*

After the focus group the researcher approached each social work participant in an individual semi-structured interview. Semi-structured interviews were used for data collection as it brought stories to the fore, and helped the participants to create meaning (Greeff, 2011:342).

### *Follow-up interviews with social workers after focus group discussion*

Interviewing the participants after the focus group provided the opportunity to further explore certain themes that had already surfaced in the focus group, as well as hear the social work participant's opinion on things they might not have felt comfortable to say in the focus group. In line with this, Nieuwenhuis (2007b:87) suggests that the researcher conduct a semi-structured interview with the focus group participants for the purpose of gathering more in-depth data and for crystallisation. This is a very good suggestion, as the researcher experienced that the semi-structured interviews were successful in this goal and allowed certain themes to be explored more in depth. It also allowed the participants to think about the issue, and they could then talk about it more elaborately during the second meeting.

### *Interviews with children*

The child participants were identified by the social worker because of the fact that they comply with the inclusion criteria and that they could specifically inform the social worker on the issue being studied. The researcher did not feel the method of data collection with the child participants was successful. There are various elements that played a role in the fact that data was superficial. The child participants' ages contributed significantly in their ability to put their experience in words, evaluate it and/or offer their opinion on their experience. Added to this was the fact that the researcher planned only to interview the children once. It would have been ideal to first contact the children via a focus group and have more than one semi-structured interviews. The other problem was that some of the children's initial phase of social work intervention was too far in the past for them to remember and comment on it. The time of the initial phase of social work intervention should have been stipulated as another inclusion criterion. Additionally the skills in interviewing the child client was lacking in the researcher, and the researcher should have asked a more qualified field worker to interview the children. The aim of the one-on-one interview was to see the world through the eyes of the child participant (Nieuwenhuis, 2007b:87), but the researcher is of opinion that this aim was not reached. The interviews included art-based data collection as suggested by Mitchell *et al.* (2011:19-20) but this was also not successful with the child participants because some of the children did not want to draw, and the few that did draw a picture did not want to engage in talking about the picture they drew apart from stating what it was. The researcher initially planned to use dolls during the interview to reconstruct the initial contact. However the children were so excited to play with the dolls that it inhibited the retrieval of focussed data collection because some participants were more interested in combing the hair and creating fictional stories surrounding the dolls than talking about the topic relating to the study. During following interviews the researcher rather tried to reconstruct the initial interview in the children's mind's eye without the distraction of dolls. The social worker also planned to use probing during

this recollection period. However, the one child immediately answered all the probes, rather than reconstructing the initial interview in her head. The interview schedule thus changed over time, reflecting different methods in order to engage the children as mentioned by Creswell (2007:43) and Babbie (2005:313). As mentioned before, more experience in interviewing children would have aided better data collection. The data-gathering procedures worked out well enough to obtain enough information to answer the research question and to reproduce in the report (Section B).

For data analysis the researcher used the thematic data-analysis process suggested by Braun and Clarke (2006:87). The process of data analysis suggested in Braun and Clarke (2006:87) helped the researcher to have a plan to approach the data and work through it systematically. This helped the researcher to not get overwhelmed by the amount of data gathered and aided the researcher in identifying themes.

The empirical investigation appears to have been successful in terms of meeting the identified aims of the research. The general aim of the research was to explore the experience of social workers and their child clients regarding relationship building during the initial phase of social work intervention. The research provided information on the social workers' and the children's experiences on the particular issue and could elucidate certain areas that need further investigation. The research also provided considerations for initial sessions with a child client. The research aided the researcher to better understand how social workers approach their initial individual intervention sessions with a child, as well as the context surrounding the research topic, the constraints regarding the research topic and the professional attributes to employ when working with a child client.

#### **4.4 GUIDELINES**

The major concern emanating from this research was the dilemma of social workers towards balancing relationship and information gathering during initial interviews. It was also found that the social workers have an experiential base that helped them build relationship with child clients in extremely challenging circumstances and that could be shared with others. These experiences, together with suggestions by the

participants and relevant literature were synthesised to produce guidelines for practice to consider in initial individual intervention sessions with children. Understanding the experience of both the child and the social worker, aided the researcher to create guidelines for practice, which fall into the pragmatic worldview. The social workers and children were resourceful in making recommendations for practice and it is noted below.

#### **4.4.1 Rationale for relationship building with children**

Participant 6 noted that in order to reach a certain degree of satisfaction in this difficult profession it might be important to consider establishing an in-depth relationship with at least one registered child client.

#### **4.4.2 Pertinent contextual factors that influence relationship building**

##### ***4.4.2.1 The safety of the child is paramount and requires gathering information***

The social work participants described a dilemma where sensitive information can only be gathered after rapport has been established, but where the safety of the child client does not allow for time to be spent on relationship building, resulting in social workers pushing for information and child clients withdrawing. The data analysed reflected this dilemma, with no suggestions to formulate guidelines from.

##### ***4.4.2.2 The child's field***

Social work participant 2 suggested trying to see the world from the child's viewpoint in order to make a connection with the child.

#### **4.4.2.3 *Parents as partners in the process***

It was important to meet the parents beforehand and explain what the intervention was about in order for them to lessen anxiety, adequately prepare their child for the sessions with the social worker and to explain the process of individual intervention to the parents in order to prevent unrealistic expectations (Geldard & Geldard, 2008:47; Spray & Jowett, 2011:54; Timberlake & Cutler, 2001:22). Another guideline by Glicken (2011:53) is that social workers should not be so overwhelmed by the effect of the child's context that they forget the capacity of change and resilience in children. The strengths-based approach reminds us to focus on what is right about the situation as well as capacities already employed for coping (Glicken, 2011:66, Jones-Smith, 2014:1).

#### **4.4.3 *Barriers to relationship building***

##### **4.4.3.1 *Time and resources***

Social work participant 6 proposed that social workers should address the obstacles with regard to time and limited resources by identifying only one child participant at a time with whom they need to establish a relationship as foundation for further interventions. Identifying only one will make it a manageable goal, as well as lessen the guilt that arises from the current apprehension towards direct intensive therapeutic intervention with children. This would serve the purpose of staying in practice with relationship building skills.

##### **4.4.3.2 *Work milieu and play material***

The overarching principle for games and icebreakers is that they should be fun and contribute to bonding with the child. Participant 1 described that she successfully established a relationship with a child client by consciously striving to create a good experience for the child. Landreth (2012:154) suggests that when the child is seen in external, unfriendly settings, that the area is demarcated, and the child prepared on the lack of confidentiality or the possibility of interruptions. Social work participants'



comment, in line with the opinion of Landreth (2012:155), that a demarcated place for the child client facilitates a positive reaction from a child.

#### **4.4.3.3 Stigmatisation**

Participant 1 and 2 contributed that it is pertinent that the social worker should address stigmatisation aspects in the initial contact session such as the beliefs of children that social workers come to scold them rather than help them. Spray and Jowett (2012:78) suggest that the social worker provides clarity on the purpose and role of her visit, and explains the principle of the best interest of the child. Kroll (2010:79) and Ward (2010:49) suggest understanding the anxiety and resulting behaviour, acknowledging the feelings and being persistent in finding a way through the client's diversions or blockings. Addressing this lack of knowledge regarding social work roles can impact stigmatisation issues.

#### **4.4.3.4 Social workers feel inept**

Boyle *et al.* (2006:70) and Seabury *et al.* (2011:155) assert that social workers are obliged to practise within their areas of competence or refer, while simultaneously developing their professional expertise by expanding their knowledge base. In contrast to the social work participant's feelings, Seabury *et al.* (2011:155) compel social workers to instil confidence in the child client regarding their ability to help. A feeling of confidence in one's ability to help and the anticipation that the intervention will be constructive is related to building a positive helping relationship (Ackerman & Hilsenroth, 2003:4; Kroll & Taylor, 2008:4; Timberlake & Cutler, 2001:29).

#### **4.4.3.5 Reluctant child clients**

Hycner and Jacobs (1995:28) stated that it takes security and courage to "risk one's self in genuine dialogic relationship" and that there is a specific psychological space beyond which a client might not yet be ready to go. Participant 4 perceptively stated she doesn't pressurise a child who chooses not to participate in a session.

Resistance in a child should not be viewed as something to overcome, but rather as something to be respected (Mortola, 2006:34). Hepworth *et al.* (2013:50) and Kroll (2010:79) are of the opinion that by understanding the anxiety and resultant defences that it brings, the worker can handle the resistance of clients by acknowledging the resistance, normalising the reaction and respecting the client's autonomy. Kroll and Taylor (2008:5) recommend that "strategies should be developed to work with hard to reach clients and work with resistance and ambivalence". Kroll (2010:72) also comments that it takes time for a child to lower defences and to engage fully in an individual intervention, and this links to Spray and Jowett's (2012:54) suggestion that hostility should be met by understanding and continued effort to engage the child client. Ruch (2010:16) is of the opinion that resistance in clients is mostly the result of a poor relationship.

#### **4.4.4 Professional attributes**

##### **4.4.4.1 *Values in approaching the client***

Values will contribute in approaching the client in a way that will aid relationship building. One can address internal anxiety by initially approaching the child client by adding a degree of humour, playfulness and creativity to the planned session, but it is important that the social worker will always stay true to her own style of relating and will tune in to the emotional state of the child (Holland, 2011:77; Miller, 2012:89). Children need a fun element in order to build relationship, and some children in Carroll's (2002:182) study on children's views responded positively to being teased by the practitioner. Literature suggest dialogical relating which requires the social worker to maintain an attitude of genuinely experiencing the other person as a person who tries to do his best in difficult circumstances, bracketing her own reactions, being willing to hear the other person's experience without judgement (Hycner & Jacobs, 1995:xi; Joyce & Sills, 2010:47). This aids the social worker to remain ready to listen, accept, understand and participate (Geldard & Geldard, 2008:20) rather than depend on the nature of the case or the natural appeal to influence the approach towards the client.

#### **4.4.4.2 *Personality of the social worker***

Practitioners become models for the children they work with and thus their own personal issues need to be addressed (Geldard & Geldard, 2008:18). Practitioners must be aware of their own life processes, past history and current life situations and the impact it has on the helping relationship (Timberlake & Cutler, 2001:34). Awareness towards personality strengths and weaknesses and the influence it has on the helping relationship is vital.

#### **4.4.4.3 *Skills of the social worker***

Skills are important in addressing the child, and social work participants mentioned that their communication skills – like reflection or paraphrasing – are integrated in their day-to-day treatment of clients, but that it is still beneficial and necessary to become aware of them during regular training events. Regarding self-disclosure, the social worker needs to know what, when and how much to share when disclosing personal information as well as have a good reason for sharing the information with the client (Joyce & Sills, 2010:49). A guideline is that the social worker share with the client that, which she believes will be helpful, might improve the helping relationship or shed light on the current dynamics. However the client should always stay the main focus (Hepworth *et al.*, 2013:49; Joyce & Sills, 2010:49). Reflective practice should be practiced to aid the social worker in learning from experiences (Ward 2010:55).

#### **4.4.5 Considerations for initial contact sessions with child clients**

##### **4.4.5.1 *Pre-meeting stage***

To prevent apprehension in child clients it is recommended that the social worker notify the child of intended visits. Geldard and Geldard (2008:47) also suggest meeting the parents ahead of meeting with the child to explain the process to them, in order to decrease parental anxieties and to gather further information.

##### **4.4.5.2 *First impressions***

The child participants appreciated that social workers greeted them with a handshake, made eye contact and introduced themselves.

#### **4.4.5.3 *Bonding with the child***

Kroll (2010:70) is of the opinion that it is best to “be” rather than “do” during this stage of the meeting. The participant social workers suggested that the child is given a quiet calm time at the beginning of the session where he can orientate himself towards the setting and worker and adjust to the new situation.

#### **4.4.5.4 *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.

#### **4.4.5.5 *Warm-up periods***

Children appreciate a little problem-free talking and interest in their world, like 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).

#### **4.4.5.6 *Addressing the reason for referral***

Social work participant 4 suggested starting with the child client’s perception of the reason for the referral, so that the social worker can clarify if necessary.

#### **4.4.5.7 *Discussing confidentiality***

Limitations to confidentiality should be addressed early on in the relationship, and information should generally only be shared with parents if the child has granted permission (Geldard & Geldard, 2008:13; Landreth, 2012:132). Landreth (2012:304) suggests explaining the difference between secrecy and confidentiality to the child by telling the child that he can talk about anything in the play session, but that the social worker will not tell without the child's permission, except for a few exceptions. At times it is necessary to provide certain information regarding safety issues to relevant role players. Practitioners can for instance clarify that it is acceptable for children to talk about private or confidential issues (Geldard & Geldard, 2008:50; Timberlake & Cutler, 2001:31).

#### **4.4.5.8 *Discussing the role of the social worker***

Social workers should have a short, child-friendly and case-specific definition of social work, and discuss this with the child during the initial interview. Geldard and Geldard (2008:49) suggest discussing the helping relationship as different from other adult-child relationships. In the helping relationship children are allowed to emotionally express themselves and talk about private issues when they feel comfortable enough to share such issues.

#### **4.4.5.9 *Importance of play***

Children are often not comfortable to just talk and thus they can be engaged in telling their story through play activities (Carroll, 2002:180).

#### **4.4.5.10 *Choices and control during the sessions***

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. Providing children with non-

threatening choices within the session, can aid them to regain their sense of control (Landreth, 2012:186).

#### **4.4.5.11 *Ending of the initial session***

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.

### **4.5 LIMITATIONS**

Several methodological limitations regarding the study should be noted:

Generalisations should be made very cautiously beyond the particular sample of clients in this study. Generalisability is limited to the specific demographics of the client because the experience of relationship building during the initial phase of social work could differ from one child client and/or social worker to the next.

Purposive sampling was used, indicating that the participants were selected on the notion that they could inform on the issue being studied. This indicates that the present sample might not be an accurate representation of the bigger population of child clients and social workers in rural areas.

Furthermore, Creswell (2007:76) comments that by including more than one case the overall analysis becomes diluted and creates less depth than in a single case study design. There were seven social work participants and seven child participants that definitely diluted the analysis of each case.

Nieuwenhuis (2007b:79) observes that the researcher's own subjectivity cannot be removed from the research process due to the fact that the researcher becomes the "research instrument". In this regard the researcher consciously bracketed her own experience of working with children.

Hyman and Loftus (1998:945) outline memory as being reconstructed on the grounds of current thinking and that memory errors must be anticipated. The child

participants in this study were asked to recall the initial phase of social work. According to the study done by Hyman and Loftus (1998:945) the recall will be influenced by their current experience of the social work phase they are in, and not necessarily their experience during initial relationship building with the social worker. Some of the child participants mentioned that their first session was a long time ago and that they could not remember it accurately. Some children are inclined to please an adult (Geldard & Geldard, 2008:19), and thus the children could have made up a memory in order to please the researcher.

The children included in the study were in their middle childhood. The researcher found it more difficult to engage the children of six and seven years old. These children might have been too young to describe their experience in words and to cognitively evaluate the experience (Cole *et al.*, 2005:474). More information could possibly have been gained if older children have been included. However, these younger children were indicated by social workers as exactly the age group they experienced as more difficult to engage with during relationship building.

Another important limitation to the study was the researcher's lack of skills in interviewing young children. Some child participants did not provide in-depth data, but the researcher is of the opinion that it was her lack of interviewing skills directed specifically at children that caused this impediment rather than the research design. Interestingly the children's lack of response in the research context mirrored what the social workers discussed regarding the problems they experience when trying to engage the children. A more skilled interviewer might have collected more in-depth data and have been able to represent the opinion and voice of the children more accurately.

#### **4.6 RECOMMENDATIONS**

During the research process, in reading about the subject and talking to the participants certain recommendations surfaced. Throughout the research process the researcher made notes of these recommendations. Consequently in view of the above research, the following recommendations are made.

- It is recommended that further research is conducted on the following topics:
  - The research found that children in this particular 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 exposed or conditioned towards individual therapeutic practice.
  - The social workers in this study reported that they were able to establish relationships with spontaneous children, whereas withdrawn and shy children were hard to reach. Further investigation can be done into the effect of an introverted personality on the establishment of a helping relationship, with the goal to create guidelines for practising social workers.
  - There are numerous studies on statutory work with involuntary parents and the ensuing effect on the relationship. However, studies on how to engage the involuntary child anxious of removal, in a trusting relationship with a social worker, are limited.
  - The initial phase of social work intervention includes both making an assessment based on information gathered, and building the relationship. Miller (2012:80) is of the opinion that pressing the child for information before the relationship is firmly established can be “more harmful than helpful”. One can easily suggest that the social worker should then first take the time to establish the relationship with the child client, but the protection of a child might not allow the social worker the luxury of time. In these circumstances the relationship and the need for information are directly opposing each other, creating a dilemma for the social worker. This is a phenomenon that can be further explored in research.
  - The participant social workers felt that they could not engage in individual therapeutic intervention as a result of the crisis-management section of their work. This resulted in the interference of continuity regarding appointments with children. Further research is needed to



explore the effects of irregular appointments on the establishment and maintenance of a helping relationship.

- Recommendations to specific NGO
  - Social workers can include attachment theory in the introductory session of parenting groups (especially parents with babies) to motivate the importance of bonding and establishing a healthy relationship with their children. This will have positive effects on later relationship building between children and other adults.
  - The child participants did not know the role of the social worker. It is thus paramount to hold an awareness campaign regarding the Children's Act's (Act 38 of 2005) foundational philosophy of "the best interest of the child is paramount". At the hand of this foundational belief the role of the social worker can be explained to children.
  - The social workers in this study felt their skills are lacking regarding individual work with children in distress. The rural social workers do not have the luxury of referral resources and are expected to deliver these services to children. It can thus be recommended that the organisation build the knowledge and skill base of the rural social workers in the organisation. The social work participants specifically requested instruction on the handling of trauma and resistance in children. They also indicated the value of training opportunities that "refresh and exercise" communication skills like empathy, reflective listening, etc.
  
- Recommendations towards other researchers
  - It is recommended that researchers should carefully plan their empirical study if they set out to involve children in the study. The researcher learnt that more than one appointment is needed to engage a child participant in this age group. Children should also be carefully selected regarding their age, concentration span and cognitive ability to

provide information on the issue being studied. The researcher is also of the opinion that flashcards would have proven successful in working with the younger middle childhood client. Instead of asking the client for instance what they prefer the social worker should wear, the researcher could have showed different pictures of different fashion styles and allowed them to pick one. One of the developmental tasks of this age group is to develop the ability to communicate about something they cannot see (Cole *et al.*, 2005:459; Ray, 2011:31). However, this ability needs to be acquired and might not be in place when the child has just entered the developmental stage.

#### **4.7 CONCLUSION**

Literature on relationship building in social work is imperative towards the success of further interventions with a child client. Seeing that the foundation of the relationship is built during the initial contact, this study endeavoured to explore the experiences of both social workers and their child clients in a rural Boland district. The empirical investigation could replicate the experiences of the social workers, and superficially the experiences of the child participants. The major concern emanating from this research was the dilemma of social workers towards balancing relationship and information gathering during initial interviews, the feeling of incompetence of social workers to work individually and emotionally with children in distress, and the lack of skills in engaging reluctant child clients. It was found that there are several barriers with regard to building relationship with children. It was also found that the social workers have an experiential base that helped them build relationship with child clients in extremely challenging circumstances and that could be shared with others. These experiences, together with suggestions by the participants and relevant literature were synthesised to produce guidelines for practice to consider in initial individual intervention sessions with children. This study thus succeeded in contributing towards South African related research data regarding the initial relationship building phase of social work intervention. The planned empirical investigation procedures could be employed without major changes, and were used

to gather the above mentioned data. The study thus succeeded in addressing the initial aim of exploring the experiences of social workers and their child clients of the initial phase of social work intervention regarding relationship building. The study was subject to certain limitations that were discussed above, and from the data, limitations and evaluation of the empirical study certain recommendations were made.

## REFERENCES

- Ackerman, S.J. & Hilsenroth, M.J. 2003. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical psychology review*, 23:1-33.
- Aldgate, J. 2011. Child and family focussed work in children's services. (In Seden, J., Matthews, S., McCormick, M., & Morgan, A., eds. Professional development in social work: complex issues in practice. New York: Routledge. p. 132-138).
- Alpaslan, N. & Schenck, R. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social work / Maatskaplike werk*, 48(4):400-419.
- Babbie, E. 2005. The basics of social research. 3<sup>rd</sup> ed. Belmont: Thomson Wadsworth.
- Bless, C., Higson-Smith, C. & Kagee, A. 2006. Fundamentals of social research methods: an African perspective. Cape Town: Juta.
- Boyle, S.W., Hull, G.H., Mather, J.H., Smith, L.L. & Farley, O.W. 2006. Direct practice in social work. Boston: Pearson.
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3:77-101.
- Carroll, J. 2002. Play therapy: the children's views. *Child and family social work*, 7:177-178.
- Children's Act **see** South Africa.
- Cole, M., Cole, S.R. & Lightfoot, C. 2005. The development of children. 5<sup>th</sup> ed. New York: Worth.
- Creswell, J.W. 2007. Qualitative inquiry and research design: choosing among five approaches. 2<sup>nd</sup> ed. Thousand Oaks: Sage.

- Crompton, M. 1990. *Attending to children: direct work in social and health care*. London: Edward Arnold
- Geldard, K. & Geldard, D. 2008. *Counselling children: a practical introduction*. 3<sup>rd</sup>ed. London: Sage.
- Glicken, M.D. 2011. *Social work in the 21<sup>st</sup> century: an introduction to social welfare, social issues and the profession*. London: Sage.
- Greeff, M. 2011. Information collection: interviewing. (*In De Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L., eds. Research at grass roots*. 4th ed. Pretoria: Van Schaik. p. 397-423).
- Grix, J. 2002. Introducing students to the generic terminology of social research. *Politics*, 22(3):175-186.
- Hepworth, D.H., Rooney, R.H., Dewberry-Rooney, G. & Strom-Gottfried, K. 2013. *Direct social work practice: theory and skills*. 9<sup>th</sup> ed. London: Brooks/Cole.
- Holland, S. 2011. *Child & family assessment in social work practice*. 2<sup>nd</sup>ed. London: Sage.
- Hycner, R. & Jacobs, L. 1995. *The healing relationship in gestalt therapy: a dialogical/self psychology approach*. Santa Cruz: Gestalt journal press.
- Hyman, I.E. & Loftus, E.F. 1998. Errors in autobiographical memories. *Clinical Psychology review*, 18(8):933-947.
- Jones-Smith, E. 2014. *Strengths-based therapy: connecting theory, practice, and skills*. Los Angeles: Sage.
- Joyce, P. & Sills, C. 2010. *Skills in gestalt: counselling & psychotherapy*. London: Sage.
- Kroll, B. & Taylor, A. 2008. Interventions for children and families where there is parental drug misuse. <http://dmri.lshtm.ac.uk/docs/kroll.pdf> Date of access: 9 Aug. 2013.

- Kroll, B. 2010. Only connect...building relationship with hard-to-reach people: establishing rapport with drug-misusing parents and their children. (*In* Ruch, G., Turney, D. & Ward, A., eds. Relationship-based social work: getting to the heart of practice. Jessica Kingsley: London. p. 69-84).
- Landreth, G.L. 2012. Play therapy: the art of the relationship. 3<sup>rd</sup> ed. New York: Routledge.
- Miller, L. 2012. Counselling skills for social work. 2<sup>nd</sup> ed. London: Sage.
- Mitchell, C., Theron, L., Stuart, J., Smith, A. & Campbell, Z. 2011. Drawing as research method. (*In* Theron, L., Mitchell, C. & Smith, A. eds. Picturing research: drawing as visual methodology. Rotterdam: Sense. p. 19-36).
- Mortola, P. 2006. Windowframes: learning the art of gestalt play therapy the Oaklander way. Santa Cruz: Gestalt press.
- Nieuwenhuis, J. 2007b. Qualitative research designs and data gathering techniques. (*In* Maree, K., ed. First steps in research. Pretoria: Van Schaik. p. 70-97).
- Ray, D.C. 2011. Advanced play therapy: essential conditions, knowledge, and skills for child practice. New York: Routledge.
- Ruch, G. 2010. The contemporary context of relationship-based practice. (*In* Ruch, G., Turney, D. & Ward, A., eds. Relationship-based social work: getting to the heart of practice. London: Jessica Kingsley. p. 13-45).
- Seabury, B.A., Seabury, B.H., & Garvin, C.D. 2011. Foundations of interpersonal practice in social work: promoting competence in generalist practice. 3<sup>rd</sup> ed. London: Sage.
- South Africa. 2005. Children's Act 38 of 2005.
- Spray, C. & Jowett, B. 2012. Social work practice with children and families. London: Sage.
- Timberlake, E.M. & Cutler, M.M. 2001. Developmental play therapy in clinical social work. Boston: Allyn and Bacon.

Ward, A. 2010. The use of self in relationship-based practice. (*In* Ruch, G., Turney, D. & Ward, A., eds. Relationship-based social work: getting to the heart of practice. Jessica Kingsley: London.

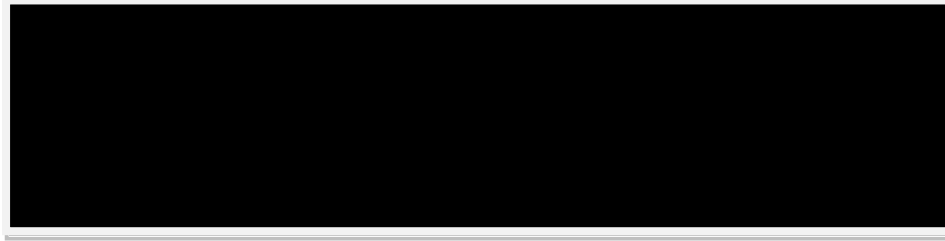
## **SECTION D**

### **ADDENDA**

Please find attached the following documentation:



**Addendum A: Permission from NGO to conduct research**



31 Januarie 2013

Dr Mariette van der Merwe  
Senior Dosent  
Sentrum vir Kinder, Jeug en Familiestudies  
Fakulteit Gesondheidswetenskappe  
Noordwes Universiteit  
Potchefstroom

Geagte Dr van der Merwe

**NAVORSING VIR M STUDIES: MEV C MARAIS**

Mev Marais is as maatskaplike werker in diens van [redacted] sedert 14 Januarie 2008. Dit is vir [redacted] Bestuursprogram, asook die beheerraad van [redacted] 'n voorreg om hierdie werker se pad as professionele persoon saam met haar te loop. Sy lewer uitstekende diens en is 'n aanwinst vir die organisasie.

[redacted] Bestuursprogram gee toestemming dat Mev Marais haar navorsing vir verdere studies by die [redacted] Programme in die Boland area mag onderneem. Ons sal haar soos nodig ondersteun en bystaan om dit vir haar moontlik te maak om haar navorsing te kan afhandel.

Die navorsing (Relationship building during the initial phase of social work intervention with child clients in middle childhood in farm communities in the Boland district) beloof om relevant vir dienslewering te wees en ons voorwaarde is dat alle aanbevelings en bevindinge na afloop van die navorsing met die organisasie gedeel word.

Vriendelike Groete



## Addendum B: Discussion guide for focus group

"Verhouding bou met 'n kind aan die begin van die maatskaplike werk proses"

- Dink so bietjie oor die stelling ...
- Skryf dan jou GEVOELENS, GEDAGTES EN ERVARINGE neer ... (15 minute)

Jy is oppad na 'n maatskaplike werker vir die eerste keer ...

- Hoe sou jy wou gehad het moet sy jou nader?

'n Kind stap by jou kantoor in vir die eerste keer

- Verduidelik vir ons wat doen jy heel eerste?
- Hoe verloop julle eerste sessie in praktyk?

Jou ervaring ...

- Wat het jy gevind werk regtig goed in verhoudingbou met kinders?

Jou ervaring ...

- Watter praktyke is volgens jou NIE opbouend vir verhoudingbou met kinders nie?

Dink aan 'n spesifieke kind in jou gevallielading wat tussen 6-11 jr oud is ...

- Vertel ons van jou verhoudingbou-ervaring met die kind.

Dink aan 'n spesifieke kind  
in jou gevallelading wat  
tussen 6-11 jr oud is ...

- Wanneer was julle verhouding op sy
  - > Sterkste
  - > Swakste

Wat het die verskil gemaak?

As ons alles wat ons vandag  
bespreek het in ag neem ...

- Wat dink jy is die belangrikste  
aspek van verhoudingbou met  
kinders wat ons vandag bespreek  
het?

## Afsluiting

- Samevatting
- Het ek enige iets belangriks uitgelaat?
- Was daar dalk iets wat jy vandag gekom  
het om te sê, maar nie kans gekry het  
om te noem nie?
- Enige vrae/onduidelikhede?
- Baie dankie

## **Addendum C: Consent form for social workers**

### **Informed Consent Form for Social workers**

The information in this document will provide the participant with the necessary details in order to make an informed decision about voluntary participation in this study.

#### Title of study:

Relationship building during the initial phase of social work intervention with child clients in a rural Boland district

#### Institution:

Centre of Child, Youth and Family Studies, North-West University

#### Name and contact details of researcher:

Cecilia Marais

071 482 1765

#### The requirements of participants and reason for choosing the participant:

The participants must be a social worker employed for at least three months at a non-government organisation in the rural Boland district. The participants were chosen via purposive voluntary sampling.

#### What is the purpose of this study?

To explore the relationship building experience of both the social worker and the child client during the initial phase of social work intervention.

#### What will be expected of the participant and what exactly will it involve?

The social workers will be asked during a focus group interview to share their experiences of the initial phase of relationship building with children in their middle childhood years. The group dynamics will add to the richness of data provided. Thereafter, a semi-structured interview will be held with each social worker that was part of the focus group. During the semi-structured interview the researcher will ask social workers to explore themes that arise

from the focus group further. The focus group and ensuing semi-structured interview will be videotaped to improve the accuracy of data analysis. The social workers would then be asked to identify one middle childhood child client with whom they recently had to build a relationship. The social worker will then be asked to contact the identified child's family and ask permission for the researcher to contact the child and/or family. The data collection methods will only be used to collect data about the experiences of the social workers regarding relationship building in the initial phase of intervention and will not be used in a therapeutic context. The participants will be debriefed after the semi-structured interview. The researcher will additionally make field notes about her observation of the participant's reactions in the data-gathering process. To control that the researcher interpreted the focus group and following interview correctly, she would send a summary of her understanding of the interview as well as identified themes to the social worker via email for the opportunity to avoid misunderstandings.

What are the potential discomfort and/or potential dangers and/or permanent consequences (however negligible) that participation in this study involves?

Although personal and sometimes emotional responses will be shared, the researcher will always strive to not cause any discomfort/danger or permanent consequences. The participant has the right to withhold any information and may decide to withdraw from the study at any point in time.

What precautions have been taken to protect the participant?

The researcher will do everything possible to ensure confidentiality and anonymity. The name of the participant will not appear anywhere in the study. The records of the written descriptions will be safely kept at the Centre for Child, Youth and Family Studies in a fireproof safe for three years.

Is any remuneration or benefits offered to the participant when participating in the study?

No

What potential general benefits which may arise from the study are there for the broader community?

The study will aim to contribute to social work practice by making recommendations to social workers regarding relationship building with children in their middle childhood

How will the findings of this study (general results, as well as individual) be made available or conveyed to the participant?

The research findings will be part of a published magisterial thesis in article format.

**As the researcher, I confirm to the participant that the above information is complete and correct.**

**Signature of researcher:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place of signature:** \_\_\_\_\_

**You are invited to take part in the research study as described above. It is important that you also read and understand the following general principles, which are applicable to all participants in the research study:**

1. Participation in this study is completely voluntary and no pressure, however subtle, may be placed on you to take part.
2. It is possible that you may not derive any benefit personally from your participation in the study, although the knowledge that may be gained by means of the study may benefit other persons or communities.
3. You are free to withdraw from the study at any time, without stating reasons, and you will in no way be harmed by so doing. You may also request that your data no longer be used in the study.
4. By agreeing to take part in the study, you are also giving consent for the data that will be generated to be used by the researchers for scientific purposes as they see fit, with the caveat that it will be confidential and that your name will not be linked to any of the data without your consent.
5. You will be given access to your data upon request, unless the Ethics Committee of North-West University has approved temporary non-disclosure.
6. A summary of the nature of the study, the potential risks, factors that may cause you possible inconvenience or discomfort, the benefits that can be expected and the known

and/or probable permanent consequences that your participation in the study may have for you as participant, are set out for you in the explanation above.

7. You are encouraged to ask the researcher any questions you may have regarding the study and the related procedures at any stage. The researcher will gladly answer your queries and will also discuss the study with you in detail, if that is your need.

8. The study aims are always secondary to your well-being and actions taken will always place your interests above those of the study.

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned  
\_\_\_\_\_ (*full names & surname*) have read the preceding premises in connection with the study, as discussed in this informed consent form, and have also heard the oral version thereof and I declare that I understand it. I have also initialled every page. I was given the opportunity to discuss relevant aspects of the project with the researcher and I hereby declare that I am taking part in the study voluntarily.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signed at: \_\_\_\_\_

**Witnesses:**

Signature of witness 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signed at: \_\_\_\_\_

Signature of witness 2: \_\_\_\_\_

Date: \_\_\_\_\_

Signed at: \_\_\_\_\_

**Addendum D: Discussion guide for semi-structured interview with social worker**

**Semi-gestruktureerde onderhoud skedule met mw (vrae)**

Inleiding: My eie ervaring van sukkel om kontak te maak.

Wil hul idees en opinies hoor

Geen identifiserende besonderhede

Navorsing gaan oor verhouding bou. Nie assesering. Wil uitvind wat skep daai “click” ervaring tussen jou en die kind, en nie watter aktiwiteite kry die meeste informasie nie.

Enige vrae?

Band opname (sensitief, nie dwing)

Wye vraag: Sedert ons fokusgroep – het daar ’n bewuswording in jou gegroei rakende jou verhoudingbou met kinders? Vertel my daarvan asseblief?

Wye vraag: Hoekom dink jy bou mens verhouding met ’n kind?

Narrow down: Wat is die frekwensie waarmee jy aanmeldings aanvaar waar die verwagting is dat jy direkte intervensie met die kinders moet voer? Weekliks, daaglik? Wat is die frekwensie van kere wat jy voel dat jy ’n goeie trusting relationship kon bou met so ’n kind?

Prakties: Almal het in die fokusgroep gepraat van iets saam met die kind doen.

- Beskryf asseblief vir my wat die eerste paar sinne is wat jy vir ’n kind sê?
- Maak jy van spesifieke media gebruik in daardie eerste kontak?
- Wat doen jy tipies saam met ’n kind in die eerste drie sessies as jou fokus is om verhouding te bou met die kind?
- Is dit aktiwiteite om die kind se vertroue te bou, of om so vinnig as moontlik informasie te kry?



Verhoudingbou: Vertel my van die beste verhouding wat jy al met 'n kind gevorm het. Wat was kenmerkend aan hierdie verhouding as jy dit weer moet herhaal?

Weerstand: Vertel my van jou slegste verhouding ervaring met 'n kind, wat was kenmerkend in jou optrede? Wat was kenmerkend in die kind se optrede? Wat is die gevoel wat weerstand in jou losmaak? Wat maak jy prakties met weerstand?

Tegnieke: Hoe gereeld maak jy doelbewus gebruik van kommunikasievaardighede soos refleksie, empatie, bevestiging, oop vrae, self disclosure ens.?

Kennis van kind se leef wêreld: As jy jouself moet in die skoene van 'n 6 tot 11-jarige kind moet indink "watter raad sal jy aan die maatskaplike werker gee oor hoe hulle jou moet benader? Wat sal jou laat voel jy kan hierdie persoon vertrou?"

Tyd: Deelnemer 4 het gesê "tyd maak dat jy nie regtig werk soos jy moet nie" en dit laat haar skuldig voel. Wat kan jy hierop sê?

Barriers: Wat is volgens jou hindernisse tot jou verhoudingsbouproses met die kind? Wat in ons opset as landelike mw's belemmer volgens jou die verhouding met die kind?

Situasie verbonde: Wat maak jy as 'n kind met 'n ernstige traumatiese aanmelding by jou uitkom? Voel jy equipped om dit te kan hanteer? Het jy genoeg bronne om na te verwys as jy nie kan nie?

Situasie verbonde: Een Deelnemer maak die stelling in fokusgroep dat die manier hoe jy die eerste sessie van stoute kind sal hanteer vs gemolesteerde kind sal verskil. Stem jy saam? Hoe sal jy die kinders verskillend hanteer?

Samevatting: Som die gesprek op.

Is daar enige iets anders wat vir jou belangrik is?

Debrief: Hoe was dit vir jou?

Identifiseer asseblief een kind met wie jy 'n vertrouensverhouding gebou het  
Geregistreeerde kliënte, 6-11 jr, Seuns/dogters, Afr/Eng

Vooraf: Sal jy asseblief die geïdentifiseerde kliënt asook die voog nader om uit te vind of hulle wil deelneem aan die studie asook toestemming verkry dat navorser die kliënt en voog mag kontak.

## **Addendum E: Consent form for child participants**

### **Informed Consent Form for child participants (child friendly language)**

This document will explain to you what is expected from you in this study so that you can decide beforehand whether you want to take part in the study.

#### Title of study:

Relationship building during the initial phase of social work intervention with child clients in a rural Boland district

#### Institution:

Centre of Child, Youth and Family Studies, North-West University

#### Name and contact details of researcher:

Cecilia Marais

071 482 1765

#### The requirements of participants and reason for choosing the participant:

The researcher identified you because you are a child between the ages of six to eleven years and you receive social work services. You were chosen because you had that experience to build relationship with the social worker.

#### What is the purpose of this study?

To explore the relationship building experience of both the social worker and the child client during the first few sessions with the social worker.

#### What will be expected of the participant and what exactly will it involve?

The social worker that worked on your case at the non-government welfare organisation in the rural Boland district contacted your family and asked permission for the researcher to contact you. Your family agreed, and the researcher made an appointment to explain the purpose of the study to you. The researcher will explain the study to you, and what is expected of you, and you can then decide whether you want to take part in this study. If you agree to be part of the study, the researcher will ask you a few questions to find out how you got to know and the social worker on your case and what the first few sessions felt like for you. This discussion will be videotaped so that the researcher does not forget anything you said or to prevent the researcher from remembering your words incorrectly. If the researcher finds something that makes your heart hurt, she cannot talk to you about it, or try to make it better, but she will ask the social worker to talk to you about it, if that is okay with you. The

researcher and you will only talk about the relationship between you and the social worker, and not the reason why you had to see the social worker. After the few questions the researcher asked you, you will have a chance to say how you liked the experience, and ask any questions that bother you. The researcher will make notes on paper about the conversation directly after the conversation to write down how she experienced the conversation and thoughts she may have.

What are the potential discomfort and/or potential dangers and/or permanent consequences (however negligible) that participation in this study involves?

Although you might say things that come from your heart and make you emotional, the researcher will always try to not cause any discomfort/danger or permanent consequences. You have the right to keep anything to yourself or to decide anytime along the conversation to leave if you don't like the experience.

What precautions have been taken to protect the participant?

The researcher will do everything possible to ensure that your name will not be linked to anything you said. What is said in the conversation stays between you and the researcher. The researcher will not use your name anywhere in the study. The video and things the researcher writes down will be kept in a safe place for three years after our conversation.

Is any payment or benefits offered to the participant when participating in the study?

No

What potential general benefits which may arise from the study are there for the broader community?

The study will try to help social workers by helping them to understand how the child of your age feels when he/she walks into the social work office and how the child would like to be approached by the social worker.

How will the findings of this study (general results, as well as individual) be made available or conveyed to the participant?

The research findings will be part of a published in a journal for people to read and learn from.

**As the researcher, I confirm to the participant that the above information is complete and correct.**

**Signature of researcher:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place of signature:** \_\_\_\_\_

**You are invited to take part in the research study as described above. It is important that you also read and understand the following general principles, which are applicable to all participants in the research study:**

1. You are here on your own free will and no one can pressure you to take part if you don't want to.
2. It is possible that you may not get any benefits from your participation in the study, although the information that you give to the researcher will help social workers to deliver a better service and people in your community may benefit from it.
3. You are free to withdraw from the study at any time, without stating reasons, and you will in no way be harmed by so doing. You may also request that your data no longer be used in the study.
4. By agreeing to take part in the study, you are also giving consent for the data that you give to me can be used in by the researchers for scientific purposes as they see fit, while you know that everything you say will be confidential and that your name will not be linked to any of the data without your consent.
5. You will be given access to your data upon request, unless the Ethics Committee of North-West University has approved temporary non-disclosure.
6. A summary of the nature of the study, the potential risks, factors that may cause you possible inconvenience or discomfort, the benefits that can be expected and the known and/or probable permanent consequences that your participation in the study may have for you as participant, are set out for you in the explanation above.
7. You are encouraged to ask the researcher any questions you may have regarding the study and the related procedures at any stage. The researcher will gladly answer your questions and will also discuss the study with you in detail, if that is your need.
8. The study aims are always secondary to your well-being and actions taken will always place your interests above those of the study.

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned  
(*full names & surname*) have read the document above in connection with the study, as discussed in this informed consent form, and have also heard the oral version thereof and I declare that I understand it. I have also initialled every page. I was given the opportunity to discuss relevant aspects of the project with the researcher and I hereby declare that I am taking part in the study voluntarily.

Signature of Participant: \_\_\_\_\_

Signature of guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signed at: \_\_\_\_\_

**Witnesses:**

Signature of witness 1: \_\_\_\_\_

Date: \_\_\_\_\_

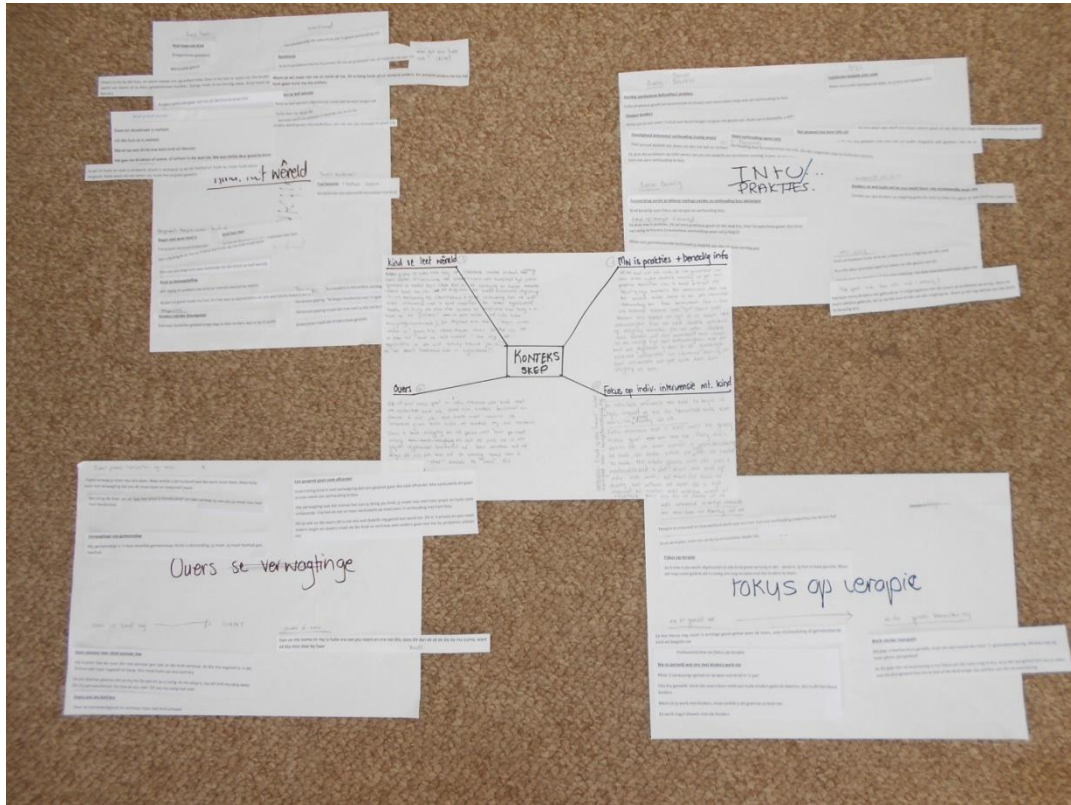
Signed at: \_\_\_\_\_

Signature of witness 2: \_\_\_\_\_

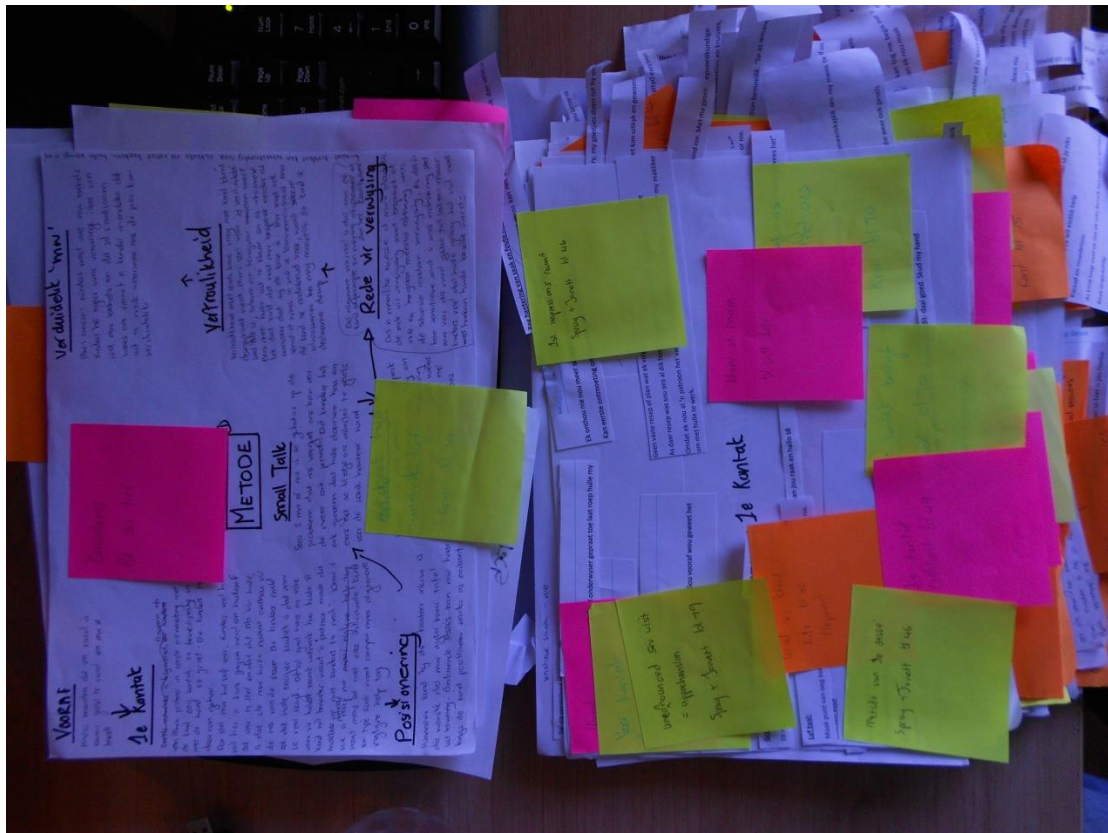
Date: \_\_\_\_\_

Signed at: \_\_\_\_\_

## Addendum F: Pictures of preliminary themes



**Addendum G: Picture of preliminary themes linked with literature via sticky notes**





## **Addendum H: Discussion guide for semi-structured interview with children**

Informasie gee: Verduidelik navorsing aan ouer en kind (konfidensialiteit)

Consent vorm: Vul consent vorm in. Mamma bly of uitgaan?

Ysbreker: Balonne in die lug hou/ albasters speel/my 'n kaart game leer

In tune: Ontspanningsoefening (asemhaling) en dan terywl oë toe is vra kind moet dink aan persoon wat hulle baie van hou en met enige iets sal vertrou.

Vertel my van persoon

Hoe laat persoon jou voel (gevoelens-gesiggies byderhand)

Wat sal persoon nooit doen nie?

Tekening: Oë weer toe. Dink terug aan jou eerste keer wat jy na maatskaplike werker toe moes gaan. Dink spesifiek aan hoe jy gevoel het voor dat jy moes gaan, wat jy gedink/gedoen het in jou eerste sessie by maatskaplike werker en dan na die tyd. (ek sal senses explore. Koud/warm, reuk, sien, smaak geluide?). Ek lees probes (aangeheg) om kind se geheue te stimuleer

Dan teken vir my (papier in drie gedeel, voor die sessie, in ontmoeting, na die sessie).

Gevoelens by elke sessie identifiseer d.m.v. gevoel-gesiggies

Wat sou fase 1/2/3 vir jou makliker gemaak het?

Wat sal maak dat jy besluit om nie met mw te praat nie?

Wat in mw se kantoor moet verander om jou op jou gemak te stel?

Empty chair: Kies pop wat maatskaplike werker voorstel en sit op stoel. Kind kan self pop oor hand trek of net self praat.

Jy kan nou enige iets vir mw sê.

Vertel vir die mw wat jou gemakliker sou laat voel.

As jy kon raad gee oor hoe mw kinders moet benader met eerste ontmoeting om hulle gemakliker te laat voel. Wat moet ons doen?

Wat is jou gunstelingspeletjie om te speel? Watter sal jy graag saam met jou mw wil speel/doen?

Afsluit: As ons alles saamvat ...

Wat was vir jou die lekkerste ding van sessies by mw?

Wat was slegste deel van sessie by mw?

Evalueer: Hoe was die gesprek vir jou? Is jy gereed om te gaan of is daar nog iets wat jy wou bespreek?

**Addendum I: Guidelines for Article in Social work / Maatskaplike Werk Journal**

EDITORIAL POLICY/REDAKSIONELE BELEID

The Journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Articles of less than 2,000 words or more than 10,000 words are normally not considered for publication. Submit the manuscript as a Microsoft Word document, in 14 pt Times New Roman, double line spacing. Use font Arial in charts and diagrams. The manuscript should be sent electronically to [hsu@sun.ac.za](mailto:hsu@sun.ac.za). Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples. In terms of SANSO-014 our journal is classified as an approved research journal for the purpose of subsidy by the State. The Editorial Board has therefore decided that an amount of R100.00 (hundred Rand) per page is to be paid for published articles by authors who are lecturing or doing research at Universities in the RSA.

TWO AUTHORS/TWEE OUTEURS: SHEAFOR, B.W. & JENKINS, L.E. 1982. Quality field instruction in social work. Program Development and Maintenance. New York: Longman.

COLLECTION/BUNDEL ARTIKELS: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985. Competent supervision, making imaginative judgements. New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION/ARTIKEL IN BUNDEL: DURKHEIM, E. 1977. On education and society. In: KARARABEL, J. & HALSEY, A.H. (eds) Power and ideology in education. New York: Oxford University Press.

JOURNAL ARTICLE/ARTIKEL IN TYDSKRIF: BERNSTEIN, A. 1991. Social work and a new South Africa: Can social workers meet the challenge? Social Work/Maatskaplike Werk, 27(3/4):222-231.

THESIS/TESIS: EHLERS, D.M.M. 1987. Die gebruik van statistiese tegnieke vir die ontleding van gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis)

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. Government Gazette, Vol. 368, No. 16943 (2 February). Pretoria: Government Printer.

NEWSPAPER REPORT/KOERANTBERIG: MBEKI, T. 1998. Fiddling while the AIDS crisis gets out of control. Sunday Times, 8 March, 18.

INTERNET REFERENCES/VERWYSINGS: McKIERNAN, G. 1998. Beyond bookmarks: schemes for organising the Web. Available: <http://www.public.iastate.edu/CYBERSTACKS/CTW.htm>. [Accessed: 18/06/1998].

### Addendum J: Few pages of transcription of Participant 4

4	Ons sukkel maar almal met kontak maak met kind. Ek het al begin dink vandat jy begin het met jou studie dat maatskaplike werk ingewikkeld is. As daar resep was sou ons al dik boeke gehad het en het ons nie een gesukkel nie. So dit beteken ons almal sukkel daarmee, anders sou ons al resepte gehad het. Daar is riglyne maar mens kan nie almal oor dieselfde kam skeer nie.
Cecilia	Ja mens moet nie instap met verwagting van ek gaan briefie kry wat sê doen A, B en C en dan is jy reg nie.
4	As dit maar so eenvoudig was! Dan het ons baie meer bereik.
Cecilia	Verseker. Ek dink selfs deur net daaroor te praat en bewus te word help, want jy kom op plek waar jy oor die goed begin dink.
4	Presies, en wat jy kan doen. Dis goed om daaroor te gesels, want jy dink jy is die enigste een wat sukkel. Almal het daai probleem. Jy sê mens moet verhouding bou met kind. Dis nie net kind kom in en hier kom probleem en nou bou jy verhouding nie – dit vat tyd.
Cecilia	Dis nie 5 min nou is ons klaar , afgehandel en kan aangaan nie.
4	Nee, kind vat tyd om verhouding op te bou. En mens moet omtrent daaglik kontak hê met die kind om dit daar te hou.
Cecilia	Ja, mens moet gereeld kontak hê om dit te onderhou.
4	En hoe kry jy dit reg met groot hoeveelheid werk wat ons het?
Cecilia	Taai toffie. Okay die eerste vraag is dan sedert ons fokusgroep ... het daar in jou 'n bewuswording gegroei? lets wat opgekom het by jou rakende verhoudings?
4	Dit wat ek nou vir jou gesê het. Ek het spesifiek gedink oor wat ek van 'n maatskaplike werker sou verwag het, as ek een moes besoek. Ek sou gedink het, "back off" ek is nie lus vir praat nie. Dis my persoonlikheid. Ek hou nie daarvan dat mense so na aan my moet kom en grawe nie. Dit het my laat dink; ons werk met verskillende mense en kan nie almal met selfde invalshoek benader nie. Baie kinders kom sommer dadelik uit, want dis welsyn, so hulle praat.
Cecilia	En ander is weer, dis welsyn, so jy praat nie.
4	Ja, jy weet. Kinders wil nie NGO-kindertjies wees nie.

Cecilia	Ag moeder, wil nie geassosieer word nie.
4	Dit het my opnuut laat dink, kan nie almal oor selfde kam skeer nie.
Cecilia	Konteks is baie belangrik.
4	Ja.
Cecilia	Jy't nou-nou gesê mens moet verhouding bou met 'n kind. Ek wil weet hoekom, wat is die punt daarin?
4	Jy gaan nie vorder as jy nie verhouding bou nie. As daar nie vertrouensverhouding is nie, veral die kinders waarmee jy sukkel, gaan hulle nie vir jou sê wat hulle sou sê as hulle jou vertrou het nie. Daar moet 'n verhouding wees.
Cecilia	So sonder verhouding gaan jy nêrens kom nie en net jou tyd mors.
4	Ja. Dis miskien hoekom ons so sukkel met baie kinders waarmee ons werk. Daar is nie verhouding nie. En ons gaan aan, want ons moet sekere goed uit die kind kry, maar daar is nie verhouding nie en dan kry jy nie die info wat jy moet kry nie en jy vorder nie met die kind nie.
Cecilia	En ons het nie tyd nie, en ons kom nêrens nie, en nou raak ons gefrustreerd.
4	Ja, bouse kringloop. Dit laat my skuldig voel. Daar is soveel sake waarmee ons werk, en sodra jy dink jy gaan orde skep, kom daar klomp nuwes by. So, daar is regtig nie tyd nie. Dit is nie verskoning nie, moet tyd maak, maar ek weet nie hoe nie.
Cecilia	Ja. Wat skuif jy nou op die agtergrond?
4	Ja, en hier moet ek nou verslag gee oor die kinders. Ek moet bepaal of hulle sorgbehoewend is. Ek kan mos nie op die oog af net besluit nie. Ek kan dink ja; ma en pa maak so en 'n afleiding maak, maar jy moet tog met daai kinders gaan sit ook. Met hulle werk. En by hulle uitvind. En hoe vind jy dit? Terwyl die landdros wag vir sy verslag. Nee meneer, ek moet eers 'n verhouding bou.
Cecilia	Dis reine waarheid. Mens kan dus vrae vrae en die kinders gee jou niks nie. Of nou maar daai tyd spandeer aan verhoudingbou en êrens kom?
4	Ja.
Cecilia	Daar is baie gevalle waar dit aangemeld word dat jy direk met die ouer moet werk, bv. kinderverwaarlosing. Dit vra om met ouers te werk oor byvoorbeeld drank en ouerskapsvaardighede. Nie al ons gevalle vra dat ons

	verhouding moet bou met kind nie. Dalk “once off” met pleegkind elke 6 maande om uit te vind of hy nog okay is. Maar daar is ander gevalle wat vra dat ons meer spesifiek met die kind moet werk. Hoeveel aanmeldings is daar min of meer wat van jou verg om direk met die kind te werk?
4	Moeilik. As ek dink aan gemolesteerde kinders het ek 2 waarmee ek direk te doen het, en 6 wat van staat af verwys is. Nou moet mens met daai kinders werk.
Cecilia	Kind is klaar veilig en hulle is na jou verwys vir terapie?
4	Dis moeilik. Ek wil hol. Ek wil verwys vir behoorlike berading, maar daar is nie altyd geld nie. Ek voel nie altyd ek kan nie. Weet nie of jy kan nie?
Cecilia	Nee, dis hoekom ek hiermee besig is.
4	Ek is baie keer bang ek krap goed oop wat ek nie weet hoe om dit verder te hanteer nie, en dan doen ek meer skade as goed. Gesoute maatskaplike werker sukkel daarmee, forensiese maatskaplike werker sukkel ook om na kinders deur te dring. Moet ook vinnig verslag opstel vir “safe schools”. Hulle word maar betaal vir 3-4 sessies. Hoe bou jy in daai tyd verhouding met ‘n kind wat werklik behoorlik is?
Cecilia	Veral as hulle getraumatiseerd is, want hulle vertrou mos nie maklik nie.
4	En dan is daar gedragsmoeilike kinders. So ek skat rof weg so 20 kinders uit 170 gevalle. Die wat ek voel ek moet aan aandag gee.
Cecilia	Jy kan nie al 20 deurwerk nie, want dan kom jy eers voglende maand weer by die een uit, en dan werk dit nie, want jy moet meer gereeld by hulle uitkom nê?
4	Ja, en by my gaan die tyd verskriklik vinnig verby. Nou sien ek die kind, dan maak ek oor 2 weke afspraak. Dan kom die kind nie. Ek slaan dag oor, en dan vergeet ek van die kind. Volgende maand sien ek dat ek by die kind moes uitkom. En dan gaan daar nog ‘n ruk verby voor ek hom weer sien. Dit maak my gedaan.
Cecilia	Ja. Ek is ook baie besig. Al my afsprake is vir hele maand vooruit geboek.
4	Nou kom dringende gevalle, en al jou aandag gaan daarin, en al jou tyd is gevat. Dis omdat ons te veel het om mee te werk. As ons net kon konsentreer op hierdie tien gevalle en hulle vir paar maande op kon werk. Dan sou ons meer bereik.
Cecilia	Dis hoe hulle in England werk?

4	Ja, dis die enigste manier hoe ons ordentlik kan werk. En ons is “jack of all trades”. Dis nie asof ons spesialiseer in een rigting nie.
Cecilia	Dis nie asof ons kan sê ek doen trauma, en jy raak gesout in trauma nie. Jy het net vir trauma “uitgefigure” en dan kom daar seksualiteits-issues, dan het jy net dit “uitgefigure” dan kom bloedskande en dan het jy net dit “uitgefigure” dan is daar ’n kind wat inbreek.
4	Ja, presies.
Cecilia	Dis heelyd nuwe gevalle.
4	Ja, en ek het kinders wat dwelms gebruik. Mens kry nie dadelik plek in Toevlug nie so intussen moet jy met hulle werk. Ek het vragte werk. Ek lê in die nagte wakker daaroor.
Cecilia	Oor die jare heen is dit nog altyd so? Het jy nog nie oor tyd vir jou iets uitgewerk soos jy trek die deur toe nie?
4	Ek skakel baie maklik af as ek by die huis kom. Maar ek skrik in die nagte wakker met “ek het dit vergeet, of het ek die regte ding gedoen?”. Dis moeilike werk. Soos ek ouer word, raak dit erger, want ek besef net hierdie verantwoordelikheid wat ek het teenoor hierdie mense. Ek was nie so toe ek jonk was nie.
Cecilia	Maar dit is so. Ek het kinders verwyder, en toe ek my eie kinders het, toe het dit impak.
4	Dit het impak. Dit verander alles netso. Jy het ’n gevoel van jammerte vir die ma. Dis haar kind. Ek sou hand en tand veg vir my kind. Ek sal vieslike kliënt wees.
Cecilia	Oeh!
4	En ek sal so kwaad wees, ek sal net nie saam met die maatskaplike werker werk nie. So ek het begrip vir ma’s wat ons haat. Hulle weet nie van beter nie, hulle het so grootgeword.
Cecilia	En die ander doen dieselfde, maar ons vat nie hulle kinders nie, terwyl ons eintlik nie weet van die ander nie
4	Presies. So hulle beleef dit sleg.
Cecilia	Daai arme kind nè. Dis moeilike werk wat ons het. As ons kyk na die frekwensie, dan is daar ’n verwagting op jou om self met die kinders te werk. In FG het ons gepraat oor iets met kind doen. Wat is die eerste paar sinne wat jy vir kind sê as jy hom vir die eerste keer gaan sien?
4	Ek sê nie altyd dieselfde nie. Ek sal anders hanteer as kind gemolesteer was. Sal gewoonlik iets sien van kind wat mooi lyk en opmerking maak daaroor. Dan sal ek vra wat is jou naam, hoe oud is jy, watter skool is jy en



	so aan. Praat hier oor goed waaroor kind makliker kan praat.
Cecilia	Is daar enige spesifieke media wat jy met kinders gebruik om hulle dan op hulle gemak te stel?
4	As dit klein kindertjies is, het ek daar in my laai sulke pennetjiesbord. Ek gaan haal 'n tafel en stoeltjie. Veral as dit 'n ma is wat die kind bring en ma wil daaroor praat. Om kind dan op gemak te stel, laat ek hulle met dit speel. Of boekie of inkleurkryte.
Cecilia	Dit is so, ma kom en julle praat en kind sit penregop en kyk vir jou.
4	Ja, die grootmense praat, en skel mekaar en arme kinders sien dit.
Cecilia	Goeie idee. Ja, want ek "ignore" die kind, want ek praat mos nou met ma.
4	Dit bou ook bietjie met verhouding, want hy dink die tannie doen ook iets lekkers en die tannie sien my. Dan wil hulle graag weer kom. Vra dan spesifiek weer vir tafeletjie en speelgoed. Hier is 'n mandjie met balle ook. Groot gemors, maar hulle gaan aan. Ma's is ook dan op hulle gemak. Anders skel ma, "man bly stil" en klap na die kind. Dan's kinders ook rustig.
Cecilia	En om genotice te word.
4	Dit laat my ook gemakliker voel, want dan kan ek ook beter gesels. Anders is die kind heertyd onderlangs besig met ma.

## Addendum K: Transcription of child participant C

Participant C	Daai dag toe ek die eerste keer hier gewees het toe. Sien daai antie wat hier gewees het? Sy. Sy was hier gewees, kom ons hiernatoe en toe eet ons en toe neem ons 'n pic wat ek nog so klein was, het nog bolla gehad
Cecilia	Okay. So jy onthou dit nog goed. En wat het jy gedink van die maatskaplike werker daardie tyd. Was jy bang vir haar, kan jy onthou?
Participant C	Ek was te skaam om hiernatoe te kom.
Cecilia	Te skaam.
Participant C	Ek en my ma en my broers. Kry my ma my hier toe ek op stap na skool. Kry my ma my en gee my 'n hou op my boud. Kom ek hier na toe net so in my skool klere. Toe sit ek mos hierso. Ek wetie wat die mevrou vir my gevra het nie.
Cecilia	Jy kan nie onthou nie. Dis darm lank terug. Kan jy onthou het jy baie gepraat daai eerste keer?
Participant C	Sy het my gevra waar bly ek, en waar kuier ek toe sê ek, ek weet nie en ek kyk vir my ma toe kan my ma nie vir my help nie...kan nie hoor wat sy sê nie
Cecilia	Jy het nou gesê jy was skaam. Wat maak dat jy skaam was daai eerste keer? Kan jy dit vir my verduidelik?
Participant C	Ja. As iemand nou skaam is dan kyk jy vir die mense dan wil jy mos nie ingaan nie en dan gryp hulle jou en as jy
Cecilia	Ek wil die ding nader sit, eks bang hy hoor nie
Participant C	Ek was bang, ekt mense hier binne gesien toe raak ek mos skaam. Toe kan ek nie meer nie, toe wil ek nie inkom nie. En partykeer by die huis dan slaan my ma my maniere uit as ek nie dit wil hê nie, maar daai ne, dan hou ek mos my ma se tyd op. Ek sê nee ek wil nie saam gaan nie dan slaan my ma my.
Cecilia	Hoe voel jy dan?
Participant C	Dan voel ek sleg. Die eerste keer toe huil ek hartseer.
Cecilia	So jy was die eerste keer wat jy moes hiernatoe kom het jy pak gekry voor jy gekom het, en die mense het met jou geraas en jy wil nie kom nie
Participant C	By skool is dit nie lekker vir my nie, daar slaan 'n anderkind vir my. Toe bel ek mos vir maatskaplike werker en toe help sy my. Maar sy is nou op 'n ander skool
Cecilia	Toe jy nou moes kom die eerste keer en jy wou nie kom nie was dit toe nou vir jou lekker hier toe jy hier aankom?
Participant C	Ja dit was lekker vir my
Cecilia	Wat het dit vir jou beter gemaak? Wat het verander, want jy wou nie kom nie en toe jy nou hier is, toe is dit

	vir jou lekker. Wat het dit gemaak dat dit vir jou lekker geraak het. Waarvan het jy gehou?
Participant C	Ek het baie keer hiernatoe gekom en dan eet ek en my ma hulle hierso. Eet ons brood.
Cecilia	So julle het daarvan gehou om te kom eet
Participant C	Ja
Cecilia	En die tanie self, was daar iets wat sy gemaak het wat dit vir jou lekker gemaak het?
Participant C	Sy het my gelukkig gemaak
Cecilia	Hoe het sy dit gedoen?
Participant C	Sy het net gesê ek gaat saam, toe my boetie die kar gery het toe sê sy, toe roep my boetie my toe gaan ons na ander plek toe. Toe bly ek nog by my ouma
Cecilia	Maar vertel my nou meer van die maatskaplike werker. Wat het sy gemaak?
Participant C	Sy het baie keer vir my gelukkig gemaak. Dan sit ek daar dan gee sy my geld en dan se my ma sy gaan vir my 'n R2 gee dan gooi sy dit rerig vir my r2. Dan was my ma by haar. Partykeer by die huis was ek gelukkig, dan speel ek en my maatjies.
Cecilia	Okay so jy hou daarvan om by jou maatjies te speel. En as jy nou so by jou maatjies speel, vertel jy vir hulle dat jy na die maatskaplike werker toe kom? Weet hulle?
Participant C	Ja hulle weet dit. My ma het...my ouma gaan vir my ma vertel waar is ek. My ma weet ook, my ma is siek. Maar baie keer het sy bloed opgegooi
Cecilia	Sjoe so sy is baie siek
Participant C	En dan pyn haar kop sommer
Cecilia	Shame. Hoor hier as jy met jou maatjies gesels oor die maatskaplike werker, wat sê hulle?
Participant C	Dan speel ons en dan vertel ons stories.
Cecilia	Okay wat vertel jy vir hulle van die maatskaplike werker?
Participant C	Dan se ek my ouma is baie lief vir my. En as my ouma dit nou hoor ek is onbeskof dan sê my ouma vir my ek moet luister, na my suster en my broer en my ma en die skool. My ouer suster is ouer as my
Cecilia	Hmm
Cecilia	Wat se jou maatjies van die maatskaplike werker?
Participant	Dan sê sy nee Participant C, dan vertel hulle vir my ook van hulle ma-ens. Toe ek saam met my niggie gespeel het, to roep haar ma vir haar, en toe hou sy mos vir haar stout. Toe moes haar ma vir haar geslaat

C	het, toe stuur haar ma vir haar. Ons het daar onder by die krag bokse gespeel.
Cecilia	Voor jy nou hiernatoe gekom het. Jy het genoem dat jy nie hiernatoe wou kom nie, het jy iets geweet van 'n maatskaplike werker en wat hulle doen?
Participant C	Niks nie
Cecilia	Wat dink jy doen 'n maatskaplike werker?
Participant C	Party mens kom hier na die maatskaplike werker toe, dan sê sy vir party hulle moet eers wag sy is gou besig. En as hulle klaar is dan gaan hulle huis toe.
Cecilia	En dan wat maak sy met hulle as hulle nou daar binne is en sy is besig?
Participant C	Sy praat met hulle, en hulle kom net hiernatoe partykeer as ons honger is dan kom ons hiernatoe is vir die sop
Cecilia	So hulle gee sop, en as hulle daarbinne praat, wat dink jy praat hulle?
Participant C	Ek weet nie wat praat hulle nie.

## SECTION E

### CONSOLIDATED LIST OF REFERENCES

- Ackerman, S.J. & Hilsenroth, M.J. 2003. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical psychology review*, 23:1-33.
- Aldgate, J. 2011. Child and family focussed work in children's services. (In Seden, J., Matthews, S., McCormick, M., & Morgan, A., eds. Professional development in social work: complex issues in practice. New York: Routledge. p. 132-138).
- Alpaslan, N. & Schenck, R. 2012. Challenges related to working conditions experienced by social workers practising in rural areas. *Social work/Maatskaplike werk*, 48(4):400-419.
- Astvik, W. & Melin, M. 2013. Coping with the imbalance between job demands and resources: a study of different coping patterns and implications for health and quality in human service work. *Journal of Social Work*, 13(4):337-360.
- Babbie, E. 2005. The basics of social research. 3<sup>rd</sup> ed. Belmont: Thomson.
- Barrows, P. 2004. "Playful" therapy: working with autism and trauma. *International Forum of Psychoanalysis*, 13(3):175-186.
- Beckett, C. & Maynard, A. 2005. Values & ethics in social work: an introduction. London: Sage.
- Bedi, R.P. 2006. Concept mapping the client's perspective on counselling alliance formation. *Journal of counselling psychology*, 53(1):26-35.
- Berk, L.E. 2013. Child development. 9<sup>th</sup>ed. Boston: Pearson.
- Beutler, L.E., Moleiro, C. & Talebi, H. 2002. Resistance in psychotherapy: what conclusions are supported by research. *Psychotherapy in Practice*, 58(2):207-217.

- Black-Hughes, C. & Strunk, L. 2010. Casework. (*In* Nicholas, L., Rautenbach, J. & Maistry, M., eds. Introduction to social work. Claremont: Juta. p. 105-118).
- Bless, C., Higson-Smith, C. & Kagee, A. 2006. Fundamentals of social research methods: an African perspective. Cape Town: Juta.
- Blom, R. 2006. The handbook of gestalt play therapy: practical guidelines for child therapists. London: Jessica Kingsley.
- Boyle, S.W., Hull, G.H., Mather, J.H., Smith, L.L. & Farley, O.W. 2006. Direct practice in social work. Boston: Pearson.
- Bratton, S., Ray, D., Rhine, T. & Jones, L. 2005. The efficacy of play therapy with children: a meta-analytic review of treatment outcomes. *Professional psychology: research and practice*, 36(4):376-390.
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3:77-101.
- Brinkmann, S. & Kvale, S. 2008. Ethics in qualitative psychological research. (*In* Willig, C. & Stainton-Rogers, W., eds. Qualitative research in Psychology. London: Sage. p. 263-279).
- Bronfenbrenner, U. & Morris, P.A. 2006. The bioecological model of human development. (*In* Lerner, R. M., ed. The handbook of child psychology: theoretical models of human development. 6<sup>th</sup> ed. New York: Wiley. p. 793-828).
- Carroll, J. 2002. Play therapy: the children's views. *Child and family social work*, 7:177-178.
- Children's Act **see** South Africa.
- Cingolani, J. 1984. Social conflict perspective on work with involuntary clients. *Social Work*, 29(5):442-446.
- Cole, M., Cole, S.R. & Lightfoot, C. 2005. The development of children. 5<sup>th</sup> ed. New York: Worth.

- Creswell, J.W. 2007. *Qualitative inquiry and research design: choosing among five approaches*. 2<sup>nd</sup> ed. Thousand Oaks: Sage.
- Crompton, M. 1990. *Attending to children: direct work in social and health care*. London: Edward Arnold
- Davies, D. 2011. *Child development: a practitioner's guide*. 3<sup>rd</sup> ed. New York: Guilford.
- De Boer, C. & Coady, N. 2007. Good helping relationships in child welfare: learning from stories of success. *Child and family social work*, 12:32-42.
- Department of Welfare **see** South Africa. Department of Welfare.
- Du Preez, E. & Eskell-Blokland, L. 2012. Social constructionism. (In Visser, M. & Moleko, A., eds. *Community psychology in South Africa*. 2<sup>nd</sup> ed. Pretoria: Van Schaik. p. 41-54).
- Egan, G. 2010. *The skilled helper*. 9<sup>th</sup> ed. Belmont: Brooks/Cole.
- Ellingson, L.L. 2009. *Engaging crystallization in qualitative research: an introduction*. Thousand Oaks: Sage.
- Engle, D. & Holiman, M. 2002. A gestalt-experiential perspective on resistance. *Psychotherapy in Practice*, 58(2):175-183.
- Epston, D. & Marsten, D. 2010. 'What doesn't the problem know about your son or daughter?' Providing the conditions for the restoration of a family's dignity. *International Journal of narrative therapy and community work*, 2:30-37.
- Falletisch, L. A. 2008. *Understanding the legacy of dependency and powerlessness experienced by farm workers on wine farms in the Western Cape*. Stellenbosch: SU. (Dissertation – M).
- Flexner, A. 2011. Is social work a profession? *Research on social work practice*, 11:152-165.

- Fouché, C.B. & Schurink, W. 2011. Qualitative research design. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots. 4<sup>th</sup> ed. Pretoria: Van Schaik. p. 307-327).
- Fox, W. & Bayat, M. S. 2007. A guide to managing research. Cape Town, Juta.
- Friedman, B.D. & Allen, K.N. 2011. Systems theory. (In Brandell, J.R., ed. Theory and practice in clinical social work. 2<sup>nd</sup> ed. Los Angeles: Sage. p. 3-21).
- Geldard, K. & Geldard, D. 2008. Counselling children: a practical introduction. 3<sup>rd</sup> ed. London: Sage.
- Gleason, E.T. 2007. A strengths-based approach to the social developmental study. *Children and schools*, 29(1):51-60.
- Glicken, M.D. 2011. Social work in the 21<sup>st</sup> century: an introduction to social welfare, social issues and the profession. London: Sage.
- Goldfried, M. & Davila, J. 2005. The role of relationship and technique in therapeutic change. *Psychotherapy: theory, research, practice, training*, 42(4):421-430.
- Greeff, M. 2011. Information collection: interviewing. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots. 4<sup>th</sup> ed. Pretoria: Van Schaik. p. 397-423).
- Grix, J. 2002. Introducing students to the generic terminology of social research. *Politics*, 22(3):175-186.
- Hall, K. & Lake, L. 2012. Demography of South African children. (In Hall, K., Woolard, I., Lake, L. & Smith, C., eds. South African child gauge 2012. Cape Town: Children's Institute, University of Cape Town. p. 80-102).
- Heppner, P.P. & Heppner, M.J. 2004. Writing and publishing your thesis, dissertation & research: a guide for students in the helping professions. Brooks/Cole: Canada.
- Hepworth, D.H., Rooney, R.H., Dewberry-Rooney, G. & Strom-Gottfried, K. 2013. Direct social work practice: theory and skills. 9<sup>th</sup> ed. London: Brooks/Cole.



- Holland, S. 2011. *Child & family assessment in social work practice*. 2<sup>nd</sup> ed. London: Sage.
- Hsieh, H. & Shannon, F.E. 2005. Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9):1277-1288.
- Hycner, R. 1993. *Between person and person: toward a dialogical psychotherapy*. Gouldsboro: Gestalt journal press.
- Hycner, R. & Jacobs, L. 1995. *The healing relationship in gestalt therapy: a dialogical/self psychology approach*. Santa Cruz: Gestalt journal press.
- Hyman, I.E. & Loftus, E.F. 1998. Errors in autobiographical memories. *Clinical Psychology review*, 18(8):933-947.
- Jackman, R. 2013. Why do some men rape babies? *Weekend Argus*, 24 August, 4.
- Jackson, E. 2004. Trauma revisited: a 5-year-old's journey from experiences, to thoughts, to words, towards hope. *Journal of child psychotherapy*, 30(1):53-70.
- Jones-Smith, E. 2014. *Strengths-based therapy: connecting theory, practice, and skills*. Los Angeles: Sage.
- Joyce, P. & Sills, C. 2010. *Skills in gestalt: counselling & psychotherapy*. London: Sage.
- Kitron, D. 2011. Empathy - the indispensable ingredient in the impossible profession. *Psychoanalytic inquiry*, 31:17-27.
- Kondrat, D.C. 2010. The strengths perspective (*In Teater, B., ed. An introduction to applying social work theories and methods*. McGraw Hill: Open University Press. p. 38-51).
- Kroll, B. & Taylor, A. 2008. Interventions for children and families where there is parental drug misuse. <http://dmri.lshtm.ac.uk/docs/kroll.pdf> Date of access: 9 Aug. 2013.

- Kroll, B. 2010. Only connect...building relationship with hard-to-reach people: establishing rapport with drug-misusing parents and their children. (In Ruch, G., Turney, D. & Ward, A., eds. Relationship-based social work: getting to the heart of practice. Jessica Kingsley: London. p. 69-84).
- Landreth, G.L. 2012. Play therapy: the art of the relationship. 3<sup>rd</sup> ed. New York: Routledge.
- Lincoln, Y. S. & Guba, E. G. 1985. Naturalistic inquiry. Sage: California.
- Louw, D.A., Van Ede, D.M. & Louw, A.E. 1998. Human Development. 2<sup>nd</sup> ed. Cape Town: Kagiso Tertiary.
- Mack, N., Woodsong, C., Macqueen, K.M., Guest, G. & Namey, E. 2005. Qualitative research methods: a data collector's field guide. Triangle Park: Family Health International.
- Maree, K. & van der Westhuizen, C. 2007. Planning a research proposal. (In Maree, K., ed. First steps in research. Pretoria: Van Schaik. p. 24-45).
- Maritz, A. & Coughlan, F. 2004. Exploring the attitudes and experiences of South African social work students. *Community development journal*, 39(1):28-37.
- Merril, C. 2008. Carl Rogers and Martin Buber in dialogue: the meeting of divergent paths. *The person-centered journal*, 15(1-2):4-12.
- Miller, L. 2012. Counselling skills for social work. 2<sup>nd</sup> ed. London: Sage.
- Mitchell, C., Theron, L., Stuart, J., Smith, A. & Campbell, Z. 2011. Drawing as research method. (In Theron, L., Mitchell, C. & Smith, A., eds. Picturing research. Drawing as visual methodology. Rotterdam: Sense. p. 19-36).
- Monnickendam, M., Katz, C.H., & Monnickendam, M.S. 2010. Social workers serving poor clients: Perceptions of poverty and service policy. *British journal of social work*, 40:911-927.
- Mortola, P. 2006. Windowframes: learning the art of gestalt play therapy the Oaklander way. Santa Cruz: Gestalt press.

- Mouton, J. 2001. How to succeed in your Masters and Doctoral studies. RSA, Pretoria: Van Schaik.
- Moyers, T.B. & Rollnick, S. 2002. A motivational interviewing perspective on resistance in psychotherapy. *Psychotherapy in Practice*, 58(2):185-193.
- Mullet, J.H., Akerson, M.N.K. & Turman, A. 2013. Healing the past through story. *Adult Learning*, 24(2):72-78.
- Nash, J.B. & Schaefer, C.E. 2011. Play therapy: basic concepts and practices. (In Schaefer, C.E., ed. *Foundations of play therapy*. 2<sup>nd</sup> ed. New Jersey: Wiley. p. 3-14).
- NASW (National Association of Social Workers). 2008. Code of ethics. <http://www.naswdc.org/pubs/code/code.asp> Date of access: 18 Jan. 2013.
- Newman, C.F. 2002. A cognitive perspective on resistance in psychotherapy. *Psychotherapy in Practice*, 58(2):165-174.
- Nieuwenhuis, J. 2007a. Analysing qualitative data. (In Maree, K., ed. *First steps in research*. Pretoria: Van Schaik. p. 99-122).
- Nieuwenhuis, J. 2007b. Qualitative research designs and data gathering techniques. (In Maree, K., ed. *First steps in research*. Pretoria: Van Schaik. p. 70-97).
- Oaklander, V. 2007. *Hidden treasures: a map to the child's inner self*. London: Karnac Books.
- O'Connor, K. 2011. Ecosystemic play therapy. (In Schaefer, C.E., ed. *Foundations of play therapy*. 2<sup>nd</sup> ed. New Jersey: Wiley. p. 253-272).
- Olivier, L., Urban, M., Chersich, M., Temmerman, M. & Viljoen, D. 2013. Burden of fetal alcohol syndrome in a rural West Coast area of South Africa. *South African medical journal*, 103(6):402-405.
- Olivier, Y., De Lange, R., & Reyneke, J. 2004. Product development for play therapy: stimulating children with learning disabilities through the use of their own senses. *Interim: interdisciplinary journal*, 7(1): 82-99.

- Peers, L. 2008. The problem trap: a narrative approach to escaping our limiting stories. *Congregations*, 34(1):19-22.
- Pope, N.D & Kang, B. 2011. Social work students' attitudes about working with involuntary clients. *Journal of Teaching in Social Work*, 31:442-456.
- Powell, N.J. 2004. The potential of the therapeutic relationship in dealing with learning disabled children. Pretoria: UP. (Thesis – PhD).
- Rautenbach, J.V. & Chiba, J. 2010. Introduction. (*In* Nicholas, L., Rautenbach, J. & Maistry, M., eds. Introduction to social work. Claremont: Juta. p. 3-38).
- Ray, D.C. 2011. Advanced play therapy: essential conditions, knowledge, and skills for child practice. New York: Routledge.
- Reamer, F.G. 2011. Social work values and ethics. 3<sup>rd</sup> ed. New York: Columbia University Press.
- Resnik, D. B. 2011. What is ethics in research & why is it important?  
<http://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm> Date of access: 16 Nov. 2011.
- Reyneke, R.P. 2010. Social work values and ethics. (*In* Nicholas, L., Rautenbach, J. & Maistry, M., eds. Introduction to social work. Claremont: Juta. p. 231-246).
- Ruch, G. 2010. The contemporary context of relationship-based practice. (*In* Ruch, G., Turney, D. & Ward, A., eds. Relationship-based social work: getting to the heart of practice. London: Jessica Kingsley. p. 13-45).
- SACSSP (South African Council for Social Service Professions). 2012. Social work: scope of practice. <http://www.sacssp.co.za/website/wp-content/uploads/2012/07/Social-Work-scope-of-Practice.pdf>. Date of Access: 27 Jul. 2013.
- Saleebey, D. 2000. Power in the people: strengths and hope. *Advances in Social Work*, 1(2):127-136.

- Schaufeli, W.B. & Greenglass, E.R. 2001. Introduction on special issue on burnout and health. *Psychology and Health*, 16:501-510.
- Schenck, C.J. 2004. Problems rural social workers experience. *Social work/Maatskaplike werk*, 40(2):158-171.
- Schurink, W., Fouché, C.B., & De Vos, A.S. 2011. Qualitative data analysis and interpretation. (In De Vos, A.S., Strydom, H., Fouché, C.B., & Delport, C.S.L., eds. *Research at grass roots*. 4th ed. Pretoria: Van Schaik. p. 397-423).
- Seabury, B.A., Seabury, B.H., & Garvin, C.D. 2011. *Foundations of interpersonal practice in social work: promoting competence in generalist practice*. 3<sup>rd</sup> ed. London: Sage.
- Seden, J. 2005. *Counselling skills in social work practice*. 2<sup>nd</sup> ed. New York: Open University Press
- Seden, J. 2011. The use of self and relationship: swimming against the tide? (In Seden, J., Matthews, S., McCormick, M., & Morgan, A., eds. *Professional development in social work: complex issues in practice*. New York: Routledge. p. 55-61).
- Sewpaul, V. 2013. Review of the international definition of social work. *Social work/Maatskaplike werk*, 49(2):X-XIV.
- Sibula, P. 2005. *Social work terminology*. Stellenbosch: SU Language centre.
- Social Work Dictionary*. 1995. Washington: National Association of Social Workers Press.
- Solomons, K. 2013. Countryside where children fear to tread: Horror of abuse in heart of Winelands. 24 August, 4.
- South Africa. Department of Welfare. 1997. *White Paper of Social Welfare*. Pretoria: Government Printers.
- South Africa. 2005. *Children's Act 38 of 2005*.

- Spray, C. & Jowett, B. 2012. *Social work practice with children and families*. London: Sage.
- Statistics South Africa. 2011. *Social Profile of South Africa, 2002-2010*. <http://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002002.pdf>. Date of Access: 06 Apr. 2012.
- Strydom, C. & Tlhojane, M.E. 2008. Poverty in a rural area: the role of the social worker. *Social work/Maatskaplike Werk*, 44(1):34-51.
- Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. (In De Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L., eds. *Research at grass roots*. 4th ed. Pretoria: Van Schaik. p. 113-130).
- Sweeney, D.S. & Landreth, G.L. 2011. Child-centered play therapy. (In Schaefer, C.E., ed. *Foundations of play therapy*. 2<sup>nd</sup> ed. New Jersey: Wiley. p. 129-152).
- Teater, B. 2010. *An Introduction to applying social work theories and methods*. McGraw Hill: Open University Press.
- Timberlake, E.M. & Cutler, M.M. 2001. *Developmental play therapy in clinical social work*. Boston: Allyn and Bacon.
- Turney, D. 2012. A relationship-based approach to engaging involuntary clients: the contribution of recognition theory. *Child and Family Social Work*, 17:149-159.
- Van Denburg, T.F. & Kiesler, D.J. 2002. An interpersonal communication perspective on resistance in psychotherapy. *Psychotherapy in Practice*, 58(2):195-205.
- Van Der Merwe, M. & Kassan-Newton, K. 2007. Conservation of resources: a primary intervention for continues traumatic stress in South Africa: a case study. *Social Work/Maatskaplike Werk*,43(4):350-365.
- Van Der Walt, E.J. 2006. *Quoting sources*. Potchefstroom: North-West University.

- Ward, A. 2010. The use of self in relationship-based practice. (*In* Ruch, G., Turney, D. & Ward, A., eds. Relationship-based social work: getting to the heart of practice. Jessica Kingsley: London.
- Warren, K.R. & Murray, M.M. 2013. Alcohol and pregnancy: fetal alcohol spectrum disorders and the fetal alcohol syndrome. (*In* Boyle, P., Bofetta, P., Lowenfels, A.B., Burns, H., Brawley, O., Zatonski, W. & Rehm, J., eds. Alcohol, science, policy and public health. Oxford: Oxford University Press. p. 308-314).
- Weiten, W. 2001. Psychology: themes and variations. 5<sup>th</sup> ed. Belmont: Wadsworth.
- Welman, C., Kruger, F & Mitchell, B. 2005. Research Methodology. 3<sup>rd</sup> ed. South Africa: Oxford University Press.
- Wild, L. 2012. Middle childhood. (*In* Hardman, J., ed. Child and adolescent development: a South African socio-cultural perspective. Southern Africa: Oxford University Press. p. 163-202).
- Whittaker, A. 2012. Research skills for social work. Glasgow: Learning Matters.
- Yontef, G.M. 1993. Awareness, dialogue and process: essays on gestalt therapy. Gouldsboro: Gestalt journal press.
- Yürür, S. & Sarikaya, M. 2012. The effects of workload, role ambiguity, and social support on burnout among social workers in Turkey. Administration in Social Work, 36:457-478.